

EVALUATION REPORT

A Place to Call Home

Pilot Project

Funded by

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Acronyms Used Throughout This Report

Project Specific

CMS	Case Management System
HSC	Housing Support Coordinator
HSW	Housing Support Worker
SIS	Sisters Inside Inc

Other Organisations (A short description of each is included as [Appendix 2.](#))

ABS	Australian Bureau of Statistics
ADCQ	Anti-Discrimination Commission Queensland
BHP	Better Housing Project
BHSC	Brisbane Homelessness Support Centre
BWCC or Wacol	Brisbane Women's Correctional Centre (QCS)
Child Safety	Department of Child Safety
CRS	Community Rental Scheme
DoH	Department of Housing
HART or HART4000	Homelessness Assessment Referral Team
Helana Jones	Helana Jones Community Correctional Centre (QCS)
HOT Team	Homelessness Outreach Team
HPIC	Homeless Persons Information Centre
Micah	Micah Projects Inc
Numinbah	Numinbah Correctional Centre (QCS)
PA	Princess Alexandra Hospital
QCS	Queensland Corrective Services
RBH	Royal Brisbane Hospital
SCC	Special Circumstances Court (Department of Justice & Attorney General)
TAAS	Tenants Advice & Advocacy Service
TICA	Tenancy Information Centre
Townsville Prison	Townsville Correctional Centre (QCS)
Warwick	Warwick Women's Work Camp (QCS)
YANQ	Youth Affairs Network of Queensland

Introduction

According to the Service Agreement, the overall goal of this program was to: ***Trial and evaluate a service delivery model which aims to address the impact of homelessness on women released from prison in South East and North Queensland.***

This was to be achieved through:

1. Providing a preventative and interventionist service to assist women prisoners and/or women newly released from prison to access accommodation and support services.
2. Developing a vacancy register for use by community and private housing providers.
3. Establishing and maintaining links with other relevant service providers and programmes.
4. Operating within an action research methodology including undertaking evaluation of the service delivery model and documenting and disseminating findings.

The project was to occur in a manner consistent with the Programme Aims of the National Homelessness Strategy, namely to:

1. Provide a strategic framework that will improve collaboration and linkages between existing programmes and services, to improve outcomes for clients and reduce the incidence of homelessness.
2. Identify best practice models, which can be promoted and replicated, that will enhance existing homelessness policies and programmes.
3. Build the capacity of the community sector to improve linkages and networks.
4. Raise awareness of the issue of homelessness throughout all areas and levels of government and the community.

In short, the project was designed to explore the question: ***What practices are most effective and efficient in helping women move from homelessness to long term housing, after release from prison?***

This report demonstrates the success of A Place to Call Home Programme in addressing all these goals.

Brief Outline - The Sisters Inside (SIS) Context

Sisters Inside Inc. (SIS) is an independent community organisation which formed in 1992. SIS works with women, pre and post release from prison. SIS exists to advocate for the human rights of women in the criminal justice system and to address gaps in services available to these women. SIS works alongside women in prison in determining the best way to fulfill these roles.

It will later be argued that the critical mass of **co-located/integrated/congruent** services at SIS in Brisbane were a critical factor in the success of the South East Queensland component of the pilot, and need to be seen as part of a model for successful practice. It is therefore important to understand the context in which this project was located.

SIS offers a wide range of programs in order to ensure vital services to women. SIS is typically funded for 10-15 different programs at any time. Apart from the Townsville position for this project, all SIS programs are currently **co-located** at a single site in Brisbane. The budgets of individual programs range from \$25,000 to almost \$1¼ million. Commonwealth funding comes from several program areas within the Department of Families, Community Services and Indigenous Affairs. Queensland funding typically comes from 3-4 different government departments and other local sources (eg. the Law Society). Private fundraising also contributes to maintaining the infrastructure of the organisation.

The following SIS programs **directly** contributed services to the project. These included almost 1/3 of all project referrals and/or critical (parallel or integrated) direct service provision to women involved in the project:

- *Transitions*: (now defunded) focused on supporting women in the first 48 hours post-release.
- *Indigenous Safety Project*: (now defunded) focused on resource development for women, children and workers.
- *Sexual Assault Program*: focused on pre-release sexual assault counselling.
- *Work Pathways*: focused on pre and post-release training for women.
- *Crucial Connections Program (Reconnect)*: focused on supporting 12 - 18 year old children and 17-18 year old women pre and post release.
- *BOWS (Building on Women's Strengths)*: focused on reunification of women and their children, both pre and post release.
- *PEEK (Program Enabling & Empowering Kids)*: focused on helping mothers in and after prison address parenting issues.

(See [Appendix 1](#) for more details about the role and funding source of each of these programs.)

The history of SIS has played a critical role in maintaining **integrated, congruent** work amongst SIS staff. SIS was developed by a mixture of women with lived prison experience and professional women without this experience. For much of its history, decision making within SIS has occurred using two parallel structures - a committee of women within the BWCC and an external management committee. Therefore, it was critical, from the outset, to develop a clear organisational framework. The *SIS Framework* includes a comprehensive values base and vision¹ for the organisation, and articulates SIS's practice approach and ethics.

All staff employed at SIS are required to sign on to the SIS Framework. This Framework is used to resolve any differences related to service delivery approaches amongst SIS staff and management. This has largely resulted in a consistent approach to work with women (albeit using a variety of individual styles).

¹ For a copy of the SIS Values and Vision see: www.sistersinside.com.au/values.htm

Brief Profile of Women with Lived Prison Experience

(Appendix 2 summarises the role/functions of key organisations and services mentioned in this Report.)

Most women in prison are serving short sentences. In Queensland, for example, most women serve less than 12 months in prison. According to Queensland QCS statistics, the average period served by female prisoners is about 2 months² and 85% of women in Queensland prisons were sentenced to less than 2 years imprisonment³. Nationally, the rate of imprisonment (rather than alternative sentences) for women is increasing. Over the past few years the overall female incarceration rate has increased by 110% compared with a 45% increase for men⁴. In part, this is because women are more likely to be imprisoned for their first offence, than men. A study by the Australian Institute of Criminology found that 60% of women, compared with 2% of men, are first time offenders with *no history of breaches of security, no perceived management concerns and have minimal likelihood of reoffending*⁵.

The nature of women's convictions is very different from men's. Many less women than men are convicted of *violent* offences. For example, 0.0003% of women's convictions in Queensland in 1999/2000⁶ and 0.0004% in NSW in 2003⁷, were for homicide or similar offences, and repeated studies have found that acts of violence by women are typically against men they know, particularly abusive partners. A significant proportion of women in prison are convicted of drug-related offences (eg. they accounted for 17% of women in prison in Queensland, but only 7% of men⁸).

An enormously disproportionately high percentage of women prisoners are Indigenous. In 2004 for example, the national rate of imprisonment of Indigenous women nationally was 20.8 times higher than for non-Indigenous women⁹. Between 1993 and 2003, there was a 343% increase in the number of Indigenous women in Australian prisons¹⁰. In short, compared with non-Indigenous women, Indigenous women are more likely to be imprisoned, generally enter prison at a younger age, their rate of imprisonment is growing at a faster rate, are more likely to have a higher security rating, have a higher rate of recidivism, are more likely to be in secure accommodation, are less likely to get early release, are more likely to be the victim of a violent crime, are more likely to have a lower level of education and employment and are less likely to be functionally literate in English¹¹.

A significant majority of women in prison (60%¹² - 85%¹³) are mothers of dependent children, and most were the primary or sole carer of their children prior to imprisonment. Therefore even a

² QCS statistics cited in Anti-Discrimination Commission Queensland 2006:90

³ QCS statistics cited in Kilroy 2004:7

⁴ ABS statistics cited in Goulding 2004:14

⁵ James cited in Cerveri et al 2005:12

⁶ QCS and Office of Economic and Statistical Research statistics cited in Kilroy 2004:7

⁷ Bowling et al 2004, cited in Armstrong et al 2005:7

⁸ QCS statistics cited in Kilroy 2004:7

⁹ ABS cited in Aboriginal and Torres Strait Islander Social Justice Commissioner 2004

¹⁰ Aboriginal and Torres Strait Islander Social Justice Commissioner 2004

¹¹ Social Justice Report 2001 cited in Cerveri et al 2005:24; Cerveri et al 2005:24; Kilroy 2004:7, 11; Anti-Discrimination Commission Queensland 2006:107-110.

¹² WA Attorney General cited in Goulding 2004:14

¹³ Anti-Discrimination Commission Queensland 2006: 119

short period of imprisonment can send an entire family into disarray, and result in the 'punishment' of children as well as their mother.

Women prisoners typically come from economically and socially disadvantaged backgrounds. In Queensland, for example, one study found that prior to sentencing, 50% of women in the criminal justice system were unemployed, compared with an overall unemployment rate of 8% for women in Queensland. Only 20% were employed (60% of them in semi-skilled or unskilled jobs) before incarceration, compared with 57% of Queensland women overall¹⁴.

Repeated studies throughout Australia have found that a huge majority (typically 85% - 98%) of women prisoners have a history of abuse (often, child sexual abuse)¹⁵. Many women prisoners have a history of childhood incarceration and institutionalisation - for example one study found that over 50% of women in Queensland prisons had been *in care* as children and approximately 25% had been imprisoned in a juvenile detention centre¹⁶.

A disproportionately high percentage of women prisoners have *mental health issues*. Studies throughout Australia have typically found rates of diagnosed mental illness between 75% (WA¹⁷) and 78% (NSW¹⁸). Studies in Queensland have found rates as high as 50% for *learning disabilities*, 30% for *intellectual disability* and 57% for *specific mental illness*¹⁹.

Many women prisoners have a history of drug/alcohol addiction. Johnson's national study found that *alcohol dependence amongst Aboriginal women was 3 times higher than for non-Aboriginal women (54% compared to 17%), while dependency on illicit drugs was somewhat higher among non-Aboriginal women (57% compared to 48% of Aboriginal women*²⁰). According to one Queensland study, 92% of women in prison reported a history of injecting drugs. This anecdotal evidence is supported by correctional department studies which have found HepC rates of between 45% (Qld²¹) and 64% (NSW²²) amongst women in prison.

Most women in prison have always been on the margins of mainstream culture (by virtue of their personal background, cultural history and/or disability). Upon release, most women feel socially isolated - from family, community and society in general. Women generally return to face the same issues that existed prior to their imprisonment - the very issues that often contributed to their crime. Often these issues have compounded whilst in prison, making them even more difficult to address than before. Women are likely to feel particularly isolated if they decide to *start again*, free of the pressures of a violent relationship or their drug community.

After a period living in an institutional setting, women are expected to make a fast transition from being fully controlled by others inside prison (a *good prisoner*), to taking full control of their own life immediately upon release (a *good citizen*). It is hardly surprising then, that:

¹⁴ QCS and ABS statistics cited in Kilroy 2004:8

¹⁵ For example see: Nationally, Johnson 2004:16; Queensland, Kilroy 2004:8,26

¹⁶ Kilroy 2004:8

¹⁷ Goulding 2004:32

¹⁸ Butler & Allnutt cited in Goulding 2004:32

¹⁹ Anti-Discrimination Commission Queensland 2006:92; Kilroy 2004:13

²⁰ Johnson cited in Sisters Inside and Aboriginal Family Violence Prevention and Legal Service 2005:5

²¹ QCS statistics from *Women Prisoner's Health Survey* cited in Kilroy 2004:8-9.

²² Cited in Armstrong et al 2005:10

- Some women re-offend (consciously or unconsciously) in order to return to a familiar environment. Those living with constant violence may even perceive prison as a relatively safe place to be. Women struggling with homelessness often prefer the security of prison, with its guaranteed food and accommodation, to the cost and complexities of living in the community.
- Many women experience an ongoing fear of authority. This can function as a barrier to accessing the very services they need in order to adjust to their new life.
- Many women harm themselves or attempt suicide. For example, 35% of women in Goulding's Western Australian study said they had attempted suicide within days or weeks of release²³.

This section has only briefly outlined the *complex and inter-related needs* of women with lived prison experience, referred to throughout this report. Often women have a history of both substance addition and mental health issues. Most women with substance abuse and/or mental health issues also have a history of abuse and come from a low socio-economic background. Many are also mothers. Many are also Indigenous. Most have served short sentences, yet during this time they are likely to have incurred housing debts, lost their housing and lost many of their possessions. Upon release, they are at significant risk of personal harm and of being returned to prison.

Project Design

What the Project Intended to Achieve

This project aimed to ***trial and evaluate a service delivery model which aims to address the impact of homelessness on women released from prison in South East and North Queensland***, using a range of strategies:

- 1. Providing a preventative and interventionist service to assist women prisoners and/or women newly released from prison to access accommodation and support services.***

The first strategy toward achieving this aim was to ***assist women prisoners to prepare prior to/at their release from prison by building relationships, providing them with accurate information and assisting with planning.*** Some of the activities planned to achieve this strategy were - developing and distributing an *Annual Diary* and post release resource (*Survivor's Guide*) for women in both

²³ Goulding 2004:36

South East Queensland and North Queensland and regularly visiting women's prisons to build relationships, develop individual release plans, liaise with women and review their plans. The project also planned to assist women to lodge housing applications forms (prior to release where possible) and helping them to establish links with key organisations (eg. Centrelink, community housing organisations).

The second strategy was to **assist women released from prison to find short term/crisis housing**. Ideally, the project aimed to help women find short term housing for 3-4 months. Integral to this strategy, was the need to help women access immediate income and basic necessities, to enable establishment in their accommodation (eg. Centrelink crisis care payment, emergency relief, food, housing goods, clothing). The project was designed to be able to provide emergency relief to overcome any immediate crisis where no other emergency resources were available. Ultimately, this strategy committed the project to assisting 60 women and up to 15 related children into accommodation in South East Queensland, and 20 women and up to 7 related children into accommodation in Townsville.

The third strategy was to **conduct a small trial of Private Household Placements as a possible short term housing option for women being released from prison**. The project planned to recruit at least 2 households (ideally comprising 1 or 2 women) to participate in the trial. The householders would be trained in the needs of women post-release. The original intention was to organise a total of 4 placements x up to 4 months per placement, of women (and, possibly, their children). The project planned to develop guidelines including payment arrangements and kits for both household and women to ensure that each had realistic expectations of the arrangement.

Strategy 4 was to **assist women released from prison to access helpful support services that will assist her reintegration into community**. This strategy recognised the wide range of services which women might require in order to overcome homelessness, including counselling/emotional support, long term housing, budgeting, drug and alcohol counselling, life skills training, employment and training and family reunification, depending upon the goals of each woman. A key activity to help achieve this strategy was assisting the woman to liaise with support agencies to access their services. This included advocating for the women when required, particularly where they have difficulty accessing the service, or when the service is not providing their stated services. The strategy also recognised the need for direct work with agencies - to educate support agencies about the needs of women and to negotiate the support to be provided by both SIS and the relevant agencies through development of Memoranda of Understanding.

2. Developing a vacancy register for use by community and private housing providers.

The original goal of the vacancy register was move beyond a crisis-driven approach to addressing the needs of women upon release from prison. The strategy was to be implemented under the direction of Reference Groups in Brisbane and Townsville (detailed below).

Having researched models of vacancy registers being used in Australia, SIS would identify housing providers willing to participate in a trial. The plan was that a group of agencies would develop a Memorandum of Understanding, and that SIS would devise a system for developing and maintaining the vacancy register, consistent with the needs of both women and organisations. The model could then be trialed.

3. Establishing and maintaining links with other relevant service providers and programmes.

A critical element of this aim was to increase awareness amongst service providers of the needs of women exiting prison. Therefore, the first strategy toward achieving this aim was to **provide information about the needs of women leaving prison to housing providers and other relevant organisations**. This included attending relevant housing interagencies and networks (eg. the National Indigenous Roundtable and the Queensland State Homeless Taskforce) in order to strengthen relationships with the housing sector. Other elements of the strategy were to update and adapt the *SIS Release Kit* for use as a community education resource and provide information sessions to interested (housing and support) agencies about the needs of women released from prison transitioning to the community.

Given the multiple and complex needs of this target group, SIS argued that it was important to **facilitate a coordinated, planned service approach to women being released from prison**. In order to achieve this second strategic goal, SIS planned to form 2 groups (Brisbane and Townsville) of interested service providers including community and private housing providers and other support organisations to function as local Reference Groups. These groups could then contribute to the development, trial and review of formalised protocol documents (eg. MOU's) between SIS and flanking organisations. The project hoped, if possible, to encourage the development and provision of *healing programs* for Indigenous women as part of the service response by appropriate agencies.

4. Operating within an action research methodology including undertaking evaluation of the service delivery model and documenting and disseminating findings.

The core action research question for this project was: **What practices are most effective and efficient in helping women move from homelessness to long term housing, after release from prison?**

This aim was to be implemented through developing an Evaluation Framework which outlined the methodology, data collection tools, analysis processes and reporting milestones to be achieved. An Evaluation Team of consultants was to be appointed to perform specific evaluation tasks. Reflection Days were to be conducted on a quarterly basis to document project progress and challenges. These Reflection Days were designed to include a range of stakeholders including Reference Groups, staff, consultants and women. Ultimately, the project was to design and implement data collection processes consistent with the Evaluation Framework.

5. Managing the project in accordance with Sisters Inside organisational frameworks and meeting the service agreement requirements.

This was an additional project management objective designed to address issues related to the establishment and accountability tasks for the project.

The first strategy focused on project logistics - recruitment and appointment of staff and consultants, establishment of office/equipment in Brisbane and Townsville, leasing of vehicles and development of promotional materials. Original staffing plans were for a HSC, Housing Support Worker (HSW) and Evaluation Consultants based in Brisbane, and a HSW located in Townsville (ideally, an Indigenous worker located in an Indigenous organisation).

The second strategy focused on maintaining accountability within the SIS structure. This included project staff participation in regular SIS staff/management meetings, organisational planning, internal training, review activities and specific project meetings as required. It articulated the importance of managing the project budget within budget limits and delegations, and the policy and procedures of SIS. Strategy 2 also recognised the importance of undertaking risk management plans prior to undertaking activities, and participating in professional supervision and external training as required. It emphasised the importance of keeping SIS management and Management Committee informed of key developments/issues in the project.

Finally, Strategy 3 focused on the importance of meeting funding body reporting requirements - completing all financial and activity-related reports in a timely manner.

The Service Delivery Model Trialed

This project was designed to trial a model of *Planned Support* which is being developed by SIS. The model has grown out of problems identified when trying to meet the needs of women, their children and their families.

Because of the complex and inter-related needs of women, confusion can easily occur when a woman is interacting with a number of workers – for the woman and/or workers (both within SIS and in other services). Workers may not know what each other are doing, leading to service duplication, service gaps and/or inconsistent approaches. The woman may end up having the same conversation several times, and could experience inconsistent information from different workers about the same issue. Therefore, SIS recognises the need for a **coordinated and integrated service response**, which protects against women *falling between the cracks* – either within SIS or when working in tandem with other agencies. Some of the goals of *Planned Support* are to:

- Reduce duplication, gaps and inconsistencies in service provision.
- Articulate common boundaries and protocols across all workers.
- Maintain consistent communication between workers and the woman.

Early in the organisation's development, SIS concluded that successful service delivery with this group of women relies on a **power-sharing** approach to practice²⁴. Having recently been in prison, women typically respond poorly to any service delivery approach which seeks to control them, limit their choices, take power over their decisions or intervene without invitation in their lives. This barrier may even mean that women will go without essential services, rather than engage with a service which takes a *power over* approach. Anecdotal evidence suggests that some women remain homeless or in an unsafe environment, rather than make use of the *power over* services available. Given the correlation between homelessness and recidivism, this suggests that some women return to prison because of the limited number and range of services using a *power with* model of service.

²⁴ SIS Ethics are explicit about the importance of this as the basis of practice in all SIS services.

Existing models of *Case Management* do aim to achieve an integrated response. However, they also present a number of problems for an organisation seeking to work **alongside** women:

- Case Management models are generally based on *power over* values.
- Case Management often alienates women because of its formal approach and disempowering language.
- Case Management tends to focus on organisational efficiency, rather than meeting a woman's own perception of her needs.

Therefore, SIS set out to develop a model of practice that combined a coordinated response to women and working from *power with* values. The model needed to include the best features of Case Management, but also overcome its limitations in working with women with lived prison experience.

The SIS model is driven by the importance of ensuring that all worker interactions with women are purposeful. The idea is to develop a proactive, accessible, simple, documented **Support Plan** to meet the woman/children/family's needs. The Plan must be driven by **the woman's goals**, mutually agreed upon and always open to view by the woman. If everyone – woman/children/family and all service providers – accept the Plan, it is used to guide, review and evaluate the achievement of the woman's goals.

The woman has a **Lead Worker** whom they trust. The Lead Worker plays the key **coordination/documentation/gatekeeper/support/brokerage role** in service provision for this woman. Therefore, it is critical that the woman is comfortable and confident with the allocation of their Lead Worker. The Lead Worker has the primary responsibility for supporting the woman in making choices, and in navigating her way through the service system. **With the woman's approval**, the Lead Worker does this by:

- Convening meetings with different workers (within or outside SIS) involved with the woman.
- Developing a Support Plan, based on the woman's needs and goals.
- Communicating with workers regularly, particularly when the woman's Plan is not being fulfilled.
- Communicating the woman's Plan to any new service providers.
- Making sure that the Plan is regularly reviewed and effectively delivered.
- Making sure that the Plan is frequently reviewed (eg. every few weeks, or more often around crisis issues).
- Constructively challenging any inappropriate or disempowering service provision.

Description

The overall servicing goal for this project was to **provide a preventative and interventionist service to assist women prisoners and/or women newly released from prison to access accommodation and support services**. This section details the activities and outputs of the project in each strategic area of this goal.

There were significant contextual differences between the South East Queensland and North Queensland services - in their history, environments and staffing. Therefore, the establishment processes, services provided and data collected differed significantly. Therefore, the two services are addressed separately in the following two sections.

This project originally committed to work with a total of 80 women and 22 children. In fact, a total of 229 women and 306 children were assisted by the project:

- 184 women with 236 related children in South East Queensland. (Original target: 60 women/15 children)
- 45 women with 70 related children in North Queensland. (Original target: 20 women/7 children)

In total, the project worked with almost **3 times as many women, and 14 times as many children**, as originally planned. It is difficult to under-emphasise the impact of this high level of demand on the project.

What Happened - Service Provision in South East Queensland

Strategy 1 - *Assist women prisoners to prepare prior to/at their release from prison by building relationships, providing them with accurate information and assisting with planning.*

Women were provided with information about the project and practical post-release resources through production and dissemination of written material and South East Queensland women were given personalised information through other SIS staff. All 184 South East Queensland project participants were given both a *Survivor Guide* and *Annual Diary* through either project staff or the SIS Transition Worker. These were so popular amongst women that SIS ran out of stock of both and had to reprint the *Survivor Guide* and purchase additional 2006 diaries and put SIS stickers on them. Several other SIS programs were already functioning in prisons in South East Queensland, therefore women were also informed about the project and referred where appropriate by other SIS workers:

	SIS Programs							Other			Visit Requests from Women (via QCS)			TOTAL
	Indig Safety Project	Sexual Assault	Work Pathway	Reconnect	Transitions	Dir	BOWS	Self	Child Safety	SCC	BWCC	Numinbah	Helana Jones	
1 st Intake (May - Sept 06)	4	5	3	3	10	0	2	12	0	0	14	0	1	54
2 nd Intake (Oct - Dec 06)	1	3	0	0	4	2	3	6	0	8	15	6	3	51
3 rd Intake (Jan - Mar 07)	1	3	1	1	4	1	2	15	2	6	31	1	0	68
4 th Intake (Apr - Jun 07)	0	0	0	0	0	0	0	8	0	1	2	0	0	11
Total No per Indiv Source	6	11	4	4	18	3	7	41	2	15	62	7	4	184
Percentage per Indiv Source	3%	6%	2%	2%	10%	2%	4%	22%	1%	8%	34%	4%	2%	100%
No & % per Referral Category	53 Referrals (29%)							58 Referrals (31%)			73 Referrals (40%)			(100%)

TABLE 1 - Sources of Referral - BRISBANE

KEY

- **Indig Safety Project** - Indigenous Safety Project
 - **Dir** - Director of SIS
- All other Acronyms are listed on page 3.

