

AN INDIVIDUAL PLACEMENT AND SUPPORT (IPS) MODEL FOR THE CRIMINAL JUSTICE SYSTEM

Research Report 2021



WAAMH

Western Australian Association
for Mental Health



An Individual
Placement and Support (IPS)
Model for the Criminal Justice
System: *Research Report*
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An Individual Placement and Support (IPS) Model for the Criminal Justice System: Research Report 2021

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 Re: The Individual Place and Support (IPS) Model for People with Mental Health Conditions in the Criminal Justice System

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Executive Summary

The prevalence of mental health conditions along all stages of the criminal justice system is significantly higher than that of the general population. This prevalence continues after release and can significantly impact positive recidivism outcomes. A key pillar to successful reintegration is employment. Employment has been shown to aid in the mental health recovery journey. However, individuals with lived experience of the criminal justice system often struggle to attain and maintain employment, reflecting both the complex needs of these individuals and the limited services and support available to them after release.

The Individual Placement Support (IPS) model has been shown to significantly improve the employment outcomes of individuals experiencing mental health conditions. While IPS programs exist in Western Australia (WA), albeit limited, there are no IPS programs in the WA criminal justice system. Globally, only two IPS program trials have been conducted in the criminal justice system. Given the positive outcomes of IPS in the mental health context, this project aimed to explore: ***(1) why should IPS be implemented in the WA criminal justice system; and (2) how can IPS be implemented in the WA criminal justice system (Project)?***

Global IPS trials in the criminal justice system have shown promising employment outcomes. IPS principles and fidelity items may also align with common barriers to employment faced by this target cohort, including the statutory requirement for criminal history disclosure. Coupled with the limited and relatively interspersed reintegration programs and services available, implementing IPS in the WA criminal justice system may result in positive outcomes.

However, the criminal justice system presents an additional layer of challenges and requirements often unique from a mental health context. Therefore, successful implementation of IPS in the WA criminal justice system would require the identification of such challenges and differences, consideration of whether the current IPS model can adequately address these challenges and making adaptations where necessary. With IPS centred on individual support, understanding the needs of the target client, and their experiences in the WA justice and mental health landscape, is important to ensure the effectiveness of any IPS program delivered in the WA criminal justice system. Project recommendations include adopting a co-design approach and identifying accessibility barriers, such as the competing needs that these individuals often face.

The starting point of this Project was predominately employment and reintegration service providers. Multiple and complex arms are involved in the intersection of the criminal justice system and mental health, including a range of government bodies and non-government organisations (NGOs). While this Project presents recommendations reflecting several key challenges and differences identified, further research and engagement with different key stakeholders would be required before any IPS program is implemented.



This report is divided into seven sections:

- **Section 1** details the current issue of mental health and employment in the WA criminal justice system, and outlines the IPS model and its benefits.
- **Section 2** details reintegration and/or employment support services and programs, namely in-house prison facilities, government programs and NGO-run programs.
- **Section 3** details the mental health support and services available to individuals with lived experience of the criminal justice system.
- **Section 4** details areas of consideration and recommendations for the implementation of an IPS program in the WA criminal justice system.
- **Section 5–7** details suggested next steps, Project limitations and concluding remarks.

Terminology

Individuals experiencing mental health conditions refers to individuals in need of or who are currently receiving mental health treatment.

Individuals with lived experience of the criminal justice system refers to both individuals who have been or are currently incarcerated in prison.

(It is noted that individuals who have been or are currently on remand in custody face similar challenges and as such findings from this Project may be relevant to those in remand. However, due to time constraints, the Project focused on the period at and following incarceration.)

Individuals previously incarcerated refers to only individuals who have completed a period of incarceration and have since been released from prison, regardless of whether they have since reoffended.

Reintegration and re-entry refers to the process of individuals being released from incarceration in prison and adapting into the community.

(It is noted that the terms 'reintegration' and 're-entry' hold the implied assumption that individuals were once integrated members of mainstream society prior to their conviction and sentencing. Use of these terms must be considered with caution. As this report will explore, a large proportion of individuals with lived experience of the criminal justice system face multiple and complex forms of marginalisation and disadvantage. For many, life following incarceration is not that of 're'-integration back into the community.)

Reintegration and re-entry programs/services refers to programs/services that aid individuals in this transition from prison to community.

Successful reintegration refers to individuals transitioning from prison to community without subsequent recidivism.

Target client/cohort/group (of the Project) refers to individuals with lived experience of the criminal justice system and who are experiencing mental health conditions.

(It is noted that there are multiple stages of the criminal justice system that an individual may experience prior to incarceration, many of which can be confronting and can impact an individual's mental health. As such findings from this Project may also be relevant across the criminal justice system and process. However, due to time constraints, the Project focused on the period at and following incarceration.)

1. Why Should IPS be Implemented in the WA Criminal Justice System?

1.1. What is the Current Issue and Why is it a Problem?

The prevalence of mental health conditions in individuals with lived experience of the criminal justice system occurs at a significantly disproportionate rate compared to that of the general population.¹ These individuals also experience difficulties finding and maintaining employment post-release due to the stigma of having a criminal record, among other factors.² Employment has been shown to aid in both reducing recidivism, as well as playing a key role in the mental health recovery journey.³ However, there are limited mental health and employment services targeted at the specific issues that individuals with lived experience of the criminal justice system face.⁴ Where services are available, compounding issues experienced by this cohort often manifest as accessibility barriers to access this support, contributing to recidivism.⁵

The impact of this issue is not just isolated to those with lived experience of the criminal justice space and the community that they are connected to. It affects the community of WA and Australia as a whole in different ways, regardless of proximity. On an economic level, the net operating expenditure of WA prisons in 2020 was \$657,333.⁶ On a societal level, the continued increase in recidivism represents a potential loss of talent, resources, knowledge and workmanship that this cohort could contribute back into society upon successful reintegration.

(a) Mental Health in the Criminal Justice System Prior to Release

In 2018, 40% of people entering Australian prisons reported as having been previously diagnosed with a mental health condition at the time of their incarceration.⁷ The prevalence of mental health conditions in the criminal justice space is not confined to those entering prison but appear throughout all stages

¹ Australian Institute of Health and Welfare ('AIHW'), *The Health of Australia's Prisoners (2018)* 27 ('*Health of Australia's Prisoners 2018*').

² Evelien PM Brouwers, 'Social Stigma is an Underestimated Contributing Factor to Unemployment in People with Mental Illness or Mental Health Issues: Position Paper and Future Directions' (2020) 8(36) *BMC Psychology*.

³ Anne Fielder, *Cleaning up Our Acts: A Socio-legal Appraisal of Western Australia's Need for Additional Criminal Record Employment Discrimination Legislation* (LLM Thesis, Murdoch University, 2020) 25–6; Eileen Baldry et al, *A Future Beyond the Wall: Improving Post-release Employment Outcomes for People Leaving Prison* (UNSW, 2018) 13 ('*Future Beyond the Wall*').

⁴ *Productivity Commission Inquiry Report into Mental Health* (Final Report, June 2020) vol 3, 1020 ('*Productivity Commission Report 2020 vol 3*').

⁵ *Productivity Commission Report 2020 vol 3* (no 4) 1044, citing Sisters Inside, Submission No 1196 to Productivity Commission, *Inquiry into Mental Health* (February 2020) 12 ('*Inquiry into Mental Health Submission No 1196*').

⁶ WA Government, *Western Australia State Budget 2021-22* (Budget Paper No 3, September 2021) 211 ('*WA State Budget 2021-22*').

⁷ *Health of Australia's Prisoners 2018* (no 1) 27.



of the criminal justice system. In police custody, 55% of women and 43% of men report experiencing a pre-existing mental health condition.⁸ Over 50% of court defendants in WA report experiencing mental health conditions.⁹ Similar statistics are prevalent across the nation. In New South Wales (NSW), of the individuals awaiting trial or who are convicted and awaiting sentencing, approximately half report experiencing mental health conditions.¹⁰

It is not uncommon for individuals with mental health conditions and who are currently incarcerated to also experience comorbidities.¹¹ 29% of individuals in correctional facilities experience comorbidities of mental and substance abuse disorders.¹² Further, 68% of individuals with intellectual disabilities experience co-occurring mental health conditions or substance abuse disorders.¹³ These comorbidities add to the needs of the individual and the complexity of the support required.¹⁴

(b) Mental Health Among Individuals Following Release

While mental health services are available during incarceration, these resources are limited. As such, the mental health conditions of these individuals often continue to persist, or can even be exacerbated, during their period of incarceration.¹⁵ However, where the individual is returning to no or limited support networks this situation of limited access to resources or support does not change considerably upon release. Only now, these individuals are navigating a different environment to attain the necessary resources and support. Therefore, it is no surprise that mental health conditions continue to present challenges following release. As with the general population, mental health conditions can significantly impact one's quality of life across a multitude of domains. Additionally, the stark difference between the institutionalised and regimented environment of prisons compared to that of the general community means that way of life within a prison may not necessarily be sustainable outside of prison. Many of these impacted domains of life are critical for successful reintegration, and as such mental health conditions can often reinforce a cycle of re-presenting (at hospitals) and reoffending.¹⁶

⁸ *Productivity Commission Report 2020 vol 3* (no 4) 1016.

⁹ Eileen Baldry, 'Disability at the Margins: Limits to the Law' (2014) 23(3) *Griffith Law Review* 370, 374 ('Disability at the Margins').

¹⁰ *Productivity Commission Report 2020 vol 3* (no 4) 1016, citing Eileen Baldry et al, *A Predictable and Preventable Path: Aboriginal People with Mental and Cognitive Disabilities in the Criminal Justice System* (UNSW, 2015) 154 ('Predictable and Preventable Path').

¹¹ *Ibid*, citing Baldry, *Predictable and Preventable Path* (no 10) 19, 75. See also, Tony Butler et al, 'Co-occurring Mental Illness and Substance Use Disorder Among Australian Prisoners' (2011) 39(2) *Drug and Alcohol Review* 188.

¹² *Productivity Commission Report 2020 vol 3* (no 4) 1018.

¹³ *Ibid* 1018–9, citing Baldry, *Predictable and Preventable Path* (no 10) 19

¹⁴ *Productivity Commission Report 2020 vol 3* (no 4) 1018.

¹⁵ *Ibid* 1044, citing *Inquiry into Mental Health Submission No 1196* (no 5) 12.

¹⁶ *Productivity Commission Report 2020 vol 3* (no 4) 1044, citing *Inquiry into Mental Health Submission No 1196* (no 5) 12.



(c) Hospitalisation and Risk of Death

Individuals with lived experience of the criminal justice system have been found to have poorer outcomes regarding the likelihood of hospitalisation post-release.¹⁷ WA individuals in their first-year post-release have a 70% increased risk of hospitalisation compared to the general population, with physical injuries and mental health conditions accounting for 60% of hospital stays.¹⁸ However, this is not just unique to the WA population. In Queensland, mental health conditions in combination with a substance abuse disorder increased the rate of injury post-release.¹⁹ The risk of non-fatal injury and the risk of death are also significantly increased in this target cohort.²⁰ In the youth demographic, individuals previously incarcerated are at six times greater risk of death following release when compared to the general population. Of this demographic, females are disproportionately represented, at 20 times greater risk,²¹ and suicide and substance abuse disorders have been found to be the largest contributors to death in young people post-release.²²

(d) Disproportionate Representation of Aboriginal and Torres Strait Islander Peoples

Aboriginal and Torres Strait Islander peoples represent 2% of Australia's population, but comprise 27% of the prison population nationwide.²³ Women are more at risk than men,²⁴ with Aboriginal and Torres Strait Islander women being 21.2 times more likely to be incarcerated than non-Indigenous women.²⁵ Of Aboriginal and Torres Strait Islander men and women who have been incarcerated, the prevalence of any reported mental health condition experienced within 12 months of incarceration was 73% and 86%, respectively; the most reported anxiety disorder being post-traumatic stress.²⁶

¹⁷ Janine Alan et al, 'Inpatient Hospital Use in the First Year After Release from Prison: A Western Australian Population-based Record Linkage Study' (2011) 35(3) *Australian and New Zealand Journal of Public Health* 264.

¹⁸ Ibid 268.

¹⁹ Jesse T Young, 'Dual Diagnosis of Mental Illness and Substance Use Disorder and Injury in Adults Recently Released from Prison: A Prospective Cohort Study' (2018) 3(5) *Lancet Public Health*.

