

Queensland Prison Report 2013



cpm
Catholic Prison Ministry

supporting prisoners and their families



**PRISONERS'
LEGAL
SERVICE INC.**

Justice Behind Bars

Report presented by:

Matilda Alexander- Coordinator/Principal Solicitor Prisoners Legal Service Inc.

Dave Martin- Coordinator/Social Worker Catholic Prison Ministry

With contributions by

Catholic Prison Ministry: Clare Lindop, Bronwyn Green, Madelyne Inch, Haruka Kitamura, and Asmir Kospic (QUT) and Melanie Wong, Portia Tyle and Nick Lindsay (UQ)

Prisoners Legal Service: Sarah Jane Dobson, DLA Piper Graduate Lawyer Secondee

Prison Tour Group

Dave Martin - Coordinator - Catholic Prison Ministry

Matilda Alexander - Coordinator - Prisoners' Legal Service

John Stephen Irvine - Solicitor, Safe Way Home - Prisoners' Legal Service

Helen Blaber - Solicitor - Prisoners' Legal Service

Tukie Balanzategui - Financial Counsellor - Prisoners' Legal Service

Bartholemew Tallis - Indigenous Support Worker - Prisoners' Legal Service

Sarah-Jane Dobson - Graduate Lawyer Secondee - Prisoners' Legal Service

Clare Lindop – Social Work Student – Catholic Prison Ministry

Acknowledgements

Catholic Prison Ministry and Prisoners Legal Service wish to acknowledge the traditional custodians of the land on which we work in Queensland. We pay our respects to Elders past and present.

Thank you to DLA Piper for their generous support of the prison tour and report.

Schedule of Visits

29 and 30 July 2013	Lotus Glen Correctional Centre
31 July - 2 August 2013	Townsville Women's and Men's CC
5 August 2013	Woodford Correctional Centre
7 August 2013	Arthur Gorrie Correctional Centre
12 and 13 August 2013	Capricornia Correctional Centre
14 and 15 August 2013	Maryborough Correctional Centre
19 August 2013	Brisbane Correctional Centre
21 August 2013	Wolston Correctional Centre
26 August 2013	Brisbane Women's Correctional Centre
28 August 2013	Southern Queensland Correctional Centre
2 September 2013	Numinbah Correctional Centre
4 September 2013	Palen Creek Correctional Centre
12 September 2013	Helana Jones Correctional Centre

Table of Contents

Foreword.....	8
Executive Summary.....	9
Part A: Leaving Prison: Pre and post release experiences when exiting prison – housing, employment and drug dependency	11
1.0 Housing.....	11
1.1 Housing, a vital element for prisoners’ reintegration into community/society	11
1.2 Barriers prisoners face in securing housing post-release	12
1.2.1 Loss of rental (or other) accommodation while in prison	12
1.2.2 Limited options of housing immediately post release	13
1.2.3 Accessing public housing once released.....	13
1.2.4 Difficulty of entering private rental market after release	14
1.3 Housing for ex-prisoners in other Australian jurisdictions	15
2.0 Employment	15
2.1 Importance of employment.....	15
2.2 Barriers to securing and sustaining employment	16
2.3 Specialist support available to assist prisoners in gaining and sustaining employment	17
3.0 Drug dependency	17
3.1 Drug use and dependency amongst prisoners and ex-prisoners (<i>see Section 4 for more on Health</i>)	17
3.2 Drugs and health.....	18
3.3 Diversion from prison	18
Bibliography	18
Part B: Post release services for prisoners in south-east Queensland	20
1.0 Overview	20
2.0 Introduction.....	20
3.0 Context	21
4.0 ORSS Program.....	22
5.0 Issues faced upon release	22
5.1 Immediate needs	23
5.2 Reintegration needs.....	23
5.2.1 Mental and physical needs.....	23
5.2.2 Substance use	24
5.2.3 Housing and accommodation.....	24
5.2.4 Accessing support networks.....	25
6.0 Guidelines for post release programs	25
7.0 Methodology.....	25
7.1 Survey.....	25
7.2 In-depth interviews.....	26
7.3 Limitations.....	26
8.0 Findings	26
8.0 Discussion.....	27
8.1 Implications.....	28
9.0 Conclusion	29
References.....	29
Appendices.....	30
Appendix a: Survey questions.....	30
Appendix b: Interview questions	30
Part C: Privatisation of prisons	32
1.0 Privatisation of prisons.....	32

1.1 Private prisons in context	32
1.2 Private prisons in Queensland, a growing trend?.....	32
1.3 Why private prisons?	33
2.0 Key issues	33
2.1 Private sector profit vs service delivery.....	33
2.2 Maximum occupancy for maximum profit	34
2.3 Should private companies punish?	35
2.4 Accountability and transparency	35
3.0 Conclusion and recommendations.....	36
References.....	37
Part D: Health Care in Prisons.....	40
1.0 Introduction.....	40
2.0 Anecdotal and Empirical Evidence: Healthcare System in Prisons	41
3.0 Medical care in prison	43
3.1 Access to medical treatment	43
3.2 Triage procedures	44
4.0 Recommendations	45
4.1 Diet and exercise.....	46
4.1.2 Recommendations.....	47
4.2 Disease	47
4.2.1 Recommendations.....	48
4.3 Medication	49
4.3.1 Recommendations.....	50
4.4 Dental care.....	50
4.4.1 Recommendation	50
4.5 People with special medical needs	51
4.5.1 Recommendations.....	51
4.6 Processes for complaint.....	51
4.6.1 Particular comments about the Health Quality Complaints Commission complaint-handling process.....	52
4.6.2 Historical context: history of complaints about prison health care system and means of redress	52
4.6.3 Anecdotal and empirical evidence	53
4.6.4 Recommendations.....	54
Part E: Solitary confinement.....	55
1.0 Statistics and facts re: solitary confinement in Queensland.....	55
1.1 Punitive Solitary Confinement	55
1.2 Administrative Solitary Confinement.....	55
1.3 Recommendation.....	57
2.0 Why is this important? The effects of solitary confinement.....	57
3.0 Human Rights and Solitary confinement.....	59
4.0 Community Safety and Solitary Confinement	60
4.1 Recommendations	60
.....	Error! Bookmark not defined.

Foreword

It is said that no one truly knows a nation until one has been inside its jails. A nation should not be judged by how it treats its highest citizens, but its lowest ones, (Nelson Mandela)

The prison system in Queensland often draws the focus of politicians, the media and members of the community from discussions of prison system reforms, political agendas, academic debates and social commentary on reintegrating prisoners into society. A commonality of many media reports is the questionable information contained in the reports, with statements made about the intimate workings of the prison system by those most far removed from the system itself leading to a number of misperceptions about the system.

During our annual prison tour, Catholic Prison Ministry (CPM) and Prisoners' Legal Service (PLS) have a unique opportunity to go behind the prison bars. During our visit to prisons across Queensland we speak to Prisoner Advisory Committee (PAC) members about their first-hand experiences of Queensland's prison system. These PAC groups are made up of representatives of each unit within the prison.

The prison tour provides prisoners with an outlet - they can recount their personal experiences to CPM and PLS who have the opportunity to advocate on their behalf. The tour also visits all prisons from northern Queensland to the Queensland southern border. Prisoners often find this a rewarding experience, practically and psychologically.

Additionally the prison visits provide the opportunity for CPM and PLS staff to meet the General Managers of each prison at the commencement of the visit and after we have visited with the PAC groups.

The tour also informs our annual prison report. Through engaging with the PAC representatives it provides an opportunity through which the prisoners' experience in the prison system can filter to the outside world. The recounting of first-hand lived experience of the Queensland prison system is infrequent, and is in sharp contrast to the aforementioned academia, political and media coverage.

Executive Summary

The Catholic Prison Ministry and Prisoners Legal Service Inc. 2013 Report on Queensland Prisons addresses a number of barriers and concerns raised by prisoners currently serving sentences, and others who have been released from prison. During the tour there were numerous issues identified by prisoners as fundamentally impacting on their experiences within the prison system.

This report will discuss a number of the key barriers faced by ex-prisoners, including housing, gaining and sustaining employment, and addressing potential drug use or dependency. Due to report limitations another major focus of this section will be housing however this is not intended to minimise the importance of the other barriers (including those not addressed in the report).

Prisoners on release often face significant barriers to reintegration into the community including mental and physical illness, substance addictions, homelessness and limited support networks. Whilst current service delivery is primarily through the Queensland Corrective Services funded Offender Reintegration Support Service (ORSS), the responsibility for supporting ex-prisoners is often shared amongst other non-Government services, including Catholic Prison Ministry. Prisoners' Legal Service also assists with preparations for release by drafting relapse prevention and reintegration plans through the Safe Way Home program.

Employment is an important element in the reintegration of ex-prisoners. It has multifaceted benefits to the individual and to society in general. It can provide ex-prisoners with self-esteem, independence, routine, structure and of course income (Scott, 2010).

It is estimated that between thirty-four and fifty-two percent of incarcerated male prisoners used illegal drugs prior to imprisonment, and that approximately ten percent of prisoners in Australian prisons have direct drug-related offences (Ogilvie, 2001). The likelihood of a return to drug use post-release is particularly high for many prisoners, especially within the first three months of release (Carcach and Australian Institute of Criminology., 1999, Graffam and Shinkfield, 2012).

The report that follows also places a strong focus on health care in prison. Every year, we receive many complaints about health care and that is why we have recommended an independent review. This report considers the complaints received by us during our prison visits in the context of evidenced based research. The stories that we heard were broad ranging, including medical access to treatment, diet and exercise, disease, medication, dental and special needs. Prison health systems are important to ensure basic rights of prisoners are met and are also an important influence on public health more widely. Concerns about complaint mechanisms were examined using data from the independent investigatory body, the Health Quality and Complaints Commission. This data demonstrated that the majority of

complaints are not proceeding past the intake stage, validating prisoner comments about some of the difficulties with this process.

Finally our report considers the use of solitary confinement in Queensland in relation to solitary confinement for punishment and for administrative purposes. A consideration of Queensland and international cases highlights the need for a review of current practices, which allow for long and effectively indefinite detention in solitary confinement. The negative impact on community safety when people who have survived this ordeal and are released makes the practice difficult to justify. The nature of the report necessitates a focus on a number of perceived failings of the prison system, as outlined above. However, we wish to acknowledge that positive feedback was also provided by people about the aspects of their lives in some prisons across Queensland.

It is hoped that this exclusive insight into the inner workings of the Queensland prison system will be an eye-opening experience. The anecdotal evidence provided by prisoners, when coupled with empirical evidence to substantiate these claims, will assist in promoting changes where appropriate to the current system.

Part A: Leaving Prison: Pre and post release experiences when exiting prison – housing, employment and drug dependency

1.0 Housing

For many prisoners, being released from prison is a traumatic experience, with Ogilvie (2001) suggesting that the substantial obstacles faced are comparative to soldiers returning from battle and experiencing post-traumatic stress disorder (Ogilvie, 2001). Upon release from prison, ex-prisoners are faced with a multitude of barriers to reintegrating into society and establishing a 'normal', post-prison life. These barriers can be systemic, such as poverty, low education, unemployment and homelessness; or personal, such as drug or alcohol dependency, lack of social support or loss of family ties (Baldry and Australian Housing and Urban Research Institute., 2003, Peacock, 2008). Studies have found that most prisoners upon release experience some, if not all, of these determining factors (Baldry and Australian Housing and Urban Research Institute., 2003), with research indicating that a number of these factors have a higher prevalence if the person is female or Aboriginal and/ or Torres Strait Islander (Baldry and Australian Housing and Urban Research Institute., 2003). This report will discuss a number of the key barriers faced by ex-prisoners, including housing, gaining and sustaining employment, and addressing potential drug use or dependency. Due to report limitations the major focus of this section will be housing however this is not intended to minimise the importance of the other barriers (including those not addressed in the report).

1.1 Housing, a vital element for prisoners' reintegration into community/society

The provision of secure housing and support for an individual to maintain a tenancy appears a key factor in higher criminal justice and emergency services costs. Early and well-timed interventions to establish and maintain secure housing and associated support services could significantly reduce the need for the future years of criminal justice interventions (Baldry et al., 2012).

Being released from prison can be a traumatic experience particularly worsened if there is no home to go to, with the housing crisis experienced by many ex-prisoners impacting their ability to reintegrate into society. It is acknowledged that post-release prisoners as a group often suffer multiple levels of disadvantage, with unstable and/or inadequate housing or homelessness combined with drug and /or alcohol use, mental illness and other issues identified as causal factors leading to a return to custody. In addition, the higher rates of return to prison of Aboriginal and Torres Straight ex-prisoners has been linked to the higher levels of social disadvantage including the lower availability of housing due to discrimination on multiple levels (Baldry and Australian Housing and Urban Research Institute., 2003). Some prisoners do not have the option to reside with a family member, partner or friend when they

are released. Conditions of parole, family conflict or hesitation of family member to welcome back the individual may be prohibitive factors (Roman Gouvis and Travis, 2004).

On release, the lack of options available to prisoners to secure appropriate housing results in many ex-prisoners resorting to hostels, boarding houses and if accommodation cannot be secured in these, homelessness. People living in boarding houses, hostels or on the street face additional obstacles reintegrating into society. Often living in temporary accommodation or sleeping rough not only means being deprived of the safety, comfort and security of a home but provides difficulties in establishing positive relationships (Coleman, 1997). Paris, Beer and Sanders (1993) emphasise the importance of having stable accommodation in providing security, and a haven from an uncertain and occasionally hostile outside world.

Ex-prisoners are disproportionately represented in homelessness - while the rate of homelessness amongst the general population of Australia is around one percent, it is as high as twenty-eight percent for ex-prisoners (Baldry and Australian Housing and Urban Research Institute., 2003). Dutreix (2003) argues that access to housing is a human right and that all Australian governments have a responsibility to provide 'appropriate and affordable accommodation to all individuals'. Baldry et. al. (2006) however, believe that government policy surrounding post-release prisoners in Australia has little coherency in relation to practice, despite international studies indicating the connection between post-release prisoner housing problems and other 'social disadvantages', and high recidivism rates.

Recent research confirms that a correlation exists between prisoners who struggle to find accommodation and/or are homeless upon their release, and their likelihood to commit another crime (Mills et al., 2013).

1.2 Barriers prisoners face in securing housing post-release

Prisoner's face a myriad of barriers to securing and sustaining adequate housing post-release including: possible loss of existing housing due to entering prison; limited supply of dedicated housing available to ex-prisoners; difficulty in accessing state or community housing, difficulty in entering the private rental market and the lack of crisis accommodation.

1.2.1 Loss of rental (or other) accommodation while in prison

It is often the case that prisoners upon arrest are taken to prison without having the opportunity to address any accommodation related issues which could then lead to defaulting on rent and breaking of leases. This could result in them losing their existing housing as an option when they are released. In addition, defaulting on rent and other rental issues can be recorded on TICA, a national tenancy default database that real estate agents use to record such information and to conduct future background checks on tenants. Listing on TICA can hinder the successful re-entrance into the rental

market when they return from prison, particularly as the listing may only be removed under certain circumstances (TICA, 2013).

1.2.2 Limited options of housing immediately post release

For a prisoner to gain parole, he or she must provide an address to the parole board. This address is then assessed by Probation and Parole for suitability. For the many prisoners who do not have the option of returning to housing with family, or who do not have accommodation that has remained secure through the course of their sentence, they are often unable to provide an address, and as such have limited options. Queensland's Department of Housing, unlike their counterparts in other states of Australia do not provide dedicated housing for people exiting prison, nor do they provide housing as a 'release' option. Additionally, community-housing providers in Queensland generally will not provide accommodation or offer an address to people while they are incarcerated, to be considered for community housing you must already be living in the community.

Prisoners' options are further limited as they are excluded from the private rental market, as they are not able to apply from prison. There are sometimes possibilities for prisoners to apply to boarding houses or rehabilitation centres, though working with their support works, such as those provided by organisations such as Catholic Prison Ministry.