A brief summary of the role of each of the SIS Programs which referred women, is included as [Appendix 1](#). The SIS Director is also included under the general heading of *SIS Programs* above.

The most frequent source of referral to the project was women themselves - 62% of women personally requested involvement in the project. This happened in 2 different ways:

- **Pre-release Self Referral:** 73 women (40%) requested visits from project workers. These requests were faxed to SIS by QCS workers in BWCC, Numinbah and Helana Jones²⁵.
- **Post-release Self Referral:** 41 women (22%) approached the project after release.

This was a surprising finding. It clearly indicates that awareness of SIS programs amongst women with lived prison experience is high, and that women are comfortable approaching SIS without a referral. The progressive increase in the number of women self-referring over the first 3 project intakes suggests gradually increased knowledge about, and/or confidence in, the project.

²⁵ When SIS was locked out of the prison, QCS changed their process as to how women got to see SIS workers. Previously, SIS staff had visited the prison, and women could initiate contact of their own volition. Under the new system, they were required to fill out a form requesting a visit, which was then faxed to SIS. When visiting the prison, SIS workers could only see those women who had formally requested a visit.

Referrals from other SIS services were also a key source of referral, accounting for 29% of all referrals. It is significant that the Transitions Program, which alone accounted for 10% of all referrals, no longer exists due to loss of (QCS) funding.

Referrals from the Special Circumstances Court (8% of referrals) are also worthy of note. The SCC was a new structure, established as part of the Responding to Homelessness initiative of the Queensland Government. The speed with which the Court became aware of the project, and its willingness to refer women, are reflected in the peak of referral numbers during the 2nd and 3rd Intakes of the project. This in part occurred because of SIS workers' regular attendance at the SCC.

Whilst demand for prison visits was very high in South East Queensland, it was very difficult for project workers to visit women in prison in order to build relationships, develop individual release plans and liaise with women and review their plans. Workers depended on prison authorities for access, and this was an increasing barrier throughout the project (with the exception of a short period toward the end of 2006, when an Acting Prison Manager allowed improved access). For example:

- The Brisbane HSW was denied any access to the prison for the duration of the project.
- The QCS took 5 weeks to process each application therefore the (initial) Townsville HSW never had access to the prison prior to her resignation, and the process had to begin again for her replacement.
- Workers were frequently excluded from BWCC because it was not operationally convenient for prison on the day (eg. schools holidays or lock down procedures).

In part, these problems were overcome through SIS appointment of a Transition Worker, who worked closely with the project. Using existing funds and adjusting job descriptions, SIS introduced this position to focus on the needs of women in the first 48 hours after release. Demand for this worker is indicated by the fact that she saw an average of 30 women on each prison visit. As at September 2006, approximately 70% of women seen by the SIS Transition Worker were referred to the project. Although the SIS Transition Worker had greater access to South East Queensland prisons than project staff, even she was frequently excluded from the prison (eg. 5 times over a 2 month period during July-Sept 2006).

Difficulties engaging directly with women made it hard for project workers to build relationships in preparation for release, directly assist women in prison to lodge housing applications forms (prior to release where possible) and help them to establish links with key organisations. Therefore, other SIS workers tended to take on this role, and project workers focused on working with women post-release.

Despite the difficulty with visiting women for much of the project, SIS ensured that all women referred in South East Queensland received some assistance prior to release. Even where case planning could not commence pre-release, the project assisted women wherever possible (often through other SIS workers) to:

- Obtain identification papers (eg. birth certificate)
- Complete housing application forms for public or community housing
- Access immediate post-release transport and accommodation.

Most often, however, substantive planning occurred as soon as possible after women's release from prison. **Table 2** describes the housing status of women throughout their project involvement:

	Case Planning begun	%	Housing Debts	%	DoH Waiting List	%	CRS Waiting List	%	TIC A	%	Exited	%	Inactive	%
1st Intake (54 women)														
30-Sep-06	53	98%	15	28%	27	50%	34	63%	3	6%	0	0%	17	31%
31-Dec-06	53	98%	20	37%	29	54%	27	50%	3	6%	0	0%	35	65%
31-Mar-07	53	98%	19	35%	31	57%	35	65%	4	7%	2	4%	32	59%
30-Jun-07	53	98%	19	35%	28	52%	39	72%	4	7%	25	46%	38	70%
2nd Intake (52 women)														
31-Dec-06	24	46%	12	23%	15	29%	13	25%	1	2%	0	0%	18	35%
31-Mar-07	37	71%	19	37%	23	44%	32	61%	3	6%	9	17%	18	35%
30-Jun-07	46	88%	22	42%	24	46%	35	67%	3	6%	12	23%	24	46%
3rd Intake (67 women)														
31-Mar-07	52	76%	11	16%	27	40%	36	54%	4	6%	4	6%	9	13%
30-Jun-07	62	91%	13	19%	34	50%	40	60%	4	6%	12	18%	33	49%
4th Intake (11 women)														
30-Jun-07	9	90%	4	40%	4	40%	3	27%	2	20%	0	0%	1	10%

TABLE 2 - Housing Status of Women throughout Their Project Involvement - BRISBANE

The significant drop in rates of *Case Planning* between Intakes 1 and 2 (from 98% to 47%) reflects the dramatic change in project workers' access to women in prison. Between June and September 2006, project workers continued to have some access to women inside prison, and were therefore able to work with women (whether they were released to not) to develop individual release plans. However, in the final quarter of 2006 into 2007, project workers had very little access to women pre-release, and were therefore generally limited to beginning case planning after their release. It is therefore significant that 47% of women referred in the 2nd Intake engaged with the project and commenced case planning, despite having not had the opportunity to build individual relationships with project workers prior to release.

Throughout the project, increases occurred in the number of women on the Department of Housing (DoH) and Community Rental Scheme (CRS) Waiting lists. In both cases the numbers on these Waiting Lists increased marginally for the 1st cohort and more significantly for the 2nd and 3rd cohorts. Whilst a total of 73 women were on the DoH List and 86 women were on the CRS List when they first became involved with the project, by the end of the project 90 were on the DoH List and 117 on the CRS List. During the project, the CRS changed their application processes and now require women to have also applied to DoH. Ultimately, approximately 50% of all participants were on the DoH Waiting List and approximately 40% were on the CRS Waiting List, thus increasing the likelihood of around 50% of women accessing long term housing in the public or community sectors, over time. This improvement was enhanced through regular staff monitoring of women's applications to ensure that they were not removed from the list due to failure to meet DoH requirements, for example:

Example

DoH would send forms to women inside. Sometimes these required women to appear in person and confirm their identity. These were often not passed to women. When they failed to reply, DoH cancelled their applications. SIS monitoring meant that these problems were identified and women were reinstated on the Waiting List, as quickly as possible. However, sometimes women were placed at the bottom of the Waiting List following reinstatement.

On the other hand, women's housing debts in the first 3 Intakes marginally increased throughout the project, and the number of women on the TICA²⁶ Register increased marginally amongst women in the 1st and 2nd Intakes. The increase in numbers, combined with the difficulties associated with having a woman's name removed from TICA, means that some women's access to private rental housing, in particular, was reduced. The increase in the number of women on the TICA Register generally resulted from discovering that a woman's name was on the list, rather than it being newly added post-release. It is possible that many more women were on the TICA list since it cost \$35 per search, and this was only undertaken for women who had the capacity to rent in the private market.

A woman was described as having **exited** the project when workers expected to have no further contact with the woman. Often this was where the woman had a very specific or once-off request, for example, for the project to help her access her birth certificate.

It is interesting to observe the increase in the number of women classified as **inactive** in the first 3 cohorts. This classification was developed during the process of the project to define women whose housing status was stabilised, and who therefore needed minimal support at that point in time (though they might later require higher levels of support, particularly if they access long term housing). A "stable" housing situation differs amongst women, according to their needs and goals. Key criteria (detailed in *New Practice Tools*) used to determine *Inactive* status were:

- Housing applications in with DoH
- On DoH Waiting List
- Debts are being reduced consistently
- The woman is satisfied with her housing arrangements
- The woman has made initial connections and engaged with services she needs

Table 3 looks at the housing status of all women referred, by the end of the project:

²⁶ See Appendix 2 for details of the TICA Register.

	Case Planning begun	%	Housing Debts	%	DH Waiting List	%	CRS Waiting List	%	TICA	%	Exited	%	Inactive	%
1 st Intake	53	98%	19	35%	28	52%	39	72%	4	7%	25	46%	38	70%
2 nd Intake	46	88%	22	42%	24	46%	35	65%	3	6%	12	23%	24	46%
3 rd Intake	62	91%	13	19%	34	50%	40	59%	4	6%	12	18%	33	49%
4 th Intake	9	90%	4	40%	4	40%	3	27%	2	20%	0	0%	1	10%
Totals	170	92%	58	32%	90	49%	117	64%	13	7%	49	27%	96	52%

TABLE 3 - Housing Status of Women at Conclusion of Project - BRISBANE

The fact that case planning had begun with over 90% of women by the end of the project indicates women's willingness to engage in planning post-release, since the majority of women were not visited by project staff whilst still in prison. The 8% of women with whom case planning had not begun were mostly women who were not released from prison by the end of the project.

Housing debts are a serious barrier to accessing housing in Queensland. Women are formally precluded from access to any DoH services if they have a DoH debt. Women are rarely allowed to join the DoH Waiting List if they have a DoH debt (although sometimes a deferment arrangement can be made to allow women to remain on the Waiting List, provided they commence repayment of the debt). Other organisations which provide emergency relief funds are generally not allowed to pay women's DoH debt (however small). Not only does this lengthen the period of time they must wait for access to affordable housing²⁷, it also generally precludes them from accessing a Bond Loan and/or special Rent Grant for women who have been in prison²⁸.

In addition to this, the project found that many women also left prison with an outstanding debt to either Centrelink or the DoH - for example, with as at September 2006, 50% of all women had an outstanding debt - often due to their unexpected imprisonment.

The fact that 52% of all participants, and 70% of 1st Intake participants were in a relatively stable housing situation by the end of the project is significant.

Strategy 2 - Assist women released from prison to find short term/crisis housing.

As mentioned in the introduction to this section, the TOTAL project was originally contracted to assist 80 women and up to 22 children into accommodation - 60 women and up to 15 related children in South East Queensland. In Brisbane alone, the project assisted a total of 184 women with 236 related children:

²⁷ Public housing is the most affordable form of rental housing available to women. Community housing is rented at similar rates to those in the private rental market.

²⁸ Bond Loans are available to people on low incomes. Rental Grants are available to a few specific groups under limited guidelines. This includes assistance for up to 1 year, for women released after a certain length of prison term, provided they apply in the first few weeks post-release.

	No of Indigenous Women	No of Indigenous Children	No of Non-Indigenous Women	No of Non-Indigenous Children	Total No of Women	Total No of Children
1st Intake (May - Sept 06)	23	18	31	56	54	74
2nd Intake (Oct - Dec 06)	12	9	40	63	52	72
3rd Intake (Jan - Mar 07)	11	12	56	64	67	76
4th Intake (Apr - Jun 07)	4	0	7	14	11	14
Total No	50	39	134	197	184	236
Percentage	27%	17%	73%	83%	100%	100%

TABLE 4- Profile of Women & Children Assisted by the Project - Brisbane

In other words, the project assisted more than 3 times the number of women and more than 15 times the number of children originally planned for. The high participation rate by Indigenous women in South East Queensland (25%) is a key feature of the project. Without the significant reduction in numbers in the final intake of the project (due to the impending end of funding), it is reasonable to expect that the ongoing growth of demand for the project would have produced even higher participation rates. Some of the impacts of this overwhelming demand are addressed later in this report.

The project aimed to help women access short term housing and immediate emergency income and necessities, as soon as possible after release from prison. Where women had needs that could not be addressed using the emergency support resources of other organisations, SIS aimed to provide emergency support from the project:

	No of Indigenous Women	% of Indigenous Women	No of Non-Indigenous Women	% of Non-Indigenous Women	Total No of Women Assisted	% of Total Number of Women
Assisted into Short Term Housing	13	26%	34	25%	47	26%
Assisted to Access Emergency Income & Necessities from other Organisations	17	34%	27	20%	44	24%
Emergency Support Provided from the Project	14	28%	30	22%	44	24%
Total No	44	n/a	91	n/a	135	n/a

TABLE 5 - Women & Children Assisted via Short Term Housing and Emergency Support - BRISBANE

As demonstrated in **Table 5**, approximately 25% of all women were assisted in each of 3 ways - accessing short term housing, accessing emergency support from other organisations or emergency support from the project itself. Some women were counted more than once - in other words, some women were assisted in more than one of these ways.

As detailed in **Table 4**, a total of 50 Indigenous women and 134 non-Indigenous women were assisted by the project. Rates of assistance for Indigenous women were slightly higher than for non-Indigenous women in all categories.

Whilst 44 women had emergency support from other organisations, a further 44 were unable to get help elsewhere and relied on project emergency relief funds to meet these needs:

Snapshot!

As at June 2007, women had required:

- Food, clothing and furniture from other agencies.
- \$\$ from project emergency relief (unavailable from other agencies) for a Birth Certificate, DoH debt, rent, food, medical appointment, personal hygiene items, prescriptions and emergency accommodation.
- Brokerage amounts ranged from \$10 for a prescription to \$178 for hostel accommodation.

There were significant improvements in the overall housing status of women throughout the project. The following tables look at the changes in the housing status of all 184 women over the life of the project. **Table 6** explores these changes by Quarter, whilst **Table 7** focuses on changes by Intake:

	Current Situation						Total No in Intake	Changes in Total No's
	Prison	Homeless	Crisis/ST	MT	U/K	LT		
Summary as at 30 September 2006								
1 st Intake	20	9	11	10	0	4	54	
Percentage	37%	17%	20%	19%	0%	7%	100%	
Summary as at 30 December 2006								
1 st Intake	8	8	12	16	3	7	54	
2 nd Intake	23	2	8	9	9	1	52	
Total	31	10	20	25	12	8	106	
Percentage	29%	9%	19%	24%	11%	8%	100%	
Summary as at 30 March 2007								
1 st Intake	8	6	14	12	8	6	54	
2 nd Intake	21	4	7	9	8	3	51	(1 w died in LT)
3 rd Intake	28	8	13	6	5	7	67	
Total	57	18	34	27	21	16	173	
Percentage	33%	10%	20%	16%	12%	9%	100%	
Summary as at 30 June 2007								
1 st Intake	8	3	6	9	18	10	54	
2 nd Intake	14	4	8	11	10	4	51	
3 rd Intake	23	2	12	10	13	7	66	(1 w died in C)
4 th Intake	2	0	3	2	3	1	11	
Total	47	9	29	32	44	22	182	
Percentage	26%	5%	16%	17%	24%	12%	100%	

TABLE 6 - Tracking Changes in Women's Housing Situation by Quarter - BRISBANE

KEY	
• C - Crisis accommodation.	• LT - Long Term. 9 months+ housing.
• ST - Short Term. Up to 3 months housing.	• U/K - Unknown. Housing status is unknown.
• MT - Medium Term. 3-9 months housing.	

	Current Situation						Total No in Intake	Changes in Total No's
	Prison	Homeless	Crisis/ST	MT	U/K	LT		
1st Intake								
30-Sep-06	20	9	11	10	0	4	54	
31-Dec-06	8	8	12	16	3	7	54	
31-Mar-07	8	6	14	12	8	6	54	
30-Jun-07	8	3	6	9	18	10	54	
2nd Intake								
31-Dec-06	23	2	8	9	9	1	52	
31-Mar-07	21	4	7	9	8	3	51	(1 w died in LT)
30-Jun-07	14	4	8	11	10	4	51	
3rd Intake								
31-Mar-07	28	8	13	6	5	7	67	
30-Jun-07	23	2	12	10	13	7	66	(1 w died in C)
4th Intake								
30-Jun-07	2	0	3	2	3	1	11	

TABLE 7- Tracking Changes in Women's Housing Situation by Intake - BRISBANE

KEY
• ST - Short Term. Up to 3 months housing.
• MT - Medium Term. 3-9 months housing.
• LT - Long Term. 9 months+ housing.
• U/K - Unknown. Housing status is unknown.

This data demonstrates significant overall reductions in rates of confirmed homelessness amongst project participants, with the percentage of women known to be homeless being reduced by more than 2/3 (from 17% - 5%). Significant reductions occurred in the 1st and 3rd Intakes, with an increase of only 2 homeless women in the 2nd Intake. There also appears to have been a general movement away from crisis/short term housing toward more secure forms of housing. However, these apparent trends cannot be firmly established because of the gradual increase in the number of women whose housing situation was unknown (ultimately 24% of participants).

There is no doubt, however, that there was a progressive improvement in the number of women in long term housing throughout the project, with the percentage of project participants in long term housing almost doubling over a 9 month period (from 7% - 12%). The length of time spent working with women appears to be a significant indicator of success in securing long term housing. In the 1st cohort, the number of women in long term housing moved from 4 in September 2006 to 10 by June 2007 (from 7% - 18%). Similarly, in the 2nd cohort, only 1 woman was in long term housing at the end of 2006, but by the end of June 2007, 4 were in long term housing.

Strategy 3 - Conduct a small trial of Private Household Placements as a possible short term housing option for women being released from prison.

Two household of SIS members volunteered to participate in this trial, which aimed to provide a total of 4 placements for up to 4 months per placement. Both households had self-contained flats under their houses, which were made available to the project.

This strategy was designed to replicate key elements of a model operating in Canada. The project began initial work on modifying the documentation from the *Private Home Placement Program* run by the Elizabeth Fry Society in Canada, including:

- Brochures to promote the project.
- Application forms, reference questionnaires and assessment interview proforma.
- Training program for households.
- Processes for attracting, assessing and preparing women for placement.
- Guidelines and administrative arrangements (agreements, invoicing, statistics, insurance).

Ultimately, however, the ability to conduct this trial relied on suitable women being released from prison during the project period. Based on the Canadian experience, this strategy was designed to meet the needs of a clearly defined (generally older) target group of women who:

- Were released following lengthy sentences.
- Had a pre-existing strong relationship with SIS.
- Had limited contacts in the outside world.
- Had no money (due to the length of their prison term).
- Needed strong support to reconnect with community.
- Did not have mental health or substance abuse issues.

It became clear during the first 5 months of the project, that no suitable women had been released from prison. Further, SIS was not aware of any women being released during the project period who would meet the above criteria. Therefore, in November 2006, the funding body agreed to a variation to the original plan to suspend this strategy, and reallocate its budget (\$15,000) to assisting other women to access housing. (This was particularly important in light of the demands of servicing a much larger number of women than originally anticipated.)

Strategy 4 - Assist women released from prison to access helpful support services that will assist her reintegration into community.

As discussed later in this report, the many complex and inter-related issues affecting women after their release from prison can have a profound effect on their ability to access and retain housing.

The issues which existed for women prior to imprisonment (such as a history of abuse, outlined in the *Introduction*) are unlikely to have diminished. Women also faced added issues post-release including - the impacts of imprisonment (eg. institutionalisation, prison-related behaviours), community reactions, dealing with social changes that occurred during imprisonment (eg. value of money, Centrelink procedures), parole conditions, family law/custody issues, family relationship issues, additional parenting issues, access to income, establishing identity, constant change of address and new or accentuated health issues. Therefore, it was important that the project improve women's access to the supportive services sought by the woman, according to her post-release goals.

Snapshot!

As at September 2006, 34 project participants had been released. Of these:

- 3 required support during court appearances and regular liaison with lawyers
- 1 required intensive mental health support
- 4 required intensive substance addiction support
- 1 required ongoing support to access vital treatment for chronic health issues.

Appendix 3: Mary - A Case Study is a detailed account of the realities of addressing the complex and inter-related needs of women. Taken directly from the project data system, CMS (with changes made only to protect the identity of the woman and some agencies), it details the story of workers' interactions with one woman over a 37 week period. The intensity and range of services required are typical of women - though the outcome of the case study is less common. Mary had a mental illness which was diagnosed prior to her imprisonment, and a history of drug use and homelessness. The case study explores the **interdependence** of the range of needs, typical of most women being released from prison, and the critical importance of addressing key needs (particularly accommodation and mental health/substance abuse issues) **concurrently**. In the process of the case study, Mary's situation deteriorates from living in safe affordable short term housing upon release, through a downward spiral ... ultimately ending up living in her original domestic setting without any improvement in her access to mental health services. Throughout this process, the project supported her in dealing with at least 36 agencies, including - police, lawyers, courts, mental health wards, community mental health services, child welfare agencies, crisis support agencies and a myriad of different housing organisations.

The project found that, as in Mary's case, women's housing prognosis was particularly affected by the level of support provided to address **mental health and/or substance addiction issues**. The frequency with which mental health issues were formally diagnosed and/or substance addiction was self-identified amongst the women involved in the project were:

	Total Women	Formal Mental Health Diagnosis (MH) ONLY		Substance Addiction (SA) ONLY		Both MH and SA		Total with MH, SA or both	
		No	%	No	%	No	%	No	%
Indigenous Women	50	3	6%	19	38%	9	18%	31	62%
Non-Indigenous Women	134	9	7%	31	23%	18	13%	58	43%
TOTAL	184	12	7%	50	27%	27	15%	89	48%

TABLE 8 - Health Profile of Women - BRISBANE

As outlined in the *Introduction*, mental health and substance addiction issues commonly occur amongst women who are incarcerated. **At least 89 women (48% of all women involved in the project) had a formal mental health diagnosis and/or substance addiction issues.** These

comprised **at least** 62% of Indigenous participants and 43% of non-Indigenous participants. It is very likely that these figures are higher, since some women may have chosen not to disclose their situation. Project staff felt that a number of women without a formal diagnosis displayed symptoms of mental health issues, and women who showed signs of high levels of alcohol or other drug use did not always identify as having a substance addiction. **On the above figures alone, when women with single and dual issues are combined:**

- **At least** 12 Indigenous women (24%) and 27 non-Indigenous women (20%) had a formal mental health diagnosis. This is a total of 39 women, or 21% of all project participants.
- **At least** 28 Indigenous women (37%) and 49 non-Indigenous women (56%) identified themselves as having substance addiction. This is a total of 77 women, or 42% of all project participants.

Further, the project found a direct relationship between women’s health profile and access to mental health and/or substance addiction services, and their housing outcomes/process/timeline and rates of recidivism. **Table 9** compares the ultimate housing outcomes for women (as at the end of the project), according to their health profile:

	Adequate Support Services?	Prison	Homeless	Crisis/ST	MT	LT	U/K	Total No	Total %
Formal Mental Health Diagnosis ONLY	Yes	0	0	1	0	0	0	1	9%
	No	1	0	1	1	1	6	10	91%
	Total	1	0	2	1	1	6	11*	100%
Substance Addiction ONLY	Yes	0	0	0	1	3	0	4	8%
	No	9	2	8	16	1	10	46	92%
	Total	9	2	8	17	4	10	50	100%
BOTH MH Diagnosis AND Addiction	Yes	0	2	2	1	0	2	7	27%
	No	2	1	2	6	1	7	19	73%
	Total	2	3	4	7	1	9	26*	100%

TABLE 9 - Impact of Health Profile on Housing Outcomes - BRISBANE

* **One woman died in each category** (hence the reduced total number of women in these categories, compared with Table 8)

KEY

- **Adequate Support Services** - means both **consistent** and **intense** services.
- **ST** - Short Term. Up to 3 months housing.
- **MT** - Medium Term. 3-9 months housing.
- **LT** - Long Term. 9 months+ housing.
- **U/K** - Unknown. Housing status is unknown.