²⁰ Karen van Dooren, Stuart A Kinner and Simon Forsyth, 'Risk of Death for Young Ex-prisoners in the Year Following Release from Adult Prison' (2013) 37(4) *Australian and New Zealand Journal of Public Health* 377.

²¹ Ibid 379.

²² Ibid 378.

²³ Australian Law Reform Commission, *Pathways to Justice – An Inquiry into the Incarceration Rate of Aboriginal and Torres Strait Islander Peoples* (Report No 133, December 2017) 40 [1.16] ('*Pathways to Justice*').

²⁴ Ibid.

²⁵ Ibid 41 [1.16]

²⁶ James RP Ogloff et al, 'Assessing the Mental Health, Substance Abuse, Cognitive Functioning, and Social/Emotional Well-Being Needs of Aboriginal Prisoners in Australia' (2017) 23(4) *Journal of Correctional Health Care* 398, 399.



1.2. The Intersection of Employment, Mental Health, and the Criminal Justice System

(a) Why Employment? The Positive Effect of Employment on Recidivism and Mental Health

In circumstances of diagnosed psychosis, an individual's access to and engagement with mental health treatment can significantly reduce the chances of recidivism.²⁷ However, as with the general population, mental health treatment is only one aspect and tool in mental health recovery and recovery often requires a holistic approach.²⁸ Comprising part of this holistic approach to mental health improvement is employment.²⁹ Employment aids in recovery as it can provide patients with a sense of identity, achievement, routine and regular social interaction, as well as addressing factors including loneliness and financial stress.³⁰

In the context of the criminal justice system, finding employment can greatly assist individuals previously incarcerated in staying out of prison. Employment acts as a protective factor such that there is a considered inverse relationship between work and crime.³¹ Individuals previously incarcerated have reported that employment is integral to keeping them away from reoffending and that many of their past offences were a result of financial hardship due to unemployment.³² Individuals facing financial hardship are likely to return to the old habits that led them to their initial offending,³³ whereas employment provides the opportunity and ability to re-construct a new identity and lifestyle.³⁴ Numerous international empirical studies support the inverse work-crime theory. For example, studies conducted in the United States (US) found that the more time that is spent unemployed post-release, the greater the chances of recidivism.³⁵ Employment assists individuals previously incarcerated to reintegrate into general society as connected and productive members of the wider community, thereby reducing the individual's chance of reoffending.

²⁷ Don Weatherburn et al, 'Does Mental Health Treatment Reduce Recidivism Among Offenders with a Psychotic Illness?' (2021) 54(2) *Journal of Criminology* 239.

²⁸ *Productivity Commission Inquiry Report into Mental Health* (Final Report, June 2020) vol 2, 165 ('*Productivity Commission Report 2020 vol 2*').

²⁹ *Productivity Commission Report 2020 vol 3* (no 4) 927.

³⁰ Ibid.

³¹ Fielder (no 3) 16.

³² Fielder (no 3) 17–8.

³³ Ibid 19.

³⁴ Ibid 25.

³⁵ Garima Siwach, 'Unemployment Shocks for Individual on the Margin: Exploring Recidivism Effects' (2018) 52(C) *Labour Economics* 231.

(b) The Difficulty in Attaining Employment

However, while a criminal record presents challenges in gaining employment, a criminal record compounded with a mental health condition increases the likelihood of being unemployed.³⁶ Globally, people with mental health conditions are generally three to seven times more likely to be unemployed depending on the severity of their condition.³⁷ In Australia, unemployment rates of people with mental disorders are double that of those without, and only one-third of Australians with a psychotic illness have sustained employment for over one year compared to 72% of the general population.³⁸ For individuals previously incarcerated, in the first six months following release, those who have a pre-existing mental health condition are at higher risks of unemployment and homelessness compared to individuals without pre-existing mental health conditions.³⁹

Increased unemployment rates for individuals previously incarcerated and who experience mental health conditions can exist for two main reasons. Firstly, the condition itself can reduce an individual's ability to work at the same level as the general population. Certain mental health conditions can impact cognitive, perceptual and interpersonal functioning, hindering an individual's ability to work long hours and reducing the variety of jobs available.⁴⁰

Secondly, employers can have stigmatised views towards mental health conditions and criminal records, reducing the likelihood of employing individuals with either.⁴¹ Recent research highlights four key problem areas of stigma for people with mental health conditions seeking long-term employment:

1. not disclosing their condition at work due to a fear of being stigmatised;
2. not seeking healthcare in anticipation of stigma;
3. workplace stigma such as employers having negative attitudes; and
4. self-stigma resulting in not seeking employment because they anticipate the stigma and discrimination that may occur.⁴²

³⁶ *Productivity Commission Report 2020 vol 3 (no 4) 1044*, citing *Inquiry into Mental Health Submission No 1196 (no 5) 12*.

³⁷ Organisation for Economic Co-operation and Development, *Sick on the Job? Myths and Realities about Mental Health and Work* (Mental Health and Work Series, 17 January 2012).

³⁸ AIHW, *Australia's Welfare* (Report No 189, 2018) 314 ('Australia's Welfare').

³⁹ Zoe Cutcher et al, 'Poor Health and Social Outcomes for Ex-prisoners with a History of Mental Disorder: A Longitudinal Study' (2014) 38(5) *Australian and New Zealand Journal of Public Health* 424.

⁴⁰ *Productivity Commission Report 2020 vol 3 (no 4) 1044*.

⁴¹ Brouwers (no 2) 3.

⁴² *Ibid.*



In a 2016 US study conducted by Hipes et al., job applications of people who disclosed a history of: mental health conditions, a physical injury, or no injury, were sent to employers.⁴³ Results found that applicants with a history of mental health conditions received the least number of call-backs, indicating that employer stigma led to discrimination (whether conscious or subconscious) against people with mental health conditions in the hiring process.⁴⁴ Similar findings exist for individuals previously incarcerated, with criminal checks posing a large barrier to applicants and an avenue for employers to discriminate in the hiring process.⁴⁵

1.3. Could IPS be Part of the Solution?

(a) What is the IPS Model?

Principles

The IPS model is one of the employment models used in the mental health context that has been shown to significantly increase employment outcomes. This model integrates employment assistance with traditional mental health supports to focus on the individual needs of people with mental health conditions, assisting participants to rapidly seek and obtain competitive employment and providing them with ongoing support during employment.⁴⁶ IPS is underpinned by eight core practice principles:⁴⁷

- **Competitive employment:** Participants obtain jobs in the open labour market, paid the same wage as non-IPS participants performing the same work.
- **Zero exclusion:** Everyone with a mental health condition who wants to work is eligible to participate in IPS programs regardless of their psychiatric diagnosis or symptoms, employment history, substance abuse or cognitive impairment. Motivation to find work is the best predictor of who will make a successful transition into employment.
- **Integration:** IPS employment specialists are embedded within mental health teams already supporting participants, enabling them to work together and share information and ideas to help participants improve their recovery.
- **Attention to participant preferences:** Participant preferences determine the type of job that is sought and the nature of the support provided.

⁴³ Crosby Hipes et al, 'The Stigma of Mental Illness in the Labor Market' (2016) 56 *Social Science Research* 16.

⁴⁴ Ibid.

⁴⁵ Fielder (no 3) 66.

⁴⁶ KPMG, *Department of Social Services Final Report for the Evaluation of the Individual Placement and Support Trial* (Final Report, June 2019) 4 ('*Evaluation of IPS Trial Australia 2019*').

⁴⁷ IPS WORKS, *Core Practice Principles* (Web Page) <<https://ipsworks.waamh.org.au/what-is-ips/core-practice-principles>>.



- **Personalised benefits counselling:** Participants receive comprehensive, accurate, individualised information to make informed choices about how income support payments or other benefits may be affected by potential employment and earnings.
- **Rapid job search:** Participants aim to begin the job search within 30 days of entering the program, instead of completing lengthy pre-employment assessments, training, or work experience.
- **Systematic job development:** IPS employment specialists build relationships with employers over multiple face-to-face visits. They learn about the work environment and the employers' needs and assess whether potential vacancies could be a good fit for IPS participants.
- **Time-unlimited support:** IPS specialists provided individualised support for as long as the participant wants it, as well as seeking to develop natural supports in the participant's employment and family to ensure job placements are successful longer-term. The goal is to help the participant become as independent as possible in employment.

Fidelity

A key aspect of the IPS model is its review component. Each IPS program is reviewed against the IPS Supported Employment Fidelity Scale, a measure used to assess the program's fidelity to IPS principles and characteristics.⁴⁸ As the IPS model was conceptualized in the US, the Fidelity Scale has since been adapted for use in Australia. Predominately, the Australian and New Zealand (ANZ) Fidelity Scale adapted by Geff Waghorn and Miranda Lintott is used in Australian IPS reviews.⁴⁹

The ANZ Fidelity Scale comprises 25 items across three distinct sections: staffing, organisation and services. Items include caseload size, disclosure, agency focus on competitive employment and zero exclusion criteria.⁵⁰ Each item is assessed on a five-point Likert Scale, whereby a score of one denotes 'no implementation' and a score of five denotes 'full implementation'.⁵¹ An overall fidelity rating is also calculated whereby a rating of 74–99 denotes 'fair fidelity', 100–114 'good fidelity' and 115–125 'exemplary fidelity'.⁵² An important component in evaluating the effectiveness and outcomes of a program implementing the IPS model, programs scoring higher fidelity ratings have been shown to have higher competitive employment rates compared to those that do not.⁵³

⁴⁸ Deborah Becker et al, *Supported Employment Fidelity Review Manual* (Rockville Institute, 4th ed, 2019).

⁴⁹ Geff Waghorn and Miranda Lintott, *Supported Employment Fidelity Scale Australia and New Zealand Version 2.0* (2011).

⁵⁰ Ibid.

⁵¹ Becker et al (n 48) 3.

⁵² Ibid 155.

⁵³ Ibid 3.



(b) What are the benefits of IPS?

Improved Employment Outcomes

The evidence overwhelmingly shows that the IPS model is more effective than traditional ‘train-then-place’ models in obtaining employment for people with mental health conditions. The following table summarises key findings of several international systemic reviews that analysed multiple randomised controlled trials (RCTs) of IPS. RCTs compare the employment outcomes for IPS participants against the employment outcomes for participants receiving existing local mental health and employment support.

Author	Number of			Outcomes
	RCTs	Participants	Countries	
Bond ⁵⁴	28	6,468	24 (three Australian studies)	<ul style="list-style-type: none"> 96% of RCTs found significant advantages for IPS participants over control participants Mean competitive employment rate of 55% for IPS participants, compared to 25% for control participants
Modini et al ⁵⁵	17	4,504	11 (one Australian study)	<ul style="list-style-type: none"> IPS participants were 2.4 times more likely to obtain employment than control participants Geographic area and local unemployment rate did not impact the relative effectiveness of IPS
Suijkerbuijk et al ⁵⁶	48	8,743	12 (three Australian studies)	<ul style="list-style-type: none"> Mean competitive employment rate of 71.2% for IPS participants compared to 18.7% for participants receiving only psychiatric care

⁵⁴ Gary Bond, ‘Evidence for the Effectiveness of Individual Placement and Support Model of Supported Employment’, *IPS Employment Center* (Web Page and PowerPoint Document, 1 August 2021) <<https://ipsworks.org/index.php/evidence-for-ips/>>.

⁵⁵ Matthew Modini et al, ‘Supported Employment for People with Severe Mental Illness: Systematic Review and Meta-Analysis of the International Evidence’ (2016) 209(1) *British Journal of Psychology* 14.

⁵⁶ Yvonne B Suijkerbuijk et al, ‘Interventions for Obtaining and Maintaining Employment in Adults with Severe Mental Illness, a Network Meta-Analysis’ (2017) 9(9) *Cochrane Database of Systematic Reviews*.