Ozcare Supported Parole Program has two facilities that regularly accept male prisoners, located in Townsville and South Brisbane. These establishments only have a small number of beds, with the supply not approaching the demand. It is the experience of Catholic Prison Ministry and Prisoners Legal Service of an increasing incidence of prisoners remaining in prison, even after their parole application has been approved pending the availability of an address at Ozcare (and elsewhere). Furthermore, if Ozcare is deemed unsuitable as a release address, either by the parole board, or by Ozcare themselves, then the prisoner is left with no options. For someone serving a long sentence it may result in years being spent in prison instead of being outside and supervised on parole. For life-sentenced prisoner, who have no release date, the outcome is far more concerning.

Women in prison have fewer options, as Ozcare does not accept women prisoners. It is clear that a lack of appropriate housing options results in prisoners staying in prison past their possible release date.

1.2.3 Accessing public housing once released

A prisoner is able to apply for public housing in Queensland up to twelve months prior of their release date - this can be their full time date or their parole eligibility date, however all applications received by the Department of Housing from prisoners will be assessed and then deferred until their release date. The Queensland public housing list does not give any priority to prisoners upon release (Standing

Committee on Law and Justice, 2000, Baldry and Australian Housing and Urban Research Institute., 2003), and as a result, the long waiting lists and shortages of available housing stock make public housing an untenable reality for a majority of ex-prisoners. Furthermore, if a prisoner was already on a waiting list for public housing, State housing authorities also have policies of removing prisoners from these lists while in prison as they are already under 'State care' and not deemed to be homeless (Baldry and Australian Housing and Urban Research Institute., 2003).

A recent change of Queensland Department of Housing policy means that if a person who is living in a Department of Housing property is absent from their property for more than three months they will lose their housing. This further disadvantages prisoners, who potentially lose their home if their sentence is longer than three months. Catholic Prison Ministry has requested a documented copy of this policy change from Department of Housing, however we were informed that despite the serious implications this has for our clients that it was not a public document. Prior to the February 2014 change, a person could retain their property if they were absent for up to 12 months on the condition they continued to pay a reduced amount of rent.

In addition, a recurrent problem is the low availability of crisis accommodation. Many agencies that offer crisis accommodation exclude people with drug problems, and women with children. Practices such as these seriously hamper an effective reintegration into the community (Ogilvie, 2001, Woodward, 2003).

1.2.4 Difficulty of entering private rental market after release

With the dearth of available public and community housing, many ex-prisoners are faced with trying to enter the private rental market. This however, has a myriad of challenges. In addition to possible discriminatory attitudes in the community, poverty, a potential TICA listing, possible lack of appropriate referees, potential gaps in rental history and tight rental market coupled with decreasing numbers of low-cost housing and boarding house accommodation leads to difficulties for released prisoners to obtain private rentals (Standing Committee on Law and Justice, 2000, Dutreix, 2003).

Poverty is a frequent barrier to entering the private rental market, with the initial set-up costs relating to rentals generally exceeding the capacity of post-release prisoners (Ogilvie, 2001). Many prisoners have limited available funds upon release and while prisoners are generally entitled to an immediate payment from Centrelink, this is minimal. Further, according to the 2013 Prisoner Advisory Committee,

If you have money left over from prison in your trust account then you get cut from the Centrelink crisis payment (Prisoner Advisory Committee, 2013).

The immediate payment from Centrelink upon release is equivalent to two weeks of their eligible payment, which in most cases is the Newstart Allowance. This payment is minimal in comparison to the required money for day-to-day costs generally faced by prisoners immediately on release, such as

immediate accommodation, clothing, food and medication. The Centrelink payments are prohibitively low for people to be able to save for bond, and for the initial setting-up of a new home. As a result the private rental market is poorly suited to meet the needs of ex-prisoners or the homeless and when rental markets are tight, rents are tight, precluding the homeless population and creating a barrier to prisoners from entering the market (Butlin, 2004).

The major response from the Commonwealth government to assist low-income households in the private rental market is rent assistance; a non-taxable benefit that attempts to ameliorate the effects of housing costs. A number of conditions are attached to rent assistance; for example tenants of public housing cannot receive the payment (Department of Human Services, 2013).

1.3 Housing for ex-prisoners in other Australian jurisdictions

The lack of housing provided to people exiting prison in Queensland is not uniform across all Australian states. Below is the current housing provision across Australian jurisdictions:

- The Northern Territory government provide a small number of beds for those with drug and alcohol dependency issues.
- The Western Australian government provide prisoner and family support through community organisation Outcare, with short-term and emergency accommodation for newly released prisoners for up to three months. Additionally they supply transitional accommodation and support services for up to nine months and long-term accommodation for up to 18 months for single people just released from prison. Outcare also have a range of head-lease (where tenants can take over the lease to become a housing department tenant) accommodation provided by the housing department specifically for the ex-prisoner population.
- Victoria offers traditional housing placements to ex-prisoners through registered housing agencies. Corrections Victoria has a brokerage program providing financial assistance to ex-prisoners to assist with securing long-term housing outcomes. Victoria also provides crisis accommodation for released prisoners.
- The New South Wales government offers placement at three residential facilities Glebe House, Guthrie House and Rainbow Lodge.
- In South Australia the OARS accommodation service has 60 properties state-wide offered through their Integrated Housing Exits Program.

2.0 Employment

2.1 Importance of employment

...obtaining legitimate employment is known to be one of the chief factors in reducing recidivism, while promoting successful reintegration (Gideon, 2010)

Employment is an important element for the reintegration of ex-prisoners having multifaceted

benefits to the individual and to society in general. It can provide ex-prisoners with self-esteem, independence, routine, structure and of course income (Scott, 2010). Prisoners themselves are told that employment is a major part of their reintegration to society however when they are released they can face overwhelming obstacles in their quest to find work (Kohler, 1975).

Research has shown that for an individual, unemployment is associated with a greater propensity to offend, and that long-term unemployment can contribute to higher rates of crime (Smith and Stewart, 1998). Moreover, many ex-prisoners have poor work history and are regularly employed in low-skilled and low-paid jobs which are possible contributing factors to a return to their former criminal lifestyle (Graffam and Shinkfield, 2012). Nonetheless, employment is not the single panacea for an ex-prisoner to remain out of prison or in reducing crime although it does promote accountability, commitment and stability that in turn can contribute to reducing criminal activity (Gideon, 2010).

Employment is important for prisoners post-release to assist them in breaking the crime and unemployment cycle, promoting lifestyle change and participating more inclusively in the community (Henson, 1991).

*...there are no groups outside to help with employment, there used to be but not anymore
(Prisoner Advisory Committee, 2013)*

2.2 Barriers to securing and sustaining employment

Stigmatisation of ex-prisoners by employers often occurs when their prison history is disclosed, often leading to discrimination and a form of ostracising (Baldry and Borzycki, 2003). For some ex-prisoners disclosing their criminal history is a condition of parole while others disclose to explain a gap in their employment history.

According to a British study into the employment experiences of ex-prisoners almost 60% of employers would 'probably not' employ people with a criminal history, even if many years had passed since their convictions (Visher et al., 2010). Another survey of 300 employers found that only 12% would hire ex-prisoners (Graffam et al., 2008).

Additional barriers faced by ex-prisoners to gaining and sustaining employment possibly include; lack of family support, peer pressure, drug use, lack of suitable housing, physical and mental health issues/concerns and lower levels of education (Visher et al., 2010). Lack of recent employment history is also believed to be a major factor in the difficulties of returning to the workforce (Gideon, 2010). Low self-esteem and negative self-belief are further obstacles identified as being faced by this cohort (Rakis, 2005). Moreover, in a climate of high unemployment, competition for jobs is strong, and those who have more recently left the job market are generally presumed to be more employable (Skardhamar and Telle, 2012).

2.3 Specialist support available to assist prisoners in gaining and sustaining employment

The degree to which success in reintegration, in terms of achieving stable housing, employment, and financial independence, is related to the comprehensiveness of support received (Graffam and Shinkfield, 2012)

There are few specialist programs (if any) available in the community to assist ex-prisoners overcome some of the barriers they face in securing once released into the community. In 2009 Catholic Prison Ministry developed and implemented the Reintegration Support Program (RSP). The program was designed to assist ex-prisoners with non-vocational barriers to employment. Our partnership with Centacare Employment Group saw them refer any jobseeker that had been in prison or was at risk of going to prison.

Centrelink assesses jobseekers prior to their being assigned a Job Network Agency (employment agency). Almost all clients referred through to Catholic Prison Ministry by Centacare Employment had been assessed by Centrelink as 'Stream 4'. There are four levels of assessment, with the identified need for support in gaining employment increasing with the Stream number. Stream 4 jobseekers being identified as having 'severe barriers to employment'. Stream 4 clients as a result are recommended for the highest level of integrated support (Department of Employment, 2013). Catholic Prison Ministry assistance is client driven based on the jobseekers own particular set of circumstances. It is our experience that the types of support most required across the ex-prisoner client group include the three of the issues discussed in this report; housing, employment and drug use.

Our social workers have assisted over 1050 RSP clients with accommodation, drug/alcohol counselling, anger management, employment related issues, mentoring, family relationships etc., since 2009. We are also able to provide greater support through our networks and partnerships with community housing providers, boarding houses, drug and alcohol agencies and government services such as parole, Centrelink, Department of Housing.

An evaluation of the Reintegration Support Program in 2011 showed that around 30% of our clients achieved an employment outcome compared with 12% of non-RSP supported Stream 4 jobseekers.

3.0 Drug dependency

3.1 Drug use and dependency amongst prisoners and ex-prisoners (see Section 4 for more on Health)

It is estimated that between thirty-four and fifty-two percent of incarcerated male prisoners used illegal drugs prior to imprisonment, and that approximately ten percent of prisoners in Australian prisons have direct drug-related offences (Ogilvie, 2001). The likelihood of a return to drug-use post-release is particularly high for many prisoners, especially within the first three months of release (Carcach and Australian Institute of Criminology., 1999, Graffam and Shinkfield, 2012). Moreover, after spending years in the prison system the trauma of returning back to the community greatly increases

the possibility of relapse due to the stress of reintegration and change of lifestyle (Gideon, 2010). Life stresses such as homelessness or housing transience, domestic violence, poverty, unemployment and a loss of other 'social opportunities' can all be precursors to drug abuse (Ogilvie, 2001). It was further noted by Ogilvie (2001) that it would be no surprise if ex-prisoners returned to a lifestyle similar to that preceding incarceration, drug use would likely follow.

3.2 Drugs and health

Use of illegal drugs has been described as 'the most prominent condition of ill health among prisoners' (Graffam and Shinkfield, 2012). Additionally, the National Drug Strategy framework describes the use of drugs and alcohol as 'health damaging behaviour' linking this with social disadvantage such as unemployment, homelessness or housing problems and poverty (Buchanan, 2004). Despite this, no policy is in place to support drug and alcohol programs for prisoners' post-release in Queensland. Some specialised support accommodation services offer rehabilitation programs which can be accessed post-release however there are insufficient numbers or program places to cope with the demand (Standing Committee on Law and Justice, 2000). Individuals released with an addiction or without the cause of their addiction being addressed have very high prospects of recidivism (Standing Committee on Law and Justice, 2000, Bessant et al., 2002).

3.3 Diversion from prison

In 2012 drug courts were closed in Queensland after 12 years of diverting people from prison (Butler, 2011). The court operated under the Drug Rehabilitation (Court Diversion) Act 2000. Drug court participants had their sentencing suspended for up to eighteen months while they were given intensive drug treatment program prior to being sentenced. Completion of the program would then be taken into account at sentencing. The 2010-2011 Magistrates Court of Queensland Annual Report stated that the Drug Courts have saved resources equivalent to 588 years of actual prison time (Butler, 2011).

Bibliography

- BALDRY, E. & AUSTRALIAN HOUSING AND URBAN RESEARCH INSTITUTE. 2003. Ex-prisoners, and accommodation what bearing do different forms of housing have on social reintegration? Canberra?: Australian Housing and Urban Research Institute,.
- BALDRY, E. & BORZYCKI, M. 2003. Promoting integration: the provision of prisoner post-release services. *trends and issues in crime and criminal justice*. Canberra: Australian Institute of Criminology.
- BALDRY, E., DOWSE, L., MCCAUSLAND, R. & CLARENCE, M. 2012. Lifecourse institutional costs of homelessness for vulnerable groups. New South Wales: University of New South Wales, School of Social Sciences.
- BESSANT, J., COUPLAND, H., DALTON, T., MAHER, L., ROWE, J. & WATTS, R. 2002. *Heroin users, housing and social participation attacking social exclusion through better housing* [Online]. Canberra: Australian Housing and Urban Research Institute. Available: http://www.ahuri.edu.au/global/docs/30056_final_heroinusers.pdf [Accessed September 17 2004].

- BUCHANAN, J. 2004. Missing Links? Problem drug use and social exclusion. *Probation Journal*, 51, 387-397.
- BUTLER, B. 2011. Magistrate Courts of Queensland Annual Report. Queensland Courts.
- BUTLIN, A. 2004. Crisis accommodation program: review-2004. Sydney: Amity Management Consulting Group.
- CARCACH, C. & AUSTRALIAN INSTITUTE OF CRIMINOLOGY. 1999. *Imprisonment in Australia: trends in populations & imprisonment rates 1982-1998*.
- COLEMAN, A. 1997. *Empty street current policy relating to long-term homelessness*.
- DEPARTMENT OF EMPLOYMENT. 2013. *Job Services Australia eligibility and how to register* [Online]. Canberra: Australian Government. Available: <https://employment.gov.au/job-services-australia-eligibility-and-how-register> [Accessed March 23 2014].
- DEPARTMENT OF HUMAN SERVICES. 2013. *Rent Assistance* [Online]. Australian Government. Available: <http://www.humanservices.gov.au/customer/services/centrelink/rent-assistance> 2014].
- DUTREIX, C. Homelessness and women exiting prison. 3rd National Homelessness Conference 'Beyond the Divide', 2003 Sheraton Hotel, Brisbane.
- GIDEON, L. 2010. *Substance Abusing Inmates: Experiences of Recovering Drug Addicts on their Way Back Home*.
- GRAFFAM, J. & SHINKFIELD, A. J. 2012. The Life Conditions of Australian Ex-Prisoners: An Analysis of Intrapersonal, Subsistence, and Support Conditions. *International Journal of Offender Therapy and Comparative Criminology*, 56, 897-916.
- GRAFFAM, J., SHINKFIELD, A. J. & HARDCASTLE, L. 2008. The Perceived Employability of Ex-Prisoners and Offenders. *International Journal of Offender Therapy and Comparative Criminology*, 52, 673-685.
- HENSON, P. Employment: the key to keeping people out of prison. Keeping people out of prisons, 1991 Perth. Department of Employment and Training Western Australia, 299-310.
- KOHLER, K. 1975. The Revolving Door: The Effect of Employment Discrimination Against Ex-Prisoners. *Hastings Law Journal*, 26, 1403-14011.
- MILLS, A., GOFKOVIC, D., MEEK, R. & MULLINS, D. 2013. Housing ex-prisoners: the role of the third sector. *Safer Communities*, 12, 38-49.
- OGILVIE, E. 2001. *Post-release: the current predicament and the potential strategies* [Online]. Canberra: Criminology Research Council. Available: <http://www.aic.gov.au/crc/reports/ogilvie-html.html> [Accessed September 15 2004].
- PEACOCK, M. 2008. Post Release: the Cycle of Homelessness for Ex-Prisoners-Reflections from VACRO Transitional Workers. *Parity*, 21, 39-40.
- RAKIS, J. 2005. Improving the Employment Rates of Ex-Prisoners Under Parole. *Federal Probation*, 69, 7-12, 49.
- ROMAN GOUVIS, C. & TRAVIS, J. 2004. Taking Stock: Housing, Homelessness, and Prisoner Reentry. Urban Institute.
- SCOTT, T. 2010. Offender Perceptions on the Value of Employment. *Journal of Correctional Education*, 61, 46-67.
- SKARDHAMAR, T. & TELLE, K. 2012. Post-release Employment and Recidivism in Norway. *Journal of Quantitative Criminology*, 28, 629-649.
- SMITH, D. & STEWART, J. 1998. Probation and Social Exclusion. In: JONES FINER, C. & NELLIS, M. (eds.) *Crime and Social Exclusion*. Oxford: Blackwell Publishers.
- STANDING COMMITTEE ON LAW AND JUSTICE 2000. Crime prevention through social support. Sydney: New South Wales Parliament.
- TICA. 2013. *Tenant Information* [Online]. New South Wales. Available: <http://www.tica.com.au/tenant.php> [Accessed March 22 2014].
- VISHER, C. A., DEBUS-SHERRILL, S. A. & YAHNER, J. 2010. Employment After Prison: A Longitudinal Study of Former Prisoners. *Justice Quarterly*, 28, 698-718.
- WOODWARD, R. 2003. Families of prisoners: literature review on issues and difficulties. Canberra: Department of Family and Community Services.