Adequate Support Services require **consistent** provision of services at the level of intensity required to meet the woman’s needs. This data was based on a review of every woman’s individual Case Summary, by the Evaluation Consultant. Whilst the majority of women access some support for 2-3 months post-release, this is often not sufficiently frequent and/or intensive to address their complex and inter-related needs. Sometimes, women are out of contact for periods of time (for example, whilst homeless). This can lead to gaps in service and the need to re-contact support service (and, sometimes, to renegotiate support services).

Less than 10% of women with either a formal mental health diagnosis or substance addiction received adequate support services. About one quarter of the women with **both** a formal mental health diagnosis and substance addiction received adequate support services. Overall 14% of women with formal mental health diagnosis and/or substance addiction returned to prison during the project.

Only 6 women with mental health diagnosis and/or substance addiction managed to access long term housing during the life of the project. Women with a mental health diagnosis were particularly unlikely to access long term housing - only one woman with both a mental health diagnosis and substance addiction, and one woman with a mental health diagnosis alone, secured long term housing.

A short snap shot demonstrates the high level of vulnerability of women with mental health issues:

Snapshot!

As at June 2007, 39 project participants had a formal mental health diagnosis, with 70% of these women also having a substance addiction. Of these:

- Several were returned to prison and therefore accessed some mental health services (particularly due to new positions at the Prison Mental Health Program).
- Only a few who remained outside prison were able to access a mental health service.

The project found that women with both mental health and drug and alcohol issues found it doubly difficult to access services outside prison. Their need for 24 hour support when unwell, further exacerbated these women's limited access to housing.

Similarly, *Mary* was incarcerated on 8 occasions over a 37 week period - twice in police custody, 5 times in mental health institutions and once in BWCC. 2 of these 8 incarcerations related directly to her inability to access mental health services in the community - she was returned to BWCC (for almost 3 months) **solely** in order to get a mental health assessment (which was not forthcoming in a community setting) and, upon release, was detained in a community mental health service for several days **simply** waiting for a case manager to be appointed. Community mental health services consistently argued that her behaviours were drug-induced (despite a previous diagnosis and evidence to the contrary) and refused to provide services. Arguably, all 8 incidents of detention were a result of her lack of access to mental health services, and essential medication, outside prison. **In addition**, *Mary* was forcibly removed from a number of accommodation settings, and permanently banned by several agencies, due to her behaviour when unable to access medication and/or mental health support.

The project focused on seeking to improve women's access to existing support services through helping women liaise with services, advocating for women when promoted services were difficult to access, educating agencies about the needs of women leaving prison and negotiating and clarifying the shared responsibilities of SIS and other support agencies. Examples of attempts to

improve women's access to services exist (often on an almost daily basis) throughout the Case Study.

Snapshot!

As at December 2006, some particularly helpful support from other agencies included:

- A community housing organisation making 3 month housing available.
- A women's shelter accepting referrals for single women.
- Another community housing organisation providing a 2 bedroom unit.
- 2 boarding houses accepting referrals.
- A tenancy advice service providing advocacy support to help women remove their name from TICA.
- A community house providing a safe, welcoming place during the day for women with high needs who are homeless.
- A government body rescheduling an appointment so the mother could organise Legal Aid to assist her to challenge a long term Family Order.
- A hospital Mental Health Unit working closely with SIS staff.
- A GP negotiating one woman's access to Suboxone Treatment for heroin addiction at surgery.
- An Indigenous healing program providing a court letter of support.

Advocacy was used to help women gain access to services, or when organisations were not providing agreed (or promoted) services:

Snapshot!

A number of advocacy activities were **successful**, for example:

- A number of women were reinstated onto the DoH Waiting List
- A woman given Notice to Leave from a property was granted a 3 week extension to organise relocation.
- A woman who had breached her bail conditions as a result of becoming unwell after release from prison without medication or community mental health follow-up, was supported in the District Court.
- A low security prison approved a Release Order to allow a mother to look for private rental property and visit her children, 3 weeks prior to release. (As a result, the woman secured long term housing for herself and 2 children, 10 days after release).

On the other hand, advocacy was **unsuccessful** in some cases:

- Some homeless services have been unwilling to provide emergency financial assistance - even where this could enable women to secure medium term accommodation.
- Several mental health services have been consistently unwilling to provide services to women - even those with diagnosed mental health issues.

Most workers in support agencies are under considerable pressure, and feedback suggested that to conduct formal educational programs about the needs of women leaving prison would be ineffective. Therefore, the project focused on an informal, personalised, building block approach to education with individual support workers which was integrated into day-to-day interactions. In order to enhance women's access to services, educational input occurred with individual staff from most support services utilised. Workers continued to build on the education already undertaken with workers, and begin the education process with new workers, throughout the project. This included continuing to approach agencies, even when they were initially unhelpful. The success of the program's educational approach was reinforced by the fact that several government and non-government housing agencies and a number of other support services, moved from being *unhelpful* to *helpful* during the life of the project.

The following are detailed as part of *What Happened - Links with Other Service Providers*:

- attendance at interagencies and consultation meetings
- engagement in informal sharing and education about women's needs
- involvement with more formal educational processes
- development of MOU's

What Happened - Service Provision in North Queensland

Strategy 1 - *Assist women prisoners to prepare prior to/at their release from prison by building relationships, providing them with accurate information and assisting with planning.*

Women were provided with information about the project and practical post-release resources through production and dissemination of written material and *word of mouth*. The *Townsville Survivor's Guide* continued to be developed throughout the project, and 2007 Annual Diaries were distributed to all 45 women participating in the project in North Queensland.

Service provision in Townsville commenced halfway through the project, in December 2006. The initial HSW had to resign for personal reasons shortly after appointment, and did not stay long enough to do direct work with women. It took until December 2006 to find an ongoing Townsville HSW. The ongoing HSW could only work with women after their release from prison. Despite this, the project assisted 45 women who were referred in a variety of ways:

Self Referral	Southern Edge	Local Non Government Services	SIS Brisbane	Family Members	Government Mental Health Service	TOTAL
21	11	8	3	1	1	45
47%	24%	18%	7%	2%	2%	100%

TABLE 10- Sources of Referral - TOWNSVILLE

Because the Townsville HSW had personal prison experience, many women knew her, so *word of mouth* played a key role in attracting women to the project, with almost 50% of women self-

referring. *Southern Edge* is a private training provider which conducts programs inside the prison, and it was the next most significant source of referral (24%). Other local non-government services (including prisoner support, legal, welfare and employment services) referred 18% of women.

As in South East Queensland, the ongoing Townsville HSW was dependent on prison authorities for access to women in prison. Neither the initial nor the ongoing HSW ever gained access to the prison. Therefore they were unable to build relationships in preparation for release, develop individual release plans, directly assist women to lodge housing application forms or access identification, help women establish links with key organisations or liaise with women and review their plans.

Despite this, the Townsville service worked with more than twice as many women as originally planned (and nearly 10 times as many children), in half the time of the South East Queensland service.

Table 11 describes the housing status of women throughout their project involvement:

	Case Planning begun	Housing Debts	DoH Waiting List	CRS Waiting List	TICA	Exited	Inactive
Total	10	2	4	3	2	0	18
Percentage	22%	4%	9%	7%	4%	0%	40%

TABLE 11 - Housing Status of Women at Conclusion of Project - TOWNSVILLE

Most women who had expressed interest in the project remained in prison for the duration of the project. Therefore, case planning could not commence with these women, and support services were largely limited to information provision. The data in relation to Townsville women largely reflected the South East Queensland experience (albeit in much lower numbers), with 2 of the 10 women with whom case planning began facing housing debts and/or inclusion on the TICA list.

Strategy 2 - Assist women released from prison to find short term/crisis housing.

The Townsville HSW assisted a total of 45 women with 70 related children over approximately 6 months (compared with the original target of 20 women and 7 children for a whole year). She predominantly worked with Indigenous women and children. This was due both to her reliance on personal connections (having been denied access to the prison) and the high proportion of Indigenous women in prison in Townsville:

	No of Indigenous Women	No of Indigenous Children	No of Non-Indigenous Women	No of Non-Indigenous Children	Total No of Women	Total No of Children
Total	42	67	3	3	45	70
Percentage	93%	96%	7%	4%	100%	100%

TABLE 12- Profile of Women & Children Assisted by the Project - TOWNSVILLE

Housing availability in Townsville, particularly for Indigenous women, is almost non-existent. Many women in Townsville prison are from remote communities. Therefore, the outcomes of the Townsville service were quite different from those in Brisbane, and different categories were used to track women's housing outcomes. **Table 13** looks at the current housing status of all women:

	Current Situation			Total No of Women
	Prison	Homeless	Housed	
Total	25	8	12	45
Percentage	55%	18%	27%	100%

TABLE 13 - Women's Housing Situation by End of Project - TOWNSVILLE

55% of women remained in prison for the duration of the project. Of the 20 women released from prison, 8 Indigenous women returned to their local community upon release. Of these 8 women, one was homeless and the remaining 7 had housing with family members in their community. Of the women who remained in Townsville, 7 were homeless and 5 accessed some form of housing (including couch surfing amongst family members and returning to domestic violence settings).

Strategy 3 - Conduct a small trial of Private Household Placements as a possible short term housing option for women being released from prison.

This strategy did not apply to Townsville.

Strategy 4 - Assist women released from prison to access helpful support services that will assist her reintegration into community.

As for Brisbane women, issues which existed for women prior to imprisonment (such as a history of abuse, outlined in the *Introduction*) are unlikely to have diminished. Women also faced added issues post-release including - the impacts of imprisonment (eg. institutionalisation, prison-related behaviours), community reactions, dealing with social changes that occurred during imprisonment (eg. value of money, Centrelink procedures), parole conditions, family law/custody issues, family relationship issues, additional parenting issues, access to income, establishing identity, constant change of address and new or accentuated health issues.

Again, the project found that women's housing outcomes were particularly affected by the level of support provided to address mental health and/or substance addiction issues. The frequency with which mental health issues were formally diagnosed and/or substance addiction was self-identified amongst the women involved in the project in Townsville were:

	Total Women	Formal Mental Health Diagnosis (MH) ONLY		Substance Addiction (SA) ONLY		Both MH and SA		Total with MH, SA or both	
		No	%	No	%	No	%	No	%
Indigenous Women	42	4	10%	17	40%	0	0%	21	50%
Non-Indigenous Women	3	0	0%	1	33%	0	0%	1	33%
TOTAL	45	4	9%	18	40%	0	0%	22	49%

TABLE 14 - Health Profile of Women - TOWNSVILLE

As in Brisbane, these numbers are likely to be underestimated because of non-disclosure and non-diagnosis. This is likely to be further accentuated by the fact that the project ended early in the case planning process (with only 10 women having commenced case planning).

Despite this, **at least** 9% of women had a formal mental health diagnosis and **at least** 40% identified themselves as having a substance addiction. In other words, almost 50% of project participants in Townsville had either a formal mental health diagnosis or acknowledged substance addiction.

The Townsville project focused on seeking to improve women's access to existing support services. This included helping women liaise with existing services, educating services about the needs of women, advocating on women's behalf with existing services and trying to reach agreement on shared responsibilities with key service providers. The Townsville HSW communicated with a range of different types of services targeted and both Indigenous and non-Indigenous women. These included housing, emergency relief, children's, mental health, drug & alcohol, health and legal services. Co-location with Prisoner's Aid was particularly helpful, because the part time worker there also worked part time in a tenants' advice service. Given the short life of the Townsville project, this largely served to increase awareness within other organisations of the existence and needs of women with lived prison experience.

Human services workers in Townsville operate within even tighter constraints than similar workers in Brisbane. The small number of services, and ongoing difficulties with attracting skilled staff, makes it more difficult for organisations to address issues for women with complex and inter-related needs. In particular, the extreme shortage of housing availability for Indigenous women and their children continues to function as a key barrier to achieving positive long term outcomes for women with lived prison experience in North Queensland.

The Townsville worker's participation in interagencies/networks/consultations and formal/informal education of other workers is detailed in the section *What Happened - Links with Other Service Providers*.

What Happened - Vacancy Register

The project aimed to **develop a vacancy register for use by community and private housing providers**.

During the first 3 months of the project, SIS began researching models of vacancy registers being used in Australia:

- CRC Housing in Sydney (the largest organisation in Australia dealing with women post release), has a vacancy register - the Accommodation Referral Service database.
- The Australasian Housing Institute hosted a seminar by Rhonda Phillips on Making Common Housing Registers Work, which was attended by the HSC in October 2006.

Significant developments occurred within both government and non-government housing sectors during mid-2006. In particular, the Queensland Government's *Responding to Homelessness*

initiative led to the development of several vacancy registers, in particular a register of housing vacancies in Brisbane, developed by HART4000 (one of the newly funded *Homelessness Hubs*).

Rather than duplicate services, it was decided that the project would not develop a new vacancy register. The project continued to be part of discussions to ensure that the new registers were accessible to SIS workers and women requiring information about housing vacancies. **This aim was formally deleted, with the Department's written approval, in February 2007.**

The functions of the planned register were achieved through:

- HART4000 emailing their vacancy register, covering short and long term housing options in both the private and community sectors for Brisbane, to the HSC daily. (SIS had an informal MOU with HART to provide this service.)
- Anglican Women's Shelter ringing and informing the project when they had a vacancy.
- SIS developing an internal policy to ensure information sharing about housing vacancies between staff.
- The project developing and maintaining informal statewide networks with helpful and responsive organisations (including TAAS, GAPS and ATSI Hostels).
- The project seeking to build relationships and collaborative approaches with key homeless support organisations and projects.

What Happened - Links with Other Service Providers

The project significantly improved collaboration and linkages between programs and services, thus improving the outcomes for clients and decreasing the risk of homelessness amongst women recently released from prison. It did so by raising awareness of the needs of women amongst service providers and policy makers, so they could improve their response to homelessness amongst this group.

Strategy 1 - Establish and maintain links with other relevant service providers and programmes.

A key means of pursuing this strategy, was attending relevant housing interagencies and networks in order to strengthen relationships with the housing sector, and relevant support services. Project workers and other SIS staff were involved in a range of interagencies and networks during the project, and used this interaction as a means to share information about the needs of women exiting prison. These included:

- Indigenous Housing Branch, Queensland Shelter (HSC)
- Responding to Homelessness Statewide Reference Group (HSC)
- Reference Group, Early Intervention Program, Kyabra Community Housing (HSC)
- Queensland Shelter (HSC)
- HEREOC Indigenous Women's Roundtable (HSC)
- Affordable Housing Network (HSC)

- GAPS Prison Interagency meeting, Townsville (HSC & Townsville HSW)
- Brisbane Homeless Taskforce (SIS Director)
- Women's Housing Network (HSW)
- National Indigenous Roundtable (HSC & SIS Director)
- Queensland State Government Homeless Taskforce (SIS Director)
- Aboriginal and Torres Strait Islander Interagency networks (various staff)
- Homeless Persons Court Diversion Program Reference Group (SIS Director)

In addition, project staff attended meetings and workshops to both keep their information up-to-date and provide informal education to other bodies. Some examples of key events attended were:

- National workshop focused on post-release issues for Indigenous women exiting prison, hosted by HEREOC on 21/22 July 2006 in Sydney.
- Meetings with Queensland Government Homelessness Unit Workers.
- UN Special Rapporteur on Housing meeting held 4 August 2006 in Brisbane to highlight post release issues for women and access to housing.
- YANQ Racism Forum on 20 October 2006, in Townsville. (The HSC was a guest speaker on discrimination occurring in the private rental market).
- Meetings with Tenants Union in Brisbane, to organise training about recent changes for workers with homeless people throughout Queensland.

A major development during the lifetime of the project, was the Queensland Government's *Responding to Homelessness* initiative. SIS, through the HSC, was a stakeholder member. This initiative funded a variety of responses including the *Homelessness Hubs* and Lady Bowen complex in Brisbane. The initiative aimed to generate a whole of government response to homelessness, to assist government departments to work together and to provide NGO's with additional resources to enable them to better respond to the needs of homeless people.

The project sought to work closely with new services established under the *Responding to Homelessness* initiative. However, long delays in service establishment, and even longer delays in production of clear criteria for service access and guidelines for referral, lead to a lack of substantial improvement in services available to women for much of the life of this project. The project planned to build working relationships with key positions created as part of the initiative, for example:

- The newly appointed QCS Transition Worker. Unfortunately, it appeared that this role offered limited support. For example, the worker gave out housing application forms to women, but did not have a role in helping women complete the forms or posting completed forms to the project to lodge with the relevant authority. This was a problem, since some women (particularly those with mental health issues) find it difficult to complete the paperwork, even with assistance.
- The new Mental Health Transition worker (located Richmond Fellowship). Unfortunately, this position was not filled during the project.

On the other hand, mutual problem solving and strong working relationships have been possible with some new agencies created through this initiative. Positive relationships were established with:

- HART4000, which has provided invaluable support for women and therefore short to medium term housing through their brokerage and networks within the housing sector.
- The Special Circumstances Court, which was highly responsive to the project. Project staff attended the court weekly to provide support to women at risk of incarceration. The court was pivotal in preventing homeless women on minor charges from re-entering the prison system. Since the SCC is inadequately resourced to engage in follow-up processes, they rely on other support agencies for this, and readily referred women to the project.

Ultimately, project staff based in Brisbane worked with over 100 services/programs/offices providing housing and/or support services relevant to women. Some with whom the project had particularly frequent contact were:

- Regional Community Mental Health Services - CMHS (Queensland Health)
- HOT Team (Mental Health) - (Queensland Health)
- Biala Drug and Alcohol Homeless Project
- Prison Mental Health
- Area Offices of Department of Housing - DoH
- Most Centrelink Offices

The Townsville arm of the project linked with a similar range of services, and found the Soroptimists International of Townsville and Prisoners Aid Society particularly helpful. In particular, their service directories were very helpful in developing a local *Survivors Guide* for North Queensland. The HSC also linked with a range of agencies in the process of seeking out possible office locations, broadening networks within the local Indigenous communities and promoting the availability of the HSW position. Through a mix of interagency and individual meetings, the project connected with many other organisations, including:

- Townsville Community Legal Centre
- Ozcare
- North Queensland Domestic Violence Resource Service
- Mental Illness Fellowship North Queensland
- Salvation Army
- Indigenous Family Violence Legal Outreach Unit

This liaison with local organisations increased other agencies' awareness of the housing needs of women post release. As a result, agencies were very supportive and helpful in the search for a suitable location for the Townsville HSW.

As discussed earlier, the majority of information provision to other agencies occurred informally - either on a 1:1 basis between workers, or through participation in interagencies and networks. In fact, the project did not receive any requests for formal information sessions. However, a few situations emerged where more formal educational processes about the needs of women transiting to the community proved useful. Project staff attended meetings with several services (including HART, West End Community House - Tenancy Advice and Advocacy Service, Mental Health Clinic Fortitude Valley, Forde Foundation Inc and Aboriginal community meetings) to promote the project and discuss women's needs.

Another project within SIS developed a national community education resource: *Working with Women with Lived Prison Experience*. This was a more comprehensive resource than the adaptation of the *Release Kit* to a community education context, originally planned for this project, and therefore superceded the need to produce another resource. (The guide included an adaptation of the Kit and a focus on homelessness amongst women after release from prison.) Project workers had copies of a late draft of the resource from January 2007, and were able to use it in their community education activities during the last 6 months of the project. The guide was officially launched at the SIS Conference in Darwin in June 2007, and training opportunities nationally are planned for 2008.

Strategy 2 - Facilitate a coordinated, planned service approach to women being released from prison.

It was originally planned to establish local Reference Groups of interested service providers in Brisbane and Townsville. However, the entire face of services to homeless people in Queensland changed early in the project, with the Responding to Homelessness initiative. Many of the services which would have been central to project Reference Groups were pre-occupied with their own establishment processes. Many new interagencies and networks were established as part of the initiative. It was clear that other agencies did not have the time to participate in yet another group. Therefore, the project focused on attending existing interagencies and networks, rather than establishing 2 new groups to specifically respond to the needs of women being released from prison. Worker participating in existing groups was designed to increase project understanding of current roles and practices, and inform other agencies about the project.

In keeping with the demonstrated effectiveness of an informal approach, project workers were committed to remaining available to other agencies to assist in problem solving in relation to women using their services. This approach largely superceded the need for MOU's. In addition, the major legislative changes which are continuing in the housing sector (including the introduction of a single social housing system) means that community housing providers are in a state of flux and most do not see MOU's as a priority.

The project negotiated with at least 20 organisations about the role each would play with women. Two formal MOU's were signed, with:

- BRIC, based on earlier discussions with Better Housing (when they gave the project access to 2 rooms to accommodate women).
- Ti-Tree Housing Service (who agreed to provide housing access for Aboriginal and Torres Strait Islander women and children who are homeless or in crisis, and work together in partnership with the project in addressing the needs of these women).

SIS also has an arrangement with the Brisbane Housing Corporation to sign an individual MOU for each woman.

The project hoped, if possible, to encourage the development and provision of *healing programs* for Indigenous women as part of the service response by appropriate agencies. Staff engaged in discussions at various Indigenous community events with Elders and other key stakeholders. Project staff also attended SIS Indigenous Safety Project events to gain an understanding of existing healing programs and gain feedback from communities on service delivery gaps and

current practices. At least two women who are involved with both the Safety Project and this project, engaged in individual healing sessions with a new, emerging Indigenous Healing Centre in Brisbane. The SIS Senior Indigenous Worker played a key role in advising project workers about providing appropriate cultural support for women, and is continuing to be closely involved with the development of the Centre.

What Happened - Action Research & Evaluation

The project aimed to *operate within an action research methodology including undertaking evaluation of the service delivery model and documenting and disseminating findings*. The concept of client-driven service provision is deeply grounded in the philosophy of SIS. The practice of action research is integrated at all levels throughout the organisation. Therefore, an action research approach was readily integrated into project design and practice at all levels.

A mix of formal and informal action research was integral to project learning. Formally, events, particularly Quarterly Staff Reflection Days, were held for the duration of the project. Informally, critical questions were pursued with other key stakeholders, including:

- **Women.** Women's feedback was sought frequently, and given significant weight during the evaluation process. Given the particular characteristics of the client group, feedback largely occurred informally. Women who have been in prison tend to react negatively to formal questionnaires or meetings, therefore workers pursued action research in a more culturally-appropriate manner, integrating action research questions into their routine, informal discussions with women. This was relatively straightforward, since most of the questions were directly relevant to women's experiences.
- **Other SIS workers.** Discussion about issues affecting the project mainly occurred through 2 x weekly meetings between project staff and other SIS staff - one focused on processing issues related to working with women inside prison, the other on working with women outside prison (each involving different SIS staff). Discussion also occurred during 1:1 interactions between workers (particularly when working collaboratively to problem solve particular women's situations) and at major staff events (eg. Annual Staff Review Day).
- **Other service providers.** Similarly, given the state of flux in the housing sector in Queensland during the project, feedback was generally sought informally from workers in flanking agencies, through 1:1 interaction and participation in networks/groups.
- **Policy organisations.** Again, data was frequently gathered through 1:1 interaction, often in the context of participation in industry-based networks and groups.

Frequent and targeted feedback from all these groups directly contributed to the ongoing development of the model of service for the project. The funding body was highly responsive to the resulting feedback, and proposals to modify project design (eg. through approving reallocation of funds and extending deadlines).