				<ul style="list-style-type: none"> • Mean competitive employment rate of 60.4% for IPS participants compared to 22.3% for participants receiving existing employment services
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Managing Disclosure

As outlined earlier, the disclosure of mental health can have negative impacts on employment outcomes due to stigma and discrimination (both unconscious and conscious). In mental health contexts where prospective employees are not obligated under statutory requirements to disclose medical conditions (with some exceptions), the decision to disclose can be difficult.⁵⁷ Mixed views of the decision to disclose mental health conditions have been observed; negative outcomes include employer discrimination and positive outcomes include individuals feeling a greater sense of support in their workplace.⁵⁸

As such, IPS models are beneficial in supporting prospective employees in navigating the decision to disclose. In particular, a 2012 study by Allott et al examining the employment outcomes of IPS clients from Australia and the US observed positive employment outcomes both in situations where disclosure was and was not permitted by the clients.⁵⁹ In this study, the IPS specialist was involved in supporting the client by educating them on the advantages and disadvantages of disclosure, as well as discussing when and how much the client was comfortable to disclose.⁶⁰ Key to these positive outcomes was the support provided by the IPS specialists both where disclosure was and was not permitted. In the former case, IPS specialists provided ‘behind-the-scenes’ assistance by way of aiding the client in navigating the job search process and improving interviewing skills, among others.⁶¹ In the latter case, IPS specialists were able to market the suitability of their client directly to employers, explain the mental health condition experienced further if requested, and emphasised the continual role of the IPS specialist in assisting the client in achieving and maintaining job performance even after employment has been attained.⁶²

⁵⁷ Emily Hielscher and Geoffrey Waghorn, ‘Managing Disclosure of Personal Information: An Opportunity to Enhance Supported Employment’ (2015) 38(4) *Psychiatric Rehabilitation Journal* 306, 307.

⁵⁸ Ibid 307–8.

⁵⁹ Kelly A Allott et al, ‘Managing Disclosure Following Recent-Onset Psychosis: Utilizing the Individual Place and Support Model’ (2013) 7(3) *Early Intervention in Psychiatry* 338.

⁶⁰ Ibid 340.

⁶¹ Ibid 341.

⁶² Ibid 341–2.



However, while individuals experiencing mental health conditions generally have no legal requirement to disclose,⁶³ this is not always the case for those with lived experience of the criminal justice system. The added complexity of the statutory requirements to disclose one's criminal history, as well as the increased stigma that a criminal history can carry, can make it even more challenging for individuals experiencing both mental health conditions and lived experience of the criminal justice space to navigate the decision to disclose (see Part 4.3(r) for further discussion reporting requirements). As such, the IPS model and its focus on disclosure may be promising in both employment and recidivism outcomes.

Economic Benefits

The effectiveness of IPS programs has multiple benefits for governments. Firstly, the pressure on healthcare systems is significantly reduced. An RCT of 720 IPS participants in Denmark found that the costs per person over 18 months (in other words, balancing the costs of an IPS program against the costs of primary care, pharmaceuticals, hospitalisations, and lost productivity) were €3,730 lower for IPS participants than for those receiving traditional best practice services.⁶⁴

In Australia, the Productivity Commission estimates that about 40,000 Australians would benefit from a comprehensive, nationwide IPS program.⁶⁵ Such a program would cost \$108-286 million per year while saving the healthcare system \$137-575 million, largely because of reduced hospital admissions.⁶⁶ The healthcare system is mostly funded by state and territory governments, but federally funded Disability Employment Services (DES) providers would save a further \$49 million per year.⁶⁷ Furthermore, the overall income of IPS participants would collectively increase by \$42-90 million per year, creating potentially significant savings in federally funded support payments.⁶⁸ A successful IPS program that places individuals with lived experience of the criminal justice system in employment would also help to reduce the immense economic and social costs of recidivism.

(c) What has been the Impact of IPS in the Criminal Justice System?

There have been only two trials of IPS among individuals with lived experience of the criminal justice system, and neither was specific to participants with mental health conditions. A RCT trial by Bond et al in Chicago, US, among 87 male and female individuals previously incarcerated, was assessed as

⁶³ *Hielscher and Waghorn* (n 57) 307.

⁶⁴ Thomas Nordahl Christensen et al, 'Cost-Utility and Cost-Effectiveness of Individual Placement Support and Cognitive Remediation in People with Severe Mental Illness: Results from a Randomized Clinical Trial' (2021) 64(1) *European Psychiatry* 1, 4-5.

⁶⁵ *Productivity Commission Report 2020 vol 2* (no 28) 350, 352.

⁶⁶ *Ibid* 349.

⁶⁷ *Ibid*.

⁶⁸ *Ibid*.



having 'good' IPS fidelity.⁶⁹ Over 12 months 31% of IPS participants found employment, compared to 7% of the control group.⁷⁰ While this was less successful than most IPS programs among the general population, it should be noted that the trial had several limitations:

- study participants recruited had not spontaneously expressed interest in IPS (i.e. they had consented to be signed up, rather than volunteered);⁷¹
- IPS specialists had only one day's training in criminal justice-specific issues;⁷² and
- many of the study participants had healthcare and housing issues that were inadequately supported and saw these issues as more urgent than finding employment.⁷³

A trial conducted in the West Midlands, United Kingdom (UK), by Durcan et al among 54 male and female individuals previously incarcerated, was assessed as having 'fair' IPS fidelity.⁷⁴ Of the participants, 31 made job applications and 21 found competitive employment – a success rate of 39% overall which is a relatively low level of IPS fidelity.⁷⁵ This trial also had limitations including that it was conducted during a major overhaul of the UK's probation system, considered as the 'worst possible time' to run any kind of trial.⁷⁶ In conclusion, existing trials of IPS in the criminal justice system are extremely limited. Nonetheless, the evidence – especially the Bond trial – does suggest that IPS can be successful in placing individuals with lived experience of the criminal justice system in employment.

1.4. Conclusion

People with lived experience of the criminal justice system experience disproportionately high rates of mental health conditions, affecting their ability to reintegrate upon release. While employment has been shown to improve both mental health and recidivism outcomes, people with both a criminal history and mental health conditions face significant barriers in attaining and maintaining meaningful employment. Exacerbating these barriers is also the lack of resources and limited mental health and employment support both prior to and following release (further discussed in Parts 2 and 3). While employment has been discussed in this section as a tool in mental health recovery, it is also fundamental to an individual's ability to sustain a certain level of livelihood in today's society and

⁶⁹ Gary Bond et al, 'A Controlled Trial of Supported Employment for People with Severe Mental Illness and Justice Involvement' (2015) 66(10) *Psychiatric Services* 1027, 1031 ('IPS Controlled Trial US').

⁷⁰ Ibid 1031.

⁷¹ Ibid 1032.

⁷² Ibid 1029.

⁷³ Ibid 1032.

⁷⁴ Graham Durcan, Jonathan Allen and Ian S Hamilton, *From Prison to Work: A New Frontier for Individual Placement and Support* (Centre for Mental Health, Report, 7 June 2018) 15, 23.

⁷⁵ Ibid 15.

⁷⁶ Ibid 26.



outside of an institutionalised environment. The IPS model presents as a potential avenue to explore in improving not only employment and mental health outcomes but also recidivism outcomes. More practical considerations of how an IPS model might be implemented in the WA criminal justice system will be discussed in Part 4.

2. The Current Landscape: Reintegration Programs and Services

2.1. What Current Reintegration Programs and Services are in Place?

Before we can consider whether and how might an IPS model be implemented in the intersection of the WA criminal justice system and mental health space, we need to first understand the existing landscape. This section details several different reintegration programs and organisations that operate in this space, including the benefits, outcomes and limitations of these services. These services operate in the complex landscape of the criminal justice system, itself comprising several different departments and bodies. Further consideration around this, including consultation insights from some of the organisations mentioned, will be detailed in Part 4. We note that after an individual is convicted and sentenced, they fall under the jurisdiction of the Corrective Services of the Department of Justice.

2.2. Relevant General In-house Prison Facilities and Support

(a) Transitional Managers

The Corrective Services arm of the Department of Justice WA provides pre-release support to individuals currently incarcerated to prepare for re-entry into the community. The role of transitional managers to assess the various reintegrative barriers of these individuals and refer them to appropriate organisations for assistance has been a feature of the WA criminal justice system since 2008.⁷⁷ These transitional managers facilitate access to external support services, such as services which help with finding accommodation, preparing for employment, and adapting to life after release.⁷⁸ Transitional managers can also provide practical assistance with obtaining identification or referral to family relationship centres.⁷⁹

(b) Courses and Qualifications

In all Australian jurisdictions, prisons offer education and training opportunities. There are often general education programs for basic literacy and numeracy and accredited vocational education and training (VET) courses.⁸⁰ Certificate levels are usually offered at levels 1-3 for courses such as construction, warehousing, hospitality or welding.⁸¹ In a national study of adults incarcerated between

⁷⁷ Office of the Inspector of Custodial Services (WA) ('OICS'), *Transitional Services in Western Australian Prisons* (Review, May 2016) 2 ('*Transitional Services in WA*').

⁷⁸ 'Rehabilitation and services: Corrective Services', *Department of Justice* (WA) (Web Page, 27 July 2021) <<https://www.wa.gov.au/organisation/department-of-justice/rehabilitation-and-services-corrective-services>>.

⁷⁹ Department of Justice (WA), *Annual Report 2017/2018* (Report, 2018) 17 ('*DoJ Annual Report 2017/2018*').

⁸⁰ *Ibid.*

⁸¹ *DoJ Annual Report 2017/2018* (n 79) 17.



2008-15, an average of 33.9% of those eligible participated in some form of accredited education and training during their period of incarceration.⁸² Enabling access to such education and training reflects the large proportion of individuals incarcerated who did not complete secondary education, who have brief formal employment histories and have minimal trade qualifications.⁸³ Hence, addressing these needs and improving employability skills for life beyond prison is identified as an important aspect of reducing recidivism.⁸⁴

In WA, the Department of Justice's Education and Vocational Training Unit works with the Department of Training and Workforce Development to deliver these opportunities. According to the 2021 WA Office of the Auditor General report into improving literacy and numeracy skills of adults incarcerated, low numeracy skills is common amongst these individuals, with individuals of Aboriginal and Torres Strait Islander descent having on average, lower levels of literacy and numeracy skills than their non-Indigenous cohort.⁸⁵ The report found that from 1 March 2018 to 31 March 2021, the Department delivered approximately 24,000 literacy and numeracy courses to over 11,000 adults incarcerated, with a total of 21,593 courses completed.⁸⁶ Critically, the report noted that an individual's literacy and numeracy skills are assessed against the Australian Core Skills Framework upon *entry*, but are not reassessed prior to *release*.⁸⁷ It is almost impossible to determine how effective such in-prison education services are in reducing the risks of recidivism.

2.3. Employment and/or Reintegration Specific Programs and Services

A key aspect of the criminal justice system is to support people with lived experiences to rehabilitate and reduce recidivism outcomes. As such, several programs and services are available through government and non-government organisations (NGOs) to aid in the transition into the community after release. Specifically, the Department of Justice funds several agencies in WA to facilitate such services, with individuals assessed as high and medium risk of reoffending referred to these services six months prior to release.⁸⁸ These organisations include Centrecare, ReSet, Uniting WA and AccordWest. While some programs focus specifically on the pre-release stage, several programs also

⁸² Eileen Baldry, *Adult Prisoner Participation in Education, Training and Employment in Australia, 2008—15* (UNSW, 2016) 18.

⁸³ *Ibid* 17.

⁸⁴ *Ibid* 15.

⁸⁵ Officer of the Auditor General (WA), *Improving Prisoner Literacy and Numeracy* (Report No 31, June 2021) 10.

⁸⁶ *Ibid* 11.

⁸⁷ *Ibid* 14.

⁸⁸ 'Release: Help and Support', *Department of Justice* (WA) (Web Page) <<https://www.wa.gov.au/organisation/departement-of-justice/release-help-and-support>>.



provide services beginning at pre-release (usually six months) and continuing post-release (usually 12 months).

Reflecting several factors, including changes of government, the two-year tendering cycle and funding restraints, reintegration services in the WA criminal justice space are impacted by consistency issues. Currently, Wungening Aboriginal Corporation holds the re-entry contract, its reintegration services having been procured by the WA government since late 2017.⁸⁹

As such, the reintegration services currently available are facilitated via several different NGOs, as well as government departments. Additionally, in facilitating these services, regulations and requirements associated with a criminal history also need to be navigated. Therefore, considering learnings from both past and current programs, as well as key providers and bodies, may be valuable to inform any new reform in this space. The following sections detail several different reintegration programs across government and NGOs.

(a) Government Initiatives

Mainstream Employment Services

One of the most common employment avenues for people with mental health conditions is access to the DES program, an initiative overseen by the Department of Social Services. Individuals with lived experience of the criminal justice system and who experience a disability, health condition or injury are likely to come in contact with DES programs during their period of incarceration, which provides pre and post-release support while aiming to match people to available jobs.⁹⁰ If an individual does not have a disability, health condition or injury, they will not be eligible for DES' programs and will instead go through the mainstream job search stream under the Federal Government's 'jobactive' program.⁹¹ We note that despite DES' availability, some individuals with lived experience of the criminal justice system and who experience a disability, health condition or injury will still job search as part of the jobactive program.