Part B: Post release services for prisoners in south-east Queensland

Written by Melanie Wong, Portia Tyle & Nick Lindsay
Reviewed and Edited by Catholic Prison Ministry

1.0 Overview

Prisoners on release often face significant barriers to reintegration into the community including mental and physical illness, substance addictions, homelessness and limited support networks. Whilst current service delivery is primarily through the Queensland Corrective Services funded Offender Reintegration Support Service (ORSS), the responsibility for supporting ex-prisoners is often shared amongst other non-Government services, including Catholic Prison Ministry.

Informal feedback received by Catholic Prison Ministry has indicated a level of dissatisfaction with the service provided by the ORSS program. This report was commissioned to explore this sentiment further amongst ex-prisoners and to document the feedback regarding the efficacy of the ORSS program in meeting the complex needs of prisoners on release.

Through a series of surveys and interviews, prisoners were invited to share their experiences of ORSS program and the extent to which it met their expectations and needs post-release. Whilst the sample size is small in comparison to the population of recently released prisoners it is consistent with informal feedback received by Catholic Prison Ministry.

Findings from the report indicated significant disparities across a range of service offerings and demonstrated the gap between the levels of service offered by ORSS workers before prisoners were released, and the reality of service provision through ORSS for prisoners post-release. These disparities have serious implications around the success of prisoners post-release to successfully reintegrate into the community and remain crime-free. This report was written by law students from the Manning Street Project, a partnership between the University of Queensland Pro Bono Centre and Caxton Legal Centre. The report has been reviewed, edited and finalised by Catholic Prison Ministry.

2.0 Introduction

Recently released prisoners often face a myriad of issues and barriers to successfully reintegrating into the community – including immediate issues such as transport, clothing and food, as well as reintegration issues which can include mental and physical ill health, substance abuse, homelessness, social isolation, and unemployment (Graffam & Shinkfield, 2012). In Queensland, Queensland Corrective Services (QCS) operates a Reintegration Support Model (RSM) which includes the pre-

release Transitions Program and Transitional Support Service and the post-release Offender Reintegration Support Service (ORSS).

Informal feedback received by the Catholic Prison Ministry, a prisoner support service, has indicated a degree of dissatisfaction amongst released prisoners regarding the level of support offered by the ORSS program post-release compared to their self-reported needs and expectations of service provision. This report has been commissioned to explore these sentiments further.

The report is based on the findings of a series of surveys and interviews with recently released prisoners who access Catholic Prison Ministry, focusing on their expectations and feedback around the delivery of the ORSS program. The report aims to base these findings in the context of post-release services in Queensland, the current research related to the needs and barriers facing recently released prisoners, and best practice guidelines regarding post-release support. The report also provides some implications of gaps in service delivery on prisoners post-release and offers concluding statements around possible future policy and program directions.

Whilst Catholic Prison Ministry (CPM) commissioned this report it is not the intention of CPM to criticise the current management of the ORSS program. Nor is it the intent to provide a comprehensive evaluation of the ORSS program. The report is narrow in scope and focuses on the support offered by ORSS post-release and how this meets the needs and expectations of recently released prisoners.

3.0 Context

The *Corrective Services Act 2006* (Qld) indicates that one of the major purposes of corrective services is rehabilitation (s.1.3) and that services and programs are to be provided to offenders in order to:

- Help prisoners reintegrate into the community after their release from custody, including by acquiring skills; and
- Initiate, keep and improve relationships between offenders and members of their families and the community; and
- Help rehabilitate offenders (s.266.1)

The current approach to meeting the reintegration needs of prisoners in Queensland is the Reintegration Support Model (RSM), provided by QCS. RSM is delivered in three parts: the Transitions Program, which eligible prisoners undertake within 9 months of release; the Transitional Support Service, offered to prisoners not eligible for the Transitions Program; and the Offender Reintegration Support Service (ORSS), provided to eligible prisoners on release (Queensland Corrective Services, 2012).

The Transitions Program and the Transitional Support Program represent the pre-release reintegration services offered in Queensland and are delivered by QCS. The ORSS program, introduced in 2007, is

contracted out to a number of non-government organisations (including Catholic Prison Ministry from 2007-2010) and is currently the only post-release service in Queensland funded by QCS.

Eligibility for the Transitions Program and the ORSS program is based on a set of criteria determined by QCS. These include prisoners, who have been,

- Assessed as having a high (16 or over) rating on the Risk of Reoffending (RoR) assessment;
- Charged with a sexual offence or classed as a Serious Violent Offender (SVO); or
- Deemed to have significant reintegration needs (such as risk of homelessness, limited community supports, a significant length of imprisonment or any cultural or gender needs) (Queensland Corrective Services, 2012)

Ex-prisoner feedback received through CPM suggests however that both the Transitions and ORSS programs are also only offered to those prisoners serving two or more years, and even if the eligibility is determined success in gaining access to the programs is not guaranteed.

Alternative post-release services in Queensland are limited. Whilst there are organisations such as Catholic Prison Ministry, who operate in Brisbane and surrounds, these services are generally not funded by QCS, and regional centres often offer little support to those exiting prison.

4.0 ORSS Program

Whilst an evaluation of the ORSS program is outside the scope of this report, it is useful to provide a brief overview of the services included in the QCS contract for the ORSS program. The focus of the program described in the ORSS Specification tender documents for South-East Queensland and Gold Coast is to provide reintegration support through a case management model to prisoners on release and up to 6 months post-release (Department of Community Safety, 2010).

The program intends to act as brokers and advocates with referrals to specialist agencies and services (including drug and alcohol counselling) as well as provide direct support through transportation from the correctional centre on the day of release, assistance to attend Probation and Parole appointments, support to engage with employment service providers, and supporting the ex-prisoner to secure sustainable and adequate housing.

5.0 Issues faced upon release

Recently released prisoners are among the most disadvantaged in the community, often facing complex and difficult issues and facing significant barriers to reintegration into the community (Graffam & Shinkfield, 2012). The needs of released prisoners can be broadly split into the immediate needs of prisoners on release and the broader reintegration needs post-release.

5.1 Immediate needs

When prisoners are released they often require immediate support with transport from the correctional centre, spare clothing, money, food and accommodation (Walsh, 2004). Whilst released prisoners are eligible (subject to criteria) for a one-off crisis payment from Centrelink prisoners will most likely need further support from their personal social support networks or from agencies to ensure they have their basic needs met. For those prisoners who have family or friends to return to this may not present a significant issue as networks may be able to provide accommodation (at least short-term), clothing and food, however for many prisoners who do not have support networks, or who may no longer have access to their support networks they often will need to rely on non-Government services to cover their basic immediate needs.

5.2 Reintegration needs

Following the period immediately after release, ex-prisoners are faced with the challenge of successfully reintegrating into the broader community. Whilst it is important to recognise that ex-prisoners are far from a homogenous group experiencing identical complex issues (Van Doreen, Claudio, Kinner & Williams, 2011), the barriers to reintegration that are commonly faced by ex-prisoners included poor mental and physical health, drug and alcohol abuse, a lack of accommodation, unemployment, limited social support networks, and limited ongoing access to basic necessities such as clothing and food.

5.2.1 Mental and physical needs

The health implications of imprisonment are widely recognised, with the deprivation of basic human rights and needs within prisons bringing physical, mental and social harm – inflicting ex-prisoners with poor health, institutionalisation, and with significant barriers to reintegration (De Viggiani, 2007). Whilst the health outcomes for prisoners vary according to factors such as gender, cultural status, number of times incarcerated, age, and socioeconomic status (Van Doreen, 2011), it can be generalised that those in prison have increased likelihood of substance addictions, chronic diseases, mental illness and engagement in high health risk behaviours (Kinner, Streitberg, Butler & Levy, 2012). The prison population claims a disproportionately high prevalence of Hepatitis C (as well as Hepatitis B, and HIV), tobacco smoking, drug use, asthma, cardiovascular disease, diabetes, and psychiatric illness (Kinner et.al., 2012).

The health outcomes of prisoners are closely linked with the success of reintegration post-release, not only exacerbating difficulties obtaining employment and housing but significantly increasing the risk of hospitalisation for mental and physical health issues, or death (primarily through overdose or suicide) in the days and weeks immediately following release (Kinner, et. al., 2012).

5.2.2 Substance use

The association between substance abuse and incarceration is generally recognised as stronger than in the general population (Fazel, Bains & Doll, 2006). In a study conducted with remand and sentenced prisoners in New South Wales, findings indicated that 55% of prisoners sampled had a substance use diagnosis within the past 12 months, and 29% of the prisoners sampled had a co-occurring substance use disorder and mental illness (Fazel, et.al., 2006). Whilst best practice guidelines suggest that prisoners with substance addictions require specialist drug treatment programs, according to Walsh (2004), the current approach within Queensland prisons does not include access to effective substance abuse programs.

The use of substances post-release is strongly linked with recidivism, however whilst many prisoners on release acknowledge that 'staying clean' will reduce the likelihood of returning to prison, re-engaging with their existing social and support networks can sometimes equate to enhanced access to drugs and re-involvement in both drug use and criminal activity (Van Dooren, et.al., 2011).

5.2.3 Housing and accommodation

A lack of accommodation is one of the key issues facing prisoners on release, with previous studies finding that many leave prison without accommodation arranged (Willis, 2005). A range of impediments that restrict ex-prisoners access to safe, secure, affordable and appropriate housing have been identified. These include: logistical difficulties in arranging suitable accommodation whilst incarcerated; managing uncertain release dates (Boryzycki & Baldry, 2003); an inability to inspect properties; and limited access to telephone facilities (Willis, 2005). On release ex-prisoners are often faced with little income, no accommodation and for some, no personal identification to access Centrelink payments and to pay for accommodation (Willis, 2005).

In other States and Territories in Australia there are supported accommodation options that are tailored to people exiting prison. In Queensland however there are no such options (Walsh, 2004) and ex-prisoners often compete with the broader community for the limited beds in crisis accommodation, hostels, or boarding houses.

Whilst social housing is an option for many, the lengthy waiting lists (Walsh, 2004) and the shortage of housing stock (Walsh, 2004) means that ex-prisoners require accommodation in the short term until they are offered a property. Some may find accommodation through private rental, however the rising rental costs and low vacancy levels (Walsh, 2004), as well as a poor rental history often means that access for many ex-prisoners is limited. Discrimination is also common within both the private rental market and in boarding houses (Willis, 2005) as landlords decline applications to rent to people with a criminal history (Petersilia, 2003), or those with gaps in their rental history (Carnaby, 1998; Davis, 2001).

For those exiting prison the complex and bureaucratic process that individuals seeking access to social housing or community housing must navigate alongside the other barriers mentioned above greatly impact the chances of reintegration and increase the likelihood of recidivism (Willis, 2005).

5.2.4 Accessing support networks

One of the key protective factors emphasised in the literature is the importance of social relationships and support, with supportive relationships seen not only as critical for reducing the risk of reoffending, but in other post-release outcomes and reintegration (Graffam & Shinkfield, 2012). Time spent incarcerated can make it difficult for ex-prisoners to re-engage with family, however those who live with family are significantly less likely to return to prison than those living with friends, acquaintances or alone (Boryzycki & Baldry, 2003).

6.0 Guidelines for post release programs

In Walsh's 2004 "INCorrections" report into prison release practices and guidelines in Queensland the importance of effective aftercare, or post-release services is emphasised, stating that the first month after release is a critical period for providing support and to assist the ex-prisoner with immediate needs such as accommodation, income, and health-related treatments. In delivering these services Walsh suggests the role of post-release services include the provision of,

- A central point of contact for prisoners to access on release;
- Practical support with clothing, identification, income, employment and accommodation; and
- Health, welfare and psychosocial support (Walsh, 2004)

The role of post-release services is also to facilitate referrals according to the specific needs of each prisoner, including drug and alcohol counselling, mental health services, readjustment counselling, and family and relationship services (Walsh, 2004).

7.0 Methodology

Qualitative data was collected through a series of surveys, two in-depth interviews and a with ex-prisoners accessing Catholic Prison Ministry services. Ethical clearance was obtained from the University of Queensland Behavioural and Social Sciences Ethical Review Committee.

7.1 Survey

The survey contained five questions about the support provided to individuals while in prison and on release. The same questions were asked of all participants. The list of questions can be found in Appendix A. The survey results were collected by CPM, de-identified, and passed on to the authors for use in this review. Surveys were conducted at CPM in Brisbane over an 18 month period. A total of 42 people participated in the survey. Surveys were given to those who were accessing CPM services and willing to participate.

7.2 In-depth interviews

Two of the survey participants were selected based on availability and consent to participate in an in-depth interview regarding their experiences with pre and post release prison support services. Interview participants were given a \$50.00 Woolworths grocery card as payment for their participation. The interviews took place at CPM and were conducted during 2013. The list of questions can be found in Appendix B.

7.3 Limitations

No formal sampling technique was used, and the number of interview participants was relatively small in relation to the total number of prisoners who have accessed or attempted to access post release services in Queensland over the past 18 months. As such, the issues and difficulties identified in the course of the interviews cannot be regarded as definitive. Rather, the problems and difficulties identified reflect the experiences of the particular participants. However, as there is substantial consistency in terms of the issues raised by participants across the group, it could be viewed to be representative of broader trends.

8.0 Findings

Of the 42 respondents, 88% indicated they had received offers of support from an ORSS worker before they were released from prison, with the major types of support offered including transport from prison (67%), accommodation assistance (57%), clothing (26%), identification (14%), Centrelink assistance and budgeting (12%), food vouchers or other forms of emergency relief (7%), employment preparation (4%), and counselling (4%).

After being released however, 45% of respondents stated that they had not been in communication with their ORSS worker, 16% had seen their worker once, and 31% had heard from their ORSS worker once or twice by phone or to pick up vouchers. 16% of respondents indicated that they had been in contact with their ORSS worker more than once within the 6 month period.

Of the respondents, 60% indicated that they did not receive support from their ORSS worker. The respondents who had received support indicated that this consisted of vouchers (30%), clothing (7%), identification (7%), accommodation (4%), birth certificates (7%) and furniture (6%). Below is a table demonstrating support offered and support delivered to respondents.

Support offered by ORSS pre-release		Support delivered by ORSS post-release	
Transport from prison on release	67%	Transport from prison on release	45%
Accommodation assistance	57%	Accommodation assistance	12%
Clothing	26%	Clothing	19%

Applications for Identification	14%	Applications for Identification	7%
Assistance with Centrelink and	12%	Assistance with Centrelink and	-
Food vouchers and other	7%	Food vouchers and other Emergency	30%
Assistance with resume and preparing for employment	4%	Assistance with resume and preparing for employment	-
Counselling	4%	Counselling	-

Feedback received from ex-prisoners prior to this report indicated that two key areas were identified as being important needs for prisoners on release, including transportation from prison and support to secure housing. In regards to transport from prison the findings were conflicted, where although 67% stated that they were offered transport before release, of the 90% of respondents who required a lift, only 50% of those received transport assistance on release. Importantly one respondent reported that although the ORSS worker told him they would provide transport this did not eventuate and the respondent needed to make his own way to Brisbane from a regional correctional centre.

Similarly, whilst 57% of respondents reported being offered accommodation assistance only 13% reported receiving support to secure accommodation. Of the respondents who indicated they had received support, only 1 of these had been successful in securing accommodation but indicated that it was not suitable as it was too expensive.

Generally feedback from respondents regarding the level of service provision from ORSS was poor, with one respondent stating:

'I thought that the service was generally not good. They did nothing for me'

8.0 Discussion

From the findings above it is clear that the service delivery of the ORSS program did not generally meet the needs or the expectations of the respondents post-release.