The overall action research question pursued through the project was: ***What practices are most effective and efficient in helping women move from homelessness to long term housing, after release from prison?***

The more **complex questions** arising from this core question, were pursued throughout the life of the project, for example:

- Informal feedback from women after their release from prison suggested that many more women requested SIS services from inside prison, than were able to access them. Therefore, the project looked at: ***What would it take to be able to identify and access women who have requested services inside the prison?*** The first priority was to identify the source of the problem - The volume of women? Access to a room to meet? Decisions by prison authorities? Ultimately, this question was discarded, because it was found that visiting women in prison was not essential to informing women about the project. This was particularly due to the nature of the staff employed in the project - 1 with lived prison experience, 1 Indigenous woman, and one with a long history of working with people who were homeless. In each case, staff had strong networks in key communities amongst women in prison, and word of mouth functioned as a core means of attracting women to the project. Women were also informed about the project, and accessed services through, other SIS staff who visited the prison - in particular BOWS, Transition and PEEK staff.
- Given the significantly higher level of demand than anticipated by the project, staff explored the question: ***What would it take to ensure that project workload is viable whilst making services available to as many women as possible?*** This was largely processed at Staff Reflection Days, and through consultation with other SIS staff and management. The key outcome of the first cycle was development of “active” and “inactive” categories, and some clarity about the numbers of women in each category who could be adequately serviced within existing resources. This approach was found to be viable, and formed the basis of data collection, service provision and workload discussion for the remainder of the project. This question continued to be explored in the context of discussing termination of women’s participation in the project: ***What marks the end of a woman’s involvement in the project?*** Whilst it was clear that securing long term accommodation reduced women’s needs significantly, and therefore allowed them to be categorised as “inactive”, it was also clear that women’s complex needs made it important to remain in contact and ready to respond to any crisis which might threaten her housing security. Similarly, whilst returning to prison might be defined as “inactive”, there would clearly be a time when this woman requires pre-release planning and would become “active” again.

A large number of **micro-questions** also emerged from the core question. Some were fairly functional and resulted in immediate changes, for example:

- Many women referred were highly transitory upon release and had difficulty keeping their own possessions. All women were given a diary with the SIS logo on the front cover, and the Survival Guide (a booklet detailing other services which was slipped in the back of the diary). Initially project staff wondered whether distribution of a diary simply added to women’s possessions, and might be an incumbrance. Therefore, the project pursued the question: ***What would it take to ensure that highly transitory women had ready access to information?*** Other symbolic items to assist women to reconnect with the community and gain a greater sense of control over their lives (eg. a small business card with key phone numbers) were considered. However feedback from women indicated that diaries were meaningful for the majority of women ... that they *LOVED* having the diary! At a practical level, they enabled women to keep a track of appointments. But their main value was symbolic. The diary symbolised their meaningful relationship with SIS and the project, for the many women who had few meaningful relationships in their lives.

Therefore, after 6 months it was decided to continue to distribute diaries. Two spin-off questions could be pursued by a future project - whether a diary is useful for highly transitory Indigenous women (particularly those with limited English language), and how much women actually use the Survival Guide.

- The appointment of a QCS Transition Worker was a potentially invaluable contribution to the project ... and to women leaving prison. Therefore, the project asked: ***What would it take for SIS to build an effective working relationship with the Corrective Services Transition Worker?*** This was a joint question with SIS as a whole, since other SIS staff would be required to pick up some of the workload of the project, following the end of the pilot.
- Similarly, the project explored the most efficient and effective way to collaborate with other SIS staff, including: ***What would it take for the project to build an effective working relationship with the SIS Transition Worker?*** The revision of the SIS Referral Form, to better address the needs of the project, was one outcome of this question.

The Evaluation Framework, outlining methodology, data collection tools, analysis processes and reporting milestones was developed in May 2006. Prior to commencement of the project, two different core evaluation methodologies were explored:

- The idea of replicating existing research - using an interview tool, developed by Eileen Baldry, which had been used with prisoners pre and post release from prisons in Victoria and New South Wales. The interviews had led to development of a potentially useful model of housing for women having difficulty accessing housing services. However, the tool had some limitations (particularly in relation to not exploring mental health diagnosis) and it proved impractical to apply in the project context.
- The idea of using CMS (Case Management System) - a database being used by several non-government organisations in Queensland - in conjunction with an Excel spreadsheet.

Ultimately, it was decided to adopt the CMS, make the system as user-friendly as possible and train new project staff in its use. It soon became evident that major modifications were needed to align CMS with SIS's needs, and modifications occurred throughout the project. This included modification of the SIS Referral Form to collect information required by the project. The data in this report is evidence of staff diligence in recording data in CMS. Unfortunately, CMS is not intended to address some of the data indicated in the original project design, however its advantages were seen to outweigh this limitation.

CMS data was supplemented by use of an Excel spreadsheet for statistical data collection. Rather than pressuring staff to continually record statistics, the HSC and Evaluation Consultant went through the list of women involved with the project, each quarter, and entered data.

As evident throughout the case study ([Appendix 3](#)), the CMS data system played a critical role in the project through maximising worker's access to information about women and enabling different workers within the project, and SIS more widely, to respond to women quickly in a coherent, consistent manner. The case study clearly demonstrates the limited duplication of services amongst SIS staff, and the *building block* process which was able to occur when staff were aware of the details of interaction and liaison with others that had occurred already. Apart from its benefits in terms of quality of service, the use of CMS greatly increased the efficiency of service provision through minimising the need for workers to find each other and check on progress, before being able to provide services to a woman.

Despite some enthusiasm about integrating Baldry's questions into the SIS Referral Form to provide a pre-release baseline of information for the project, it was decided not to pursue this path for 3 reasons:

- Because of difficulties with consistently accessing women in prison prior to release
- Because of the need for QCS approval for the process (which was not expected to be granted).
- Because of the barrier a longer form might create for women.

Formal and informal interactions with women designed to explore their views about 'helpful' and unhelpful' services, and their views on the project, deliberately included some of Baldry's questions to allow for a level of comparison between the situation of women in Queensland and interstate.

What Happened - Project Establishment and Accountability

This was an internal area, which would not normally have required comment in this report. However several key areas had a direct impact on the project's service delivery, and the emerging model of service. Since similar organisational issues could be expected to confront any agency attempting to replicate this model, they are summarised here.

Significant problems were experienced in establishing services in Townsville. SIS found it very difficult to recruit and retain a HSW in Townsville. (Similar problems were also experienced by other organisations in Far North Queensland, eg. The Hub in Townsville has spent over 6 months trying to recruit a Manager.) The first HSW employed in Townsville was appointed after the anticipated date, and was forced to resign (for personal reasons) within 6 weeks of commencing work in July 2006. It then took until November 2006 to replace this worker. In light of the very high level of demand for services in Brisbane, the funding body agreed to reallocation of surplus funds originally allocated Townsville, to employ an additional part time worker in Brisbane. Allowance was also made for employment of an additional part time worker to assist with establishment of the Townsville project, however, a suitable staff member was never found. Difficulties were also experienced establishing an office in Townsville, with an office in Prisoner's Aid premises only being finalised late in 2006. Considerable energy was put into exploring ways of supporting the isolated Townsville worker on a daily basis.

The project was considerably enhanced by SIS using existing funds and readjusting job descriptions, in order to create a new Transition Worker position. This new worker began in July, and (as outlined earlier) worked particularly closely with project staff.

Despite having clear financial accountability mechanisms in place, SIS had a case of fraudulent activity during the project period. This led to the need to further tighten administrative procedures across the organisation. The project grappled with finding the best means to make brokerage funds accessible to women in crisis situations within short frames, whilst at the same time complying with legal requirements (eg. that payments by incorporated bodies of over \$100 must be made by a cheque, co-signed by a Management Committee member).

The need to develop risk management plans and ensure project staff participation in professional supervision, were articulated in the project Activity Plan. The importance of these areas was underlined by a number of critical incidents that occurred, in particular, the death of 2 women within a 6 month period. High levels of staff support were required following the (believed) attempted suicide of one woman at the SIS premises.

Analysis

Project Highlights

Perhaps the key highlight of the project was the way it demonstrated **the strengths of women with lived prison experience**. In light of the challenges faced by women when they leave prison, it is remarkable that recidivism rates are not higher!!! As clearly demonstrated by the case study appended to this report, women showed resilience and perseverance, against a backdrop of almost daily discrimination and adversity, to stay out of prison, try to access housing and meet their goals. The capacity of women to engage in harm minimisation strategies and abstain from drug and alcohol misuse, or act to ensure the safety and wellbeing of their children, often against overwhelming odds, was an outstanding highlight of this project.

The **high level of demand for the service** outstripped all expectations. The project assisted almost 3 times the number of women and approximately 14 times the number of children originally intended. The fact that 62% of Brisbane participants and 47% of Townsville participants initiated contact with the project as *self-referrals*, is a clear indication that *word of mouth* amongst women with lived prison experience was positive about the project. It further indicates that the model of service, staff team mix and approach of SIS/project workers, contributed to women's comfort about approaching the service.

The **high rate of participation by Indigenous women** was also a key feature. The fact that 25% of Brisbane participants and 93% of Townsville participants were Indigenous women is both a clear testament to the level of need of this group (who are highly disproportionately imprisoned in Queensland, and throughout Australia), and an affirmation of the cultural appropriateness of project service provision.

The level of **gratitude of women for the service**. Women were grateful for the personal and financial support the project offered, and often wished they could reimburse SIS in some way. Several offered to do volunteer work with SIS, and some assisted in supporting other women post-release, once their own housing situation was stable.

The project achieved **improved housing options for women**. Over the life of the project, workers developed sophisticated knowledge and skills about housing services and systems. Their increased ability to navigate these systems and increased confidence in dealing with housing agencies, enhanced workers' ability to problem solve with organisations such as DoH. This, in turn, improved women's access to existing housing services. The project often offered to provide support services to women, whilst another organisation provided housing. This also increased organisations' willingness to provide housing for women with lived prison experience. Frequent contact with other agency workers, and the use of *personalised education* by project staff, also increased the profile of the needs of homeless women being released from prison, and some agencies' willingness to address these needs.

A combination of circumstantial changes and the funding body's willingness to negotiate changes to the Activity Plan, resulted in an **increased focus on direct service provision**. Two major changes occurred in the Activity Plan, which significantly increased workers' ability to focus on addressing the needs of the large number of women who sought support from the project:

1. Early in the project, other agencies were funded by the Queensland government to develop housing data bases, vacancy registers and a helpline, with the goal of improving responses to homelessness across government departments and NGO's. In particular, HART was funded to develop a vacancy register for Brisbane. HART proved to be a responsive service with a positive attitude toward the needs of women post-prison. The project readily developed a good working relationship with HART which resulted in up-to-date information about vacancies. Further, SIS developed an internal system for sharing information on housing vacancies, and the project received regular updates from other services. Therefore, the funding body agreed that the project should not duplicate these coordination functions, and approved reallocation of resources originally allocated to development of a vacancy register to direct service delivery activities.
2. Similarly, when plans to trial *Private Household Placements* proved unviable, the funding body approved reallocation of funds to wider direct service provision.

Project staff **built constructive relationships with other organisations**. In particular, the project developed collaborative and responsive relationships with other organisations which shared a supportive, empowering attitude toward women being released from prison. Several organisations invited project staff to participate in their development processes, during this period of adjustment and development for Queensland housing services, including: HART, Ti Tree Housing Service, Kyabra Community Housing Reference Group and the Brisbane Homeless Taskforce. This provided an opportunity for the project to raise the needs of homeless women being released from prison, and ensured that these needs were addressed during organisational development processes at both a policy and service provision level.

The project **developed and maintained effective data collection systems**. This was due to the generosity and support of academics interstate and in Queensland, and development of an Evaluation Team for the project. In particular, appointment of an external Evaluation Coordinator, who supported the project on a regular basis, helped staff balance the demands of service provision with the importance of documenting project findings. Compilation of statistical data by the HSC and Evaluation Consultant, rather than requiring staff to do this, also assisted in maintaining a viable balance between data collection and service delivery. A key incentive for staff was their recognition that the regular use of action research and CMS directly contributed to improving service provision for women.

The project **attracted an optimum staff team**. SIS was successful in attracting women with a deep understanding of the possible needs of women with lived prison experience, and extensive networks amongst women with lived prison experience. The Brisbane office included two Indigenous workers (including one with previous experience in housing organisations), one worker with lived prison experience and a nurse with a substantial history in working with homeless people. Both workers employed in the Townsville service were Indigenous women, with the ongoing worker also having the added advantage of lived prison experience. The type of staff employed encouraged development of meaningful relationships with women, based on trust, respect and mutual cooperation. Brisbane staff, in particular, **became an integral part of the wider SIS structure**. The Brisbane team settled quickly and worked well, particularly due to the established infrastructure, processes and support at SIS.

Ultimately, the project **established a service in Townsville**, despite the many challenges faced in the process. An ongoing Indigenous HSW finally began work in December 2006 (about halfway through the project). Whilst this might not seem a *highlight* it is important to see this achievement in the Far North Queensland context - some local housing agencies spent over 6 months trying to find a suitable worker, and despite plans for a speedier process, the much-anticipated Townsville Homelessness Hub did not open its doors during this project.

Challenges - External Constraints

Most of the challenges faced by the project were due to a lack of resources to address women's needs and the attitudes of other service providers. In terms of service delivery programs, the project often found it difficult to work with other services due to:

- Insufficiently skilled and experienced staff to address the complex ongoing needs and perceived difficult behaviours of homeless women. Many staff had limited understanding of how to work with clients with mental illness, drug and alcohol issues and the effects of criminalisation. Often, they did not have the cross-cultural competencies required to work with Indigenous (or CALD) women.
- Staff using a 'power over' approach, which is patently unsuitable for women who have recently had their whole life controlled whilst in prison (and often previously). Women often prefer to remain homeless or to go without other support services, rather than using services which take this approach.
- Lack of provision of transport to geographically inaccessible services. In the absence of any alternate source of financial help, the project was often required to use its brokerage funds to pick up transport costs to other services.
- Changing criteria for access to services which are not communicated to the sector. This was particularly a problem whilst the housing sector was in a state of flux, due to implementation of the Responding to Homelessness initiative.

Women's **limited access to crisis accommodation** was critical. Project brokerage funds were sometimes required to house women in a motel or hostel because of the **literal** absence of **any** crisis service willing or able to provide accommodation. This was most commonly the case for women with mental health or substance abuse issues (such as *Mary* in the case study), and especially those women with both mental health and substance abuse issues. There is **no** crisis

accommodation service of *last resort* in Queensland - that is, a service which is willing to accommodate women perceived as exhibiting difficult behaviour. (The only service which planned to provide this service, Roma House, abandoned their “no ban” policy within 2 weeks of commencing operation.)

The project sought to work closely with new services established under The Queensland Government’s Responding to Homelessness initiative. Overall, long delays in service establishment, and even longer delays in production of clear criteria for service access and guidelines for referral, led to a lack of substantial improvement in crisis accommodation for women during the life of this project. Other difficulties in working with these programs included:

- Provision of mixed crisis accommodation services, where many women with lived prison experience (with their very high rates of previous abuse) feel unsafe.
- Unwillingness/incapacity to see women, or agree to provision of emergency accommodation, prior to release. For example, women seeking crisis accommodation at Roma House must participate in a phone interview, followed by a face-to-face assessment interview. Given that many women are released from prison late in the day, this inevitably leads to immediate homelessness upon release for some.

In the longer term, women have even more **limited access to stable ongoing housing**. There is a serious lack of safe, affordable, culturally appropriate short term and long term housing. The project found that demand **far** outstrips supply in all 3 key markets - public housing, private housing and community housing:

- **Public housing** - 32% of women in Brisbane had a DoH debt, mostly due to rent arrears incurred whilst incarcerated, which made them ineligible for public housing (although on occasion they could retain their place on the waiting list by agreeing an adhering to a unless a repayment schedule.) Many had their names removed from the waiting list (due to bureaucratic procedures) whilst in prison. Whilst almost half the women who participated in the project in Brisbane (49%) were on the DoH Waiting List, few were provided with public housing.
- **Private housing** - 7% of women are known to be on the TICA Register (with many more likely to be listed). For the others, limited safe, affordable private rental properties exist. The project found that women often had difficulty accessing these few properties because of discrimination within the private rental sector. This included discrimination on the basis of race, being a sole parent, having mental health and/or substance addition issues, and/or being recently released from prison.
- **Community housing** - despite the fact that 64% of women were on the CRS waiting list by the end of the project, the level of community housing available is severely limited, and few had accessed short, medium or long term housing. Further, community housing is priced at market rates, which makes it unaffordable for many women. Nonetheless, several community agencies demonstrated very positive attitudes toward housing women.

Despite the large numbers of women with lived prison experience who have mental health and/or substance abuse issues, there is **limited access to mental health and addiction support**. After release from prison, women (like *Mary*) often *fell between service gaps* - a particular concern, since the Queensland Government’s Responding to Homelessness initiative was explicitly designed to streamline services, increase accessibility and address service gaps.

Whilst the Homelessness Mental Health Team (HOT) had clearly articulated referral processes, they did not accept a single referral from the project, despite repeated attempts to access services for women. They most commonly refused to see women on the basis that:

- They did not 'live' in the CBD. This was despite women often being transient and sleeping in the CBD.
- They were not 'homeless'. The Team used a narrow definition of homelessness, which excluded people who were residing between multiple family/friends (*couch hopping*).

Similar problems were experienced with other Community Mental Health Services, within Queensland Health. Very limited services were available to the 43 women²⁹ with a diagnosed mental illness and the 95 women³⁰ with alcohol and drug issues. This is particularly a concern in relation to the 27 women identified in Brisbane as having both a mental health diagnosis and substance addiction. This is despite the fact that a significant proportion of women are on Disability Pension, on mental health grounds. Again, Mary's experience ([Appendix 3](#)) was very typical of the issues faced by many project participants.

Beyond Queensland Health, there is a serious lack of quality, culturally-appropriate, detoxification/rehabilitation services for women, particularly those with mental health issues. These problems were accentuated by a lack of willingness amongst many agencies to accept referrals of women with lived prison experience. An added problem was the increasing inaccessibility of some services - a key example being the relocation of the Nursing Homelessness Service from public spaces (an outreach service) to a single location (an on-site service).

During the project, 2 deaths of women occurred at least in part as a result of difficulties accessing mental health support for women who are suicidal or on the verge of a psychotic episode. It is important to recognise, as detailed earlier, that incidents of self harm and (attempted) suicide are known to be likely to occur amongst women in the period after release from prison.

A major strategy planned for the project was the development of individual release plans for women. The intention was that these should be developed then regularly reviewed, in the lead up to a woman's release from prison. The project clearly found that women's housing prognosis was vastly improved when adequate pre-release preparation was undertaken. However, project workers' access to women was dependent on QCS approval - in terms of both securing worker photo identification and day-to-day access to the prison. Project staff had **severely limited access to women in prison**. One of the HSW's was refused access for the life of the project. Others were frequently refused access on an incidental basis - that is, they would pre-arrange visits and arrive at the prison as agreed, and then not be allowed to visit women. Reasons given were procedural (eg. lockdown) or practical (eg. no room available for meetings). After October 2006, the access of Brisbane workers was even further reduced, and the Townsville worker never had access to women inside prison. Beyond their inability to visit women, workers experienced ongoing difficulties negotiating communication channels within the prison system - even when trying to ensure that women had access to pre and post release information. This meant that no pre-release planning at all was able to be undertaken with some women.

Therefore, a **large number of women were released without adequate preparation** or support. Many did not even have essential resources such as photo ID and a Medicare card. This made

²⁹ **At least** 39 women in Brisbane and 4 women in Townsville.

³⁰ **At least** 77 women in Brisbane and 18 women in Townsville.

them ineligible to access ongoing Centrelink payments after the first 2 weeks (for which prison release papers would suffice), prove they were 18+, get a drivers license or access most forms of housing. A high proportion of women with a serious mental illness were released without medication and without any follow-up appointments with community-based mental health services. This problem was further exacerbated when mental health services were unwilling to engage with women after their release - as in the case of *Mary* and many other women. In circumstances where mental health services accepted responsibility for supporting women, they often (apparently arbitrarily) ceased to provide services, with no transition arrangements in place.

Similarly, it was **difficult to access information needed to predict the type of women being released**. This, in turn, made it difficult to prepare information on housing availability on a given day, to match help match housing options to women's needs. Ideally, the earlier part of the day could be spent checking out vacancies in crisis/short term housing services in preparation for the release of women, usually later in the day. However, in the absence of advance information about expected releases, this would have been an inefficient use of worker's time.

Women experienced significant **barriers to accessing services through other agencies**. The project found that many workers from other organisations were unwilling to respond to women who are homeless with high needs. On occasion, individual workers' response was inconsistent with their own organisation's policies. Women's ongoing lack of access to support services is demonstrated by the fact that, even though the project has ended, many women have *followed* project workers to their new jobs.

Other Challenges

It was difficult to **keep maintaining the standard of service response to women released from prison with high needs**. Project staff were continually confronted with competing demands - the large number of women seeking services, documentation demands, requirements to undertake explicit research, the emotional demands of critical incidents, the need to maintain a high level of personal energy, the importance of tracking changes in the housing sector, the challenge of seeking services for women, the need to build relationships with other agencies, the importance of contributing to policy development ...

Several major critical incidents, which had a significant impact on project staff, occurred during the life of the project. These included the deaths of 2 women (both believed to be suicide), including one situation where a woman set herself alight at the SIS premises, and the uncovering of fraud (by a worker outside the project) within SIS. **Addressing worker support needs following critical incidents** was a major challenge for the project. Whilst an external supervisor was planned for project staff, this person was unavailable (due to personal circumstances) for several months during the project. Dealing with these incidents was extraordinarily time consuming (and, sometimes, emotional) for Management Committee members and senior SIS staff, and this reduced the level of management attention which could be given to the project for a period of time. Whilst SIS brought in a range of professionals with relevant expertise to address these critical incidents, and staff were provided with high levels of personal and professional support, these incidents still had a predictably major impact on project staff.

The financial critical incident within SIS led to challenges in **working responsively within financial accountability constraints**. Despite having always ensured high levels of financial accountability, SIS was required to further strengthen these systems. In particular, challenges were faced in terms of how to disperse brokerage funds (generally required by women in crisis at very short notice) whilst ensuring compliance with legal requirements. Again, the high emotional and workload pressure on SIS management - in terms of identifying, assessing and addressing the fraud - led to some delays in resolving the brokerage funds issue.

Keeping abreast of changes in the housing sector was a constant challenge throughout the project. Both Australian and Queensland government housing reforms were in progress during the project. It was essential that project staff remained in touch with the changes occurring in housing organisations, and the impacts these were having on women attempting to access housing. Given the high level of demand for the service, workers found it difficult to find the time for this work. However it became clear that tasks such as developing strong networks with DoH staff and management, and acquiring a better understanding of the MOU between DoH and QCS had direct benefits in terms of service provision for women.

Similarly, **managing tensions between research/evaluation and service provision** was an ongoing challenge. Considerable preparatory work had been undertaken to develop data collection tools that were user friendly for busy service delivery workers. At a planning level, it was a struggle to identify what could, and couldn't, be realistically achieved at a research/evaluation level. The project found it particularly difficult letting go of the possibility of integrating interview tools which would enable the project to mirror Baldry's research in NSW and Vic. Once established, the CMS database inevitably had teething problems - particularly in ensuring it included the data required for this report. Some of the activities planned (eg. conducting explicit interviews with women about the helpfulness of services) simply couldn't occur, due to time constraints³¹. It also took until September 2006 to appoint an Evaluation Team and clarify members' roles.

Developing and supporting the Townsville service was an ongoing challenge throughout the project. Unlike Brisbane, there were no existing SIS services in Townsville. Developing a project with a solo worker in distant environment produced multiple challenges. It took longer than planned to appoint the first worker, then she was forced to resign (due to personal circumstances), and then it took several months to find her replacement. Efforts to find office space within a compatible and supportive organisation continued for the first 6 months of the project. The struggle to find the best way to supervise and support the worker, with limited capacity for face-to-face contact with other SIS staff, was also ongoing.

Key Themes & Learnings - Day-to-day Interaction with Women

This section focuses on helpful and unhelpful service delivery practices ... critical success factors in the way the project worked with women.

³¹ University of Queensland is currently undertaking the Mid Term Review of the Queensland government's Responding to Homelessness initiative, which is expected to include interviews with women.