For both job search avenues, there has been a large amount of criticism, especially for clients that have mental health conditions. jobactive has been criticised for not being able to meet the needs of participants with mental health conditions due to staff having high caseloads, a lack of specialist understanding of mental health, and a lack of funding to support appropriate psychological interventions. As a result, it is not uncommon for participants with mental health conditions to be

⁸⁹ OICS, *2018 Inspection of Wooroloo Prison Farm* (Report No 119, September 2018) 11–12 ('Wooroloo Prison Farm Inspection').

⁹⁰ BCG, Department of Social Services, *Mid-term Review of the Disability Employment Services (DES) Program* (Report, August 2020) ('Mid-term Review of DES Program 2020'); *Productivity Commission Report 2020 vol 3* (no 4) 931–2.

⁹¹ *Productivity Commission Report 2020 vol 3* (no 4) 931–2.



recommended for employment in positions that are not suitable to their condition, further deteriorating their mental health. Data analyses have found that outcomes are worse for participants with mental health conditions in jobactive. In 2018, 64% of jobactive participants who did not identify with a mental health condition spent more than one year in employment support, compared to 82% of participants that did.⁹²

Despite DES programs specialising in supporting people with disabilities, including mental health conditions, there have been similar criticisms regarding their services. The 2020 mid-term review of DES found that some of the primary challenges for the program were that it was not able to cater to the individual needs of participants, that providers lacked specialist skills, and that there was poor integration with aligned services such as the National Disability Insurance Scheme (NDIS), jobactive and other health treatment providers.⁹³ Furthermore, the four main areas of concern from participants were that the support was not individualised, that they were not provided with enough information to make informed choices, that there was a lack of understanding due to DES being too complicated, and that the job matches were not appropriate.⁹⁴ This demonstrates that mainstream employment support services such as jobactive and DES may not be suitable for people with mental health conditions and were not adapted to their individual requirements.

Individuals with lived experience of the criminal justice system face similar challenges within DES and jobactive services. A fundamental aspect to these federal employment services is the assessment of clients by Services Australia to determine eligibility for either DES or jobactive via tools such as the Employment Services Assessment and the Job Seeker Classification Index. Critically, the use of such tools to classify clients who have been incarcerated are often rigid and unresponsive to the complex needs of these individuals.⁹⁵ This often results in non-individualised servicing for these clients and is unproductive in addressing their nuanced employment and reintegration barriers.⁹⁶ Hence, regardless of an individual's criminal history or history of trauma and institutionalisation, employment service providers must enforce the same Department-set obligations upon jobseekers with and without lived experience of the criminal justice system.⁹⁷

⁹² *Productivity Commission Inquiry Report into Mental Health* (Draft Report, October 2019) vol 1, 515–6.

⁹³ *Mid-term Review of DES Program 2020* (no 90) 6.

⁹⁴ *Ibid* 64.

⁹⁵ Joe Graffam et al, *A Future Beyond the Wall: Improving Post-Release Employment Outcomes for People Leaving Prison: Results From a National Survey of Employment Services* (UNSW, Report, October 2017) 33.

⁹⁶ *Ibid* 32.

⁹⁷ Chris Martin et al, *Exiting Prison with Complex Support Needs: The Role of Housing Assistance* (Australian Housing and Urban Research Institute, 2021) 35.



While the DES and jobactive services play an important role in improving employment outcomes nationally, there are several limitations within this space. Therefore, these services may not necessarily provide the required support for people who experience mental health conditions, much less people with lived experience of the criminal justice system who are also experiencing mental health conditions. Given the complex and compounding issues experienced by the cohort of focus in this report (and as illustrated in Part 1 and later, Part 4), individualised support may be more effective. However, jobactive and DES have limitations in their ability to provide this type of support.

Current Prison Programs

Time to Work Employment Service

In 2018, the Department of Education, Skills and Employment launched the national Time to Work Employment Service (TWES) for in-prison support for individuals incarcerated of Aboriginal and Torres Strait Islander descent. Under the TWES, individuals in prison are assessed for their job-readiness, a plan is developed for their transition out of prison, and providers coordinate with mainstream employment service providers to help these individuals prepare for work.⁹⁸ From the point of release, the person would ideally already have a transition to employment plan in place to ensure a smoother reintegration process. Currently, after release these individuals are assessed by Services Australia (Centrelink) and then referred to an employment service provider (either a DES or jobactive). The TWES aims to support Aboriginal and Torres Strait Islanders' transition to the community by beginning to address employment barriers whilst such persons are incarcerated.⁹⁹ Only adult Aboriginal and Torres Strait Islander people who are sentenced and are within the last three months of their sentence are eligible for TWES.¹⁰⁰ Currently in WA, the Breakaway Aboriginal Corporation, Men's Outreach Service Aboriginal Corporation, Pivot Support Services and Nulsen Group Limited (parent company of Outcare) are contracted to provide the TWES to 13 different prisons across the state.¹⁰¹ As the TWES is relatively new, there were no publicly available reviews or reports into the effectiveness of the program in assisting individuals in prison transition into the community and find and sustain employment at the time of writing this report.

Prisoner Employment Program

The Prisoner Employment Program (PEP) allows minimum-security individuals in the later stages of their prison sentences to engage in paid employment in the community and return the prison every

⁹⁸'Time to Work Employment Service', *Department of Education, Skills and Employment* ('DESE') (Web Page, 6 October 2021) <<https://www.dese.gov.au/time-work-employment-service>>; 'Time to Work', Outcare (Web Page) <<https://www.outcare.com.au/program/time-to-work>>.

⁹⁹'Time to Work Program', *Pivot Support Services* (Web Page) <<https://www.pivotsupport.com.au/time-to-work-program>>.

¹⁰⁰ Ibid.

¹⁰¹'Time to Work Employment Service Non-Remote Provider Information Factsheet', *DESE* (Web Page, 6 April 2021) <<https://www.dese.gov.au/time-work-employment-service/resources/time-work-employment-service-non-remote-provider-information-factsheet>>.



night.¹⁰² Individuals can apply to enter PEP in the last 12 months of their sentence.¹⁰³ They may also leave the prison to participate in work experience, training, or job search activities as part of PEP.¹⁰⁴

PEP is relatively small – according to the most recent available figures, five residents at Wooroloo Prison¹⁰⁵ and two at Karnet Prison¹⁰⁶ were undertaking paid employment. Boronia Prison residents are also eligible for PEP. As at the time of the Office of the Inspector of Custodial Services' (OICS) 2018 inspection report (Boronia Report), three residents at Boronia Prison were engaged in the program and so could leave the facility unsupervised for work or training, with 12 others awaiting approval.¹⁰⁷ These 12 residents have since been approved, but it is unknown how many have obtained paid employment.¹⁰⁸ The Boronia Report noted that almost all Boronia Prison residents were involved in in-facility employment, namely gardening, kitchen-hand work and cleaning.¹⁰⁹ Further, six residents were undertaking full-time education and Boronia Prison offered traineeships for Certificate II's in Kitchen Operations, Retail, Horticulture and Construction.¹¹⁰ The Boronia Report highlighted residents and vocational support officers' relations were overall positive. Critically, Boronia does not offer any Aboriginal and Torres Strait Islander specific education or training programs.¹¹¹ Notably, there has yet to be a robust evaluation of the effectiveness of Boronia Prison initiatives in reducing recidivism.¹¹² Since 2006, calls for evaluation have been unanswered by the Department of Justice.¹¹³ Presently, there is no evidence if the Boronia Prison initiatives reduce recidivism rates.

Whilst there are benefits associated with PEP, multiple issues have also been identified. Lengthy approval processes act as a disincentive for individuals in prison and employers to engage with the program.¹¹⁴ In some cases, approvals take so long that individuals who have applied to PEP have already been released by the time they are approved.¹¹⁵ Further, individuals who are approved must

¹⁰² OICS, *2019 Inspection of Karnet Prison Farm* (Report No 127, January 2020) 20 ('*Karnet Prison Farm Inspection*').

¹⁰³ *Ibid.*

¹⁰⁴ *Ibid.*

¹⁰⁵ *Wooroloo Prison Farm Inspection* (n 89) 10.

¹⁰⁶ *Karnet Prison Farm Inspection* (n 102) 20.

¹⁰⁷ OICS, *2018 Inspection of Boronia Pre-release Centre for Women* (Report No 120, October 2018) 7 ('*Boronia Prison Inspection*').

¹⁰⁸ *Ibid.* 9.

¹⁰⁹ *Boronia Prison Inspection* (n 107) 45.

¹¹⁰ *Ibid.* 46.

¹¹¹ *Ibid.* 51.

¹¹² *Boronia Prison Inspection* (n 107) 58; OICS, *Report of an Announced Inspection of Boronia Pre-release Centre for Women* (Report, 2015) 46.

¹¹³ OICS, *Annual Report 2018-2019* (Final Report, 2019) 16 ('*OICS Annual Report 2018-19*').

¹¹⁴ *Boronia Prison Inspection* (n 107) 9; *Wooroloo Prison Farm Inspection* (n 89) 10.

¹¹⁵ *Boronia Prison Inspection* (n 107) 9.



program contracted various non-profit organisations to provide reintegrative services.¹²⁷ Prison transitional managers collaborated with these Re-entry Link providers to coordinate support provided to individuals on remand and those sentenced.

There were four areas of service provided by the Re-entry Link program:¹²⁸

1. **Remand Support Service:** This service was delivered within the first four weeks of entry into prison. It was aimed at addressing the immediate needs individuals face at this time, such as contacting and notifying family members. Re-entry Link providers were supplied a list of new individuals on remand at each prison weekly, from which appointments were made to support the transition into prison and assist management.
2. **Pre-release Information Service:** This service, known as the Life Skills program, was offered six months prior to release for individuals who had been sentenced. The Life Skills program consisted of voluntary modules relating to re-entry issues, such as parenting skills, relationship help, financial or anger management, drug and alcohol issues, and mental health. The delivery of modules varied across prisons according to prison population needs and prison service delivery plans.
3. **Pre-release Support:** This support was offered in the six months prior to release and was offered in two forms of pre-release support - formal or casual. Formal pre-release support involved the provision of ongoing case management and greater support coordinated by the transitional manager, Re-entry Link staff and case workers. Casual pre-release support involved access to transitional support services up to three times. This was as the reintegration needs of individuals accessing the casual pre-release support would have been identified as relatively minimal.
4. **Post-release Support:** This service involved connecting individuals to relevant community agencies for counselling, health support and practical needs after release. Individuals under the formal pre-release support arm could receive 12 months of post-release support by Re-entry Link providers.

While such programs to aid the transitioning into the community was welcomed, the Re-entry Link program faced several issues in practice. These included:¹²⁹

- Lack of program targeting:
 - The program did not target a clearly identified cohort of individuals in the criminal justice system. A successful aspect of reintegration services is how closely the intervention aligns with the individual's needs and their risk of reoffending.¹³⁰ As the

¹²⁷ *Transitional Services in WA* (n 77) 3.

¹²⁸ *Transitional Services in WA* (n 77) 23.

¹²⁹ *Ibid* 18.

¹³⁰ *Transitional Services in WA* (n 77) 40.



Re-entry Link program was broad, those with known characteristics associated with recidivism (which include the presence of a prior conviction, being young, being male, identifying as Aboriginal or Torres Strait Islander, and substance abuse) were not able to receive a higher level of support.¹³¹ As a result, the risk of reoffending was disproportionate to the intervention these individuals required or received.

- Staffing issues:
 - Across all WA prisons, particularly metropolitan prisons, there were considerably more individuals incarcerated than reintegration staff. The 2016 report found Acacia Prison, with a population of approximately 1,400 in 2014, had only six case managers.¹³² At regional facilities such as Greenough Regional Prison, there were four case managers for a population of approximately 300.¹³³ These insufficient staffing levels resulted in greater workload pressures, meaning staff were selective when providing assistance.¹³⁴ It was also more difficult to identify individuals with greater reintegrative needs.¹³⁵
- Lack of access to information:
 - Service providers noted the lack of access to case management information held by the Department's Total Offender Management System (TOMS) was also an issue. Information held on the TOMS included details of an individual's self-harm history, prior community supervision history, and risk levels.¹³⁶ There were also inconsistent levels of access to the TOMS depending on the prison location where staff worked.¹³⁷ This resulted in staff's inefficiency to perform work, inefficient use of funding, and difficulty for individuals incarcerated to receive the intervention required.¹³⁸
- Failure to review and monitor:
 - The monitoring of the program's performance was an issue. There were infrequent reviews of the program, and when self-reported reviews were produced, different providers examined different performance outcomes.¹³⁹ The lack of cohesive quantified performance indicators for all providers reflected deficiencies in the

¹³¹ Glenn Dawes, *Keeping on Country: Recidivism Research Report* (James Cook University, 2016) 32.