Whilst the majority of respondents reported that they had been offered post-release support by ORSS workers whilst incarcerated, over half of respondents indicated that they had not received any support from ORSS workers post-release. Further, the services advertised to prisoners pre-release by the ORSS workers were not consistent with the services delivered by the ORSS program post-release, with disparities seen across the service offerings.

Research around the needs of prisoners post-release indicate that the most common forms of support required include mental and physical health support, assistance in finding accommodation and housing, support to overcome substance abuse issues, assistance linking in and reuniting with social support networks, and practical, immediate assistance such as identification, clothing and food

provision. Informal feedback collected by Catholic Prison Ministry also indicated that the areas in which support was most commonly sought by prisoners on release were transport from the correctional centre, and assistance in finding accommodation.

These needs can be divided into two broad categories: practical needs, requiring support such as housing assistance, emergency relief, vouchers, clothing and identification assistance; and broader bio-psycho-social (encompassing physical, mental and social) needs which may require support such as counselling, specialist drug and alcohol support, and assistance in family reunifications or linkage with social support agencies.

The findings indicate that respondents primarily accessed practical support from their ORSS worker, including transport, emergency relief, and vouchers, with only a very few respondents indicating that they received any bio-psycho-social support.

The provision of transport and support to secure housing, as the two key areas identified by prior feedback to CPM, were also the two service offerings which held the greatest disparity between what was offered by ORSS workers and what was delivered post-release. The provision of vouchers and other forms of emergency relief however exceeded the expectations of the prisoners post-release.

Interestingly with the housing support it is not only a critical need as identified by the research but a key deliverable in the QCS requirements for the ORSS program.

8.1 Implications

Research indicates two key rationales for post-release programs. First, the interests of community safety lie in providing prisoners with assistance in order to prevent recidivism after release and second, prisoners require a high level of support and guidance when transitioning between the highly structured life within prison and the demands of the outside world (Walsh, 2004).

The first six months post-release represents the time when ex-prisoners are most vulnerable to re-offending (Graffam & Shinkfield, 2012). With the immediate period post-release recognised as a critical period for reintegration, the consistent gaps between service expectations and service delivery within the ORSS program amongst respondents has the potential for significant implications.

The importance of secure housing in reducing recidivism and creating other positive outcomes for ex-prisoners has been demonstrated in this report. In analysing the findings from the surveys it is important to take note of the very few respondents who indicated that they had been supported in securing housing.

Additionally, without bio-psycho-social support or supported referrals to specialist agencies (such as substance abuse counselling, and mental and physical health services) not only is the risk of recidivism

enhanced but the barriers to employment, housing, and reintegrating back into community life are severely challenged.

The limitations of the current ORSS program delivery present significant gaps in the service system offering support to ex-prisoners post release. As a major frontline service who often act as the first contact with support for prisoners on release, the ways in which the ORSS program is meeting the complex needs is of great importance for both community safety and for increasing the likelihood of ex-prisoners successfully reintegrating into the community.

9.0 Conclusion

The ORSS program is the only QCS funded program which provides support to prisoners post-release and is one of few services that provides specialist assistance to this at-risk group. In response to informal feedback to Catholic Prison Ministry indicating a level of dissatisfaction with support provided by ORSS, this report has sought to document feedback from recently released prisoners about the types of support offered by ORSS – and then offer a comparison to both the expectations of prisoners post-release, and the needs of prisoners post-release documented in the current research.

Feedback to CPM and current research indicates that the needs of prisoners post-release primarily fall into the categories of mental and physical health, accommodation and housing, substance use treatment, social support, and transport from the correctional centre. Whilst the results of this brief exploratory report are limited due to sample size it is clear that there are significant gaps between the post-release needs of released prisoners and reality of the delivery of the ORSS program, with key disparities in expectations and support in the areas of accommodation and transport. Respondents also indicated a lack of support and referrals to cater for their broader biopsychosocial needs (physical and mental health, substance use, and social support networks).

A rough conservative estimate derived from the ORSS Specification documents and the Queensland Government Budget documents suggests that the spending on the ORSS program as a proportion of the total Custodial Operations budget is less than 1%. The implications of limited support post-release for prisoners are significant – with potential for the poor reintegration outcomes having an impact not only on enhanced disadvantage for the individual, but on community safety more broadly.

References

Boryzycki, M., & Baldry, E. (2003). *Promoting Integration: The Provision of Prisoner Post-release Services*. Australian Institute of Criminology, Canberra.

Carnaby, H. (1998). *Road to nowhere: a report of women's housing & support needs when leaving prison*. Flat Out Inc., Collingwood, Victoria.

Corrective Services Act 2006 (State) s.1.3. Retrieved from <https://www.legislation.qld.gov.au/LEGISLTN/CURRENT/C/CorServA06.pdf>.

- Corrective Services Act 2006 (State) s.266.1. Retrieved from <https://www.legislation.qld.gov.au/LEGISLTN/CURRENT/C/CorServA06.pdf>.
- Davis, J. (2001). Post release issues and accommodation. *Parity vol 14(1)*, 14.
- Department of Community Safety (2010). Provision of Offender Reintegration Support Services to Queensland Corrective Services (QCS): ORSS Specification South-East Queensland and Gold Coast.
- De Viggiani, N. (2007). Unhealthy prisons: exploring structural determinants of prison health. *Sociology of Health & Illness*, 29(1), 115-135.
- Fazel, S., Bains, P., & Doll, H. (2006). Substance abuse and dependence in prisoners: A systematic review. *Addiction*, 101(2), 181-191.
- Graffam, J. & Shinkfield, A. J. (2012) The life conditions of Australian ex-prisoners: an analysis of intrapersonal, subsistence, and support conditions. *International Journal of Offender Therapy and Comparative Criminology*. 56 (6), 897-916.
- Kinner, S. A., Streitberg, L., Butler, T., & Levy, M. (2012). Prisoner and ex-prisoner health: Improving access to primary care. *Australian Family Physician*, 41(7), 535-7.
- Petersilia, J. (2003). *When prisoners come home: parole and prisoner reentry*. Oxford University Press, New York.
- Queensland Corrective Services (2012). *Procedure – Reintegration Support*. Retrieved from Queensland Corrective Services website http://www.correctiveservices.qld.gov.au/Resources/Procedures/Offender_Management.
- Walsh, T. (2004). *Incorrections: Investigating Prison Release practice and policy in Queensland and its impact on community safety*. Queensland University of Technology, Brisbane.
- Willis, M. (2005). *Ex-Prisoners, SAAP, Housing and Homelessness in Australia: Final Report to the National SAAP Coordination and Development Committee*. Australian Institute of Criminology. Retrieved from Australian Institute of Criminology website <http://www.aic.gov.au/publications>.
- Van Doreen, K., Claudio, F., Kinner, S.A., Williams, M. (2011). Beyond reintegration: a framework for understanding ex-prisoner health. *International Journal of Prisoner Health*, 7 (4), 26-36.

Appendices

Appendix a: Survey questions

- Question 1:** While you were in prison, what services did your ORSS worker offer to provide you with?
- Question 2:** Did your ORSS worker pick you up from prison?
- Question 3:** How has your ORSS worker supported you since you were released?
- Question 4:** How often did you see your ORSS worker and did they continue support longer than one month?
- Question 5:** Did you have accommodation when released organised by ORSS?

Appendix b: Interview questions

Background information

- What region/prison were you in?
- Was your sentence less than 12 months or more than 12 months?

Pre release services

- Did participate in any programs before you were released?
 - If yes:
 - which programs and who was the provider
 - What was your understanding of the purpose/aims of the project
 - When did you apply?
 - Did you have to wait long? Was there a waiting list?

- Did the fact that you had to wait affect parole date? (delay)
 - How far had you progressed into your sentence?
 - Did you find the program useful/ meet your expectations?
 - (if transitional) Did it help you re-integrate into the community?
 - Were their follow on programs and if so were offered the opportunity to participate in these?
 - Were you treated with respect in the program?
 - Do you feel your participation in the program helped your application for parole?
 - If no:
 - Were you aware of programs on offer? (details)
 - Did you apply for any programs?
 - What do you believe was the reason why you weren't accepted into the program?
 - Do you think the program on offer would have assisted you to re-integrate?
 - Was your failure to participate in the program raised at your parole hearing?
- Were their gaps in the programs on offer that you feel could be rectified?
- Did you have to move to access the services?

Support

- When did you meet your ORSS? (pre/post release)
- How often did you meet/talk with whilst in prison and after release?
- Detail of the support they provided?
- Were your expectations of the level of support different to what you actual received?
- Were you provided with accommodation support?
- Where you provided with transportation and/or money?
- Were you provided with your release date in advance and if so did you have adequate time to prepare?
- Did you find it difficult to re-integrate back in to society?

Post release services

- Where did you spend your first night out of prison?
 - Did you sleep rough/ stay with friends or family
 - Was it temporary and supported accommodation or transitional accommodation?
- What difficulties did you have in finding accommodation? Was it that you think there is a lack of social housing or hard processes and procedures?
- Did you find it difficult or frustrating to negotiate the processes to secure accommodation with govt agencies? Really bureaucratic, e.g. requests for information given, front desk staff off-putting etc?
- Were you uncertain about what services provided by different agencies?
- Where did you find info about accessing services? Who told you about this? (ORSS?)
- Were you granted accommodation and did you lose it?
- Not enough short term accommodation?
- Have you been denied accommodation because of you criminal record?
- Problems with proof of ID?
- Due to inflexible parole conditions?
- Was there a lack of support services where the accommodation was available?
- Was your release date given to you in advance?
- Did you access any post release programs?
 - If yes:
 - which programs and who was the provider
 - What was your understanding of the purpose/aims of the project
 - When did you apply?
 - Did you have to wait long? Was there a waiting list?
 - How far progressed in your sentence was you
 - Did you find the program useful/ meet your expectations?
 - (if transitional) Did it help you re-integrate into the community?
 - Were their follow on programs and if so were offered the opportunity to participate in these?
 - Were you treated with respect in the program?
 - If no:
 - Were you aware of programs on offer? (details)
 - Did you apply for any programs?
 - What do you believe was the reason why you weren't accepted into the program?
 - Do you think the program on offer would have assisted you to re-integrate?
- Were their gaps in the programs on offer that you feel could be rectified?
- Did you have to move to access the services?

Part C: Privatisation of prisons

1.0 Privatisation of prisons

Privatisation of prisons involves the delegation of state responsibility including its duties of punishment, detention, and rehabilitation to private sector organisations. Each year Australian taxpayers spend approximately \$2.6 billion imprisoning adults, with the rates of imprisonment set to continue to increase (Carrington, 2010). In recent years in Queensland and across Australia there has been a growing trend towards the privatisation of prisons. This brief report aims to present some of the key issues associated with prisons operated by the private sector – with reference to Queensland and Australian systems.

1.1 Private prisons in context

In Queensland, there are currently 10 high security prisons, responsible for approximately 90% of the state’s prison population and six low security prisons (including three annexure to high security prisons) (Queensland Corrective Services, 2013). Of these 16 prisons, there are two high security prisons which are privately run, including Arthur Gorrie Correctional Centre, a remand centre located at Wacol which is operated by GEO Group Australia, and the Southern Queensland Correctional Centre located at Gatton and operated by Serco Australia.

Australia-wide there are eight privately run prisons, operated by GEO Group Australia, Serco Australia, G4S, and GSL Custodial Services. As can be seen in the below table 8% of prisons in Australia are currently operated by private companies.

State/Territory	Public Prisons	Private Prisons
Queensland	14	2
Victoria	11 (plus 1 transitional centre)	2
ACT	2	0
Western Australia	15	1
New South Wales	33	2
Northern Territory	3	0
South Australia	8	1
Tasmania	6	0
TOTAL	93	8

1.2 Private prisons in Queensland, a growing trend?

There has been a growing interest in the privatisation of prisons in Queensland, with the Queensland Commission of Audit (2013) making a recommendation that:

The management of all correctional facilities in Queensland be progressively opened to competitive tendering processes, where there is a contestable market, to ensure that the best value for money outcomes are achieved (p.3-250)

In line with this recommendation, the Queensland Department of Community Safety has, in its Strategic Plan 2012-2016 made a commitment to reduce costs in service delivery through the development of private sector partnerships to deliver services within the portfolio (Department of Community Safety, 2012).

In early 2013 there was a series of media reports suggesting that the Queensland Government was further exploring the privatisation agenda, with the Department of Community Safety Director-General establishing a task force to examine the feasibility of a plan to transform each prison within Queensland to private operations. Since early 2013 there has been little information publicly reported, however it is anticipated that there may be further announcements in the near future.

1.3 Why private prisons?

At the forefront of arguments both for and against the privatisation of prisons in Australia is the notion of financial efficacy, with proponents arguing that in introducing contestability it forces both Government and private sector to compete on grounds of economic efficiencies and service delivery (Roth, 2004; Anderson, 2009). Harding (2012) suggests Government-owned enterprises are more likely to be less efficient due to the political pressures and imperatives that will often take precedence over sound economic and business decisions. Some studies have found that in introducing contestability to markets, up to 10-30% of cost savings can be made, including where governments have won the bid (Infrastructure Partnerships Australia, 2009).

Whilst Brown (1994) argues there is little evidence to support the economic arguments, the Western Australia Auditor General's Report in 2011 suggests otherwise, with Acacia Prison (privately operated by Serco Australia) reporting operating costs in 2010 – 2011 of \$182 per day per prisoner, in comparison to public prison operating costs of \$270 per day per prisoner (Western Australia Auditor General's Report, 2011). In achieving cost savings there are clear questions around the impact of those savings measures on both the safety and efficacy of the prison itself.

2.0 Key issues

2.1 Private sector profit vs service delivery

At its core, the private sector is driven by the pursuit of profit through the sale of services and goods to consumers within a market, in contrast to the democratic system of government which emphasises a responsibility for the broader society (George, 2002). In a prison context this profit imperative poses serious questions as to tensions which exist between profits and the responsibility of corrections to effectively rehabilitate prisoners and support their re-entry into the community.

In providing comment on the Fullham prison riots in Victoria, Nordon (2012) suggests that the profit motives of the private operator led to cost savings measures such as overcrowding, less staff, early lockups, and cutbacks to rehabilitation programs. Sozzani (2001) adds to this arguing the link between the delegation of power by public representative bodies and an increased likelihood for corruption and aggravation of existing issues. Norden states,

Private prison firms are more interested in doing well than doing good, and ultimately, their major goal is to produce profits for their shareholders (2012, np)

Whilst there have been some arguments that private operators have the benefit of having the ability to adapt to the dynamic nature of corrections, thus improving service delivery in prisons (US Department of Justice, 2001), there is little evidence that privatisation has any direct impact on improving standards and quality of prison services. At best it has been reported that private prisons generally provide a service 'as good as' the public sector (Infrastructure Partnerships Australia, 2009).

In Victoria, the failure by private operator Corrections Corporation of Australia (CCA) to manage the Metropolitan Women's Correctional Centre resulted in the government taking back managerial control using emergency powers (George 2002). The Victorian Auditor General said that CCA's defaults under the contract were 'persistent and continuing' and CCA could not ensure the safety of wellbeing of prisoners, staff or visitors. Further there was found to be an absence of sound management in senior management and a general lack of experience in staff (George, 2002).

2.2 Maximum occupancy for maximum profit

According to the Private Prisons in Australia report (Harding, 1992) when the first private prison was open in Queensland, the contract was costed on 100% occupancy rates. To guarantee full value of the contract, corrective service policy makers must ensure vacancies are immediately filled and prisons are at capacity (Harding, 1992).

This clearly presents an ethical conflict, yet numerous authors have argued this link, suggesting private corporations maximise imprisonment levels for opportunity of profit by driving occupancy rates and general incarceration (Anderson 2009; Brown 1994; Stittle, 2011; Harding 1992; Lundahl, Kunz, Brownell, Harris, and Vleet 2009).

Whilst the means and levels of influence of private prison operators on public policy is not explicit, Shichor (1998) suggests corporations are using strategies such as lobbying, political donations, and associations to influence policy and encourage 'tough on crime' agendas. Since then, within the past decade Australia's prison population has grown nearly 4 times as fast as general population due to politically popular "tough on crime" policies (Barker, 2011).