Throughout the project, workers concluded that staff in some other agencies were afraid of women with lived prison experience and/or treated them as “offenders” or “ex-prisoners”. Some workers promised to provide services that they hoped they could provide ... and then failed to deliver these services. Sometimes worker treatment of women was simply impolite. Some services expected project staff to provide detailed information about women, and responded badly when workers were clear that they would need to get the woman’s permission to do this. Many organisations took a worker-driven approach, expecting women to follow their worker directions without question. Many agencies tried to determine women’s priorities and goals, or expected women to be grateful for the limited services they received. Some workers focused on trying to *fix* women’s problems, without any awareness of the depth and inter-relatedness of the issues they faced, and then rejected women when their interventions did not resolve the situation quickly.

SIS has long worked from a clear set of values and ethics, and project staff were expected to operate within these. The project clearly demonstrated, yet again, the viability of SIS Ethics, and their direct impact on day-to-day practice. The fact that the majority of the women who participated in the project were self-referrals, and women continued to self-refer throughout the project, is, in itself, is a testament to the success of the SIS approach toward women. In addition, women continued to affirm the fact that they found this approach helpful (and the approach of many other organisations unhelpful), through both direct feedback and their actions. **Table 15** summarises the practices women found helpful and unhelpful:

Worker Practices Women found <i>Helpful</i>	Worker Practices Women found <i>Unhelpful</i>
Sitting with a woman in her pain, especially when the worker can’t provide practical support. Workers being honest about what they, SIS and/or other organisations, can and cannot provide.	Avoiding a woman when the worker can’t provide practical support, or rejecting her through referral to another organisation without any guarantee that the support she seeks is available there. (Street-smart women generally know if a worker is afraid or disinterested in spending time with them.)
Treating a woman with the same politeness the worker would anyone else (eg. calling at 5pm to let her know if you haven’t managed to find housing).	
Recognising that different women have different realities and experiences. Working from each individual woman’s perceptions of her priorities and needs. Treating the planning process as a negotiation between equals, ensuring that the woman has maximum possible control over their goals and service provision.	Directly or indirectly telling a woman what her priorities should be, based on either the worker’s stereotype of the needs of women who’ve been in prison, or moral judgments about what the woman should prioritise. Using planning processes to direct a woman’s priorities or seek to control her actions.
Acknowledging the things the worker doesn’t know or understand, and admitting any mistakes they make.	Pretending the worker understands despite never having been in prison, or being non-Indigenous, etc., and defending any mistakes.
Never promising something unless the worker is absolutely certain they can deliver it - routinely understating what they can offer, so that if more is possible this functions as a positive/surprising outcome for the woman.	Promising a woman something the worker hopes they can provide ... possibly not realising that <i>negative surprises</i> lead to loss of trust in both them and their agency.
Believing a woman’s account/perception of her life, and treating her experiences as valid.	Challenging or questioning a woman’s experiences or expertise in her own life.

Worker Practices Women found <i>Helpful</i> (cont)	Worker Practices Women found <i>Unhelpful</i> (cont)
Treating service provision as a right not a privilege. Expecting the woman to be angry or upset, when her basic rights are not met.	Expecting a woman to express gratitude for every small service rendered, even when these don't meet basic human rights standards. Penalising the woman if she is angry or upset, when her basic rights are not met.
Treating any input the worker gives as a possibility rather than a prescription.	Expecting a woman to place high value on the worker's input/ideas and follow any directions given.
Offering to help a woman explore the consequences of her planned action, and, if she wishes, doing this in a shared way.	Assuming a woman knows the possible consequences of her planned actions and/or telling her what the consequences will/might be.
Treating any information about a woman's life as private, unless the woman explicitly gives the worker permission to share clearly defined information with other agencies or workers.	Engaging in practices such as referral briefing or case conferencing without the express knowledge and permission of the woman.

TABLE 15 - Helpful and Unhelpful Service Provision

Many women who have been in prison are very *street smart*, and are highly skilled in making fast, accurate judgments of others' motivations. They have had a history of having to make rapid decisions about whether or not to trust someone. Whilst in prison, women have lived with cultural norms which say *Trust No-one*. They will quickly decide whether or not a worker is trustworthy, based on the types of behaviour listed above. If workers behave in unhelpful ways, women will generally discount, avoid and/or mistrust them very quickly. They are also likely to *spread the word* amongst other women with potentially serious consequences for the overall reputation of the service. It is worth noting that the number of women involved in the project could have been reduced by **at least 62%** (the women who self-referred), had SIS's reputation been tarnished ... and, further, that many women referred by others might not have acted on that referral if *word of mouth* suggested that SIS was an unhelpful service.

Working in a helpful manner with women can result in some challenges for workers. For example, it might be difficult to accept that a woman prefers to sleep rough, than to use the only available emergency accommodation service. It might be difficult to accept that a woman prefers a harm minimisation approach to drug use, rather than abstinence. It might be difficult to accept that a woman prefers to aggressively confront child safety authorities, rather than use the legal pathways available. If workers do not respect the woman's right to make decisions, or if they behave in an untrustworthy way, they risk losing the confidence of the woman. Again, this can have consequences for their employing organisation when other women learn, by *word of mouth*, that the organisation takes a *de-powering*, unhelpful approach.

Key Themes & Learnings - Service Delivery

This section focuses on critical success factors in the design of the services provided by the project.

Seeing women, collectively, as experts on the needs of women post-release: A participatory action research approach was consistently applied to the project at all levels. (This was similar to the approach used throughout SIS.) This ensured that emerging directions for the project were based in the (largely informal) feedback of women, thus recognising their expertise. Women's experiences guided the identification of key areas for negotiation and the strategies for collaboration between the project and other services. Women's perceptions shaped the development of project service delivery priorities and actions - right down to details such as the design of the SIS Referral Form.

Recognising the impact of women's complex and interrelated needs: Many workers in other organisations demonstrated that they did not understand the depth and complexity of the issues faced by most women with lived prison experience. In the *Introduction* to this report, basic statistics were provided on common themes in the lives of women with lived prison experience:

- The vast majority of women have experienced abuse, in many cases, child sexual abuse.
- In many cases, this abuse has occurred in the context of state institutions or state care.
- A significant majority of women are mothers.
- Most mothers have lost custody of their children (temporarily or longer term), either before or during imprisonment.
- The majority of women have a history of substance use, with the majority addicted to either alcohol or illicit drugs
- The majority of women have mental health issues and/or intellectual disability and/or learning difficulties.
- The majority of women come from economically and socially disadvantaged backgrounds.

In other words, most women have several of these characteristics. And ... a seriously disproportionate number are also Indigenous, and come from a background of even greater intervention and lack of culturally-appropriate support. So ... why would women trust anyone that says they're willing to *help* them? Most women have heard this many times before, and have often accepted *help* from professionals to their perceived detriment! Most women have an entrenched mistrust of *helping* professionals. Logically, it would be reasonable to argue that for women to automatically trust a worker is an irrational response. Yet many workers take personal offence when women don't immediately trust them, accept their *help* or follow their *suggestions*. They are hurt, surprised or angry when women respond with strong emotions. They refuse to assist women in *small ways*, seeing it as below their professional status. They are unwilling to simply *sit with women's pain*, and take responsibility for their own feelings of helplessness. They do not even do women the basic politeness of informing them when they have been unable to find the services women need.

Whilst the majority of women were imprisoned for a short period for a minor offence, it is difficult to detail the myriad of ways in which this has created turmoil in every aspect of their lives. It is difficult to overestimate the extent of women's need for support and assistance during the process of accessing safe, affordable, culturally appropriate housing, post-prison. Without high levels of support, most women are unlikely to get over *the post-release hump*, and move toward a more

secure life ... and their children, too, will suffer the consequences of their imprisonment for the rest of their lives.

Ensuring Rapid Response Capacity: The ability to respond quickly to women's needs, particularly during crisis situations, and often outside 9 - 5, often proved critical to preventing escalation of risk in women (and children's) lives.

A woman's ability to trust that workers are driven by her priorities and needs depends on workers' willingness to provide support, regardless of their perception of the importance of the need. The project found that it was important to review traditional views of *client dependence*. For example, conventional human services practice suggests that for a homelessness project to transport a child to see their mother in prison, or buy and deliver a food parcel, might be *encouraging dependency*. It became clear through the project, however, that a willingness to support a woman's *smaller* needs, meant that she progressively trusted workers to help her address *bigger* issues. Providing women with the security of some after hours access (eg. by texting) was a useful strategy for some workers/women (within clearly defined parameters). In other words, the definition of dependency must be different in a situation where every aspect of a woman's life is in turmoil, a critical incident occurs most days, and the woman is facing complex, interrelated issues.

The project found that responding quickly to a wide range of women's needs, was critical both to building trust, and to reducing the woman's vulnerability to harm. (It is interesting to note, for example, that despite *Mary's* many adversities, she was not amongst the 35% of women who could reasonably be expected to harm themselves.) It helped the woman to move one step closer to a level of stability from which she could address more of the many issues confronting her. On the other hand, SIS aims to enable women to become as independent as possible, and to take as much power in their lives as possible. Therefore, SIS does not encourage dependency, and the organisation clearly distinguishes between *dependence* and *critical incident response*, so that workers are able and willing to say "no" in a consistent manner. This also helped build trust, since women knew where they stood with the project.

Ensuring women identify with a group of workers: As demonstrated through the attached case study, the ability to provide a high level of responsiveness to women's needs relied on involving several staff in addressing women's day-to-day needs. For example, a total of 4 Project workers and 4 other SIS workers were involved with responding to crises faced by *Mary* ([Appendix 3](#)).

Whilst each woman had a Lead Worker to whom they related in the first instance, it was simply not possible for a single worker to address the multiple needs of many women. This was particularly true immediately post-release whilst most women's housing situation was unstable and they were categorised as *active*. The project found that it was important to **balance** the value of the woman having a key worker who is always their *first point of call*, with also being encouraged to identify a wider group of workers (in this case, SIS staff as a whole) as legitimate sources of support. This approach had the added advantage of addressing the possible problems associated with *individualised dependency*.

Minimising risk escalation: Pre-release preparation had a major impact on women's ability to fast-track to a stable living situation. All women were vulnerable to further harm and/or returning to prison because of lack of secure housing (eg. homeless or reliant on crisis accommodation) and/or lack of safe housing (eg. being forced to return to a previously violent

situation) and/or lack of mental health/substance abuse support (eg. lack of access to medication or constant changes in medication). This risk was dramatically increased where inadequate pre-release planning had occurred:

Level	Description	Consequences
1	An individual release plan developed (and, ideally, reviewed) whilst the woman was in prison.	Women moved most quickly toward a stable situation - and <i>inactive</i> status.
2	The <i>bare essentials</i> occur prior to release. These are ensuring that the woman has: <ul style="list-style-type: none"> adequate identification, to access crisis payments, etc. applied for inclusion on the DoH Waiting list a copy of the <i>SIS Survival Guide</i> (and therefore knows who they can approach for help upon release) 	Women remain in <i>active</i> status for longer, and need higher levels of support to address the larger number of critical incidents that keep occurring (and inter-playing) in their lives.
3	No pre-release resourcing occurs.	Women stay in <i>active</i> status for even longer ... and are most vulnerable to homelessness, doing themselves harm, ending up in an unsafe situation and/or returning to prison.

TABLE 16 - Levels of Risk Minimisation

Criteria for effective pre-release preparation are detailed later in this report. Basically, however, the two most important functions are ensuring that a woman leaves prison with adequate identity, and ensuring that a plan is in place for her first 48 hours post-release (eg. transport, immediate housing and appointments to secure income support, secure housing and basic personal/household necessities).

The project often faced difficulties accessing women in prison. Many women left prison with little or no pre-release preparation. The project, therefore, began their substantive work with these women after their release. The amount of crisis-based service provision required by women was greater when plans were not developed and implemented pre-release - in other words, this was a highly inefficient approach.

Addressing critical tasks at each stage in the process: Ultimately, the project developed a staged approach, which contributed to women's movement from imprisonment to long term stability. This is further detailed in the next section.

Key Themes & Learnings - Project Design

Project location - ensuring Critical Organisational Mass: The marked differences in project outcomes between the Townsville and Brisbane services related to a wide range of factors. One highly significant feature was the ability of more than one worker to support women who faced

frequent, urgent needs. As in the case study, it was not uncommon for women to receive support from all project staff, and several other SIS staff. The ability to provide this level of support depended heavily on:

- **Co-location of services** - having all Brisbane SIS staff in a single location ensured that someone was available to respond rapidly when a woman was in crisis, and referral to other services within the organisation could occur efficiently.
- **Integration of services** - having a clear, simple data collection system where all interactions with women were routinely recorded, meant that any staff member could immediately access a briefing on who was working with the woman, what recent actions had taken place, etc.
- **Congruence of services** - having a coherent organisational philosophy and ethics meant that staff interacted with women in a consistent way, thus reducing women's resistance to being supported by unfamiliar staff.

It will be argued later that this *critical mass* needs to be seen as part of a model for successful practice. It became clear throughout the project that most organisations did not have this critical mass, leading to great inefficiencies in supporting women. Project workers spent an enormous amount of time negotiating with many different agencies in an attempt to access a composite of services for women.

Despite significant attempts to support the solo worker in Townsville, and testing of a variety of ways to provide this support (eg. face-to-face meetings, phone contact, involving the worker in SIS events), the Townsville worker was always severely limited in her ability to respond to the high level of needs amongst women.

It is clear that, in order to provide a similar quality of services in Townsville to those offered in Brisbane, a number of factors need to be present. In Brisbane, SIS had pre-established networks and relationships with a range of service providers and policy makers - these factors did not exist in Townsville. Community development needs to occur in any new community, prior to employment of a worker, to broaden and stabilise networks - it simply wasn't possible for a solo worker to undertake these types of developmental tasks alongside service provision. This had a direct impact on the Townsville HSW's ability to provide efficient and effective services for women. A minimum staff team of 3 is required to maintain the project - a *professional* worker with a focus on building and maintaining relationships within the relevant sectors, a *professional* worker with a focus on service delivery and a *para-professional* worker (with some housing expertise) with a focus on office-based tasks such as completing and faxing housing applications and managing brokerage funds.

Building the assumption of crisis into the project: The complexities of women's needs and the severity of their previous damage means that it is inevitable that significant crises will occur within this target group. The critical incidents that affected this project should not be seen as an aberration - whilst the specific nature of critical incidents cannot be predicted, it is reasonable to predict that such incidents will occur. It is also inevitable that at least some of these crises will have an impact on staff. It is critical that any similar project is designed and resourced on the assumption that at some point in the project, staff will need significant support to deal with major crises. For example, as found in Goulding's Western Australian research, it is reasonable to predict the likelihood of several of incidents of self harm and suicide attempts amongst women. Whilst the project aims to reduce these risks, it would be naïve to expect that services to women can overcome the damage of many years of abuse and lack of support.

Using a structured approach to workload planning: With the high levels of demand for this project, it was important to devise a way of assessing and managing staff workloads. This was critical at 3 levels:

1. Ensuring quality of service - most women involved in the project had a long history of feeling *let down* by agencies. Provision of consistent, highly responsive service was critical to success if women were to gain sufficient trust in the project to be willing to begin to address the *big issues* in their lives.
2. Avoiding worker burnout - as is clear from the attached Case Study, work with women can involve high levels of intensity, sometimes requiring multiple services on a day-to-day level and emotional challenges. The potential for staff burnout in this project was significant.
3. Providing criteria for staff management - it was clear that different women had very different levels of support needs at different times. Any approach to workload planning had to be able to take account of the need to constantly adjust workload according to current demands on each worker's time.

As a result of a number of action research cycles on this question (initially, *What would it take to ensure that individual staff have a viable workload?*), the project identified 4 different levels of engagement, typically required by women at different stages of their transition process:

- Pre-release - needing intensive support with release planning.
- Pre-release - planning completed and awaiting release.
- Post-release - needing intensive support to move to a settled/stable situation.
- Post-release - stability achieved and only needing occasional interventions.

Clarification of these categories enabled staff to identify the steps needed to help women move from category to category, and allowed realistic workload planning which took account of the different levels of workload involved in working with different women at different times. It was a tool whereby individual staff workloads could be constantly adjusted in light of current demands on their time.

The implications of this concept for practice (in particular, the use of *active* and *inactive* categories to describe women's likely needs) are further detailed in the next section of the report on the model of service.

Balancing research/evaluation and service delivery: Workers found it a constant challenge to prioritise maintenance of documentation and other data collection, when faced with high levels of demand for services from women. Appointment of an Evaluation Coordinator played a key role in supporting and encouraging staff to contribute to research and evaluation. This was particularly critical in light of the overwhelming demand for service delivery, which could easily have overtaken documentation. It also helped channel the issues and modifications required during the project in productive directions, such as processing these using action research.

The presence of the Evaluation Coordinator contributed to the comprehensive documentation undertaken by workers ... as well as providing opportunities for the identification of issues and modifications to be made as the project unfolded. This was particularly important in a project of this intensity, as it would have been easy for documentation to lapse whilst workers responded to the huge demand. Ongoing meetings between the Evaluation Coordinator and project coordinator throughout the project, helped to encourage reflective practice, modifications to

evaluation design and to ensure continuing documentation by all staff. Quarterly Staff Reflection Days were seen as invaluable by both project staff and the Evaluation Coordinator.

Establishing data collection tools takes time: Whilst draft tools can be designed prior to staff appointment, it is important to continue to modify/refine data required. It is also important to continue to involve staff *on the ground* when reviewing approaches and seeking the most efficient means to collect data within the working environment. Designing the data collection tools was further complicated, in this particular project, by the introduction of the CMS database, as no-one involved in the project had prior working knowledge of the database and what it could do.

Key Themes & Learnings - Coordination and Collaboration

Recognising the impact of housing inaccessibility: A high percentage of project participants had experienced absolute poverty. This, combined with a lack of affordable housing options within Brisbane and (even more so) in Far North Queensland, made suitable long term housing inaccessible to most women (and their children).

The housing market as a whole contains very limited housing suited to the needs of women recently released from prison. Specifically, women typically require safe, secure housing which is affordable on a low income. Many women are excluded from the public housing market because of DoH debts (most often incurred due to their imprisonment), long waiting lists for housing, being relegated to a lower position on the waiting list (due to their imprisonment) and a general shortage of public housing. Women's access to community housing is most commonly limited by the shortage of this type of housing, and the fact that the cost is similar to private sector housing. Women have a very limited capacity to access the private rental sector due to TICA/rental history, lack of finances for bond, lack of identification, lack of transport to meet viewing requirements, the high cost of housing and frequent discrimination amongst private housing providers.

Recognising the impact of external systems: The most significant problems faced by participants in the project, were beyond the power of workers to resolve. Staff depended on systems outside SIS to provide many of the services needed by women:

- The QCS for access to women within the prison system and support in pre-release planning for women whilst in prison.
- The DoH for addressing anomalies in the system which functioned to reduce women's access to public housing, and availability of public housing.
- Other housing organisations for access to private/community housing, and attitudes which made this housing available to women and their children.
- Government and non-government mental health services for access to prescription medication and support services.
- Government and non-government detoxification/rehabilitation services for access to prescription medication, detoxification and counselling.
- Centrelink for access to crisis payments and support in accessing longer term financial support for women and their children.
- Other non-government organisations for access to emergency relief (in \$ and kind).

For some women, the absence of any one of these services could mean the difference between homelessness and ultimately, return to prison ... and a stable life for themselves and their children. In fact, most often all these services were unavailable to women. Or (less frequently) the barriers to accessing available services were so great that women were unwilling to use them. And ... for Indigenous women, on the rare occasions where these services were available, they were often not delivered in a culturally appropriate manner.

In addition, the QCS did not address several specific barriers to meeting the transition needs of women, most importantly:

- Being unclear about release dates and times for women. On occasion, this led to women being released late in the day or after their anticipated release date thus making it difficult to plan even crisis accommodation for immediately post-release.
- Appointing a QCS Transition Worker but excluding some important pre-release activities from the worker's duties (eg. assisting women with housing applications, negotiating with housing agencies on behalf of women and helping women access personal identification). The organisation funded to undertake some transition functions (after defunding of the SIS Transition Program) is not allowed to provide housing-related services.

Project workers could not resolve problems emerging from the policies of organisations or the behaviour of workers in external system: these were outside their control. However, the project did try a variety of strategies to improve the responsiveness of external systems to women's needs. As the project progressed, staff became more competent in making judgments about *which battles to fight*, and more able to identify supportive workers in external organisations.

Building relationships with other services: This project has contributed to other agencies becoming more aware of the needs of homeless women being released from prison. This, in turn, has had direct service delivery benefits, with more workers and agencies aware of the needs of criminalised women, and willing to try to address some of these. It has taken the *fear factor* out of service provision for some workers/agencies.

In some cases, building relationships with workers in the housing sector had reciprocal benefits. On occasion, connection with workers in the sector helped *short cut* workers' learning about existing and emerging housing sector processes. This allowed the project to develop more effective strategies for collaborating with other organisations in the sector, and increased efficiency in accessing housing for women.

The project found that it was particularly important to strengthen relationships with the private Boarding House and ATSI Hostel sectors. This focus on establishing relationships with short term housing providers sought to increase women's chances of quickly accessing relatively safe, secure housing, shortly after release. It helped move women beyond the process of living day-to-day with all its inherent risks of escalation of crisis and harm (by self or others). Therefore, the project continued to explore and test strategies to engage with these sectors.

A reliable, daily-updated Vacancy Register played an invaluable role: Having reliable accurate information about housing vacancies is of enormous benefit to workers and women seeking housing options (even if these vacancies are not frequent). In particular, the existence of the HART register, and the commitment of HART staff to routinely updating project staff on metropolitan vacancies, saved a lot of worker time and significantly increased project efficiency.

Prior to the establishment of the HART Vacancy Register, large amounts of time were spent making a series of phone calls looking for vacancies.

Developing viable MOU's and collaborative working arrangements: The project found that most organisations did not place a priority on developing formal Memoranda of Understanding. This was partly related to the state of flux which existed in the housing sector during the life of the project. The project found that pre-established trust was required to develop an effective MOU ... in other words, an MOU was a late, rather than early, step. It also represented an irony - that by the time sufficient trust existed to develop an MOU, it was generally no longer needed! The project's experience therefore raised questions about the efficiency and effectiveness of developing formal MOU's. On the other hand, the project developed effective, collaborative working relationships with a wide range of organisations.

Reviewing the Original Service Delivery Model

This analysis has largely affirmed the value of the basic tenets of the emerging *Planned Support* model, which was trialed throughout the project. However, some of the more formal processes of the approach were found to be inappropriate, ineffective and/or inefficient, and considerable detail was added to the model (as outlined in the next section).

The key concept of *ensuring that all worker interactions with women are purposeful* remained central to the project approach. However, the use of **documented Support Plans** proved inappropriate, inefficient and/or ineffective in many circumstances. Women's experiences of being controlled by authorities made many cautious about *writing things down* - particularly during their early contact with SIS/project staff, whilst trust was being built. Focusing on a written approach to planning also proved culturally-inappropriate for many of the Indigenous women involved with the project. It was also inappropriate for women with limited literacy skills, because the very use of writing could function as a *tool of disempowerment*. As discussed earlier, even amongst women for whom a written approach might have been useful, project workers experienced significant difficulties in accessing women in prison, and therefore, many were released without individual release plans in place. In part because of this, women were typically launched into a crisis-driven lifestyle for at least a period of time.

The idea of a Support Plan was effectively replaced in the project by a more flexible and realistic system. The *SIS Referral Form* was modified to accommodate the needs of the project, and this formed the basis of ongoing dialogue with women about their needs, preferences and goals. The Referral Form also allowed for ongoing review and update. Using this approach had the added advantage of protecting against the risk of *setting women up for failure*, using a Support Plan. Given the severely limited choices for women around housing and other support services, developing a Support Plan ran the risk of encouraging women to envisage outcomes that, in fact, they had little chance of achieving (at least in the short term). The Referral Form approach encouraged a balance between realism about the present, and some thinking about future goals.

During the active stage immediately post-release, many women are being buffeted by a range of inter-related problems. It was difficult to predict which issues would need addressing on any

given day (eg. homelessness, accessing mental health support, going to court), particularly whilst the woman had unstable housing. Therefore, the general principle of talking with women about their goals and being driven by these, continued to play a central role in the way the project interacted with women. However, where individual release plans had not been developed, documenting Support Plans tended to be *put on the back burner* until women were in a relatively stable situation.