¹³² *Transitional Services in WA* (n 77) 19.

¹³³ *Ibid.*

¹³⁴ *Ibid* 9.

¹³⁵ *Ibid.*

¹³⁶ *Ibid* 31.

¹³⁷ *Ibid.*

¹³⁸ *Ibid* 32.

¹³⁹ *Ibid* 34.



Department of Corrective Service's agreement which lacked clear benchmarks to measure the program's effectiveness.¹⁴⁰

- Lack of quality data collection:
 - Significantly, data collected by the Department of Corrective Services suggested there was no difference in the reoffending outcomes of individuals previously incarcerated who did receive post-release support and those who did not.¹⁴¹ This was impacted by the Department's lack of long-term review into the effectiveness of the program to reduce recidivism and its poorly identified benchmarks to measure such outcomes. The OICS 2016 report was unable to conduct further statistical analyses due to the unreliability of the underlying data.¹⁴²

Despite the cessation of the Re-entry Link program, prisons continue to provide reintegrative assistance through referrals made by transitional managers to appropriate organisations. Broadly, referrals are made within the six months prior to release and individuals can sometimes access re-entry programs for up to 12-months post-release.

(b) NGO-run Programs and Services

As well as government-supported initiatives, several organisations and NGOs provide support and programs with a focus on reintegration, mental health and employment for individuals with lived experience of the criminal justice system. Reflecting the complex needs of these individuals, many of these services are linked and work in tangent. As such, consortiums, partnerships and Memorandums of Understandings between several NGOs and organisations exist to support these services. Key programs and organisations are outlined below.

Wungening Consortium

Wungening Aboriginal Corporation (Wungening) is a key organisation within the re-entry space for metropolitan prisons. As of December 2017, ReSet become the newest re-entry program after Wungening was awarded the contract by the Department to provide prison re-entry services.¹⁴³ ReSet is provided by a Wungening-led Consortium of agencies which include Centrecare, Wirrpanda Foundation and St Bartholomew's House. Outcare and Ruah had held the prior re-entry services contract since 2004.¹⁴⁴ As two agencies of the consortium are Aboriginal-led, it is expected they can better address the specific barriers and issues that Aboriginal and Torres Strait Islander individuals

¹⁴⁰ Ibid.

¹⁴¹ *Transitional Services in WA* (n 77) 28.

¹⁴² Ibid 29.

¹⁴³ *Boronia Prison Inspection* (n 107) 9.

¹⁴⁴ *Wooroloo Prison Farm Inspection* (n 89) 11.



face.¹⁴⁵ The Consortium also has an Aboriginal Cultural Advisory Group to advise on culturally-appropriate practices.¹⁴⁶ Transition to the new Wungening contract was not without issues - the change was cited to cause uncertainty amongst transitional managers and individuals with lived experience of the criminal justice system surrounding the scope of services available, communication between the Department of Corrective Services and prisons was considered poor, and as Outcare and Ruah withdrew services so did many of its staff.¹⁴⁷ Presently, there is yet to be a publicly available evaluation of ReSet.

ReSet

As outlined above, ReSet is a re-entry service available for any individual assessed by the Department of Corrective Services as being at a medium to high risk of reoffending.¹⁴⁸ It requires a referral by a transitional manager and begins three to six months prior to release.¹⁴⁹ Individuals are assigned a ReSet case worker to assist them to address their reintegrative barriers by providing life skills development courses, housing referrals, connecting with family, and helping with substance abuse issues.¹⁵⁰ ReSet has a throughcare model whereby re-entry support begins in prison and continues after someone has exited the justice system with case workers meeting individuals previously incarcerated out in the community.¹⁵¹ Though it is too soon for a thorough evaluation of the service, referrals to ReSet appear to operate without significant issue, and ReSet's parenting programs are generally well-received but may not be as intensive as some individuals require.¹⁵²

Wirrpanda Foundation

The Wirrpanda Foundation (Wirrpanda) is another provider of reintegrative programs. Bunuru, provided in partnership with Outcare, is a program specifically for 16 to 18-year-olds engaged in the criminal justice system to help improve literacy and job-readiness by way of age-appropriate education, training or employment.¹⁵³ The foundation also launched the Real Support Network in early 2021, a program that delivers reintegrative support for individuals held at Acacia Prison. Member agencies of the Real Support Network include Community Transitions, SHINE for Kids, Aboriginal

¹⁴⁵ *Wooroloo Prison Farm Inspection* (n 89) 12.

¹⁴⁶ 'Our Governance', ReSet (Web Page) <<https://www.reset.org.au/our-governance/>>.

¹⁴⁷ *Wooroloo Prison Farm Inspection* (n 89) 11; *Boronia Prison Inspection* (n 107).

¹⁴⁸ *Boronia Prison Inspection* (n 107) 10.

¹⁴⁹ *Ibid.*

¹⁵⁰ 'What We Do', ReSet (Web Page) <<https://www.reset.org.au/what-we-do/>>.

¹⁵¹ 'How We Operate', ReSet (Web Page) <<https://www.reset.org.au/how-we-operate/>>.

¹⁵² OICS, *2020 Inspection of Melaleuca Women's Prison (Report No 136, July 2021)* 22; OICS, *2019 Inspection of Casuarina Prison (Report No 129, March 2020)* 34 ('*Casuarina Prison Inspection*').

¹⁵³ 'Bunuru', *Wirrpanda Foundation* (Web Page) <<https://www.wf.org.au/bunuru/>>.



Males Healing Centre, and Wungening.¹⁵⁴ Wirrpanda specifically provides employment mentoring and training support for participants of the Real Support Network program.¹⁵⁵

In terms of ReSet, Wirrpanda provides the employment assistance aspect of the service. The Wirrpanda team assist individuals incarcerated to prepare their transition plans, identify training needs and practice for interviews, as well as and mentor individuals previously incarcerated on job searching to eventually lead to sustainable employment.¹⁵⁶

St Bartholomew's House

St Bartholomew's House provides mental health services underpinned by supported accommodation for adults living with mental health challenges and who are at risk of homelessness, based on recovery and trauma-informed practice.¹⁵⁷ Examples of this service include Community Recovery Villages, which provide supported accommodation for clients to develop independence and management of mental health challenges, and Accommodation Units, which assist people experiencing social crisis and who are homeless or at risk of homelessness.¹⁵⁸

St Bartholomew's House outreach programs also offer guidance for people transitioning to long term housing in the community.¹⁵⁹ This is achieved through the Reconnecting Lives program and ReSet. The Reconnecting Lives program is underpinned by support through accommodation, where case managers collaborate with clients to achieve their goals, which may include employment assistance.¹⁶⁰

Centrecare

Centrecare, a member of the Wungening consortium, specialises in providing outreach and counselling services in WA. It has a host of programs supporting those facing family violence, gambling or financial hardships, mental health conditions, and offers Aboriginal and Torres Strait Islander-specific advocacy services.¹⁶¹ Centrecare also has multiple housing services, including its Housing Support Worker Corrective Service which is specifically for male individuals currently incarcerated and

¹⁵⁴ 'Real Support Network', *Wirrpanda Foundation* (Web Page) <<https://www.wf.org.au/acacia-2/>>.

¹⁵⁵ Ibid.

¹⁵⁶ 'ReSet', *Wirrpanda Foundation* (Web Page) <<https://www.wf.org.au/reset/>>.

¹⁵⁷ 'Mental Health Service', *St Bart's* (Web Page) <<https://stbarts.org.au/mental-health/>>.

¹⁵⁸ 'Community Recovery Villages', *St Bart's* (Web Page) <<https://stbarts.org.au/community-recovery-villages/>>; 'Accommodation Units', *St Bart's* (Web Page) <<https://stbarts.org.au/accommodation-units%E2%80%8B/>>.

¹⁵⁹ 'Outreach Service', *St Bart's* (Web Page) <<https://stbarts.org.au/outreach-service/>>.

¹⁶⁰ 'Reconnecting Lives Program', *St Bart's* (Web Page) <<https://stbarts.org.au/reconnecting-lives-program/>>.

¹⁶¹ 'Resources', *Centrecare* (Web Page) <<https://www.centrecare.com.au/resources/brochures>>.



nearing release who require access to stable accommodation.¹⁶² In terms of ReSet, Centrecare sub-contracts Zonta House Refuge Association to offer additional expertise and support for female individuals previously incarcerated who are also survivors of family violence.¹⁶³

Outcare

Though Outcare no longer holds the contract for prison re-entry services, the organisation has continued to have a presence within this space. Outcare's Aboriginal Throughcare program is available for Aboriginal individuals in the final three months prior to release at facilities such as Bandyup Women's Prison, Boronia Pre-release Prison for Women, Casuarina Prison, Hakea Prison and Wooroloo Prison Farm.¹⁶⁴ This program assists in areas of cultural connectedness, family engagement, accommodation and employment. Outcare's Career Development Program is specifically designed to prepare individuals for the workforce and includes assisting with writing resumes, preparing for job interviews, and providing advice on how to disclose conviction history.¹⁶⁵ The Community Inclusion program helps individuals to develop person-centred transition plans for support with substance abuse issues, mental and physical health, accommodation, employment and general life skills.¹⁶⁶ Outcare has partnered with the Department of Disability Services, the Department of Justice and the Department of Child Protection to deliver this program.¹⁶⁷

Ruah

Ruah is one of WA's most prominent organisations for housing support, family and domestic violence help and mental health services. Located in Northbridge, the Ruah Centre provides free drop-in visits for those experiencing homelessness for a chance to rest and refresh as well as assistance in finding temporary accommodation.¹⁶⁸ Ruah is also partnered with Homeless Healthcare to enable access to medical services for those living rough around the Perth area.¹⁶⁹ Specifically for mental health, Ruah provides services to those experiencing severe and persistent mental health conditions.¹⁷⁰ In

¹⁶² 'Housing Support Worker Corrective Service – Men', *Centrecare* (Web Page) <<https://www.centrecare.com.au/metro-services/accommodation-and-support-services/housing-support-worker-corrective-service-men>>.

¹⁶³ Centrecare, *Annual Report 2018-2019* (Final Report, 2019) 14.

¹⁶⁴ 'Aboriginal Throughcare', *Outcare* (Web Page) <<https://www.outcare.com.au/program/aboriginal-throughcare/>>.

¹⁶⁵ 'Career Development', *Outcare* (Web Page) <<https://www.outcare.com.au/program/career-development/>>

¹⁶⁶ 'Community Inclusion', *Outcare* (Web Page) <<https://www.outcare.com.au/program/community-inclusion/>>.

¹⁶⁷ Ibid.

¹⁶⁸ 'Housing and Homelessness', *Ruah* (Web Page) <<https://www.ruah.org.au/services-support/housing-and-homelessness>>.

¹⁶⁹ 'Who We Are', *Homeless Health* (Web Page) <<https://www.homelesshhealthcare.org.au/who-we-are>>.

¹⁷⁰ Definition of 'severe and persistent mental illness' is 'the most disabling of the severe category requires significant clinical care (including hospitalisation), along with extensive support from multiple agencies to assist in managing most of the day to day living roles (e.g. housing support, personal support worker domiciliary visits, day program attendance)': 'Definition of Mental Illness', *Ruah* (Web Page) <<https://www.ruah.org.au/need-help/definition-severe-and-persistent-mental-illness/>>; 'Mental Health and Wellness', *Ruah* (Web Page) <<https://www.ruah.org.au/services-support/mental-health-and-wellness/>>.



collaboration with Derbarl Yerrigan Health and Ruah Legal (formally known as the Mental Health Law Centre), Ruah provides person-centred recovery plans and support in Perth, Geraldton and Albany for those eligible for its mental health service.¹⁷¹ Ruah previously provided the employment programs Ruah Workright and Ruah Inside-Out (for pre-release individuals at Bandyup and Boronia), however, both have been discontinued after funding was withdrawn.¹⁷²

¹⁷¹ 'Mental Health and Wellness', *Ruah* (Web Page) <<https://www.ruah.org.au/services-support/mental-health-and-wellness/>>.

¹⁷² Interview with Karen Wild, Ruah (Shiya Tee and Aisha Chaudhry, 20 October 2021) ('Interview with Ruah').