2.3 Should private companies punish?

Incarceration involves the restraint and loss of freedom, including the detriment of one's life path, difficulty maintaining social and familial relations, loss of civil liberties, isolation, and being surrounded in an environment of violence and drugs (Andrew, 2007). This power that society delegates to a democratically elected government is absolute and permits the right to deprive individuals of one's entitled freedom (Cahill, 2009).

Whilst Roth (2004) argues that private prisons merely administer punishment, the authority given to private corporations gives discretionary powers over conditions, punishment, and privileges that encompass the entirety of an inmate's imprisonment (Brown, 1994; Andrew, 2007). This raises serious concerns over the lines of accountability and transparency of private operators who are not constrained by the checks instituted within our current system of Government to ensure the ethical treatment of those in care of the state.

2.4 Accountability and transparency

Accountability and external scrutiny is crucial when the delegation of power to administer punishment is given to private corporations to ensure a humane and a just penal system (Harding, 1992; Knowledge Consulting, 2012).

Accountability is defined as a relationship in which one party has a responsibility to explain one's actions to stakeholders and includes demanding and giving explanation for conduct (Andrew, 2009; English, Baker, and Broadbent, 2010). Gran & Henry (2007) suggest that the three main groups of stakeholders for prisons are tax payers, the community and the prisoners. The state has a relationship with these stakeholders to hold individuals accountable for criminal actions as society can hold the state accountable for the execution of criminal sentencing (Andrew, 2007).

Whilst private contractors often have reporting requirements back to the contracting agency, unlike government agencies, they are not required to report their actions to the broader public and are often protected by "Commercial in confidence" clauses (Mahlouzarides, 2012). This has meant that investigations and reporting into controversial issues such as levels of self-harm, 'at risk' behaviour, inmate violence have previously been frustrated or blocked.

The other reasons provided by private operators for not reporting or allowing access to records have ranged from reporting potentially being damaging to shareholders, to 'there was no blood, we don't need to' (George, 2002). Serco Australia has also previously refused to report on the actual costs of contracts with the government and the level of profit they make as it would result in "unreasonable prejudice" (Serco Watch, 2011).

A further tactic utilised by corporations such as Serco to limit the government's capacity to monitor and scrutinise their operations is to engage subcontractors to perform services (Serco Watch, 2011). This is a deliberate attempt to distance the government from unfavourable practices and, according to O'Malley (2010), has the effect of quashing public discussion.

Former WA Inspector of Custodial Services Richard Harding has claimed the international corporations such as GEO and Serco are more powerful than the governments they are dealing with (Bernstein, 2011), with Western Australia's Auditor General finding that governments are unable to effectively regulate and enforce the social and environmental activities of private corporations (WA Auditor General's Report, 2011).

3.0 Conclusion and recommendations

Alizzi (2012) highlights some of the key tensions associated with private prisons, stating:

The larger the prison population, the longer the sentences, the larger the payout under government contracts. The more prisoners, the more prisons, the more growth. Cheaper facilities and fewer services mean more profit. These inescapable relationships are the source of the potential conflicts of interest. The incentives of private prison companies can easily become opposed to the aims of the humane containment and rehabilitation of prisoners- the very purpose of corrective services (np.)

Queensland has traditionally been ill at ease with delegating services to private bodies, evidenced by the downfall of the Bjelke-Petersen government for 'selling off' Queensland, to the recent campaigns against the Bligh Governments' sale of assets (Mahlouzarides, 2012). Bennett (2013) argues that when it comes to prisons and privatisation – including police, military, and border protection - these powers should only ever be exercised by public servants as people employed by the state - whose line of reporting runs straight to the Minister, the public official appointed by the people. Handing the administration of punishment over to corporations will lead to conflict between the social interests of citizens as stakeholders and financial interests of corporations to maximise profits for shareholders.

Should the State government proceed with handing over the administration of punishment to corporations, further human rights protections must be put in place to ensure violations are identified and pursued. Further, careful and comprehensive contracts need to be drafted that detail strict terms in relation to prison operations and management. These contracts should also remove 'commercial in confidence' and other business privileges that obstruct transparency of prison operations. Finally, it is recommended that independent structures separate to the correctional service within a jurisdiction be delegated to investigate, advise parliament on policies, and provide scrutiny over the standards of correctional services and its operational practices.

References

- Alizzi, J. (2012). "Private Prisons in Australia: Our 20 Year Trial." Right Now: Human Rights in Australia. Accessed September 16, 2013. <http://rightnow.org.au/topics/asylum-seekers/private-prisons-in-australia-our-20-year-trial>.
- Anderson, L. (2009). "Kicking the national habit: The legal and policy arguments for abolishing private prison contracts." *Public Contract Law Journal* 39 (1): 113-135. Accessed August 8, 2013.
- Andrew, J. (2007). "Prisons, the profit motive and other challenges to accountability." *Critical Perspectives on Accounting* 18: 877-904. Accessed August 8, 2013.
- Barker, Geoffrey. (2001). "The punishment boom." *Australian Financial Review* 52. Accessed September 30, 2013.
- <http://www.websearch.aic.gov.au/firstaicPublic/fullRecord.jsp?recno=252503>
- Bennett, Natalie. (2013). "Prison privatization won't work: Effective, rehabilitating prisons are in all of our interests." *The Independent*, July 29. Accessed September 26, 2013. <http://www.independent.co.uk/voices/comment/prison-privatisation-wont-work-effective-rehabilitating-prisons-are-in-all-of-our-interests-8736639.html>
- Bernstein, N. (2011). "Companies use immigration detention crackdown to turn a profit." *New York Times*, September 28. Accessed September 30, 2013. <http://www.nytimes.com/2011/09/29/world/asia/getting-tough-on-immigrants-to-turn-a-profit.html?pagewanted=all&r=0>
- Brown, A. (1994). "Economic aspects of prison privatisation: The Queensland experience." *Australian Institute of Criminology*, 103-117. Accessed September 21, 2013. http://www.aic.gov.au/media_library/publications/proceedings/23/brown.pdf
- Brown, A. (1994). "Private prisons: Another view." *Australian Accountant* 64 (4): 18-26. Accessed September 11, 2013.
- Cahill, J. (2009). *Inquiry into the privatisation of prisons and prison-related services*. Public Service Association of New South Wales. Accessed August 8, 2013. [https://www.parliament.nsw.gov.au/prod/parlment/committee.nsf/0/82deb3aea63d0f2fca257577000fed68/\\$FILE/Submission%20102.pdf](https://www.parliament.nsw.gov.au/prod/parlment/committee.nsf/0/82deb3aea63d0f2fca257577000fed68/$FILE/Submission%20102.pdf)
- Carrington, K. (2010). "Australia's irrational spending on prisoners unsustainable." *QUT News Archive*, August 19. Accessed September 30, 2013. <http://www.news.qut.edu.au/cgi-bin/WebObjects/News.woa/wa/goNewsPage?newsEventID=33390>
- Department of Community Safety (2012). Strategic Plan 2012-2016. Queensland Government, Retrieved from <http://www.correctiveservices.qld.gov.au/Publications>, accessed 18/03/14.
- Gran, B., and Henry, W. (2007). "Holding private prisons accountable: A socio-legal analysis of "contracting out" prisons." *Social Justice* 34 (3): 173-194. Accessed August 8, 2013.
- Government of Western Australia: Department of Corrective Services. (2011). *Annual Report 2010-2011*. Accessed October 14, 2013. <http://www.correctiveservices.wa.gov.au/files/about-us/statistics-publications/acacia-annual-report-2010-2011.pdf>

- Harding, R. (2012). "State monopoly of 'permitted violation of human rights': The decision of the supreme court of Israel prohibiting the private operation and management of prisons." *Punishment & Society* 14 (2): 131-146. Accessed September 30, 2013.
- Harding, W. (1992). "Private prisons in Australia." *Australian Institute of Criminology, Trends & Issues in Crime and Criminal Justice* 36: 1-8. Accessed August 20, 2013.
- Infrastructure Partnerships Australia. (2009). *Submission to the NSW Upper House Inquiry on Privatisation of Prisons and Prison Related Services*. Accessed October 14, 2013.
- Knowledge Consulting. (2012). *Independent review to identify the most appropriate organisational management structure for corrective services NSW to meet the Government's policy objectives, including the reduction of reoffending, January 11, 2012*. Accessed October 11, 2013.
http://www.correctiveservices.nsw.gov.au/_data/assets/pdf_file/0008/444365/hamburger-report-11-January-2012.pdf
- Levy, M. (2005). "Prisoner health care provision: Reflections from Australia." *International Journal of Prisoner Health* 1(1): 65-73. Accessed August 8, 2013.
- Lundahl, B., Kunz, C., Brownell, C., Harris, N., and Vleet, R. (2009). "Prison privatization: A meta-analysis of cost and quality of confinement indicators." *Research on Social Work Practice* 19: 383-394. Accessed September 21, 2013.
- Mahlouzarides, M. (2012). "Private prisons, public fears." *Centre for the Government of Queensland Summer Scholar Journal*, 2: 1-12. Accessed September 21, 2013.
http://www.queenslandspeaks.com.au/sites/default/files/Private_Prisons.pdf
- Moyle, P. (1994). "Private adult custodial correction in Queensland and the first wave Roth: A critical reflection on the first three years – Reform or regression?" *Australian Institute of Criminology*. 46-69. Accessed September 21, 2013.
http://www.aic.gov.au/media_library/publications/proceedings/23/moyle.pdf
- New South Wales Parliament. (2009). "Inquiry into the privatisation of prisons and prison-related services." Legislative Council, NSW Legislative council parliament. Accessed September 21, 2013.
- Nordon, P. (2012). "Expert Comment on the Fulham Prison riot." Royal Melbourne Institute of Technology (RMIT). Accessed October 15, 2013. <http://www.rmit.edu.au/browse/RMIT%20News%2FNewsroom%2F;ID=yyarxbi14gg5z;STATUS=A?QRY=its&STYPE=LOCATION>
- O'Malley, N. (2010). "Firm that does the dirty work for government on the cheap." *Sydney Morning Herald*, September 25. Accessed August 30, 2013. <http://www.smh.com.au/nsw/firm-that-does-the-dirty-work-for-government-on-the-cheap-20100924-15q11.html>
- Queensland Corrective Services (2013). Custodial Operations. Retrieved from www.correctiveservices.qld.gov.au, accessed 18/03/14.
- Roth, L. (2004). Privatisation of prisons. *NSW Parliamentary Library Research Service*, Background Paper No 3/04. Accessed September 21, 2013. <http://www.parliament.nsw.gov.au>
- Serco Watch. (2011). *Submission to the Public Accounts Committee Inquiry into the Serco Australia Contract*, Western Australian Legislative Assembly. Accessed October 1, 2013.
<http://www.parliament.wa.gov.au>

Shichor, D. (1998). "Private prisons in perspective: Some conceptual issues." *The Howard Journal of Criminal Justice* 37 (1): 82-100. Accessed September 30, 2013. doi: 10.1111/1468/2311.00079.

Sozzani, J. (2001). "Privatisation in the United States and Australia: A comparative analysis of the modern privatisation movement in corrections." *Bond Law Review* 13 (1): 136-165. Accessed August 20, 2013.

Stanhope, J. (2012). "The prisoner as a human being." *Right Now: Human Rights in Australia*. Accessed September 16, 2013. <http://rightnow.org.au/topics/bill-of-rights/the-prisoner-as-a-human-being/>

Stittle, J. (2011). "In government we trust: Market failure and the delusions of privatization." *The British Accounting Review* 43(1): 79-80. Accessed August 21, 2013.

Tanner, W. (2013). "The case for private prisons." *Reform Ideas No 2*. Accessed August 20, 2013. http://www.reform.co.uk/resources/0000/0635/Reform_Ideas_No_2_-_The_case_for_private_prisons.pdf

Part D: Health Care in Prisons

1.0 Introduction

There is a complex dynamic between prisoners, the prison healthcare system and public health.

First, before even encountering the prison system, prison entrants generally suffer from underlying medical conditions in a higher proportion than the general population. In particular, there is a higher prevalence amongst prison entrants (and prisoners alike) of mental illness, chronic and communicable disease, injury, poor dental health and disability as compared with the general population¹.

These underlying medical conditions are, in part, associated with the prisoners' lower socioeconomic background. Often, prisoners are from disadvantaged backgrounds whereby they experience high levels of unemployment, low levels of education (illiteracy and lack of numeracy skills), drug and alcohol addiction, insecure housing and violence².

These substantial social disadvantages, a daily, lived experience for many people prior to prison, detrimentally impacts upon the mental and physical health of prisoners. Indeed, people in our community who are less educated are more likely to suffer from chronic conditions, have diminished capacity to use the health system and engage more frequently in risky health behaviours³. Unemployment, homelessness, unstable housing and financial difficulties lead to an increase in the prevalence of mental health issues⁴.

Additionally, these underlying medical problems are compounded by the fact that prisoners, prior to and during incarceration, generally engage in more risky health behaviours than the general population – including using more drugs, alcohol and tobacco.

However, despite these underlying medical conditions and compounding factors, above, prisoners often never receive medical treatment prior to their incarceration⁵.

Prisoners therefore enter the system with these aforementioned underlying medical conditions. Generally, it is well documented that prisoners have a very high rate ill health. In particular, forty-six percent of prisoners in 2012 had mental health issues; twenty-one percent of this group were using medication for their mental health issues⁶. Aboriginal and Torres Strait Islander people in prison have a shockingly high rate of diagnoses with a mental illness, with men 73% and women 86%⁷. Also, the prison population is ageing - with an increase of eight-four percent of prisoners aged at least fifty years old over

¹ Australian Medical Association (AMA), 2012, 2012, p3.

² Ibid.

³ Australian Institute of Health and Welfare (AIHW), 2012, page 19

⁴ Australian Institute of Health and Welfare, 2012, page 22

⁵ AMA, 2012, page 3.

⁶ Australian Institute of Health and Welfare, 2012

⁷ Queensland Forensic Mental Health Service, 2012, page 11

the last ten years, on a worldwide scale⁸. The increase in older prisoners will inevitably be accompanied by an increase in the need for health care and treatment in the prison system⁹.

These factors all place pressures on, and arguably increase the importance of, the prison healthcare system. For the aforementioned reasons prisoners have more complex, and a greater number of medical conditions than the general population. Indeed, the prison health care system is in the unique position of offering access to medical treatment to the most disadvantaged groups that are otherwise harder to reach than the general population. In this way the aforementioned inequalities in the health state of those disadvantaged groups and the general population could be addressed¹⁰. Additionally, imprisonment itself can have grave effects on mental health of inmates, thereby often increasing risk of concomitant physical health conditions that might materialise during incarceration.

The wider community has a vested interest in ensuring that prisoners' health needs are sufficiently met and their health is improved within the prison environment to avoid public health risks upon their exit from prison. Indeed, the frequent exchange between prisoners and the community means that medical conditions experienced by prisoners, when left untreated or even exacerbated, can become serious issues of public health¹¹. This is particularly so given the fluid nature of the prison population, whereby prisoners frequently enter and exit the system, particularly in Queensland. In Australia, the median time spent on remand for prisons waiting their sentence in custody, as at June 2012, was 2.7 months. The median expected time to serve for sentenced prisoners, as at 30 June 2012, was twenty-three months¹². Fifty percent of Queensland entrants are incarcerated on remand¹³. Queensland prisoners also have the shortest median length of stay (of 91 days) in prison¹⁴. The current Government's 'tough on crime' agenda will no doubt mean an increase of the interchange between the community and the prison population.

2.0 Anecdotal and Empirical Evidence: Healthcare System in Prisons

From evidence gathered during the tour, through CPM and PLS' work during the year and from empirical research on the topic it seems rather than exploiting the opportunity the prison healthcare represents to address the prisoners' health care issues the social and health disadvantages of people in prison are largely being entrenched within the Queensland and Australian prison system. Indeed, the inadequacy of the health care system has persisted as a fundamental failing in the Queensland prison system for some time.