The identification of a *Lead Worker* played a central role in the project. The attached case study clearly demonstrates the central role of this worker ... (initially the HSC, then HSW1) in **Appendix 3**. In the case study more than 50% of *Mary's* contact with SIS, was with her Lead Worker, and other project/SIS staff clearly felt comfortable referring tasks to this worker. The role of the Lead Worker as first point of call was evident throughout the project. Again, the Case Study demonstrates the key *coordination/documentation/gatekeeping/support/brokerage* role played by the Lead Worker. The role of the Lead Worker in this case, in *supporting the woman in making choices, and in navigating her way through the service system* is clearly evident and typical ... as was the Lead Worker's responsibility to *constructively challenge any inappropriate or disempowering service provision*.

Throughout the project, *Lead Workers* communicated regularly and often convened meetings with other workers (within or outside SIS) involved with a particular woman. During these interactions they were clearly focused on the woman's priorities and goals. However, whilst in an unstable situation, these priorities and goals often changed ... therefore, they were not consistently tied to a pre-developed Plan. Similarly, whilst women's goals were frequently reviewed, this was not necessarily on a regular timeframe. Sometimes, these loose plans required frequent review (particularly during a crisis period when the woman's situation was changing constantly). During inactive periods, they might only be referred to occasionally.

In short, the idea of a Support Plan became more fluid and flexible, whilst retaining all the original characteristics of the concept.

The Revised *Planned Support Model*

Whilst the core principles and practices of the original *Planned Support* model were found to be effective, efficient and appropriate to work with women:

- Some aspects of the model were modified in light of experience gained through the project.
- Many aspects of the model were further developed and enhanced throughout the project.

Central Practice Tenets

The following are principles of effective/efficient/appropriate practice that were consistently found to be central to quality service provision during the pilot. They demonstrate the range of competencies (knowledge, skills, values and attitudes) which contributed to the success of the project.

- 1. Working from women's own strengths, goals and priorities is the single most important determinant of successful practice.** As detailed throughout this report, women have generally spent much of their life being controlled by other people. In prison, in particular, women have few opportunities to make decisions about any aspect of their lives (right down to what they eat or wear). Yet, women with lived prison experience continue to demonstrate astonishing resilience and perseverance in the face of challenges and adversity. If women are to live in the community successfully, they need the same level of control over their life as any other citizen. **Taking a power sharing approach to work with women is critical** to enabling them to develop the knowledge and skills for independent living. Given the number of mothers with lived prison experience, this approach is also central to the long term prognosis for their children and generations to come.
- 2. Standing in women's shoes significantly improves appropriateness of service delivery. It is** important that workers try to imagine how women are feeling, then work within their *frame of reference*. If chasing around agencies to try to find services is frustrating for the worker (with their greater agency knowledge) ... then imagine how much more disillusioning it might be for the woman!!! If the worker feels anxious when they don't know what's happening in their life next ... then imagine the level of anxiety a woman must feel when waiting to hear whether she has accommodation for the night. If the worker relies on support from friends when facing crises ... then imagine how much more difficult that might be for a woman who is trying to 'start again' and disconnect from unsafe friends and family. If the worker finds it difficult settling into a new house ... then imagine how much harder this would be for a woman who has never experienced long term housing. Project workers identified several useful strategies to help address women's anxieties, such as:

- Finding out whether services are actually available, before referring a woman ... never sending women on the agency run-around. (*Referral* can simply be another word for rejection!)
- Calling women at the end of each day to report on progress in meeting their needs (even if unable to access resources, at least the woman knows where she stands, which might reduce her anxiety).
- Providing out of hours text access, so a decision can be made about the severity of a woman's situation, and resources allocated when a major crisis occurs in a woman's life.

Similarly, it is important for workers to imagine how they feel when someone won't admit they've made a mistake, or tells others about their private business, or doesn't deliver on a promise, or tells them what to do.

3. **Appointing peer-based staff is central to appropriate service delivery.** The mix of expertise within the staff team for this project played a key role in its success. It is important to value the expertise which comes from an Indigenous background, or an experience of prison, or an experience of homelessness at least equally with conventional service delivery expertise, and to ensure that the majority of staff share defining characteristics and experiences with women. The unique networks and experience of project workers were a key success factor in this project ... particularly when workers were excluded from the prison and relied heavily on *word of mouth* for referral of women to the project. The value of having several project staff, each with different networks, was ably demonstrated by the breadth of types of women involved in the Brisbane project. Whilst the Townsville worker had significant success in involving large numbers of women in the project (also by word of mouth), this service attracted more women from particular groups within the prison, which reflected the worker's background. The wider the variety of staff in the team, the wider the variety of women likely to become involved in the project.
4. **Concurrently addressing women's housing, support service and practical needs is critical.** The term '*complex and inter-related needs*' has been used frequently throughout this report. It is difficult to over-emphasise the importance of concurrently addressing women's housing needs, other support service need and practical needs - particularly during the *post release hump* which (ideally) precedes establishment of stable housing. Practical needs such as transport to appointments or collecting/storing women's belongings, are at least as important as housing. Absence of this type of support actively functions as a barrier to accessing and/or maintaining accommodation. Similarly (as strikingly demonstrated through the case study), there is little point in providing housing to women without adequate mental health or drug/alcohol support. Given women's history, provision of practical support also plays a key role in building trust. The lack of valuing of this type of support by most organisations is further demonstrated by the fact that many women have *followed* project workers to their new jobs ... and cannot find the composite support they need through existing agencies. In other words, **Critical analysis and reframing of the concept of dependency is essential to effective service provision.** It is only through building trust with women around *small* things, that they feel they can share and address the *big* issues in their lives.
5. **Allocating a Lead Worker for each woman improves efficiency and effectiveness of service provision.** In keeping with the women-centred and empowering approach of the model, it is critical that each woman has significant input to the allocation of this worker. Sometimes, it is not viable for the woman to have her perfect choice of worker, due to

organisational and workload restraints. An empowering approach determines that women are entitled to know the limitations on choice available to them (... just as every citizen has limits on their decision making power). Ultimately, if the woman doesn't feel a sense of comfort and trust with their Lead Worker, then the model simply doesn't work!

- 6. A detailed knowledge of current services, assistance criteria and application processes is central to efficient service provision.** Generally, women have been given the *run-around* between services all their lives! No matter how well-meaning a worker, a lack of detailed knowledge about the formal processes of key organisations such as QCS, Centrelink, DoH or CMHS's ultimately leads to inefficiency and depowering of women. The better workers know the detailed policies and processes of organisations, the better they can navigate these systems, advocate effectively for women and maximise women's housing and other options. It is important that workers understand that learning about systems, however difficult they might be, is a central part of their work role and has a direct impact on service provision. These systems are changing their policies and processes constantly. The restructuring and review of housing services which was occurring during this project should not be seen as an aberration ... this is an ongoing norm throughout the human services industry. It is reasonable to expect that one, or another, sector within the industry will be going through major changes at any given time. This assumption needs to be built into project/workload planning.
- 7. Existence of a quality Vacancy Register significantly improves service provision efficiency.** The project was originally intended to establish a register of housing vacancies. This became unnecessary due to the development of a quality Register through another organisation. The fact that HART routinely updated the project about housing vacancies on a daily basis saved an enormous amount of time and energy for workers, who would otherwise have had to ring many agencies every time a woman needed accommodation. (In the absence of a register of this quality, it would be important for a similar project find a way to access this information - either through developing and maintaining a register themselves, or through advocating for the development of a similar register by another body.)
- 8. Regularly monitoring each woman's place on the public housing waiting list is essential to achieving long term housing.** As detailed in this report, many women were removed from the DoH Waiting List - either whilst in prison, or post release, when they did not have a stable address to which review notices could be sent. Whilst in the unstable period post-release, women are focused on day-to-day survival and generally do not have the energy to put into improving their long term situation. It is the job of the worker to keep an eye on the long term interests of the woman, even when she can't. Public housing is the primary source of affordable housing for women with lived prison experience. Therefore, maintaining each woman's place on the List is critical to her long term housing prognosis.
- 9. Developing personalised networks with individual service providers in key roles significantly improves outcomes.** The project identified two different types of service providers - *core organisations* and *helpful organisations*. It is critical that personal connections are established with staff in core organisations such as QCS, Centrelink, DoH or CMHS's which provide services likely to be essential to every/many women. Even *unhelpful* organisations often include *helpful* staff. Close, personalised liaison with (both policy and practice) staff in these *core organisations* enables project staff to identify those individual workers in these bodies who are potentially open to the needs of women. It is important to

remember that sometimes staff may appear unhelpful out of fear or lack of knowledge ... situations that can be addressed through low-key information provision and a supportive attitude. Once identified, it is important that project staff provide personalised education and nurture relationships which are compatible with the worker's role. *Helpful organisations* are organisations which clearly articulate an empowering approach to working with women, and demonstrate an interest in better understanding women's needs. Provision of personalised education and a willingness to negotiate shared support arrangements, significantly value-adds to the range of services with the potential to meet women's needs. Again, it is important that project staff understand the role and limitations of *helpful organisations*, and do not expect staff to work outside their agreed role. The project found that informal collaboration with individuals or whole services was most effective in building a group of supportive service providers.

10. The Rapid Response Capacity of the host organisation is central to effective and efficient service provision. Responding quickly to women's needs, particularly during the *post-release hump*, was critical to building trust with women and reducing their risk of harm. This project tested two extremes in terms of service design:

- A group of project staff, located within a larger organisation with compatible values and integrated approaches to services delivery.
- A solo worker, functioning in isolation.

It is possible that an in-between option might provide a viable model of service. However, it was clear that the success of the Brisbane project depended heavily on the involvement of other specialist staff within SIS - particularly, the Transition Worker both within prison and during the first, intense, 48 hours post-release and BOWS/PEEK Workers in terms of addressing the parenting needs of women and the needs of their children. (Note, for example, the fact that 40% of service delivery to Mary in the case study was provided by non-project staff.) Clearly, **Critical Organisational Mass has a significant impact on the effectiveness of service provision.** The ability to call on other SIS staff to provide specialist services or assistance at particularly busy times significantly impacted on project effectiveness.

11. Sophisticated staff support structures and strategies are important to sustained service provision. Another advantage of *Critical Organisational Mass* in the host body is the existence of compatible organisational infrastructure, and the potential for people outside the project to provide staff support. When working with women with lived experience, it is important to assume that incident(s) with a significant emotional impact on staff will occur. Evidence (eg. suicide/self-harm statistics post-release) shows that incidents such as the death of women should be planned for. It would be wonderful to believe that provision of services at one point in time could undo the damage of many years of abuse, mental illness, drug abuse, homelessness, etc. Realistically, however, it is important to design support systems for services which assume the likelihood that such incidents will, sadly, occur. The impact of such incidents should take account of the peer-based nature of staff ... that, on the one hand, particular staff might be particularly vulnerable in particular situations, and, on the other hand, that peer staff might be generally more resilient to the impact of crisis than conventional staff.

12. Implementation of CMS and action research improves efficiency, effectiveness and appropriateness of services. Use of the CMS system dramatically improved the efficiency

of SIS/project response to women, through creating a highly accessible source of immediate information on the situation of each woman. Creation of a culture of continual improvement was generated within the project through application of action research approaches. Quarterly Staff Reflection Days allowed staff to step back and explore themes and patterns occurring within the project and learn from these. These days generated outcomes such as the *Active/Inactive* quadrant, which provided invaluable frameworks for planning the most effective possible work with women and managing staff workloads. The project assumed that women, collectively, were the experts in the needs of women post release. Therefore, women's feedback, which was fed into Staff Reflection Days, contributed directly to ensuring the appropriateness of services provided. These mechanisms ultimately impacted the quality of services to women.

- 13. Funding body willingness to negotiate changes plays a valuable role in maximising service provision.** This played a critical role in being able to act on learnings that occurred throughout the project, experiment with new ideas and apply the improvements developed throughout the project. The ability, for example, to move funds from the *Private Household Placement* strategy (when this became unviable) to wider service provision, enabled the project to address the needs of many more women than would otherwise have been possible.

- 14. Continuing to advocate for improvements in core organisations provides the best chance of addressing the impact of homelessness on women.** The key barriers to addressing homelessness amongst women continue to be the policy and practices of *core organisations*. Maintaining and supporting helpful innovations which have occurred in recent times, such as the SCC and Brisbane Vacancy Register is useful. Focusing on building relationships and opportunities for women in areas such as private boarding houses and ATSI hostels, provides some hope for improving women's immediate post-release situation. Similarly, finding ways to improve women's access to services within existing rules and regulations have occurred. Whilst project workers can play a valuable role in *sitting with women in their pain* and improving their chances of survival until opportunities improve, this does not directly increase women's access to housing and other essential services. Ultimately the situation of most women is unlikely to change until major improvements occur in areas that are outside the project's control - worker competence, use of *power over* approaches, locating services in geographically isolated areas, changing criteria for access to services and excluding women from services. The most urgent areas requiring improvement are:
 - QCS - increasing the focus on non-custodial sentencing for minor offences (particularly for mothers), enabling increased access to prisons to assist with pre-release preparation, improving the reliability of release dates and times, and increasing the number of low security beds for women.
 - DoH - increasing the availability of public housing, and enabling women with DoH debts to access DoH services.
 - Queensland Health - guaranteeing mental health care to all women with a mental health diagnosis, and taking an inclusive approach to addressing mental health and drug/alcohol services (moving from a culture of excluding women with dual diagnosis from both types of services, to including women with dual diagnosis in both).
 - Dept of Communities - ensuring women's access to guaranteed safe, single sex, secure, affordable emergency and short term accommodation immediately post-release.

New Practice Tools

Two new practice frameworks were developed, using participatory action research, during the project. Each proved very valuable in generating common language between project staff, and managing the emotional and practical pressures of working with *high needs* women.

Describing Women's Situation: The Housing Continuum

Staff found it useful to share common language when describing the housing situation of different women. The following descriptors of the housing status of women, were used:

Housing Status	Characteristics	Woman's State of Mind
Homeless	<ul style="list-style-type: none"> • Transient, few possessions • Living day-to-day (eg. accessing day centres for food, not knowing where you'll be sleeping the following night) • Often unsafe 	<p>Women generally have a sense of insecurity, and are focused on survival. They tend to be focused on themselves and the present. Long term planning is a low priority - women's priorities can change from day-to-day so flexible, fluid planning is most viable.</p>
Crisis/Short Term (up to 3 months)	<ul style="list-style-type: none"> • Staying at hostels, motels, family, friends • Using other people's gear • Can be suitable or unsuitable - some emergency places and family situations are unsafe • Need worker support to access regular services for mental health issues, addictions • Require brokerage monies for rent and day-to-day expenses 	
<i>End of the Post Release Hump</i>		
Medium Term (3-9 months)	<ul style="list-style-type: none"> • Repaying debts • Starting to accumulate furniture and other personal possessions • Budgeting, paying rent • Mentally well/stable • Accessing services regularly with little support 	<p>Women are more secure and therefore can look outward and forwards. They have an increased capacity to think of others. Long term <i>whole of life</i> planning (eg. developing a comprehensive Support Plan) is more viable.</p>
Long Term (9 months+)	<ul style="list-style-type: none"> • Self sufficient • Sometimes have a mini crisis and need some short term support 	

TABLE 17: The Housing Continuum

Determining Support Needs: Distinguishing Active and Inactive Status

It is useful to be able to distinguish between women who need **high levels** of support, and those who need **maintenance levels** of support, when exploring workload issues and planning

interventions. Some women become “inactive” ... in other words, they do not require a lot of worker time at present, even though they do not have long term accommodation. But ... what determines the level of support needed by different groups of women?

The stability of women’s situation was found to be the key determinant of their level of support need. Women at the **Active** stage require intensive work for a period of time until their situation is stable. Women at the **Inactive** stage require less intensive work, until there is a significant change in their situation. The following quadrant was developed to describe the support needs of women, according to the stability of their situation:

	Pre-Release	Post Release
Active	Stability is achieved once an individual release plan is completed. This group requires moderate intensity work.	Stability is achieved once they have settled into an ongoing housing/support pattern. This group requires the most intensive work.
Inactive	Stability is maintained through regular revision of their individual release plan. This group requires low intensity work.	Stability is maintained through quickly responding to any crisis that occurs (putting out spot fires), so their situation does not escalate into instability. This group requires moderate intensity work.

TABLE 18: Distinguishing Active and Inactive Status

An Optimum Process for Addressing Homelessness

The overall action research question for this project was: ***What practices are most effective and efficient in helping women move from homelessness to long term housing, after release from prison?***

The following process has been progressively developed throughout the project. It articulates a very practical step by step process, designed to make use of the services which are most helpful, to achieve the most efficient and effective possible transition process for women. Of course, it relies on factors such as availability of safe, secure, affordable short and long term housing, and adequate mental health and drug/alcohol support.

The 6 stages that would ideally occur in the women’s movement from imprisonment to long term stability are:

Stage	Description	Critical Tasks	Optimum Outcome	Status
1	Pre-release Planning	<ul style="list-style-type: none"> • Develop <i>Individual Release Plan</i> • Undertake all possible actions in preparation - complete DoH & CRS applications, ensure identification, post-release accommodation/transport/personal necessities 	Pre-planned short term accommodation - if consistent with woman's goals	Active
2	Waiting for Release	<ul style="list-style-type: none"> • Routinely review Individual Release Plan every couple of months • Address any new issues as they emerge quickly to avoid escalation 	Minimal Support	Inactive
3	First 3 months Post-Release	<ul style="list-style-type: none"> • Develop flexible plans based on SIS Referral Form, and continually review via dialogue • Offer intensive support to access all establishment needs - income, accommodation, personal items, (mental) health/substance use support, child access/custody, probation/parole requirements. 	Stable, medium term accommodation - if consistent with woman's goals (NOTE: Some women may prefer other housing options)	Active
End of the <i>Post Release Hump</i>				
4	Settled into stable situation	<ul style="list-style-type: none"> • Develop <i>Support Plan</i> and routinely review every couple of months, or as required • Address any critical incidents quickly, to prevent escalation 	Minimal Support	Inactive
5	Long term housing becomes available	<ul style="list-style-type: none"> • Assist in housing establishment - furniture, amenities, etc. • Intensive support to ensure necessary services are established in new location - health services, education/training, child access/custody, probation/parole requirements. 	Stable, long term accommodation - if consistent with woman's goals (NOTE: Some women may prefer other housing options)	Active
6	Settled into long term housing	<ul style="list-style-type: none"> • Check stability of situation periodically - gradually decreasing frequency • Address any critical incidents quickly, to prevent escalation 	Minimal Support	Inactive

TABLE 19 - Optimum Process for Addressing Homelessness

The process recognises that the longer women spend in homelessness and/or crisis accommodation, the higher their risk of recidivism and the higher their vulnerability to harm ... and, in terms of service provision, a multiplier effect in terms of the level of servicing required.

The goal of efficient service provision is to achieve *inactive* status as quickly as possible, after every *active* stage in the process. Women's ability to achieve "inactive" status depends on stability, predictability of services and a sense of anticipation. If women feel they have no hope of ever moving out of the homelessness/recidivism cycle, they are less likely to try!

It is important to recognise that women are vulnerable to deterioration at every stage, particularly, during times of *active* need when they generally have little energy in reserve to address additional issues. Between Stages 3 and 4, women are over the *Post Release Hump* ...

the most vulnerable time for many women. However, Stage 5 can be equally challenging for some women. For example, project staff provided intense support to one woman who was living in her own long term housing for the first time in her life. She was scared to stay in the house alone, and slept at other peoples' houses for several months. Had the project not supported her to become confident with living in her own home, her situation might have deteriorated ... even to the point of returning to prison.

Clearly, the optimum process rarely occurs, because of lack of adequate resources at critical times in women's transition from prison to the community. Current low levels of access to short and long term housing (particularly for Indigenous women in Townsville), creates enormous inefficiencies in service provision. The current context provides little hope of improvement for women and their (many) children.

Where to From Here?

Project staff explored the question **What would we do differently next time?** The group concluded that they would change very little. Whilst some planned activities were dropped, and some strategies did not work as intended, it was felt that every experiment undertaken was worthwhile, and added value to the emerging *Planned Support* model.

Two of the discarded activities deserved particular attention. It was felt that both should be reconsidered in a new context:

- The ***Vacancy Register*** (as discussed earlier) was not developed by SIS. BUT, the existence of a register was critical. In a different situation, where such a register did not exist elsewhere, it would be important to re-trial this.
- ***Private Household Placements*** were unable to occur because no women within the target group were released from prison during the project. However, this model is certainly worthy of exploration. There is a severe shortage of safe, affordable housing, and women released from prison after a long sentence are doubly-vulnerable in the community. Private Household Placements continue to be an idea with great potential merit for this group!

A few ideas emerged on things that would be worth testing next time:

- **A 3 Staff Team** - Two extreme models were tested in this project - a group of project staff were located in a compatible organisation in Brisbane; in Townsville, a sole worker functioned in isolation. It would be useful to test an in-between structural model, in a setting outside Brisbane. As discussed earlier, a 3 staff team would include 1 staff member with community development focus, 1 staff member with a service delivery focus and 1 staff member with a written support focus. The CD-focused worker would be employed for prior to appointment of other staff to establish networks and personalised relationships with key agencies³².
- **Detailed Understanding of Rules & Regulations** - it became clear throughout the project that a sophisticated understanding of the role and structures of Core Organisations played a key role in improving women's competitiveness within existing systems. It might be useful to trial

³² The idea of having one office-based (*para-professional*) worker focused on tasks such as writing and submitting housing applications, would be useful in both an established organisational setting, and a new team.

employing staff for 1-2 months prior to accepting referrals, to develop a sound knowledge of application processes and a base of personalised contacts within Core Organisations. This would include understanding appeals structures and the nuances of these systems, to enable effective trouble shooting and minimise the welfare run-around for women. This might improve workers' sense of assurance, confidence and clarity about what they can/can't offer women ... women have enough chaos in their lives without any added confusion.

- **Improving the Planned Support Model** - this project has advanced this emerging model considerably. A further project could continue to add layers of understanding and sophistication to the planning tools!

OTHER SIS PROGRAMS THAT DIRECTLY CONTRIBUTED TO PROVIDING PILOT SERVICES

Transitions - No longer funded. Program was funded by Offender Services and Support, Queensland Corrective Services. This program provided support to women within the first 48 hours after release. It assisted women with limited family/community support to deal with immediate post-release issues such as accommodation, transport, ID, Centrelink, attending other mandatory appointments, securing food and clothing.

Indigenous Safety Project - No longer funded. Program was funded by the (Commonwealth) Department of Families, Community Services and Indigenous Affairs as part of the Domestic and Family Violence and Sexual Assault Initiative. The project used AR processes to develop 3 substantial, nationally-relevant resources, which demonstrated new approaches to work with Indigenous women with both lived prison experience and a history of family violence, and their children. The resources were mainly developed through creative art-based workshops for these Indigenous women and their children. Resources developed were:

- A resource for Indigenous women with lived prison experience
- Workbooks for Indigenous children
- A resource to educate government and non-government workers.

Sexual Assault Program - Funded by Queensland Health. This program mainly works with women inside, supporting them to work through issues arising from their history of assault. It is commonly accepted that 89% of women in prison in Queensland have experienced either child and/or adult sexual abuse. The program has always had at least one part time Indigenous worker.

Work Pathways - Funded by the (Queensland) Department of Employment and Industrial Relations as part of the *Queenslanders Working Together* Program. This program is designed to provide training and follow-up support to 40 women either pre or post-release, to prepare them to undertake further training or gain employment.

Reconnect (Crucial Connections Program) - Funded by the (Commonwealth) Department of Families, Community Services and Indigenous Affairs. This program works with young people (12 - 18) whose mothers are in prison and 17/18 year olds in prison, providing support, counselling and links to education/accommodation/income support. It also facilitates reunification between young people and their mothers post-release.