3. The Current Landscape: Mental Health Programs and Services

The potential of an individual incarcerated developing, continuing, or exacerbating a mental health condition after release is a key consideration for reintegration service providers. This concern is reflected by the fact that several reintegration service providers also link with mental health providers, as discussed above. Before this report may make any recommendation as to potential reform in the WA criminal justice system, the mental health specific services and programs available to individuals with lived experience of the criminal justice system must be understood.

3.1. Frankland Centre

The Frankland Centre, part of Graylands Hospital, provides clinical mental health servicing for those in the WA criminal justice system.¹⁷³ It is WA's only forensic mental health inpatient facility.¹⁷⁴ Referrals to the Frankland Centre come from courts and prisons, and can be for those sentenced, on remand, court attendees and those found unfit to stand trial subject to the *Criminal Law (Mentally Impaired Accused) Act 1996* (WA).¹⁷⁵ Individuals requiring acute care may be referred by their prison psychiatrist with the intention of removing them from their custodial environment and into a clinical space to receive the appropriate treatment.¹⁷⁶

However, several issues persist for these individuals in accessing clinical care. Those who need access to the Frankland Centre are highly likely to miss out as the number of secure beds, of which there are only 30, has remained static since the Centre opened in 1993.¹⁷⁷ During this time, WA's prison population has tripled, but the current resources are significantly lacking compared to the mental health demands of WA's prison population.¹⁷⁸ Of the individuals incarcerated who are referred to the Frankland Centre for treatment, approximately 50-60% are denied.¹⁷⁹ The lack of access to acute mental health services for these individuals is considerably bleak.

¹⁷³ OICS, *Prisoner Access to Secure Mental Health Treatment* (Final Report, September 2018) 1 ('*Prisoner Access to Mental Health Treatment*').

¹⁷⁴ Ibid.

¹⁷⁵ 'State Forensics Mental Health Services', *North Metropolitan Health Services* (WA), (Web Page, 27 October 2021) <<https://www.nmhs.health.wa.gov.au/Hospitals-and-Services/Mental-Health/Specialties/Forensics>>; *Criminal Law (Mentally Impaired Accused) Act 1996* (WA).

¹⁷⁶ *Prisoner Access to Mental Health Treatment* (n 173) viii.

¹⁷⁷ Ibid 1.

¹⁷⁸ *Prisoner Access to Mental Health Treatment* (n 173) 2; *OICS Annual Report 2018-19* (n 113) 11; *OICS, Annual Report 2019-20* (Final Report, 2020) 12 ('*OICS Annual Report 2019-20*').

¹⁷⁹ *Prisoner Access to Mental Health Treatment* (n 173) 6; *OICS Annual Report 2019-20* (n 178) 12.



Further, as the Frankland Centre is the only one of its kind in WA and also treats patients of the general population, it must accommodate the needs arising from various factors including gender, age, cognitive impairments, health and security requirements of the individual. This means that the severity of treatment need is not an indicator of admission into the Frankland Centre as staff must consider the need of the individual incarcerated with the needs of all others in the facility.¹⁸⁰ It becomes more difficult on occasions where individuals held at Banksia Hill Juvenile Detention Centre or from the Links Children's Court Program are referred to the Frankland Centre as adults and juveniles must be treated separately.¹⁸¹ Ultimately, the Frankland Centre is inadequate in meeting the criminal justice system's various mental health demands. These deficiencies affect the health, safety and future rehabilitative efforts of individuals incarcerated.

3.2. Current In-prison Programs

While prisons provide mental health services as required, the services and programs available differ across prisons. Notable mental health prison services and programs are detailed below.

(a) Bindi Bindi Mental Health Unit at Bandyup Women's Prison

Following repeated recommendations by OICS, the Department of Corrective Services established a \$2.4 million, 29-bed mental health unit at Bandyup Women's Prison.¹⁸² Bindi Bindi is the Noongar word for butterfly and represents the vision of the unit to help women lead successful lives post-release.¹⁸³ Bindi Bindi is accessible by all female individuals in custody across WA and is the first prison unit in WA dedicated solely to mental health.¹⁸⁴

The Bindi Bindi unit has six beds for individuals who are acutely unwell and 23 sub-acute beds.¹⁸⁵ Unit staff initially allocated were specifically trained in mental health for women.¹⁸⁶ Use of Bindi Bindi began

¹⁸⁰ *Prisoner Access to Mental Health Treatment* (n 173) 4.

¹⁸¹ *Ibid.*

¹⁸² Department of Justice (WA), 'Bindi Bindi Unit a WA First for Women Prisoners' Mental Health' (Media Release, 23 July 2021) ('Bindi Bindi Media Release').

¹⁸³ *Ibid.*

¹⁸⁴ Hon Bill Johnston MLA, Minister for Corrective Services, 'Bindi Bindi Unit to Help Prisoners Spread their Wings' (Media Statement, 23 July 2021) ('Hon Bill Johnston MLA Media Statement').

¹⁸⁵ Bindi Bindi Media Release (n 182).

¹⁸⁶ Interview with Eamon Ryan, Inspector of Custodial Services (WA), and Darian Ferguson, Deputy Inspector of Custodial Services (WA) (Shiya Tee and Rhianna Dehne, 8 October 2021) ('Interview with OICS').



in August 2021,¹⁸⁷ consequently, it is currently too early to comment on the effectiveness of the unit in providing mental health care.

(b) Boronia Pre-release Centre for Women

Boronia Pre-release Centre for Women (Boronia) is WA's only minimum-security facility focused on reintegration for women nearing the end of their sentence. Boronia has four guiding principles of personal empowerment, community responsibility, family responsibility, and respect.¹⁸⁸ In particular, the principle of family responsibility has made it so that the facility can allow children up until the age of four to live with their mothers and children up until the age of 12 to have overnight stays.¹⁸⁹ Boronia has three nursery houses, equipped with two bedrooms for a mother and her child/children to share to accommodate this principle.¹⁹⁰ The ability to engage with their families enables mothers to maintain their connection to family and play an active role in raising and caring for their children.¹⁹¹

Mental health services are limited at Boronia. As at the time of the Boronia Report, no psychiatrists or mental health nurses permanently attended the facility.¹⁹² The Prison Counselling Service (PCS) does attend Boronia once a week, however, the Boronia Report noted that two different PCS counsellors attended on alternate weeks.¹⁹³ Thus, residents serviced by a particular counsellor could only be seen by their counsellor effectively once every second week.¹⁹⁴ For critical psychiatric needs, residents have to be transferred to Bandyup Prison.¹⁹⁵ The 2015 inspection of Boronia Prison found there has been a history of unwillingness to house women with 'lower' mental health needs due to the lack of servicing available.¹⁹⁶

¹⁸⁷ Hon Bill Johnston MLA Media Statement (n 184).

¹⁸⁸ *Boronia Prison Inspection* (n 107) 2.

¹⁸⁹ *Ibid* xi.

¹⁹⁰ *Ibid* xii.

¹⁹¹ *Ibid* 30.

¹⁹² *Ibid* 38.

¹⁹³ *Ibid*.

¹⁹⁴ *Ibid*.

¹⁹⁵ *Boronia Prison Inspection* (n 107) 38.

¹⁹⁶ *Ibid* 27.

3.3. Prospective Programs

(a) Step-up-step-down Mental Health Unit at Casuarina Prison

Access to acute mental health care in WA for individual who are incarcerated is 'well short of reasonable standards'.¹⁹⁷ As noted above, half of all individuals incarcerated referred to the Frankland Centre could not be admitted due to a lack of beds.¹⁹⁸ One long-term strategy to address this issue is the development of a step-up-step-down mental health unit at Casuarina Prison.¹⁹⁹ In this context, individuals would 'step-up' to enter this unit from the general prison population instead of going directly into the Frankland Centre, while individuals 'stepping-down' (i.e. exiting forensic facilities) would spend time in the unit before returning to the general prison population.²⁰⁰ Casuarina Prison itself has highly effective mental health services providing non-acute care and early intervention and its prison population rarely need to be sent to the Frankland Centre.²⁰¹ The step-up-step-down unit is currently under construction with an unknown completion date as of the date of this report.²⁰²

¹⁹⁷ *OICS Annual Report 2019-20* (n 178) 12.

¹⁹⁸ *Ibid.*

¹⁹⁹ *Ibid.*

²⁰⁰ Interview with Mark Cowie, Ellen Gibson and Alison Elgar, Mental Health Commission of WA (Shiya Tee and Alex Di Rosso, 15 October 2021) ('Interview with MHC').

²⁰¹ *Casuarina Prison Inspection* (n 152) 24.

²⁰² Interview with MHC (n 200).



4. How can IPS be Implemented in the Criminal Justice System?

The reality of the mental health system is often that for someone to receive help, they must first qualify for it. Common qualifiers include the ability to afford out-of-pocket expenses for counselling and medication (or otherwise meeting the eligibility criteria to access pro bono services, although limited),²⁰³ withstanding the often months-long waitlist times,²⁰⁴ the knowledge of appropriate services,²⁰⁵ and location mismatch.²⁰⁶ The current climate of a significant increase in mental health rates and limited resources adds additional accessibility pressures to these ‘qualifying’ barriers.

Part 1.1 and 1.2 above outline the issues often faced by individuals with lived experience of the criminal justice system, issues which are often compounded after release increasing the challenge of such individuals receiving mental health support. Understanding the complex challenges and needs faced by these individuals, as well as engaging with other key stakeholders in the mental health and criminal justice landscape is required for any effective IPS model to be implemented.

The following recommendations were largely driven by the consideration of the following questions:

- What support would a prospective IPS client with lived experience of the criminal justice system need?
- What fixed aspects of the criminal justice context would an IPS program need to navigate in?

4.1. Co-design

The criminal justice system presents unique challenges that make it difficult to maintain strict fidelity to a ‘standard’ IPS model. For example, the principle that participants begin the job search within 30 days of entering an IPS program may not be feasible – assuming participants enter the program shortly before their release, they will need time to stabilise themselves in the community and likely have too many competing needs to start searching for work within the first few weeks post-release.²⁰⁷ Following release, individuals are also likely to be subject to parole conditions or have other legal requirements that restrict their ability to engage in meaningful job searching.

²⁰³ *Productivity Commission Report 2020 vol 2 (no 28)* 534–5.

²⁰⁴ *Ibid* 529–30.

²⁰⁵ *Ibid* 531–2.

²⁰⁶ *Ibid* 532.

²⁰⁷ Durcan et al (n 74) 23.

An IPS model that has not been appropriately adapted to the criminal justice system would be unlikely to succeed.²⁰⁸ Therefore, community co-design that includes participants, their families, employers, service providers, and the government is required in order to develop and implement an IPS program that is to be successful for all participants.

4.2. WAAMH's Role

It is noted that WAAMH does not provide direct client IPS services, but rather is the peak body for community mental health in WA. Specific to IPS (through the IPS WORKS arm of WAAMH), WAAMH's role involves providing implementation, delivery and review support to organisations interested in or who are already implementing the IPS model.²⁰⁹ As such, WAAMH also plays an advocacy role for the implementation of IPS and employment as a key part of the mental health recovery journey.

As outlined earlier (and with more detail in later sections), the current IPS model used in the Australian mental health context is not appropriately adapted to reflect the needs and realities of individuals with lived experience of the criminal justice space. However, with WAAMH being the peak body and playing an advocacy role in the mental health space, WAAMH is in a unique position to initiate this project co-design and create an adaptation of the IPS model that could be successfully implemented in reintegration programs and organisations. WAAMH's role may also include reflecting any adaptations to the IPS model unique to the criminal justice system in the support and training that WAAMH would provide prospective organisations.

A key aspect of this co-design includes identifying parts of the IPS model that may require adaptation to reflect the needs of individuals with lived experience of the criminal justice space and the realities of this system. The following sections outline several unique challenges to the criminal justice context that may be valuable in considering whether or not the current IPS model could reasonably address these challenges or whether any adaption may be required. These include parole and statutory requirements, the experience of transitioning from prison into the community, and the risk of recidivism.

The following recommendations and focus areas are not exhaustive, but rather serve as a starting point for further research and engagement with relevant stakeholders and organisations. Noting that as the inclusion of community engagement warrants a time period longer than the 12-week timeframe this Project allowed, the following recommendations also largely reflect the starting focus of this Project being that of reintegration service providers (see Part 6 for further discussion regarding Project limitations).

²⁰⁸ Interview with MHC (n 200).

²⁰⁹ 'About Us', *IPS WORKS* (Web Page), <<https://ipsworks.waamh.org.au/about-us>>.