⁸ Australian Institute of Health and Welfare, 2012, page 12

⁹ Australian Institute of Health and Welfare, 2012, page 12)

¹⁰ AMA, 2012, page 3

¹¹ Ibid.

¹² ABS 2012.

¹³ Australian Institute of Health and Welfare, 2012, page 12

¹⁴ Ibid.

CPM and PLS, through their interaction with the prison population, have been aware of the ongoing issue for almost two decades. As such, both organisations have continually highlighted this as an issue that requires immediate attention - through Reports on Queensland Prisons similar to this report, collaborations with health based organisations and media statements.¹⁵ These historical complaints received by CPM and PLS about the prison health care system centred primarily on access to and the inadequate provision of medical and dental care. The complaints received this year on Tour were of a similar nature but raised some unique issues. These complaints form a body of anecdotal evidence, from the rare vantage point of people in the prison system, to detail apparent failings of the current health care system.

Similarly, other bodies, including Government bodies, recognised the importance of the healthcare systems in prisons, and the consequences of their failure and have conducted numerous holistic studies and data collection projects on issue. These studies provide invaluable empirical evidence, that substantiates many of the prisoners' complaints regarding the inadequacy of the healthcare system¹⁶.

In 2009 Queensland Corrective Services handed management of prison health matters to Queensland Health. The change of management of the healthcare from the Corrections to Health was a recommendation of a previous Australian Institution of Health and Welfare 'Health of Australian Prisoners' report. The change was recommended in recognition that the designated Government health provider, Queensland Health, is much better placed to provide a holistic service to the prison population rather than reliance on piecemeal services provided by prisons, relying on the individual services of private practitioners. Additionally, the centralisation of the process allows for monitoring and evaluation of the systems, uniform practices and probative studies into the effects of certain practices, and therefore easier ways to amend and change the practices to better suit the needs of the people in Queensland prisons. Based on anecdotes from we heard from people in prison, there is still a long way to go to ensure this intention becomes reality.

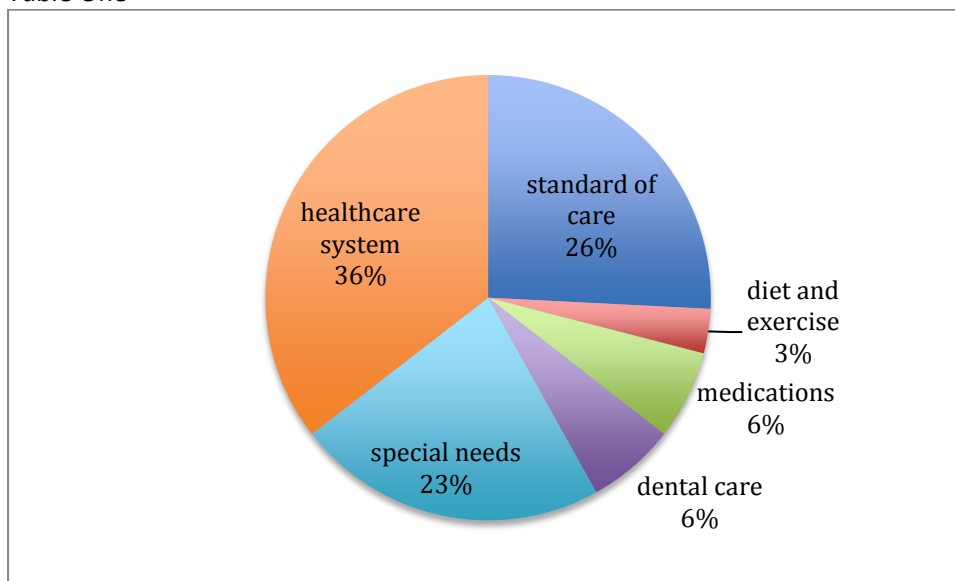
¹⁵ The CPM/PLS 2008 'Report on Queensland Prisons' discussed the issues of the prison health care system, across the prisons, in Section 5.1.3 'Medical'. The CPM/PLS Report of 2010 'Report on Queensland Prisons' again raised the issue at Section 6.0 'Health of Prisoners in Queensland: Report of Prisoner Advisory Committee Meetings'. Media statements regarding state of healthcare system in prisons have been made by PLS following attendance at Inquests.

¹⁶ In particular, the previous Australian Government, through the Australian Institute of Health and Welfare, has produced numerous reports, detailing findings about 'National Prisoners Health Indicators'. The indicators were designed to monitor the health of prisoners and inform and evaluate the planning, delivery and quality of prisoner health services. Specifically, the Australian Institute of Health and Welfare's 'The Health of Australia's Prisoners - 2012', in addition to the two previous publication of a similar name (2008 and 2010)¹⁶ are particularly useful. Additionally, the Queensland Government 'Queensland Women Prisoners' Health Survey (2002), although now somewhat outdated provided a comprehensive health survey of women prisoners in Queensland and in this way is a useful resource to gain that additional perspective. Similarly, the 'Women in Prison - A Report by ADCQ (2006), again addressing issues specific to women in Queensland prisons, provides useful information regarding to their health in prison systems.

Thus, the following discussion includes anecdotal evidence that CPM and PLS collected, both during the Prison Tour and during our communications with prisoners throughout the year. Additionally, where possible, empirical evidence that validates many of the prisoners' claims justifies their concerns and indicates the problems are national, rather than merely statewide has been included. This empirical data further accentuates the need for reform in the area to address what are, given the empirical data, widespread and substantiated issues with the current health care system.

PLS and CPM regularly receive complaints about healthcare in prison. PLS statistics reveal the following issues were raised:

Table One



Source: Community Legal Service Information System

3.0 Medical care in prison

The issues of particular concern within the current prison health care system include medical care in prison, diet and exercise, disease, medication, dental and special needs. Consideration is also given to available complaints processes.

3.1 Access to medical treatment

"Securing a medical appointment within the prison requires constant lodging of written forms"

"Doctors visit low secure prison farms less frequently than prisons"

"Excessively long wait times to see a Doctor (for example - waiting 3 weeks to see Doctor, 7 months to get an X-ray, 3 days to get asthma puffer)"

"Nurses sometimes not available at night"

"Long-term prisoners are finding it even more difficult to see doctors (which is particularly problematic given the length of time they're in prison and the resultant increased reliance on medical care in the prison system)"

"Serious medical issues require transfer to secure prisons (from low secure prison farms) - with observation periods to be adhered to (often two weeks) - this acts as a disincentive to see doctors as prisoners do not wish to be moved"

"Exceptionally long wait periods to see medical specialists"

"The issue of seeing a doctor has to be pushed very, very hard before anything gets done"

Access to adequate healthcare in prison is paramount. For the reasons stated above access to health care for many of people entering prison is a unique opportunity to address long-standing and underlying physical and mental health problems. Additionally, prisoners have a right to access adequate physical and mental healthcare whilst in prison. Article 12 of the *Covenant on Economic, Social and Cultural Rights* enshrines this right – requiring “everyone to the enjoyment of the highest attainable standard of physical and mental health.” There is no legislation in Queensland officially incorporating these international obligations. However, there are some Queensland Corrective Services’ procedures that ostensibly ensure prisoners’ right to healthcare within the system – “Health and Medical Services” and “Private Medical Treatments”. These procedures to entitle prisoners, who are imprisoned for more than 12 months, access in theory to: one medical check per year, health practitioners outside prison (although at the prisoners’ own cost¹⁷), psychiatric services and one dental check per year.

In reality however people in prison describe serious issues in accessing appropriate prison healthcare. In particular, people from the majority of prisons in Queensland, as has been the case in previous Prison Tours, complained of great difficulty in accessing medical treatment generally. In particular, these prisoners reported the problem was three-fold: lengthy wait periods, inadequate number of medical practitioners attending prisons for an insufficient amount of time.

These complaints are largely substantiated by the evidenced based reports into prisoners’ health and the prison healthcare system. In particular, the 2006 Anti Discrimination Commission Queensland report echoed the prisoners’ concerns about the quality and quantity of the health care services available in Queensland women’s prisons. Further, the Australian Institute of Health and Welfare *Health of Australia’s Prisoners 2012* indicates that there is 5 full-time health staff working for every 100 prisoners within the Australian prison system¹⁸. This has the potential of validating prisoners’ reports that there is simply not enough medical staff attending prisoners to meet the prisoners’ health needs.

Further, these reports indicated a slight decrease in the prisoners’ consultation with medical professionals within prison (67%) as compared with the community (74%)¹⁹. The reasons cited for failing to consult with health professionals when needed were varied: waiting time was too long or there was no availability at time required (44%), did not need/ want to or could not be bothered (31%) or legal reasons (court attendances) (21%)²⁰. Again, these findings give validity to the above prisoner complaints.

3.2 Triage procedures

Nurses are holding a choker chain and Doctors are doing what they say

(Prisoner Advisory Committees, 2013)

¹⁷ Section 22 Corrective Services Act.

¹⁸ AIHW, 2012, page xv

¹⁹ AIHW, 2012, page 100

²⁰ Ibid.

As a mandatory precursor to accessing healthcare services prisoners are required to undergo a triage system to determine the anticipated medical attention required and the urgency for the provision of these services. There have been complaints about the efficiency of Queensland's current triage system, as used in emergency departments. Unsurprisingly, the prison triage system, as an extension of Queensland's general system, was similarly criticised by prisoners during our prison visits. Indeed, as with many other problems of general society, the problems with the triage system in Queensland are only further exacerbated by the prison system.

In particular, the prisoners complained that the problem with accessing doctors, above, is being compounded by the vetting of medical requests and control of the administration of medications by nurses. In the community, access to a doctor can be gained by simply making an appointment and medication can be taken as required (eg pro re nata (PRN) medication for pain relief). This is not the case in prison.

Prisoners' complaints are substantiated by the statistics in the evidenced based research, in so much it is evident that nurses are the most prominent healthcare professionals within the prison system. Research indicates that nurses are the most common health professionals in prison - 4 nurses per 100 prisoners, as compared to 0.2 medical practitioners per 100 prisoners²¹. Additionally, the male prisoners access nurses more than in the community (58% as compared to 28%). Conversely, consulting a general practitioner, alcohol or drug worker or psychologist was more common in community than in prison (63 and 49, 24% compared to 12 and 18 and 12%, respectively). However, female prisoners accessed psychologists (25% in community, 56% in prison) and dentists (18% in community, 26% in prison) more frequently in prison, but did not access social workers as frequently (19%) as in the community (28%)²².

4.0 Recommendations

The importance of the health conditions for people in prison, and the volume of complaints received by prisoners during our visits about fundamental health issues, as validated through empirical evidence on those topics, necessitates closer investigation in a systemic way by an independent body.

Given the problems that prisoners are still encountering with accessing prison health care, contextualised by the fact that access to healthcare is of vital importance for prisoners and public health, further immediate changes need to be made. In particular:

1. Increase the ratio of medical practitioners to prisoners;
2. Increase the number of medical practitioners to nurses;
3. Increase the number of dental practitioners;
4. Increase the frequency of visits by medical practitioners to prisons;
5. Provide all necessary medical services to the prisoners in every prison – rather than requiring people to travel to other prisons to receive treatment.

²¹ AIHW, 2012, page 134

²² AIHW, 2012, page 121

4.1 Diet and exercise

'We previously had more access to ovals and access to the gyms is often dependent upon the mood of the prison officers'

'There is not enough gym equipment and the gym equipment that is available is often not appropriate or fully functional'

'The current amount of food being supplied is not sufficient'

'The food is low quality'

'The food is being inappropriately or inadequately stored or prepared'

(Prisoner Advisory Committees, 2013)

Exercise is instrumental to good health - maintaining a healthy body weight, decreasing the risk of diseases (cardiovascular and blood pressure, metabolic syndromes and diabetes) and promoting higher energy levels and better psychological health. Conversely, a lack of activity is detrimental to health. Inactivity is now the fourth leading risk factor for global mortality²³.

Exercise is also of increased importance within the prison system. Exercise provides an outlet for negative emotions engendered by prison – such as aggression, stress and anger that are otherwise difficult to deal with during the daily routine of prison life²⁴.

It is important to note that prisoners from approximately seven of the prisons, were concerned about the apparent reduction in their access to and their time allowance in gyms, using sporting equipment and on ovals.

Prisoners' complaints are supported by the empirical data. Twenty-one percent of prison discharges reported that their level of exercise and physical activity decreased whilst in prison²⁵. Fifty-seven percent of prison who have been discharged report their weight increased while in prison; sixteen percent reported a decrease in their weight²⁶.

The provision of food and the access to exercise are basic entitlements that should be met, within the prison environment. Indeed, the right to food and water and exercise is a very basic human right, enshrined in Article 20 and 21 of the Standard Minimum Rules for the Treatment of Prisoners and other more generalised human rights documents. Additionally, the Standard Guidelines for Corrections in Australia has relevant provisions. Namely, Guideline 2.12 provides that "every prisoner should be provided with continuous access to clean drinking water and nutritional food adequate for health and wellbeing, at the usual hours prepared in accordance with relevant health standards". The 'Healthy Prisons Handbook', Queensland Corrective Services, 2007 requires, at Standard 24 Food: *'prisoners are offered varied meals to meet their individual approved dietary requirements and cultural beliefs. Food is prepared in accordance with safety and hygiene standards.'*

²³ WHO, 2010, Global Recommendations on Physical Activity for Health

²⁴ AIHW, 2012, Page 66

²⁵ AIHW, 2012, Page 66

²⁶ AIHW, 2012, page 67

As a result of past unrest, there have been many changes to the preparation and provision of meals within Australian prisons.²⁷ In particular, the preparation and the oversight by a nutritional expert, are often commonplace in prisons these days.²⁸

Recently Queensland prisons have commenced serving pre-packaged meals for the prison population. Many people in prison complained of a worsening of quality and quantity in food with the introduction of this new system.

4.1.2 Recommendations

1. A fitness professional should be consulted to determine whether prisoners are able to access sufficient exercise.
2. The impact of pre-packaged food should be reviewed.

4.2 Disease

Prisoners are being required to use a single set of clippers (and are using inefficient sterilising methods - such as floor cleaner- to clean those clippers) - and are therefore at a high risk of contracting Hepatitis C and other blood-borne viruses. We are not allowed to use our own clippers; There are hygiene and privacy concerns associated with sharing bathroom and showers in overcrowded cells (Prisoner Advisory Committees, 2013)

Generally there is a low-level of communicable diseases in the Australian population, thanks to high levels of sanitation, antibiotics and immunisation programs²⁹. However, the spread of blood borne infectious disease remains a great concern in the prison environment. This issue is one that particularly highlights the discrepancy between the health standards of prisoners and those of the general Australian population. It also indicates the importance of, and the dangers in not, addressing prison health issues when considering the public health system as a whole.

In particular, the transmission of blood borne viruses (such as hepatitis and HIV) is a particularly high risk in prisons. As noted previously, the prison population, even before entering prison, are more likely to be infected with these viruses. Indeed, in Australia twenty-two percent and nineteen percent of prison entrants test positive to Hepatitis C and Hepatitis B respectively.³⁰ Further, these diseases are often spread by partaking in high-risk behaviours such as intravenous drug use, sharing of contaminated injecting equipment, tattooing, piercing and unprotected sex. These aforementioned behaviours are more common in the prison environment than the general population. Additionally, sharing cells, large turnover of people within a confined space, limited facilities dedicated to isolation are further elements of the prison system that increase likelihood of disease, and particularly blood-borne viruses³¹. Indeed, injecting drug-users represent a large part of the prison population, with approximately 33% of such drug

²⁷ Williams et al, 2009.

²⁸ Ibid.

²⁹ AIHW, 2012, Page 52

³⁰ AIHW, 2012, page 53.

³¹ AIHW, 2012, Page 52

users continuing to inject in prison and 90% reporting the sharing of equipment in doing so.³² Prisoners who previously did not inject drugs begin doing so whilst in prison also, adding to the injecting drug user population within prison and the sharing non-sterile equipment for that purpose³³ - 50% of those prisoners did so with 1 or 2 people and four percent did not know how many people had used that equipment before they had³⁴. Two percent of the prisoners who shared always did so, whereas five percent only sometimes did. This issue of needle-sharing is exacerbated by the limited potential for prisoners to source safe and sterile injecting equipment, as alternatives to sharing their equipment, within the prison environment³⁵.