Building on Women's Strengths (BOWS) - Funded by (Queensland) Department of Community Services, as part of the *Early Intervention and Prevention* Program. Focuses on reunification of women and their children, particularly those involved with the Department of Child Safety. The program works with women both pre and post-release.

Program Enabling and Empowering Kids (PEEK) - Funded by (Commonwealth) Department of Families, REACH Program. After their mother has been in prison, an entirely different approach to parenting is needed. A parenting program designed for mothers in and after prison.

ROLE/KEY FUNCTIONS OF ORGANISATIONS & SERVICES MENTIONED IN THIS REPORT

Queensland Corrective Services (QCS)

Abbreviation	Full Title	Function/Role/Comments
BWCC or Wacol	Brisbane Women's Correctional Centre	Most women prisoners in Queensland are accommodated at BWCC.
Helana Jones	Helana Jones Community Correctional Centre	Pre-release halfway house for women.
Numinbah	Numinbah Correctional Centre	Low security facility - small number of women.
Townsville Prison	Townsville Correctional Centre	Currently, women in Townsville are co-located with men, however there are plans for large new women's prison in Townsville.
Warwick	Warwick Women's Work Camp	Low security facility - small number of women.

Other Queensland Government Programs/Services

Abbreviation	Full Title/ Department	Function/Role/Comments
ADCQ	Anti-Discrimination Commission Queensland	Undertook a major review into allegations of discrimination against women in prison in Queensland, which was published in 2006.
Child Safety	Department of Child Safety	Focuses on child protection issues. Is often responsible for care arrangements for children whilst women are in prison. Some women have lost custody of their children prior to imprisonment, and must deal with the Department in order to negotiate issues of access and custody.
Dept of Communities	Department of Communities	Queensland Government department which is driving the Responding to Homelessness initiative.
DoH	Department of Housing	Provides public housing - the waiting period for which is several years. The DoH also provides bond loans to people on low incomes, and rent assistance to a few specific groups under limited guidelines (eg. to women released after a certain length of prison term, if they apply in the first few weeks post-release, for up to 1 year). Women are precluded from access to any DoH services if they have a DoH debt (although sometimes a deferment arrangement can be made). Other organisations which provide emergency relief funds are generally not allowed to pay women's DoH debt (however small).
HOT Team	Homelessness Outreach Team	A mental health outreach team that aims to meet the need of homeless people, based in Valley CMHS.
PA	Princess Alexandra Hospital	
RBH	Royal Brisbane Hospital	
Special Circumstances Court	Queensland Dept of Justice and Attorney General	The Court is part of a wider program which aims to divert defendants who are homeless and who have impaired capacity as a result of mental health issues, intellectual disability or cognitive impairment, from the criminal justice system. It does this by referring them to services to address accommodation, health and other needs which may be contributing to their offending behaviour.

Queensland Non-Government Organisations/Programs

Abbreviation	Full Title /Organisation	Function/Role/Comments
BHP	Better Housing Project	Runs boarding houses for women.
BHSC	Brisbane Homelessness Support Centre	A number of agencies which retain their autonomy, but, based on a series of MOU's are co-located under the BHSC banner. Organisations include: Micah Projects Inc, Brisbane Boarders and Centacare. Other services attend the BHSC on a 'visiting' basis.
BRIC	BRIC	A new organisation which resulted from the amalgamation of Better Housing, Redback, INCH and Cabbage Tree projects.
CRS	Community Rental Scheme	CRS's provide housing and support ... and several have provided valuable services to women through SIS. They are located in NGO's such as ZigZag, Care Housing, Kyabra Community Association, Brisbane Housing Company, Better Housing Projects, and other emergency/regional housing organisations.
Forde Foundation	The Forde Foundation	A charitable trust set up by the Queensland Government in 2000, following the Forde Enquiry into the abuse of children in Queensland institutions. The Foundation provides financial help to benefit people who have been under the guardianship of the State. For further information see: http://www.fordefoundation.org.au/mission.html
GAPS	GAPS	A name chosen to describe the North Queensland Prison Interagency group.
HART or HART4000	Homelessness Assessment Referral Team	Part of Brisbane Boarders, Better Housing. Is one of the newly funded <i>Homelessness Hubs</i> , funded by Department of Communities. It is one of two referral pathways to Roma House.
HPIC	Homeless Persons Information Centre	A hotline established as part of the <i>Responding to Homelessness</i> initiative.
Micah	Micah Projects Inc	Co-located at BHSC, Micah is one of two referral pathways to Roma House.
Roma House	Roma House	The largest crisis accommodation facility in Brisbane, housing both men and women.
TAAS	Tenants Advice & Advocacy Service	One of the programs that are part of West End Community House.
TICA	Tenancy Information Centre	An international Real Estate Industry register of people who have defaulted on their Tenancy Agreement. The criteria for inclusion can be as serious as property damage or rent arrears, or as minor as keeping unauthorised pets. Leaving a rental property without adequate notice (which can readily occur when a woman is unexpectedly imprisoned) is another criterion. For a full list of possible criteria see: http://www.ticagroup.com/aboutten_uk.htm Registration on this list makes it almost impossible to access private rental housing, and it is very difficult (and expensive) to have your name removed from the list.
YANQ	Youth Affairs Network of Queensland	The peak body for the youth sector in Queensland.

MARY - A CASE STUDY

Summary

“Mary” is a woman with a history of homelessness, mental health, drug use and physical health issues. This case study demonstrates the breadth and complexities of Mary’s needs, and the variety and intensity of service provision required for Mary to have the chance of a positive outcome.

Upon release from prison, Mary had *whole of life* plans. Her key priorities were achieving long term, stable housing and re-connecting with her children. She left prison with a good starting point - safe, secure, affordable short term accommodation, and a high level of support around parenting issues. So ... what went wrong?

Like many women with mental health issues, Mary was released from prison without medication or access to mental health services in the community. Therefore, her behaviour problems rapidly escalated and led to loss of accommodation. From there, her situation deteriorated. Mary moved *backwards* into a pattern of crisis which is very familiar to SIS workers. Her priorities moved from a *whole of life* perspective, to immediate, day-to-day survival.

Over the 37 weeks after Mary’s original release covered in this case study, the project supported Mary through contact with every aspect of the correctional and welfare systems - police, courts, lawyers, prison, mental health wards, community mental health services, child welfare agencies, crisis support agencies and a myriad of different housing organisations. During this period, she was locked up 8 times - 5 times in mental health facilities, twice in the watch house and once in prison. On 6 occasions this was in response to specific incidents (mainly involuntary confinements). However, on 2 occasions she was involuntarily detained **solely** in order to ensure access to mental health assessment - once in BWCC for 79 days (ie. almost 3 months); then, after her second release from prison, in a Community Mental Health Service, for several days until a community-based case manager was allocated.

The deterioration in Mary’s situation occurred despite intensive support by project workers. The resources she needed, particularly accommodation and mental health support, were simply not available to her. After 35 weeks, Mary ended up where many women do ... she’d gone *full circle* and returned to her pre-prison living arrangement. For many women, their original living arrangements included violence and other abuse. Often these circumstances contributed to their original criminalisation.

The case study ends at a natural point, when Mary’s *Lead Worker* (HSW 1) went on leave for several weeks. SIS continued to provide support services for Mary during that time - with similar patterns and areas of service need emerging. In the absence of adequate mental health support, and with continuing gaps and changes in her medication, Mary continued to *burn bridges* with accommodation agencies due to her behaviour. The story continues to this day, with an ongoing battle for access to the range of services needed to **concurrently** meet her needs, and enable her to move out of the *crisis cycle*. Recently, Mary returned to prison.

It was decided to include a single, detailed case study in this report in order to give a realistic picture of the service delivery requirements of women. This case study is taken directly from the *CMS Contact Notes* for a single woman. It has been chosen because it is **typical** of:

- The complex and interrelated needs of women involved in the project.
- The responses of various agencies to these needs.
- The intensity of support required by women.
- Women's experiences of particular types of agencies, and the barriers to accessing services
- The way in which women often *fall between the gaps* of services.
- Women's caution about trusting any service provider - including SIS - and the importance of building trust.
- The involvement of a large number of SIS staff (including non-project staff) in addressing the needs of women.

On the other hand, it is **atypical** in that the period of time during which women are in this level of crisis is shorter for many women, and many do not end up back in prison.

The intensity of the post-release support process is indicated by some basic data:

- The case study covers a 37 week period - 185 weekdays.
NOTE: Some work occurred on weekends, however weekdays are used as the basis of these statistics because it provides a better starting point for understanding the workload involved - based on a *normal* working week.
- A total of 86 entries were made in the SIS data system - in other words, significant work occurred in relation to Mary's case approximately once every 2 weekdays for 36 weeks.
NOTE: Many data entries record multiple actions (sometimes several contacts with Mary herself via phone, visit or other outreach activities; often contact with several agencies in the search for resources needed by Mary).
- There were **at least** 53 direct interactions with Mary over this period (by phone, visit or other outreach activities) - in other words, direct interaction with Mary occurred an average of approximately every 3.5 weekdays.
NOTE: This does not include the many occasions where staff went looking for Mary, without finding her.
- SIS liaised with **at least** 36 different agencies on Mary's behalf - often interacting with several staff at the same agency:
NOTE: The data collection system focuses on recording contact with the woman herself. Therefore, many of the actions taken by workers between contacts with Mary herself (eg. liaison with other agencies, discussion at project meetings) are not recorded here.
- Of the 86 data entries:
 - Mary's *Lead Workers* were responsible for 50 (58%) of these entries - her initial Lead Worker was the HSC (23 entries), who was replaced in this role when a new HSW was employed - HSW1 (27 entries).
 - Both the other project staff in Brisbane had some contact with Mary - a total of 7 (8%) entries (HSW2 x 6 entries; HSW3 x 1 entry)
 - 4 other SIS staff provided significant support to Mary, and recorded a total of 35 entries (ie. 41% of entries) - the PEEK Worker had 22 entries, the Transition Worker had 6+ entries (one of these covering several visits and phone calls over several days), the BOWS Worker had 5 entries and the Director of SIS intervened twice. (Services provided by non-Project SIS staff are in [blue](#).)

NOTE: Several data entries record interventions by 2 workers.

This case study includes allegations of poor practice and professionally-inappropriate (and, in one case possibly illegal) behaviour by workers of other organisations. These allegations have not been tested in a public forum (eg. court or ethical body). In order to protect the reputation of these organisations, they are referred to using coded titles. Codes are also used to disguise Mary's 'home' location.

CODES USED:

- ORG1 A non-government organisation which provides units and boarding house accommodation.
- ORG2 A church body which provides boarding house accommodation and housing.
- ORG3 A non-government emergency shelter.
- CMHS1 The Community Mental Health Service (Queensland Health) initially determined to be Mary's local service.
- CMHS2 The Community Mental Health Service later determined to be Mary's local service.

Pre-Release Support

Day No./Worker/ Services Provided	Summary of Interactions	Comments
Days 1-7 HSC Intra-Agency Liaison	Liaison with SIS Transition Worker re: <ul style="list-style-type: none"> • Passing ORG1, BHP and Brisbane Boarders Applications to Mary • Checking post-release transport and immediate accommodation (with sister) - she'll contact SIS if she needs accommodation support • Completing DoH application - waiting for BWCC to forward • Requesting prison ID. • Mary wants to reside at Cooparoo Lodge upon release 	Pre-release preparation with women was frequently carried out by the SIS Transition Worker, because of difficulties project staff experienced getting into the prison. (Hence the need for HSC, as Lead Worker, to identify needs and manage the process through liaising with SIS Transition Worker).
Days 1-7 SIS/Transition Worker Several Prison Visits & Telephone/ Agency & Family Liaison	A series of conversations with Mary over several days about accommodation and financial assistance, post-release. Contacted: <ul style="list-style-type: none"> • Pass her ORG1, BHP and Brisbane Boarders applications to complete and fax. • Confirm post-release transport and immediate accommodation arrangements. • Refer to BOWS. • HART & Micah for rent/bond assistance. • ORG1 re: post-release accommodation, including arrangements for Mary to discuss offer for property. • Her mother re: possible vacancy with and transport to ORG1 interview. • No help with rent/bond - HART can't help; Micah offered brokerage and towels/linen and help with moving costs. • Micah advocated with DoH for a bond loan - must be secured because of outstanding DoH debt • Mother willing to help with rent. 	

Day 8 SIS/Transition Worker Prison Visit/Agency Liaison	<ul style="list-style-type: none"> • Discuss accommodation forms • Received DoH and ORG1 forms via fax from prison counsellor • Forwarding housing forms to relevant authorities 	This is a good example of how women's plans can change as a result of circumstances soon after release. Access to her children was a high priority for Mary whilst in prison - which reduced when she was faced with survival issues post-release.
Day 21 SIS/PEEK Worker Telephone	Mary rang from court ... didn't know her phone number for follow-up.	
Day 22 SIS/BOWS Worker Prison Visit	<ul style="list-style-type: none"> • Ensuring arrangements for a solicitor for child protection. • Mary's sister will pick her up from prison and accommodate short term, but she'll need alternative accommodation. • Has phone contact with her children but doesn't know where they live. • Mary is banned from most accommodation services 	It is not uncommon for women with mental health issues to be banned from multiple accommodation agencies.

Post-Release Support

Day No./Worker/ Services Provided	Summary of Interactions	Comments
Day 27 SIS/BOWS Worker Telephone/Agency Liaison	<ul style="list-style-type: none"> • Mary is not on medication, and has to return to court over public nuisance situation which occurred when she tried to get access to her medication. • HSW1 to follow up on court outcomes and access to medication. • SIS worker to contact Women's Legal to see if they can help re: contact with her children ... called and left 2 messages (no reply). • Mary does not want to go to PA hospital. 	Many women are released without medication or arrangements to access medication.
Day 27 SIS/PEEK Worker & SIS/BOWS Worker Home Visit	<ul style="list-style-type: none"> • Mary to visit a doctor tomorrow • SIS to support with costs • HSW1 to support her in court on Day 23 	
Day 28 SIS/PEEK Worker Other Outreach & Telephone/Agency Liaison	<ul style="list-style-type: none"> • Took Mary to doctor - has medication but still needs mental health support • Mary does not want to go to PA Hospital for mental health support • Trying to link Mary with Homeless Outreach Team • Mary feels too unwell to attend court on Day 23 • She will need further BOWS support • Gave Mary an SIS Scholarship Application Form 	

<p>Day 30 SIS/BOWS Worker Telephone/Agency Liaison</p>	<ul style="list-style-type: none"> • Mary not attending court for medical reasons • Called Legal Aid to notify them that Mary would not be attending court ... left message • Tried to call court but couldn't get through. • Spoke with Homelessness Outreach Team ... they agreed to pass on the message that Mary was unable to attend and has a doctor's letter • Focused on finding mental health support • Asked Homeless Outreach Team to take her to hospital, but they cannot provide outreach services for Mary ... said Mary should go to RBH. They may not be able to work with Mary much longer because she is not homeless. Asked HOT to refer her to the Mental Health Outreach Team. • Mary sounded unwell - was at the dentist and hung up on Worker when she explained she was unable to take her shopping. 	<p>Different agency definitions of <i>homelessness</i> are often a barrier to accessing services for women. Unstable, short term or day to day housing excludes women from many services. BUT, this lack of services can directly contribute to homelessness.</p>
<p>Day 35 SIS/PEEK Worker Telephone/Agency Liaison</p>	<ul style="list-style-type: none"> • Mary rang to advise she is in RBH Mental Health Unit. Was requesting toiletries and clothes. • Rang ORG1- they confirmed that they had already dropped off items to RBH yesterday • Rang RBH to chase up items and ensure they reached Mary 	
<p>Day 42 SIS/PEEK Worker & SIS/BOWS Worker Home Visit</p>	<p>Went to visit, but Mary was not at home. Decided to try again on Day 41.</p>	
<p>Day 45 SIS/PEEK Worker Telephone</p>	<ul style="list-style-type: none"> • Mary rang at 4.30 Friday afternoon requesting a home visit on Monday. • Will see if BOWS Worker can also attend 	
<p>Day 48 SIS/PEEK Worker Home/Hospital Visit</p>	<p>Went to visit, but Mary had been admitted to PA Mental Health Unit (involuntarily) ... went to visit her there: Mary was heavily medicated, so will follow-up in next 1-2 days.</p>	
<p>Day 52 HSC Telephone/Agency Liaison</p>	<ul style="list-style-type: none"> • Mary called from PA several times. Very distressed. • She's been notified she's being evicted from ORG1 unit. HSC called ORG1 and they confirmed - said we'd have to talk to property manger to discuss details. Property manager said she'd talked with Mary's mother several times about Mary's mental health, due to complaints from other tenants about her behaviour. Manager and mother have agreed she needs 24 hour supported accommodation due to her mental state ... this is basis for eviction. • HSC called PA and spoke with Mary's allocated nurse and discussed the situation with her. Asked nurse to contact Property Manager (since SIS is not qualified to comment on her mental state and ability to sustain property in future), and discuss Mary's continuity of care after release with her. • Mary continued to be distressed ... HSC explained the importance of informing the PA case team that she might lose her housing, so they could provide advocacy and assistance. Agreed to ask Property Manager to forward to <i>Notice to Leave</i> to the PA so she could see the reasons for eviction, and PA could work from the paperwork. • Mary called again, distressed that Centrelink had not paid her rental assistance. • Agreed to visit Mary with HSW1 to work on the issues with her 	<p>Often, women leave prison to pre-arranged, relatively stable accommodation. However this accommodation is lost due to lack of mental health support, and the woman is thrown into crisis.</p>

	and PA staff.	
Day 56 HSC & SIS/PEEK Worker Telephone & Hospital Visit/Agency Liaison	<ul style="list-style-type: none"> Called Property Manager to ask them to fax <i>Notice to Leave</i> to SIS Visit Mary at PA - discussed notice. Mary said she had not received any Breach notices and wanted to appeal the notice. Asked Mary if she'd like SIS to make an appointment with TAAS to help with appeal, and she agreed. Called TAAS and booked appointment for Day 50. Mary said she'd ask for leave of absence from hospital to attend. Spoke to duty nurse to ask if Mary would be assigned a Case Manager with Mental Health. Was advised that she would be best managed by SIS. Asked for a support letter for appeal, and duty nurse advised HSC would need to talk with Psychiatrist. Psychiatrist advised that Mary's illness was drug induced psychosis, and they could not determine whether Mary had Schizophrenia, therefore she is best case managed by the service. He said he would provide support letter, since her mental state is stable, she had improved dramatically over several days, is compliant with medication and engaging with support services. 	Women are frequently denied access to mental health services, even where they have a previous formal mental health diagnosis, when their mental health issues are escalated by drug use.
Day 56 HSC Telephone	<ul style="list-style-type: none"> Mary called to confirm that she had been granted leave for meeting with TAAS to draft appeal. Arranged for HSC and another SIS worker to pick her up on Day 50. 	
Day 56 HSC Telephone & Agency Liaison	<ul style="list-style-type: none"> Mary called to say that PA were going to put her on injections for her medication and she did not want this. Requested advocacy on this. Called Mental Health Consumer Association and left a message. Mary also advised that she was meant to go to court last week, but was sick, and asked for SIS to follow this up. 	
Day 59 SIS/PEEK Worker Telephone & Family Liaison	<ul style="list-style-type: none"> Mary rang to advise that she is not being put on the Depo Program. Also advised that she did not want to go to Warry Street. She needs phone card and would like some possessions collected from her sister's house. HSW1 rang sister and organised to pick up items on Saturday. Mary also needs writing paper, envelopes and stamps ... will take these on Day 55. Mary not being released from PA at this time. 	Women frequently lose access to the most basic personal items whilst in crisis. Personal belongings are often spread across multiple locations ... or lost altogether.
Day 62 SIS/PEEK Worker Visit	<ul style="list-style-type: none"> Visited Mary - took items from her sister's, writing paper, etc. Advised Mary that she has a boarding house offer. Mary agreed to contact SIS later in the week if she had a release date or required other support. 	
Day 65 HSC Outreach Visit	<ul style="list-style-type: none"> Picked Mary up from PA. Went to TAAS to discuss eviction - was advised that, because the property is a Boarding House under the Residential Services Act, she cannot dispute eviction ... but could apply for compensation for costs incurred due to eviction. Mary agreed and completed the relevant form which was faxed. Requested value of food (\$120) and rent from the date the eviction notice was received - rent had been overpaid as an automatic deduction covering the fortnight after eviction. (Mary had been taken by police from the property to PA under a Community Order, when she was found passed out on the path outside the property, and was admitted to PA under an involuntary order.) 	Sexual advances frequently occur to women in boarding house situations.

	<ul style="list-style-type: none"> Mary spoke to a staff member at ORG1 who suggested she could provide a transfer to Warry Street and Mary's bond and 2 weeks rent could be transferred to this property. Mary was happy with this outcome and we went to the property to collect mail, then to the Property Management Company to hand in her key. Mary also advised the worker at ORG1 that one of their male staff had acted in a sexually inappropriate manner, and that she would be filing a complaint in the future. 	
Day 65 HSC & HSW2 Telephone & Hospital Visits	<ul style="list-style-type: none"> Mary requested help to access money from her bank account and to apply for her mail to be forwarded to SIS whilst she's in PA. Visited her to get consent letter for bank and PO to redirect mail. Redirection completed and money delivered to her in PA. 	Willingness to accept mail or store belongings at SIS can be critical to women's future stability.
Day 65 HSC Agency Liaison	<ul style="list-style-type: none"> Called ORG1 to confirm Mary's transfer to Warry Street. ORG1 worker said Warry Street had no vacancies therefore, could not transfer tenancy. Also advised that Mary had voluntarily handed over her property ... HSC questioned this, given that Mary only agreed when advised of the transfer. ORG1 worker advised that Mary had been working as a sex worker from the property ... HSC questioned this, and asked for evidence, asserting that this was defamation of character if based on hearsay. Explained to ORG1 that Mary had been treated unfairly around eviction since she was unwell at the time, and this should be taken into account. ORG1 worker said that she had talked with ORG2 and they may have a boarding house room available for Mary, provided that Mary agreed to not abusing drugs/alcohol or doing sex work ... and followed any medical requirements related to her mental illness. ORG1 said that SIS needed to call a worker at ORG2 to discuss the vacancy. 	Allegations that women have provided sexual services are sometimes made to divert attention away from male perpetrators and to justify evicting women. Women report that passing on of unsubstantiated rumours in the name of case management occurs quite often in the sector.
Day 65 HSC Agency Liaison	<ul style="list-style-type: none"> Called worker at ORG2. Worker confirmed that room was available but other residents were all middle aged men. Worker knew Mary from past contact and would not impose conditions on her accommodation, but would be willing to support Mary in crisis and link her with other services if extra support was required. Bond could be transferred from ORG1. Informed ORG2 worker that HSW1 would be visiting Mary today and would tell her about the unavailability of Warry Street, and this new option. Requested that ORG2 hold the room, since Mary did not have a release date from hospital, and that the project would contact ORG2 next week to arrange viewing the property. 	
Day 65 HSC & HSW1 Telephone/Agency Liaison	<ul style="list-style-type: none"> Mary rang to say she was happy to view ORG2 property. Left 3 x messages at ORG2 to arrange viewing property. Mary requested that HSC contact ORG1 and rent arrears be paid into her bank account. Contacted ORG1 and requested rent arrears to be transferred. ORG1 staff had packed her belongings and Mary had asked that her next door neighbour hold them until she got out of hospital. ORG1 requested that this request be put in writing with relevant bank details. HSC to visit Mary on Day 59 to get her to write the letter. Called ORG2 and left a further 2 messages, to see if Mary could visit this afternoon. Still no contact or reply. Asked HSW1 to continue trying. 	