4.3. Understanding the Client and their Needs

Integral to IPS is the characteristic of individual support. This begs the question of ‘what support is needed?’ Typically, for an individual to gain employment, they would often, if not always, need a resume, be screened as a suitable candidate for the job and pass one or two rounds of interviews. Sometimes, qualifications and experience are also required. Ultimately, individuals need to be ‘job-ready’.²¹⁰ For individuals with lived experience of the criminal justice system, however, the job search effort may be experienced differently. To understand what support is needed for these individuals an understanding of the challenges and experiences faced by this cohort in attaining and maintaining employment is required.

(a) Compounding and Competing Needs

Housing

While employment has been shown to play a role in recidivism outcomes, often the personal and financial situation of individuals upon release are such that seeking employment is not the main priority.²¹¹ With difficulties in securing stable housing heightened for individuals previously incarcerated, housing is instead often a more immediate concern.²¹² Prison entrants in Australia have also been found to be 66 times more likely to be homeless than those who did not have contact with the prison system.²¹³ While housing services and programs are available, these solutions are generally short-term or transitional. 54% of Australian prison discharges expect to be homeless upon release,²¹⁴ of which 44% planned to stay in short-term or emergency accommodation whilst the remaining 8% have no expectations or arrangements for accommodation after release.²¹⁵ However, stable housing is well-identified as a crucial aspect in reintegration and rebuilding of social capital.²¹⁶ Insecure housing or homelessness compounds the difficulties in securing other basic needs,

²¹⁰ Understanding of the term ‘job-ready’ is taken from the Australian Department of Education, Skills and Employment’s guidelines for assessing a Participant who has been granted income support from Services Australia. Someone who faces complex barriers to finding suitable and sustainable employment owing to reasons, such as, age, illness, disability or other marginalisation typically requires greater assistance to gaining employment. Therefore, someone who does not experience complex barriers to same degree is typically considered to require minimal support to find and sustain employment: DESE, *Assessments Guideline – Job Seeker Classification Instrument (JSCI) and Employment Services Assessment (ESAt)* (Guideline, 27 May 2021); DESE, *Online Job Seeker Classification Instrument Trial Evaluation Report* (Report, March 2021) 9–10.

²¹¹ Baldry et al, *Future Beyond the Wall* (n 3) 29.

²¹² Eileen Baldry et al, ‘Ex-Prisoners, Homelessness and the State in Australia’ (2006) 39(1) *Australian & New Zealand Journal of Criminology* 20, 21; Baldry et al, *Future Beyond the Wall* (n 3) 14.

²¹³ *Health of Australia’s Prisoners 2018* (no 1) 22–3. Note that term ‘homelessness’ includes individuals experiencing unstable housing, which includes supported accommodation and temporary lodging, not just sleeping on the streets: at 22.

²¹⁴ *Health of Australia’s Prisoners 2018* (no 1) 22.

²¹⁵ *Ibid* 24.

²¹⁶ Sacha Kendall et al, ‘Systematic Review of Qualitative Evaluations of Reentry Programs Addressing Problematic Drug Use and Mental Health Disorders Amongst People Transitioning from Prison to Communities’ (2018) 6(1) *Health and Justice* 1, 6.



perpetuating the recidivism cycle.²¹⁷ For some, *re-entering* prison is the obvious alternative for secure shelter, food and basic amenities.²¹⁸ Finding sustainable employment is unsurprisingly at odds for some individuals who struggle to know where they will sleep at night.

One of the IPS principles is integrated services – the embedding of IPS services in clinical services and enabling employment specialists and clinicians to work together. However, a key challenge in facilitating an IPS model in the mental health context is maintaining this integration and the sharing of information. In the mental health context, the primary focus of IPS integration is with that of mental health services. In the criminal justice context, multiple significant factors are required to be addressed before an individual can be in a position to be able to start seeking employment. Therefore, IPS would need to be integrated with not just mental health services, but also services such as housing.

Recommendation: *Engage with housing reintegration service providers to understand the capacity in which IPS can operate in tangent with housing services, including a housing link, and co-designing methods to ensure effective and sustained integration and community points.*

Recommendation: *Consider the impact of temporary housing on prospective IPS clients' ability to engage consistently with IPS specialists and how the IPS model might be adapted to best fit with often transitional services.*

Access to Mental Health Treatment and Medication Post-release

People experiencing mental health conditions face challenges in attaining and maintaining employment. Mental health conditions can impact factors important in the course of employment including the individual's ability to work, interpersonal interactions, cognitive abilities and working hours.²¹⁹ Therefore, while mental health conditions can be improved through employment, it can also be a barrier to attain it. For people with lived experience of the criminal justice system, this becomes an additional barrier and a challenge that compounds the difficulty in attaining and maintaining employment. In Part 3, the limitations of mental health services in the criminal justice context were discussed. This section will focus on the accessibility of maintaining mental health support upon release.

²¹⁷ Victorian Ombudsman, *Investigation into the Rehabilitation and Reintegration of Prisoners in Victoria* (Report, 2015) 104 ('Victorian Prisoners Investigation Report').

²¹⁸ *Victorian Prisoners Investigation Report* (n 217) 108; Interview with Marina Chalmers, APM Australia State Manager WA of Disability Employment Services (Shiya Tee and Jessica Huynh, 7 October 2021) ('Interview with DES').

²¹⁹ *Productivity Commission Report 2020 vol 3* (no 4) 928.



Results from the 2018 National Prisoner Health Data Collection provided that almost one in four Australian individuals currently incarcerated were taking mental-health related medication.²²⁰ Additionally, 30% of female and 16% of males were referred to prison mental health services.²²¹ While access to required treatment is available for those incarcerated, continuing care post-release is needed to ensure positive mental health outcomes. However, accessing and maintaining this continuing care post-release can be challenging for these individuals and can become an additional barrier to successful reintegration.²²²

The Australian Government's main contribution to the costs of treating people with a mental health condition is the Medicare and Pharmaceutical Benefits Scheme.²²³ Under s 19 of the *Health Insurance Act 1973* (Cth), individuals are not entitled to receive benefits of either scheme while incarcerated, unless the medication falls under the Highly Specialised Drugs Program.²²⁴ Instead, it is for states to bear the costs of prison treatment required.²²⁵ This means that the majority of the Australian prison population can access medical treatment where required during their period of incarceration. For some, it can even be the first time that an individual has been able to access medical treatment.²²⁶ However, Medicare ineligibility also means that a valid Medicare card or number is not necessary for the period of one's incarceration in order to access treatment. However, almost one-third of dischargees in Australia report either not having a valid Medicare status upon release or being uncertain as to whether they will upon release.²²⁷ While not a concern pre-release, this can become problematic in accessing immediate affordable continued care following release when they no longer meet the requirements of s 19.²²⁸ Mental health medications have been shown to have a high likelihood of causing adverse side effects.²²⁹ This can also be exacerbated by a lack of medication adherence (i.e. inconsistent use or the sudden ceasing of taking such medication).²³⁰ Therefore, lack of immediate access to subsidised medication upon release can result in significant side-effects

²²⁰ *Health of Australia's Prisoners 2018* (no 1) 38.

²²¹ *Ibid* 42.

²²² *Ibid* 151.

²²³ Revenue Strategy and Support, Department of Health, *WA Health Patient Fees and Charges Manual 2021/22* (Manual, July 2021) 14, 65 ('*WA Health Patient Fees and Charges*').

²²⁴ *WA Health Patient Fees and Charges* (n 223) 14, 65; *Health Insurance Act 1973* (Cth) s 19; *Schedule of Pharmaceutical Benefits* (Cth) vol 2 s 100.

²²⁵ *WA Health Patient Fees and Charges* (n 223) 78.

²²⁶ *Health of Australia's Prisoners 2018* (no 1) 27.

²²⁷ *Ibid* 153.

²²⁸ *Health Insurance Act 1973* (Cth) s 19.

²²⁹ Libby Roughead et al, *Medication Safety in Mental Health* (Australian Commission on Safety and Quality in Health Care, June 2017) 7; *Productivity Commission Report 2020 vol 2* (no 28) 466, 631.

²³⁰ Julie Kreyenbuhl, 'A Review of Behavioural Tailoring Strategies for Improving Medication Adherence in Serious Mental Illness' (2016) 18(2) *Dialogues in Clinical Neuroscience* 191.



affecting individual health and well-being and consequently, reduce employment outcomes and opportunities.²³¹

For individuals who do hold a valid Medicare status follow release, even subsidised treatment and medication costs can impact accessibility. Treatment of mental health conditions often require continuity of care and consequently, cost of care.²³² Where these individuals are concurrently facing the challenges of attaining secure housing and employment, the costs of subsidised treatment and medication can become unrealistic and forgone for more immediate needs.²³³ The Medicare Scheme does provide provisions for those in disadvantaged circumstances to access treatment and medication at no or little cost.²³⁴ However, knowledge of available services and support in navigating the application to demonstrate eligibility may be required. Therefore, not only can mental health conditions impact the ability of individuals with lived experience of the criminal justice system to attain and sustain employment, difficulties in accessing adequate continued care post-release can amplify this impact.

Recommendation: Consider the accessibility of mental health treatment for individuals with lived experience of the criminal justice system when linking/integrating IPS with mental health service providers.

Recommendation: Ensure that IPS staff are trained in the Medicare implications on individuals with lived experience of the criminal justice system, and that prospective clients are educated on available services and eligibility requirements.

Transitioning from an Institution into the Community

Another key hurdle that individuals who have been previously incarcerated face in attaining employment is the ability to adapt into the community from the institutionalised custodial environment. Commonplace experiences of individuals in prison include set times for waking up, working and leisure, as well as strict limitations and instructions on what can and cannot be done throughout the day.²³⁵ The routine of the custodial environment is often in stark contrast to common experiences and expectations of employees who are often expected to manage their own time and priorities, work autonomously and have basic competence when using technology.²³⁶ While the academic literature often focuses on the larger issues of housing and employment difficulties, there are a number of more

²³¹ *Productivity Commission Report 2020 vol 3 (no 4)* 929.

²³² *Productivity Commission Report 2020 vol 2 (no 28)* 674.

²³³ *Ibid* 534–5, 537.

²³⁴ *Ibid* 535–6.

²³⁵ Interview with Lesley Beames, Director at workRestart (Shiya Tee and Aisha Chaudhry, 22 September 2021) ('Interview with workRestart').

²³⁶ Interview with Lena Hopkinson, Chief Operating Officer at St Bartholomew's House, and Neil Starkie, General Manager of Strategic Partnerships & Growth (Shiya Tee, 19 October 2021) ('Interview with St Bart's'); Interview with workRestart (n 235).



nuanced daily experiences and challenges that can often be overlooked by those without lived experience of the criminal justice system.²³⁷ For example, changes and improvements to public transport, including how and when fares are to be paid can be foreign to individuals who have spent a significant period of time in prison, but may be reliant on public transport upon release.²³⁸ While society continues to advance in strides, these changes are not always experienced by those incarcerated, who often become 'left behind'. However, while these individuals may be 'left behind' from the advancements and changes of the broader community, they are also leaving behind the familiar structured environment of prison, the prison community and their peers. When release is coupled with a lack of security in a number of key domains of life and limited support, the difficulty of any attempt at seeking and maintaining meaningful employment is amplified.²³⁹

While actions are taken to help in this transition, both within and outside of prison, the available support is often limited. All WA prisons offer vocational courses, opportunities to complete qualifications and 'life skills' programs. However, these programs vary considerably from prison to prison and are dependent on the prison staff employed and present. Further, while preparation for reintegration is a concern and priority within the prison, this is trumped by the priority of security. Consequently, when there is insufficient staff to ensure adequate security levels on any given day, it can be commonplace for vocational programs to be stalled and individuals incarcerated to remain in their cells to ensure their security as well as the security of prison staff. This inconsistency in program delivery translates to ongoing impacts on reintegration ability and outcomes post-release. Completion of courses and qualifications in prison can assist with desistance signalling,²⁴⁰ however, from a 2018 report by the Australian Institute of Health, only 17% of individuals complete a qualification whilst incarcerated.²⁴¹

As such, any IPS program would need to identify both key personal and structural difficulties faced in the criminal justice context and consider them in tangent to determine the capacity in which an IPS program could operate. When individuals are facing housing and employment difficulties, but also cannot guarantee that the prison re-entry programs they partake in will sufficiently aid them in becoming job-ready, principles of IPS such as the rapid job search may have difficulty being adhered to. Possible adjustments ought to be considered for a feasible IPS model to operate.