The prison environment, for these above reasons, is therefore often a social determinant for the spread of these diseases within Australian society³⁶.

Given the above information it is unsurprising that prisoners continue to report a concern about the lack of hygiene in prison, especially regarding the spread of communicable diseases such as Hepatitis and HIV within the prison system.

The prisoners concerns are validated by international and national studies that have consistently found high levels of blood borne viruses among prison populations³⁷.

The Australian Institute of Health and Welfare found that in the year of 2011/2012 there were 459 notifications of sexually transmissible diseases in prisons³⁸.

There is a clear link between injecting drug use (IDUs) and Hepatitis C infection and contraction.. Prisoners who were involved in intravenous drug use, (IDU) who are overrepresented in prison generally, are twenty-four times more likely to have Hepatitis C than prisoners who did not engage in IDU. Those IDU prisoners were also at least eight times more likely to contract the virus while in prison than their non-IDU counterparts³⁹. The likelihood of contraction of disease within prison increases with the number of imprisonments – 9% of those prisoners who had been in prison once tested positive whereas over half (55%) of those who were imprisoned 10 or more times tested positive⁴⁰.

4.2.1 Recommendations

The significant issue with regard to communicable diseases could be substantially addressed with the implementation of a needle and syringe exchange programme within the prison. Some countries have had such programs available in their prisons for some 10 years. The prisoners who have had access to

³² AIHW, 2012, page 52.

³³ AIHW, 2012, Page 54

³⁴ AIHW, 2012, Page 80

³⁵ AIHW, 2012, Page 77

³⁶ AIHW, 2012, Page 54

³⁷ AIHW, 2012, Page 53

³⁸ AIHW, 2012, page 52

³⁹ AIHW, 2012, page 54

⁴⁰ AIHW, 2012, page 55

these programs have had remarkable and consistent improvements in their health. Additionally, the issue of prison security, which is usually cited as a basis to prevent the implementation of these programs within Australian prisons, was noted to be unaffected. Indeed, in the ACT, where there is currently a trial of this program (due to conclude this year) it appears to be effective⁴¹. In particular between 2000 and 2009 approximately 32,000 new HIV infections and almost 97,000 Hepatitis C infections have been averted in the general Australian population through the implementation and use of such programs. Indeed, 22% prisoners reported using programs like this in the community prior to their imprisonment – suggesting they would continue to do so whilst in prison if given the opportunity⁴².

Similarly, access to condoms should be made available for prisoners engaging in lawful sexual activity within the prison system, in order to reduce the spread of communicable diseases.

4.3 Medication

'Nurses are deciding when and whether to give medications to patients that have been prescribed those medications by doctors'

'The prison abruptly stops medication - instead of weaning people off slowly'

'One person who was taking approximately 20 tablets a day, reported that he was denied any medication at all one day, aside from Panadol'

'Pain relief is not being provided adequately'

'Sometime only 'essential' medication is being given out, some prisoners have missed out on ADHD, Bi-Polar, Schizophrenia medication'

'Panadol or ibuprofen is being used for everything, people try to self-medicate to cope with pain',

'Medication is being administered too late or early in the day - medication times are being limited to headcount instead of when the need actually arises'

'Particular types of medications are banned that are available in the community'

(Prisoner Advisory Committees, 2013)

The presence of long-term health conditions in much of the prison population translates to a high percentage (20% in total) of the prison population being on medication upon entry to prison, or subsequently being prescribed medication, throughout their incarceration. In particular, 14% of prisons in Australia are prescribed antipsychotics, 8% anti-anxiety medication, and 1% hypnotics and sedatives. Some 52% of prisoners are prescribed one form of medication during their incarceration – the issues requiring medication being dental (43%), musculoskeletal (71), skin (86), mental health (73), drug and alcohol (47), sensory (67) and respiratory conditions (80)⁴³.

The importance of medications is evident – ensuring the maintenance of stable health, as controlled by medication, is beneficial not only to the individual prison but for the good order and security of the prisons generally.

⁴¹ Australian Institute of Health and Welfare, 2012, Page 78

⁴² AIHW, 2012, Page 80

⁴³ AIHW, 2012, Page 127

The need for a commensurate standard of care should include equal access to prescribed medications as are available outside of prison, including opioid pharmacotherapy treatment.

Therefore, people in prisons complaints regarding the provision of medications are of particular concern. In particular, they take objection to current practice regarding: who can take medication, when medication is taken and the type of medications that are permitted within the prison.

4.3.1 Recommendations

An increase in the number of medical practitioners, as noted above in comparison to nurses, will address some of the medical issues reported by prisoners across the state.

Opioid pharmacotherapy treatment should be made available to alleviate withdrawal symptoms and block cravings for illicit opiates as sudden withdrawal may have effect of increased risk of sharing needles. It is noted that all jurisdictions except Queensland offer opioid pharmacotherapy treatment in prison.⁴⁴

4.4 Dental care

Waiting to see Dentist outside is 6 months, in here it is 4 years - many lifers have NEVER had a dental check-up (in 12.5 years) - they can only see dentist if they're in pain and then teeth will be removed rather than anything else

'Dentists are pulling whole teeth rather than providing any other treatment (such as fillings for cavities)'

'There are long delays reported to see the dentist when prisoners are suffering with painful dental conditions (toothaches)'

'6 months delay where the prisoner has a toothache, 2 weeks with an abyss'

'The dentist visits infrequently (every 2 weeks only - waiting list of 4-5 months to see a dentist) and is not able to see everyone who needs to be seen (there are approximately 600 prisoners per one dentist) (they only visit the centres for approximately 3 hour stints)'

'There is an unsatisfactory level of treatment'

'One person had the wrong tooth removed;

There are no dental check-ups'

*'Long-term prisoners have often never received check-ups for their whole sentence'
(Prisoner Advisory Committees, 2013)*

Prisoners raised numerous issues with the dental care provided to them in prison. Primarily, they were concerned about a lack of access to dental treatment and the inadequate standard of that treatment.

4.4.1 Recommendation

Increase the number of dentists to prisoners.

Provide yearly checks for all prisoners detained for more than 12 months in accordance with current Health Procedures.

⁴⁴ AIHW, 2012, page 81.

4.5 People with special medical needs

'Specialist medical equipment is not being provided, Wheelchairs are not being provided, walking frames for elderly/infirm prisoners not being provided.'

'Transfer from one prison to another results in the loss of specialist medical equipment for example, machines for sleep apnoea are taken away and Ventolin cannot be provided until a Doctor at the subsequent prison gives approval'

'Requests to see specialists are rejected or involve very long waiting periods'

'People entering prison who are drug dependent aren't provided with detox mechanisms' (Prisoner Advisory Committees, 2013)

The poor health status of prisoners generally means that one third of the prison population suffers from a chronic medical condition. Commonly, these conditions include: asthma (24%), arthritis (7%), cardiovascular disease (24%) or cancer (7%). In particular, the increasingly ageing prison population has a much higher prevalence of diseases suffered by older persons – including arthritis and cardiovascular disease, in particular⁴⁵.

Any failings of health care in the prison system, as experienced by the general prison population above, are often amplified for those people who have special medical needs.

A number of people in prison pointed out that other prisoners who have special medical needs are not being appropriately treated by the health care system in the prison with regards to specialist equipment, transfer for medical treatment and dietary requirements. There is some evidence to suggest that the mortality of prisoners suffering from these chronic medical conditions is higher than the general community. In particular, prisoners with cardiovascular disease have a higher mortality rate compared with the population outside prison who suffer from cardiovascular disease.⁴⁶

4.5.1 Recommendations

Special attention should be paid to ensuring that special needs of people with a disability or other health condition are adequately provided for.

Low secure prison farms should not be restricted to people who can pass health checks. Adequate facilities should be made available to allow all prisoners to access low security.

4.6 Processes for complaint

'Make constant complaints about the treatment but nothing done'

'Time limits on phones make it difficult to get access during times the phone lines are open because some people are working double shifts'

'Queensland Health and the prison just keep blaming each other, bouncing back and forth'

'Scared to put complaints in against dentists because won't get to see them at all in the future' (Prisoner Advisory Committees, 2013)

⁴⁵ AIHW, 2012, Page 62

⁴⁶ AIHW, 2012, Page 63

4.6.1 Particular comments about the Health Quality Complaints Commission complaint-handling process

'When we use HQCC number we have to provide written records (form) and nothing comes of it'

'When threatened to ring the HQCC there is a knee-jerk reaction however and they quickly act once that is threatened'

'We would use that phone line but its too hard as have to fill out a form as many people in here don't read and write'

'People have been asked to show evidence of attempts to resolve the issue internally. Often we do not have access to physical evidence'

'Threatened with breaches of discipline if we complain.'

'A lot of people have tried to complain to HQCC – their phones were turned off for 3 months'

(Prisoner Advisory Committees, 2013)

4.6.2 Historical context: history of complaints about prison health care system and means of redress

The consistent complaints made by people in prison about the prison healthcare system indicates problems with the current complaints system. However, given the high volume of complaints noted, above, it is unsurprising that the area of health care in the prison has undergone significant reforms throughout the period that CPM and PLS have had interaction with it. Though, given the persistence of the complaints, also noted above, it appears that changes to date have been insufficient to remedy the situation. The most significant change occurred in 2009 when Queensland Health, rather than Queensland Corrective Services, became responsible for administering health care to prisoners in Queensland.

More recently however, prisoners have been given access to the Health Quality and Complaint Commission (HQCC) through the free prison phone system (the ARUNTA system).

That change resulted from the findings of the inquest into the death of Tracy Inglis. Tracy Inglis suffered an injury prior to her incarceration for which she was prescribed strong pain-killers, was denied that treatment upon incarceration. Despite persistent attempts and complaints made by Tracy so that she could access her pre-prison treatment she was unsuccessful in gaining a commensurate standard of care. Ultimately her high levels of pain contributed to her suicide.

The Coroners findings expressed concern about the level of care provided to people in prison. A recommendation from that inquest was to provide prisoners with access to external complaint bodies where they could lodge health-related complaints. Resultantly, the ARUNTA phone system now provides access to the HQCC.

A study of the data so far collected from the HQCC, since its inclusion on the ARUNTA phone system in 2012, is invaluable. It provides an additional lens through which the volume and type of health care related complaints from prison can be analysed, in addition to the prisoners' own recounts as outlined above. Also, it enables CPM and PLS to determine the efficacy of the HQCC as a means to resolve prison

healthcare complaints - as assessed from the statistics on the resolution of the complaints by prisoners (and at what stage they were resolved).

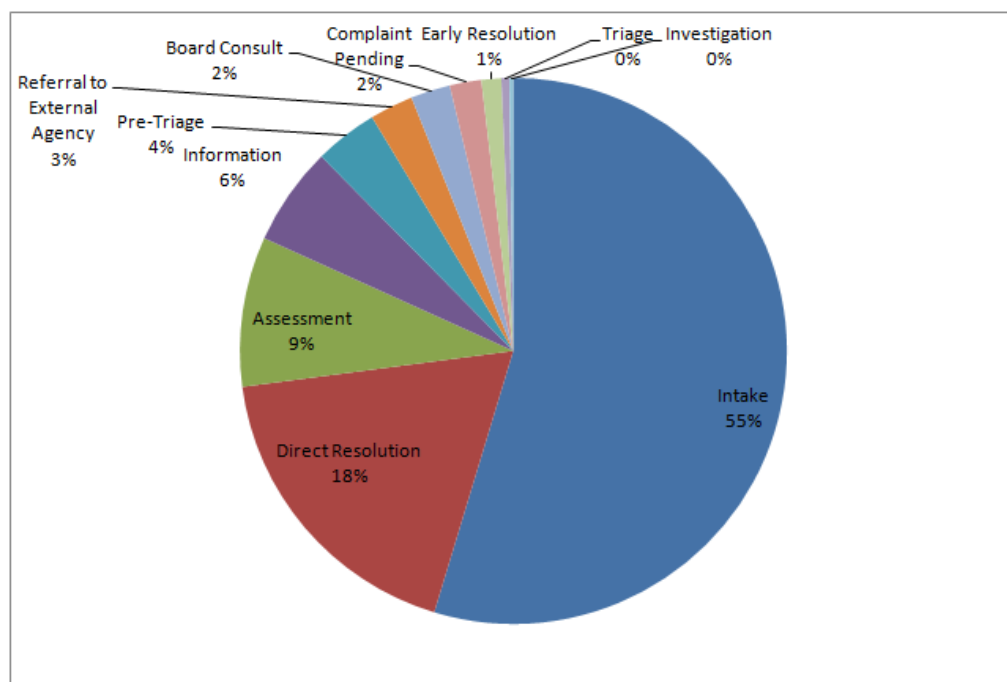
4.6.3 Anecdotal and empirical evidence

Prisoners were vocal about the complaints process and their issues with that system. The nature of their problems was mainly that the complaints were going unnoticed. They also made specific comments about their experience with using HQCC through the ARUNTA system.

The data collected from HQCC documented 428 complaints received between March 2011 and October 2013. This is a substantial number of complaints and seems to indicate that many people in prison are clearly making use of the service to attempt to make complaints about the health care system.

The nature of the complaints received by HQCC seemed to largely mirror the above noted complaints received directly from the prisoners by PLS and CPM during the Tour.

Table Two Stage of Complaints Received by HQCC

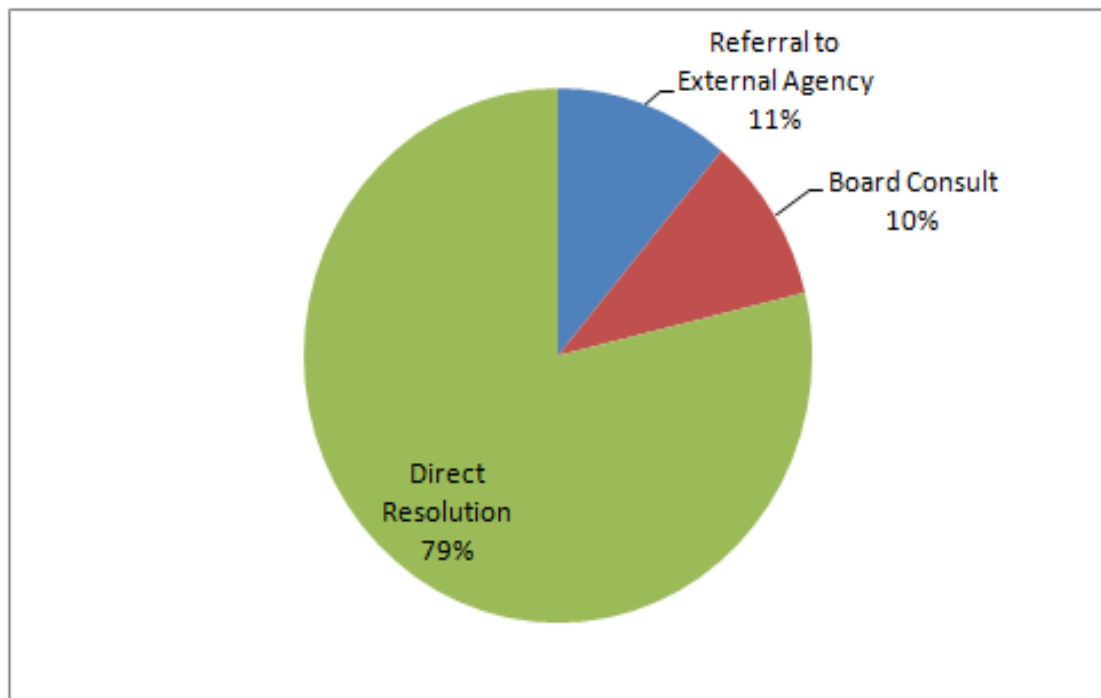


Source: March 2011- October 2013 data released by Right to Information application.

The majority of complaints that HQCC did receive appear to only have reached the intake stage. This might validate some of the prisoners' complaints about their issues with furthering their complaint by making it written.

Breaking down the complaints listed as 'resolved' it can be seen that the majority were resolved by direct resolution. This does not indicate whether the resolution was satisfactory to the complainant.