	<ul style="list-style-type: none"> • HSW1 finally reached ORG2 who had let the property to another client. • HSC called Psychiatrist at PA to advise that accommodation had fallen through and to request that he tell Mary. Explained that HSC would spend the afternoon trying to find another option, therefore, would not visit. • Faxed draft letter from Mary requesting rent arrears to be paid into her bank account, and asked Psychiatrist to give it to Mary to read and sign, and ensure that PA staff faxed it to BH. • Advised that SIS staff will be available on Day 62 to visit and discuss housing options. 	
Day 69 SIS/PEEK Worker Telephone	Received a phone message from Mary at New Farm Neighbourhood Centre. Tried to call her back, but she'd left	
Day 70 HSC Agency Liaison	Called PA to see if Mary had been discharged. Was advised that she had left hospital over the weekend, and was having a review today and would be discharged. Was advised that no accommodation arrangements had been made.	Release of women from mental health facilities without accommodation arrangements in place is common.
Day 70 HSC Telephone/Agency Liaison	<ul style="list-style-type: none"> • Received multiple calls from Mary this afternoon - she said that she was at Centrelink requesting a crisis payment as she had nowhere to live and had discharged herself from hospital, leaving her belongings behind. She was not willing to say which office she was at. • Explained to Mary that the only accommodation available today was at Anglican Women's Hostel and she would have to call for an intake assessment over the phone. The project could pay for the night, and HSC has booked an appointment with HART for tomorrow to try to access accommodation at ORG3. • Mary advised that she had no money and was going to present at Anglican Women's Hostel. • HSC called Anglican Women's to explain why Mary could not ring and ask if they would assess her on arrival for accommodation. • Anglican Women's said that this was not the procedure and they would not accommodate Mary. • HSC had no means to reconnect with Mary. 	<p>Many women have periodic mistrust of workers - particularly when they have recently been unable to arrange access to essential services.</p> <p>Organisational procedural requirements, such as phone and/or face-to-face interviews is often a barrier to crisis accommodation for women.</p>
Day 70 HSC Agency Liaison	<ul style="list-style-type: none"> • Called PA to see if Mary had presented overnight - she hadn't. • PA worker advised that Mary had not been given discharge medication since she had discharged herself. • PA worker advised that Mary had a follow-up appointment with a Mental Health Consultant in approximately 1 month's time (on Day 97) - this appointment will link Mary into Mental Health Case Management. • The PA worker offered to drop Mary's medication into SIS office - he did, and HSC is holding it for her. 	Waiting 1 month for an initial appointment to seek mental health support is common.
Day 70 HSC Agency Liaison	<ul style="list-style-type: none"> • Spoke with worker from RTA Dispute Resolution who advised that ORG1 is not open to any negotiation to compensate Mary over her eviction (back rent and food which perished). However, ORG1 agreed to pay back rent for the period after she handed in the property keys. • HSC to talk with Mary about whether she wishes to pursue the matter further. 	

Day 72 HSW2 Other Outreach	Visited PA to pick up Mary's belongings as requested earlier in the day. Some items appear to be missing, but a worker said she had already picked up some items yesterday.	
Day 72 SIS/PEEK Worker Other Outreach	<ul style="list-style-type: none"> Went looking for Mary at old address. Picked up her belongings from ORG1 - these are stored at SIS. Still no contact from Mary. 	
Day 78 HSC & SIS/PEEK Worker Telephone & Other Outreach	<ul style="list-style-type: none"> Mary rang from Royal Brisbane Hospital. Went to pick her up and housed her in a motel for the night. Will attempt to arrange accommodation tomorrow. 	
Day 79 SIS/PEEK Worker Other Outreach	<ul style="list-style-type: none"> Supported Mary to seek referral to ORG3. Transported her to collect belongings and access bank. Housed Mary in motel for the night. 	
Day 79 SIS/PEEK Worker Other Outreach	<ul style="list-style-type: none"> Took Mary to SCC. Matters adjourned for approx 2 months (to Day 128) Mary accommodated at ORG3 with HART to support with 1 week's rent 	
Day 87 HSC Agency Liaison	<ul style="list-style-type: none"> Psychiatrist rang to advise that Mary was in PA - was transported by police after becoming violent toward staff at ORG3. Psychiatrist said that he believes her illness is drug induced and that she does not have a mental illness. HSC noted that she did not believe this to be true since she had seen Mary when she was not under the influence of drugs displaying signs of a mental illness. HSC felt this might be chronic depression which had never been properly treated. 	Often, women do not comply with medication because of adverse side effects.
Day 87 HSW2 Hospital Visit	<ul style="list-style-type: none"> Visited Mary at PA Hospital and took a birthday card and soaps. Mary was in reasonable spirits, but still did not want to take medication because of the side effects. 	
Day 87 HSC Agency Liaison	<ul style="list-style-type: none"> Spoke with staff at ORG3 who advised that Mary had become very abusive to staff and hit and kicked 2 staff members before being taken to PA by police. Mary is being discharged today, but can only stay at ORG3 if she signs a Contract about her behaviours. They are aware that her bail conditions say she must remain in accommodation - therefore ORG3 is not going to ban her this time, but she must be willing to comply with a number of requirements including taking medication twice daily as prescribed, engage with Mental Health Team and not be physically or verbally abusive to staff. 	Sometimes women are required to comply with conditions on their receipt of services (such as engaging in mental health support) when they cannot access these services.
Day 88 HSC Agency Liaison	<ul style="list-style-type: none"> Mary not willing to take medication, therefore ORG3 will not accommodate her for 2 days. Contacted Anglican Women's - still no vacancies for Mary - advised that it would be difficult to manage Mary's behaviours with current residents. Pindarrri Women's Hostel advised that Mary is banned approximately 3 more months. Brokered 2 nights accommodation at Formula One and Mater South Motel 	

Day 99 HSW3 Agency Liaison	<ul style="list-style-type: none"> Spoke with worker at ORG3 - they are having difficulty finding alternate accommodation for her. It seems that because she has been diagnosed as having drug-induced mental health problems, she can not be helped by a Community Mental Health Service. Will ring contact at RBH to see if they can help. Have run out of ideas ... will raise for discussion at project meeting. 	
Day 100 HSW2 Outreach Visit/Agency Liaison	<ul style="list-style-type: none"> Visited ORG3 to advise Mary that she needs to go to the PO to have mail redirection extended (SIS can't extend because time has already expired). Mary was not at ORG3, so left notification with a worker who agreed to hand it on to Mary on her return. Tried to speak with her case worker at ORG3, but she is away until Day 98. 	
Day 101 HSW2 Other Outreach	<ul style="list-style-type: none"> Planned to visit Mary at ORG3 to remind her about her Mental Health appointment on Day 97. Rang to check her availability in advance, and was told that she had not been seen since 3 am. Trying other avenues to locate her. 	
Day 104 SIS/PEEK Worker Other Outreach/Agency Liaison	<ul style="list-style-type: none"> Rang ORG3 to see if Mary was ready to be picked up for Mental Health appointment - they stated she was. Mary could not be found after I arrived. Her case worker will attempt to make a new appointment with CMHS1 and inform SIS Her case worker is concerned that Mary is not receiving support from the Valley HOT Team. 	
Day 104 SIS/PEEK Worker Agency Liaison	<ul style="list-style-type: none"> Rang ORG3 to follow up on case worker progress - left a message for her to return my call. 	
Day 105 SIS/PEEK Worker Agency Liaison	<ul style="list-style-type: none"> ORG3 case worker rang to advise that Mary has a new appointment at CMHS1 on Day 104, and that she'll need transport. ORG3 have not seen Mary since yesterday. 	
Day 107 HSW2 Agency Liaison	<ul style="list-style-type: none"> Arranged and had a meeting with case worker at ORG3 to check on Mary's progress, and progress on seeking future long term accommodation. Case worker asked SIS to check out possibility of psychiatrist visiting Mary at ORG3 (rather than her going to CMHS1). 	
Day 111 SIS/PEEK Worker Outreach/Agency Liaison	<ul style="list-style-type: none"> Took Mary to her mental health appointment. Outcome was that they continued her medication, but didn't offer any other support. Brought Mary back to SIS where she picked up some clothing and had a shower. Transported Mary and her property to ORG3. Talked with her case worker - they are having trouble finding accommodation for Mary to transition to. Dropped Mary off in the city. Found out that Mary was excluded from ORG3 for 24 hours, later that evening, due to behaviour issues. 	
Day 111 SIS/PEEK Worker Outreach	<ul style="list-style-type: none"> Rang Mary to let her know that she had been excluded from ORG3 for 24 hours. She was staying in a motel with a friend, and wanted SIS to reimburse the cost of the motel. 	

	<ul style="list-style-type: none"> Mary intended to return to ORG3 on Day 107. 	
<p>Day 118 SIS/PEEK Worker Agency Liaison</p>	<ul style="list-style-type: none"> ORG3 rang to advise they have had no real contact with Mary for 5 days - she has called in to pick up medication and had rung to request that ORG3 drop off her belongings to the motel she had been staying at. ORG3 refused to deliver her property, and are likely to give away Mary's accommodation if she does not make contact and indicate that she wanted to retain this. 	<p>This is a common situation - some women remain homeless or in an unsafe place, rather than use <i>power over services</i>.</p>
<p>Day 126 SIS/Director Other Outreach</p>	<ul style="list-style-type: none"> Mary visited SIS and police came re: situation at the office. SIS Director took Mary back to Avon Boarding House. Had her prescriptions filled, and brought back these and food. Mary may have to move from this boarding house. 	
<p>Day 133 HSW1 Agency Liaison</p>	<ul style="list-style-type: none"> Spoke with worker at BHSC to try to arrange making contact and supporting Mary at SCC on Day 128. Worker agreed to contact her and set up a meeting with her on Day 127, to ensure that her court appointment is kept. 	
<p>Day 135 HSW1 Agency Liaison</p>	<ul style="list-style-type: none"> Mary did not present at SCC for her case today - warrant will be lodged. Contacted her case manager at BHSC and requested that BHSC let her know that: <ul style="list-style-type: none"> SIS are willing and able to support her on Day 135 in SCC. It would be beneficial to connect with her prior to this date and preferably on Day 134 - this meeting could be at BHSC. She needs to contact SIS re: her medications ASAP 	
<p>Day 139 SIS/PEEK Worker Telephone/Agency Liaison</p>	<ul style="list-style-type: none"> Mary rang to request money for medication, food and rent. She is now at Sussex Lodge. Advised Mary that HSW1 will visit tomorrow. Also advised that HSW1 can support her to attend SCC on Day 135. (Manager at Sussex Lodge advised on best way to pick up Mary.) 	
<p>Day 140 HSW1 Home Visit</p>	<ul style="list-style-type: none"> Called in at Sussex Lodge as arranged - Mary had not been seen since last night. Left a note on her door to advise that SIS would visit on Wednesday, and organise her transport to SCC. Caretaker was also advised of the visit 	
<p>Day 141 HSW1 Telephone</p>	<ul style="list-style-type: none"> Mary rang SIS to say she would be ready to be picked up for SCC at 10 am on Day 135. 	
<p>Day 141 HSW1 Other Outreach</p>	<ul style="list-style-type: none"> Mary not at Sussex Lodge when HSW1 arrived to take her to SCC. Left message with manager to contact SIS if she arrived there during the morning. Mary has missed her SCC appearance for second week running. Other boarding house residents report that Mary has not been home for two nights and her behaviour is very disruptive when she is present (eg. manic, no clothes) Went to Valley and 139 Club before court, but didn't find her. Will continue to try to contact and arrange mental health services for Mary 	

<p>Day 142 HSW1 Other Outreach</p>	<ul style="list-style-type: none"> Mary phoned SIS to ask for money for prescriptions and food. Mary states that her money was stolen and she has nothing for the next fortnight. Mary will be evicted from Sussex Lodge unless she pays her rent today - BHSC has agreed to pay one week's rent. \$25 of food was purchased. Prescriptions were picked up from CMHS1. According to CMHS1, Mary had called asking them for scripts and a medical certificate due to not appearing in court.. Mary stated that Valium had been prescribed at her request, however CMHS1 challenged this and decided not to prescribe this. Responsibility for obtaining her medication was hence given back to Mary. Mary wrote two statements in relation to her failure to appear and the warrant out for her arrest, and both were faxed along with a medical certificate to SCC and the Police Prosecutor. An appointment was made at CMHS1 for Day 138 - will pick Mary up and take her to appointment. 	<p>Apparently arbitrary changes in women's medication are common, often leading to erratic/changed behaviour whilst they adjust to the new medication ... or, when medication is withdrawn, symptoms of mental health issues emerge/escalate due to sudden withdrawal from medication.</p>
<p>Day 145 HSW1 Agency Liaison</p>	<ul style="list-style-type: none"> SIS informed that Mary was in Brisbane City Watch House. Phoned police to inform them that she has a mental health appointment today; was informed that she would be unable to attend this. Mary's statements and Medical Certification were re-faxed to the SCC. 	
<p>Day 148 HSW1 Court Support</p>	<ul style="list-style-type: none"> Mary was supported at SCC by both SIS and BHSC worker. She was compliant and engaging, and put on a good behaviour bond and encouraged to maintain present accommodation. Will return to court next month. Mary was given an advanced Centrelink payment to pay her rent this week 	
<p>Day 160 HSW1 Home Visit & Other Outreach</p>	<ul style="list-style-type: none"> Mary rang requesting food and meat. Speech sounded slurred and aggressive. Food parcel and hot chicken delivered to hostel. Her behaviour was inappropriate and thought disordered (tucking dress into pants, and exposing genitalia and buttocks on main road). Gave her a large box of food and left. 	
<p>Day 165 HSW1 Agency Liaison</p>	<ul style="list-style-type: none"> Rang Manager at Sussex Lodge - asked him to let Mary know HSW1 will pick her up for CMHS1 appointment. He informed me that she had left the hostel after altercation with other resident. He does not know her present address. 	
<p>Day 180 HSC Telephone</p>	<p>Mary rang to say:</p> <ul style="list-style-type: none"> She's squatting under a house near xxx. She was recently admitted to PA. Hospital security removed her from the hospital. She had not attended her appointment at CMHS1 and needed medication, but was happy to walk across the road and organise this herself. She had just sourced a food parcel. She would call in to SIS on Day 175 to link with HSW1 about SCC on Day 176. 	<p>A number of women have been removed from mental health facilities by security staff.</p>
<p>Day 180 HSC Agency Liaison</p>	<ul style="list-style-type: none"> Called Team Leader at CMHS1 several times, with no reply. Wanted to find out what had occurred at hospital and CMHS1 on the previous day and what future involvement CMHS1 would have with Mary. Asked HSW1 to continue to follow-up for this information 	

Day 181 HSC Telephone	<ul style="list-style-type: none"> Mary called to say she was hiding in an Antique Shop, after CMHS1 had called the police. She said she had been banned from CMHS1 and did not get her medication. The shop owner then disconnected the phone. 	A number of women have been banned from CMHS's.
Day 183 HSC Other Outreach	Went looking for Mary at squat - wanted to support her in court today, but couldn't find her.	
Day 183 HSW1 Court Support	<ul style="list-style-type: none"> Mary appeared in SCC, having been detained in the watch house for some hours. Her behaviour in court was volatile and disruptive ... appeared unsafe for release. HSW1 suggested admission to a mental health ward, but it was felt this was not appropriate in light of Mary's recent behaviours toward CMHS1 staff. Mary also recently stabbed a lawyer in the hand with a pen, so they cannot now represent her. Mary was sent to BWCC for mental health reasons - for her own, and the community's, safety. 	
Day 204 HSW1 Court Support	<ul style="list-style-type: none"> Mary in SCC - brought in from BWCC. Stated that she had not had any appropriate mental health care since being in prison - there was no mental health report. Mary requested release, but her behaviour in court continued to be volatile and she was returned to BWCC. 	Many women report a lack of mental health care whilst in prison.
Day 205 SIS/Director Agency Liaison	<ul style="list-style-type: none"> Contacted Prison Mental Health to inquire about progress with Mary's mental health assessment ... Mary has been in prison for 3 weeks and it appears no assessment has been done. Worker agreed to follow up and report. 	Information flow between courts and prisons is often poor, resulting in penalties for women. In this case, mental health staff were not aware that the only reason for Mary's incarceration was to get an assessment.
Day 205 HSC Agency Liaison	Contacted solicitor from a private company to advise what had happened, in preparation for representation.	
Day 217 SIS/Transition Worker Agency Liaison	Worker from Prison Mental Health phoned to see if SIS knew Mary's last address prior to imprisonment - informed re: squat preceded by Sussex Lodge.	
Day 246 HSW1 Telephone	<ul style="list-style-type: none"> Mary rang from BWCC asking for help accessing public housing - hoping to be released on Day 255 following court, and needs an address. She believes her mother will be in court, and she'll be able to see her daughter if she remains clean for 1 month. She is also hoping to reunite with her sister (and attend AA meetings with her). Wants to detox from benzos if PA will take her. The private firm approached on Day 198 agreed to represent her. Will ask SIS Transition Worker to visit Mary, and pass on any 	

	<p>housing information.</p> <ul style="list-style-type: none"> Will email worker at another agency who Mary believes has some information on accommodation. 	
<p>Day 246 HSW1 Agency Liaison</p>	<ul style="list-style-type: none"> Spoke with Team Leader at CMHS1 to see if a meeting could be set up to talk about post-release care plan for Mary. HSW argued that even though she is banned from the clinic, they cannot refuse to care for her if she is in their catchment area. Since she is banned from a number of mental health facilities, it would be preferable for her to reestablish an existing relationship rather than begin a new one. Supported the idea of boundaries/contract. As Mary's release is contingent upon her having an address we cannot make plans for ongoing health care until we know her catchment area. 	
<p>Day 247 SIS/Transition Worker Agency Liaison</p>	<ul style="list-style-type: none"> Called relevant DoH office to ensure that Mary is still on the housing waiting list. DoH were waiting for a review letter to be returned. Informed DoH that Mary is in BWCC, updated her address details and requested a letter be faxed to SIS office showing areas listed for accommodation. Phoned Care Housing - they are unable to offer accommodation. 	<p>Many women are removed from DoH waiting list due to failure to return forms which they haven't received whilst in prison.</p>
<p>Day 252 HSW1 Agency Liaison</p>	<ul style="list-style-type: none"> Worker from Prison Mental Health called requesting information about housing for Mary. Worker states that she will need an address for possible release, and needs to be linked in mental health services somewhere. Because of Mary's past record, we are having significant difficulties finding suitable accommodation in an agency which has not excluded her. Worker agreed to make enquires about supported accommodation, and will let HSW know the outcome. Worker also said that Prison Mental Health can now support women in a transition period from prison to community services, and have case conferences and plan established with NGO's - so hopefully, she will be able to provide this service post-release for Mary 	<p>CMHS <i>catchment areas</i> are an ongoing problem for women with unstable housing. The Catch 22 is that often women can't access supported housing without mental health care in place, and they can't access mental health care without a <i>home address</i>.</p>
<p>Day 259 SIS/Transition Worker Telephone</p>	<ul style="list-style-type: none"> Mary rang requesting that SIS contact her solicitor to ask them to visit her at BWCC before court on Day 255. Have phoned and left a message with the firm. Told Mary that accommodation hasn't yet been found. Need to check with HSW1 about whether the Prison Mental Health worker found a vacancy. 	
<p>Day 259 HSW1 Agency Liaison</p>	<ul style="list-style-type: none"> Spoke to worker at Prison Mental Health re: accommodation. She states that Mary has arranged temporary accommodation with a friend. She needs to be linked into a mental health service so that if she is released on Day 255, she has access to medications for the weekend, etc. However, her case may be adjourned to be heard in the Mental Health Court, pending her psychiatric report, so it is therefore very difficult to have accommodation of any kind lined up for her. Worker agreed to see Mary the next day, and make arrangements for Mary to get medications in the event that she is released. Agreed that both HSW1 and worker should support Mary in court. 	<p>Unpredictability of release date makes it difficult to arrange accommodation in advance for many women. This is a serious problem given the overall shortage of accommodation.</p>

Day 260 HSW1 Family Support	<ul style="list-style-type: none"> • Mary's mother phoned to ask whether SIS staff will support Mary in court on Day 255. • Reiterated that she cannot have Mary stay with her, and she needs accommodation. • Left message to confirm that HSW1 will be in court. 	
Day 262 HSW1 Court Support & Other Outreach	<ul style="list-style-type: none"> • Mary was released on conditions, including that she reasonably follow appropriate behaviour, supported by SIS staff. • Prison Mental Health worker also attended court and took Mary post-release to CMHS2 for assessment. • Mary was admitted in order to sort out a case manager, and is expected to be released on Day 258. • HSW1 brought Mary food and some clothes (all her belongings were spread between BWCC and a private address) - and dropped the food at the friend's place where Mary will be staying and the clothes at CMHS2. 	
Day 263 HSW1 Other Outreach	<ul style="list-style-type: none"> • Some food and clothes delivered to CMHS2. • Mary's other belongings need to be picked up from BWCC and private address next week. 	
Day 265 HSW1 Telephone	<ul style="list-style-type: none"> • Mary called, wanting her belongings delivered. • HSW1 was not working today, and said she'd help ASAP. • HSW1 tried to contact the private address where some belongings are 	
Day 266 HSW1 Telephone/Agency and Friends Liaison	<ul style="list-style-type: none"> • Mary rang looking for her belongings and wanting the phone numbers of past associates. • She sounded annoyed that HSW1 did not deliver her items immediately (yesterday). • She was happy with existing accommodation, but wanting emergency housing in that area as soon as possible. • Contacted the private address where Mary's belongings were and made arrangements for collection/delivery. • Also made arrangements to collect her belongings from BWCC. • Continuing to try to find accommodation and contact DoH. 	
Day 267 HSW1 Telephone, Home Visit & Other Outreach	<ul style="list-style-type: none"> • Picked up Mary's belongings from BWCC and private address. • Mary rang to advise that she has moved from her bail address to ex-partner's house (where her daughter is). • Rang her solicitor to advise, and solicitor will ask Mary to attend SCC to change bail address. • Visited new address to deliver items and assess living conditions - talked with both Mary and ex-partner about risks associated with location (including drug use) and possible consequences. Ex-partner said she would be asked to leave if any inappropriate behaviour is displayed. • Took Mary back to old address to pick up medications. • Mary states her crisis payment was stolen at this address so has only \$50 for following week. • Has future appointment with CMHS2 - and worker from Prison Mental Health will attend and support. 	Many women go <i>full circle</i> and end up returning to the living situation they were in prior to imprisonment, for lack of other accommodation options. Often this is a violent/abusive relationship which contributed to their original criminalisation.
Day 268 HSW1 Court Support	<ul style="list-style-type: none"> • Mary attended SCC to change bail address, represented by solicitor, and magistrate accepted new address. • Magistrate directed that case manager at CMHS2 should be notified if any relapse occurred. 	

<p>Day 268 HSW1 Telephone</p>	<ul style="list-style-type: none"> • Rang Mary to ask her to phone DoH office next day to change areas and have application to a community housing organisation faxed tomorrow for immediate consideration. • Mary to ask case manager at CMHS2 for support to obtain accommodation. 	
<p>Day 272 HSW1 Agency Liaison</p>	<ul style="list-style-type: none"> • Phone call from worker at Prison Mental Health to say that she was unable to contact Mary. • Mary had left ex-partner's and gone to Pindarri Women's, then was asked to leave and went to Greenmeadows for a maximum of 1 night, and had then disappeared. • HSW1 tried many times to phone her mobile (switched off?). • It appears that Mary has not had any prescribed medications since 3 days after leaving hospital post-release (Day 261). 	
<p>Day 281 SIS/Transition Worker Telephone</p>	<p>Mary rang with new contact details (she has returned to ex-partner's), and asked for HSW1 to call her.</p>	
<p>Day 281 HSW1 Telephone</p>	<ul style="list-style-type: none"> • Mary states that CMHS2 have closed her file. • She needs medication, application to housing organisation, Medicare card and shoes. • Left a message for worker at Prison Mental Health re: re-linking Mary with community mental health services ASAP. 	<p>Apparently arbitrary closure of women's files by mental health services occurs frequently - in this case, only 15 days after being detained for several days solely in order to allocate a case manager and only 13 days after a magistrate had directed that her case manager should be notified of any relapse.</p>

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