Table Three: Resolved Complaints



The HQCC has had a significant impact on the complaint-process mechanism within the prison system. Indeed, the body appears to receive a large number of complaints from the prison system. There is value in this alone – allowing people in prison to feel that they are being heard and that their complaint is documented somewhere externally. Additionally, there does seem to be some benefit in the mere presence of the outside body being available to take such complaints, increasing accountability of the prisons in the delivery of their healthcare services, as was noted by some prisoners when they mentioned the HQCC.

However, in line with the prisoners' complaints there does appear to be a discrepancy between the large number of complaints received by the agency and the resolution of these issues to the satisfaction of the complainant.

4.6.4 Recommendations

- Telephone complaints from prisoners to be treated as valid and complete without requiring further action on behalf of the complainant.
- Record evidence of whether a particular resolution is satisfactory to the complainant.

Part E: Solitary confinement

For the next few weeks, I was completely and utterly isolated. I did not see the face or hear the voice of another prisoner. I was locked up 23 hours a day, with 30 minutes of exercise in the morning and again in the afternoon. I had never been in isolation before, and every hour seemed like a year. After a time in solitary, I relished the company even of the insects in my cell, and found myself on the verge of initiating conversations with a cockroach. Nothing is more dehumanizing than the absence of human companionship (Mandela, 1995)

1.0 Statistics and facts re: solitary confinement in Queensland

Queensland Corrective Services do not use the term solitary confinement and do not consider any “segregation” practices in Queensland to constitute solitary confinement.

By using this term we are connecting with the international language around the separation of people in prison from the company of other prisoners. The sourcebook on solitary confinement defines solitary confinement as a form of confinement where prisoners spend 22 to 24 hours a day alone in their cell in separation from each other.⁴⁷

Solitary Confinement in Queensland can be triggered by a number of different legal mechanisms and justified either as punishment or for administrative reasons, such as the good order of the prison. Of concern is the fact that in this jurisdiction, administrative forms of solitary confinement are far more common and can be extended for an indefinite duration (16 years is the longest that we are aware of). We estimate that solitary confinement for punishment, rather than administrative purposes constitutes only about 10% of solitary confinement in use in Queensland.

1.1 Punitive Solitary Confinement

1. Solitary Confinement can be imposed as punishment for a breach prison rules, known as a breach of prison discipline⁴⁸. A breach can be classified as either minor or major and can result in a maximum of seven days in solitary confinement. This time is spent in the detention unit without privileges.

1.2 Administrative Solitary Confinement

2. Solitary confinement can be the result of a safety order⁴⁹. A safety order can be made for a broad range of reasons, including the ‘catch all’ phrase “for the security and good order of the correctional centre”. Each safety order lasts for one month, but consecutive safety orders are possible. This means the period of solitary confinement can be extended for lengthy periods, with monthly reviews. Prisoners on a safety order are usually segregated in the prison’s safety unit or

⁴⁷ Shalev, S. (2008), Available at http://solitaryconfinement.org/uploads/sourcebook_web.pdf

⁴⁸ s113 Corrective Services Act

⁴⁹ s53 Corrective Services Act

detention unit and may have their privileges removed for this period. The longest period of time that we are aware of for consecutive safety orders is 3 years 2 months.

3. Criminal Organisation Segregation Orders⁵⁰, are new orders introduced in November 2013 to target members of motorcycle clubs that have been declared criminal organisations. As these orders are very recent, there is little concrete information about their effect, but solitary confinement and a loss of privileges are planned characteristics of the orders. In this case, solitary confinement may be for extended periods as the orders are valid for as long as the police determine that a person is a member of one of the declared clubs. There is currently a unit at Woodford prison that is being used for people under these orders, who are also made to wear a different uniform (pink).
4. The longest solitary confinement orders in Queensland are maximum security orders.⁵¹ Maximum security orders can be made for up to 6 month stretches, but can these can be made to be consecutive. In this way, maximum security orders have been known to extend solitary confinement for over 16 years. People held under these orders are usually transferred to one of the maximum security units (currently in Brisbane Correctional Centre). PLS conducts regular visits to these units to hear complaints and promote accountability. There are currently 18 maximum security cells operating in Queensland.⁵²
5. Solitary confinement can also occur through correctives services procedures, rather than law. The procedure for Intensive Management Plans outlines an individually tailored regime for a person who has been identified as requiring a higher level of supervision, case management and/or intervention strategies. They are used for example for people with a disability, people at risk of self harm, reintegration purposes after maximum security or safety orders or to address patterns of problematic behaviour (eg drug use or bullying).

An intensive management plan must be reviewed every 3 months, but there is no maximum timeframe for a plan and solitary confinement can result for extended periods of time with little legal accountability. An intensive management plan is usually implemented within the secure prison environment, rather than a segregation unit. Solitary confinement under an IMP often takes the form of confinement to a regular cell.

There is no statistical data available about the prevalence and frequency of solitary confinement in Queensland. This deficit is mirrored at the national level as we are aware of no other States that record this data. Despite the publication of other useful comparative data by the Australian Bureau of Statistics and the Productivity Commission, the subject of solitary confinement fails to be addressed. The absence

⁵⁰ s65 Corrective Services Act

⁵¹ Section 60 Corrective Services Act 2006

⁵² Confirmation that maximum security orders are administrative rather than punitive can be found in the explanatory notes to the Corrective Services Act that introduced these orders. Available here: <https://www.legislation.qld.gov.au/Bills/49PDF/1999/CorrServLegAmdB99Exp.pdf>

of data available to compare and note changes in solitary confinement practices reduces accountability and transparency for these decisions.

1.3 Recommendation

In order to monitor the use of solitary confinement, the collection and publication of data regarding the prevalence and frequency of solitary confinement is recommended.

2.0 Why is this important? The effects of solitary confinement

PLS and CPM have extensive experience working with people who have experienced or are currently held in solitary confinement. The effects are devastating and generally counter to rehabilitative goals.

The Sourcebook⁵³ on solitary confinement states that the practice is harmful because it combines social isolation with reduced environmental stimulation and a loss of control over almost all aspects of daily life. The longer a person is kept in solitary confinement, the more likely that lasting damage will be done to their physical and mental health. Knowing and having certainty about the duration of solitary confinement will reduce the impact, a factor that is of particular concern given the uncertain duration of potentially consecutive orders of solitary confinement under Queensland law and procedure. The European Court of Human Rights has emphasised that *“solitary confinement, even in cases entailing only relative isolation, cannot be imposed on a prisoner indefinitely.”*⁵⁴

The sourcebook⁵⁵ on solitary confinement states that the physical effects of solitary confinement can include:

- Heart palpitations (awareness of strong and/or rapid heartbeat while at rest)
- Diaphoresis (sudden excessive sweating)
- Insomnia
- Back and other joint pains
- Deterioration of eyesight
- Poor appetite, weight loss and sometimes diarrhoea
- Lethargy, weakness
- Tremulousness (shaking)
- Feeling cold
- Aggravation of pre-existing medical problems.

This same source states that the psychological effects of solitary confinement can include:

- Anxiety, ranging from feelings of tension to full blown panic attacks
- Persistent low level of stress
- Irritability or anxiousness
- Fear of impending death
- Panic attacks
- Depression, varying from low mood to clinical depression
- Emotional flatness/blunting – loss of ability to have any ‘feelings’
- Emotional lability (mood swings)
- Hopelessness
- Social withdrawal; loss of initiation of activity or ideas; apathy; lethargy
- Major depression
- Anger, ranging from irritability to full blown rage
- Irritability and hostility,
- Poor impulse control
- Outbursts of physical and verbal violence against others, self and objects
- Unprovoked anger, sometimes manifesting as rage
- Cognitive disturbances, ranging from lack of concentration to confusional states
- Short attention span

⁵³ Sharlev, S (2008), Available at http://solitaryconfinement.org/uploads/sourcebook_web.pdf

⁵⁴ *Ramirez v. France*, Judgement of 27/1/2005

⁵⁵ Sharlev, S (2008), Available at http://solitaryconfinement.org/uploads/sourcebook_web.pdf

- Poor concentration
- Poor memory
- Confused thought processes; disorientation.
- Perceptual distortions, ranging from hypersensitivity to hallucinations
- Hypersensitivity to noises and smells
- Distortions of sensation (e.g. walls closing in)
- Disorientation in time and space
- Depersonalisation/derealisation
- Hallucinations affecting all five senses, visual, auditory, tactile, olfactory and gustatory (e.g. hallucinations of objects or people appearing in the cell, or hearing voices when no-one is actually speaking).
- Paranoia and Psychosis, ranging from obsessional thoughts to full blown psychosis
- Recurrent and persistent thoupplegarth
gths (ruminations) often of a violent and vengeful character (e.g. directed against prison staff)
- Paranoid ideas – often persecutory
- Psychotic episodes or states: psychotic depression, schizophrenia.

The practical operation of all but one of the current means of enforcing solitary confinement means that most people in solitary, with the exception of those there for a maximum seven days for a breach of prison rules, will not know when they will be released. It could be days, weeks or months or in one current case, 16 years.

There are recent promising developments in Queensland case law relating to the recognition of human rights for people affected by solitary confinement.

This recent development comes from a stark background. In 2006 the case of *Garland v Department of Corrective Services* [2006] QCA 568 asked whether a “*decision was unlawful because it conflicted with the requirement in s 3 of the Act that the appellant be confined humanely.*” After 8.5 years in solitary, Ray Garland’s lawyers from the Aboriginal and Torres Strait Islander Legal Service submitted that a maximum-security order should not be made if the consequence will be that the appellant will be inhumanely contained. The Queensland Court of Appeal did not agree. The unfortunate conclusion of this case is that inhumane treatment can nevertheless be lawful in the Queensland jurisdiction.

A more promising development occurred recently in the Supreme Court, where Justice Applegarth drew attention to the Istanbul Statement on the Use and Effects of Solitary Confinement and concludes,

“As a general principle solitary confinement should only be used in very exceptional cases, for as short a time as possible and only as a last resort. The fact that the term of imprisonment will be unusually harsh and potentially dangerous to the respondent’s health because it is to be served in solitary confinement. Any substantial period of solitary confinement carries a high risk of causing serious psychological damage to the respondent, which will endure after his release. Such enduring consequences carry dangers for members of the community”

Callanan v Attendee Z [2013] QSC 342

Justice Applegarth also comments, “*Solitary confinement does not mitigate when it is caused by the offender, for example by attempting to escape.*”⁵⁶

The case he refers to in this reference is Brendon Abbott’s Judicial Review of his maximum-security order after he was convicted of escaping lawful custody and held under maximum-security orders and safety orders for a period of 13 years.

⁵⁶ *R v Abbott* 16 Unreported, Court of Appeal CA No 344 of 1998, 13 April 1999.

With respect, a closer analysis of the purpose of solitary confinement applicable here shows that the purpose is the same as for the bikie legislation, namely for the “security and good order of the prison” a phrase that is used in both sections of the legislation. This form of solitary is administrative, rather than punitive and is not ‘caused by’ the escape so much as a preventative measure for future escapes. Although there is clearly a connection between the escape and the solitary, it is not the same as a punishment for the offence. By way of clarification, if the escape attempt had ended tragically in significant loss of limb reducing the risk of future escape to nil, there would be no justification for placement on a maximum-security order. Such an unfortunate twist would not mean the avoidance of a punishment based sanction (including a breach of discipline or criminal charge).

3.0 Human Rights and Solitary confinement

The abolition of solitary confinement as punishment is addressed in the Standard Minimum Rules for the Treatment of Prisoners:

*Efforts addressed to the abolition of solitary confinement as a punishment, or to the restriction of its use, should be undertaken and encouraged*⁵⁷

The *Bangkok Rules* add,

*Punishment by close confinement or disciplinary segregation shall not be applied to pregnant women, women with infants and breastfeeding mothers in prison*⁵⁸

United Nations Committee Against Torture has been taking a progressively strict approach to the systemic use of solitary confinement in their Concluding Observations.⁵⁹ The Human Rights Committee has commented that if solitary confinement is used for an improper purpose it will violate Article 10 (requiring persons deprived of liberty to be treated with dignity and humanity) and if it is used for a prolonged period, it will violate Article 7 (torture cruel inhuman and degrading treatment).⁶⁰ Other factors which contribute to severity of suffering in solitary confinement include sensory deprivation and the prohibition of communication.⁶¹ Serious concern has been expressed by the Special Rapporteur on Violence Against Women in relation to unlimited administrative detention. Administrative detention is particularly concerning when imposed for resisting “*sexually invasive pat-frisks*”⁶².

The European Court of Human Rights makes a distinction between ‘relative’ isolation from other prisoners and solitary confinement.⁶³ Further caselaw from this jurisdiction confirms that the prohibition against torture, inhuman or degrading treatment includes the “*most difficult circumstances, including the*

⁵⁷Standard Minimum Rules, Rule 7.

⁵⁸ Bangkok Rules for the Treatment of Women in Prison, rule 22.

⁵⁹ Association for Prevention Torture (APT), 2008, p 42.

⁶⁰ APT: 2008, p 41.

⁶¹ CAT, Summary account of the results of the proceedings concerning the inquiry on Peru, UN Doc. A/56/44, 2001, at 186.

⁶² United Nations Economic and Social Council *Report of the Mission to the United States of America on the Issue of Violence Against Women in State and Federal Prisons* E/CN.4/1999/68/Add. 2 para 100.

⁶³ *Ramirez Sanchez v France*, no. 59450/00, judgement of 4 July 2006, at 150.

fight against terrorism and organised crime”, and that solitary confinement must never be imposed on prisoners indefinitely.⁶⁴

The case of *Keenan v UK*⁶⁵ concerned a prisoner with a complex mental illness who was segregated in the punishment block after he committed an assault because the deputy prison governor believed his *“behaviour was unpredictable and he posed a threat to staff”*.⁶⁶ In the circumstances this isolation, including 23 hour lock down, minimal contact with staff and no contact with fellow prisoners, posed a risk to his physical and moral resistance and was said to be inhuman and degrading treatment.

4.0 Community Safety and Solitary Confinement

In relation to the purpose of solitary confinement, the practice is often said to be justified to manage risk. The reality of solitary confinement is that it can have serious physical and mental health implications that actually increase risk to the community. Positive outcomes of segregation are limited, as it is counterproductive to rehabilitation and can jeopardize mental balance.⁶⁷

An American study of Recidivism found that prisoners who had been held in solitary confinement were 50% more likely to be rearrested within 3 years than those who had not been held in solitary.⁶⁸ A further study found that prisoners who had spent 3 months or longer in solitary were more likely to reoffend and were also more likely to commit a violent crime.⁶⁹ These studies support the assertion that solitary confinement increases the risk to the broader community, rather than reducing it.

Solitary confinement has been recognised to place people *“in a particularly vulnerable position, and increases the risk of aggression and arbitrary acts in detention centres.”*⁷⁰

Administrative and punitive solitary confinement both can be seen to prioritise operational risk management over community safety and human rights. For this reason, consideration should be given to abolishing the practice of solitary confinement in Queensland, especially in relation to long or indefinite periods of confinement.

4.1 Recommendations

That solitary confinement for effectively indefinite periods and for periods longer than seven days is ceased immediately.

That a review be conducted into alternatives to solitary confinement with a view to abolishing the practice in Queensland.

⁶⁴ *Selmouni v France*, no 2583/94, judgement of 28 July 1999 at 95.

⁶⁵ *Keenan v. the United Kingdom*, no. 27229/95, 3 April 2001.

⁶⁶ *Ibid*, Para 22.

⁶⁷ Canadian Human Rights Commission, *Protecting their rights: A systemic review of human rights in correctional services for federally sentenced women*. Ottawa: CHRC, 2003, available at http://www.chrc-ccdp.ca/legislation_policies/consultation_report-en.asp (consulted on 25 April 2010).

⁶⁸ Quoted in Vera, 2014, National Post. Available at <http://fullcomment.nationalpost.com/2014/02/28/helen-vera-keeping-prisoners-in-solitary-confinement-isnt-just-cruel-its-ineffective/>.

⁶⁹ *Ibid*.

⁷⁰ *Bamaca-Velasquez v Guatemala*, IACHR (Series C) No. 70, judgement of 25 November 2000, at 150.