²³⁷ Interview with Clariana Rodrigues, National Justice Coordinator at the Australian Red Cross (Shiya Tee and Aisha Chaudhry, 30 September 2021) ('Interview with Australian Red Cross').

²³⁸ Interview with DES (n 218).

²³⁹ *Productivity Commission Report 2020 vol 3* (no 4) 1020, citing James Ogloff et al, 'The Identification of Mental Health Disorders in the Criminal Justice System' (No 334, March 2007) *Trends & Issues in Crime and Criminal Justice Series*.

²⁴⁰ Suzanne Reich, *Beyond the Criminal Record: An Examination of How and Why Redeemability Beliefs and Desistance Signals Matter for Employers' Willingness to Hire a Job Applicant with a Criminal Record* (Thesis, University of Queensland, 2019) 62.

²⁴¹ *Health of Australia's Prisoners 2018* (no 1) 17.



(b) Reporting Requirements

Disclosing criminal history to an employer is another barrier to employment that individuals with lived experience of the criminal justice system can face. It is not uncommon for these individuals to be discriminated against for employment due to criminal history that is irrelevant to the particular job.²⁴² Discrimination on the basis of 'irrelevant criminal record' is unlawful in some Australian states, namely Tasmania, the Australian Capital Territory and the Northern Territory, though that general position is subject to exceptions.²⁴³ Such discrimination is not legislated for in WA,²⁴⁴ with only discrimination on the basis of spent convictions deemed as unlawful.²⁴⁵ With studies showing that employers often adopt a 'pass or fail' mentality regarding the presence or absence of criminal history in assessing the suitability of the job candidate,²⁴⁶ even progressing through to a job interview can be challenging on that basis that some criminal history checks, including the National Police Certificate (NPCs), shows all disclosable records of that individual, not just those relevant to the job.²⁴⁷

Further, a police clearance certificate requires an individual to be prepared to reveal their criminal history to a potential employer and discuss it in an interview.²⁴⁸ This can present a barrier for those who may not be mentally or emotionally ready to disclose their past offending behaviour or feel as if their criminal history is immaterial to who they are now.²⁴⁹ Such background checks can be particularly demoralising or frustrating when these individuals are trying to re-build their lives post-release.²⁵⁰ Further, police clearances also contribute to the stigmatisation of individuals previously incarcerated as being dangerous or untrustworthy by creating an image of a 'violent other'.²⁵¹ These experiences, emotional and personal, cannot be overlooked. Therefore, when considering the job-readiness of individuals with lived experience of the criminal justice system, time and support to ease into post-release life and, eventually, employment, would be required.²⁵²

²⁴² Ibid 69–70.

²⁴³ *Anti-Discrimination Act 1992* (NT) ss 4, 31, 37; *Anti-Discrimination Act 1998* (Tas) ss 16(q), 50; *Discrimination Act 1991* (ACT).

²⁴⁴ Simon Dewberry, 'Coming On Board with a Criminal Record', *Allens, Insight & News* (Web Page, 30 April 2019) <<https://www.allens.com.au/insights-news/insights/2019/04/coming-on-board-with-a-criminal-record/>>.

²⁴⁵ *Spent Convictions Act 1988* (WA) s 18(1).

²⁴⁶ Fielder (n 3) 67, citing Kristine Kuhn, 'What We Overlook: Background Checks and Their Implications for Discrimination' (2013) 6(4) *Industrial and Organisational Psychology* 419, 420.

²⁴⁷ Fielder (n 3) 69.

²⁴⁸ Interview with Red Cross (n 237); 'Human Rights: One the Record: Recruitment (Chapter 5)', *Australian Human Rights Commission* (Web Page) 5.9 <https://humanrights.gov.au/our-work/human-rights-record-recruitment-chapter-5#5_7>.

²⁴⁹ Baldry et al, *Future Beyond the Wall* (n 3) 50.

²⁵⁰ Ibid 49.

²⁵¹ Fielder (n 3) 59.

²⁵² Baldry et al, *Future Beyond the Wall* (n 3) 34; Dialogue Associates, *The Offender Journey, From Arrest to Resettlement: What Prisoners Have to Say* (Report, 2014) 7; Interview with Ruah (n 172).



Release is not a linear process. Even after an individual leaves prison, they are often subject to strict parole conditions, the stigma of criminalisation and various levels of disadvantage, such as housing insecurity, trauma, substance abuse issues or financial hardship. As such, these individuals may occupy a space of neither imprisonment nor community engagement.²⁵³ Reporting requirements including parole conditions and corrections orders can manifest as the continuation of ‘imprisonment like’ surveillance following release, adding to the challenge of successful reintegration.²⁵⁴ Often feeling neither ‘included’ in the community nor ‘excluded’ from the criminal justice system, a sound understanding of the experiences of post-release life is critical to aid in the reintegration of these individuals.

The point-of-release brings about various challenges and emotions. The different needs that individuals with lived experience of the criminal justice system may face is ultimately complex and can often include aspects that those without such experience may not fully appreciate. Hence, the IPS principles of rapid job searching, zero exclusion (that anyone is eligible) and competitive employment may conflict with the nuanced experiences of individuals in this target cohort. A program for this cohort must have a targeted understanding of the whole journey of release to ensure that the needs of these individuals can be appropriately supported. That is to say, the strict IPS model must meet the reality faced by individuals with lived experience of the criminal justice system.

Recommendation: *Engagement with key parties in the criminal justice system landscape (including prison wardens, prison vocational officers and government bodies) to increase understanding of the fixed barriers necessary to navigate, and to start to develop relationships and buy-in with key stakeholders.*

Recommendation: *Ensure that IPS staff training and resources include statutory understanding of criminal history disclosure and its impact on employment.*

Recommendation: *Ensure that prospective clients are educated on the requirements of criminal history disclosure and are supported in the disclosure process (e.g. resilience techniques when disclosing criminal history).*

²⁵³ Megan Peacock, ‘A Third Space Between the Prison and the Community: Post Release Programs and Re-Integration’ (2008) 20(2) *Current Issues in Criminal Justice* 307.

²⁵⁴ Baldry et al, *Future Beyond the Wall* (n 3) 52.

(c) Input from Individuals with Lived Experience

Community co-design will be an essential part of developing the IPS model. Individuals with lived experience of the criminal justice system and who also experience mental health conditions, as well as their families, should be involved in designing and implementing any IPS model designed to support their cohort into employment.²⁵⁵ There is no substitute for their lived experience. Where possible, the IPS model should make use of this lived experience by employing individuals previously incarcerated in ongoing peer support or advisory roles. The advisors can provide unique guidance to participants as they seek employment, as well as developing new skills and broadening their employment horizons.²⁵⁶

Recommendation: *Ensure that the lived experience of individuals previously incarcerated who also experience mental health conditions be built into the model through community co-design and ongoing employment of these individuals as peer advisors.*

Recommendation: *Ensure that the design and implementation of the IPS model actively involves the target group it is intending on impacting.*

Recommendation: *Ensure that the IPS model constantly evolves around the needs of the target client to accurately reflect the needs and realities of its prospective clients, and ultimately help to achieve the objectives of IPS in the criminal justice space.*

(d) Aboriginal and Torres Strait Islander Peoples

Aboriginal and Torres Strait Islander peoples are over-represented in both the criminal justice system and the mental health system (see Part 1.1(d) above). The Westernised criminal justice model in WA does not meet many of the cultural needs of those who are most represented in this landscape. Therefore, to establish the IPS model in this space and provide the individualised support that is central to this model, engagement, understanding and consideration of the needs of Aboriginal and Torres Strait Islander peoples is necessary.

Examples of instances where the cultural needs and attitudes of Aboriginal and Torres Strait Islander peoples have mismatched with the regulatory requirements of the criminal justice system arose during the consultation process of this report. These are discussed in the following sections. Although these

²⁵⁵ Interview with MHC (n 200).

²⁵⁶ Chiara Samele, Jo Keil and Stuart Thomas, *Securing Employment for Offenders with Mental Health Problems: Towards a Better Way* (Sainsbury Centre for Mental Health, 2009), 7–8.



but resulted in a negative impact on the Aboriginal and Torres Strait Islander community.²⁶² Of all the participants in the CDP, 84% came from an Aboriginal or Torres Strait Islander background.²⁶³ A contributor to this failure was the lack of engagement with the communities that it impacted.²⁶⁴ In May 2021, it was announced that the CDP program would be replaced by a new program, the Remote Engagement Program.²⁶⁵ This new program is to be 'co-designed with the community'.²⁶⁶ A trial of this program is to begin later this year, with the program set to roll out in 2023.²⁶⁷ A settlement has since been reached for the class action regarding the CDP. However, this lack of community engagement and integration presents a poignant reminder of the necessity of such engagement and complex considerations needed in any IPS model design for positive outcomes to eventuate.²⁶⁸

Recommendation: *Engage and co-design with Aboriginal and Torres Strait Islander communities, relevant organisations and those with lived experience to understand and meet the cultural needs of this group.*

Reporting of Mental Health Conditions

Academic literature has shown that mental health conditions among individuals incarcerated of Aboriginal and Torres Strait Islander background occur at a prevalence of between 70-90%.²⁶⁹ However, only 33% of these individuals self-report their mental health conditions, compared to 44% amongst non-Aboriginal and Torres Strait Islander people.²⁷⁰ Anecdotal evidence from the consultations conducted during this Project also echoed these findings. In an IPS program conducted by DES at their Armadale location, 25% of the clients were from an Aboriginal or Torres Strait Islander

²⁶² An evaluation of the program was conducted in 2019. The original website link to the Evaluation of the CDP program by the Department of the Prime Minister and Cabinet is no longer able to be found. The report was also not available under the publicity accessible 'Resource Centre' on the Department of the Prime Minister and Cabinet website.

Tom Joyner, 'Aboriginal Communities Sue Federal Government Over 'Racially Discriminatory' Work-for-the-Dole Scheme', *ABC News* (Web Page, 9 August 2019) <<https://www.abc.net.au/news/2019-08-09/aboriginal-communities-sue-federal-government-over-cdp/11267290?nw=0&r=HtmlFragment>>.

²⁶³ Department of Parliamentary Services, *Budget Review 2017–18* (Research Paper Series, 19 May 2017) 80.

²⁶⁴ Jane Bardon, 'Indigenous Communities Say CDP Welfare Program Must Be Fixed to Close the Gap', *ABC News, The Signal* (Web Page, 1 September 2021) <<https://www.abc.net.au/news/2021-09-01/closing-the-gap-work-for-he-dole/100412436>>.

²⁶⁵ CDP Media Release (n 261).

²⁶⁶ Sarah Smit, 'Remote Engagement Program to Replace Controversial CDP', *National Indigenous Times* (Web Page, 26 October 2021) <<https://nit.com.au/remote-engagement-program-to-replace-controversial-cdp/>>.

²⁶⁷ *Ibid.*

²⁶⁸ Luke Michael, 'CDP Fines Causing Stress and Anxiety for Indigenous Job Seekers', *Probono Australia, Social Affairs* (Web Page, 7 February 2019) <<https://probonoaustralia.com.au/news/2019/02/cdp-fines-causing-stress-anxiety-indigenous-job-seekers/>>.

²⁶⁹ *Productivity Commission Report 2020 vol 3* (no 4) 1017.

²⁷⁰ *Ibid.*



background.²⁷¹ However, this was despite receiving no referral of clients from this demographic.²⁷² DES could not identify the cause of this discrepancy.²⁷³ However, with IPS operating on a zero-exclusion principle whereby individuals need to 'opt-in', an understanding of the factors that would prevent an individual from self-reporting a mental health condition, and therefore being referred, are valuable.

Recommendation: *Engage with Aboriginal and Torres Strait Islander peoples with lived experience in the criminal justice system, Aboriginal and Torres Strait Islander communities and organisations to better understand factors that influence lower rates of self-reporting mental health conditions.*

Traditional Healing and its Conflicts with Western Systems

Wandering

For Aboriginal and Torres Strait Islander peoples, Wandering is culturally appropriate and in alignment with the importance of being well connected to country, culture, others and oneself. However, being able to exercise Wandering can be in conflict with the regulatory and reporting structures that underpin much of the mental health and criminal justice space. Reintegration program providers, including St Bartholomew's House, do try to tailor to these cultural needs such as through the provision of phones for individuals who do choose to go Wandering.²⁷⁴ However, where the treatment decisions between the two cultures are in conflict, the system under which these individuals are required to comply influences the treatment decisions to be made and can greatly impact individual well-being.²⁷⁵

Anecdotal evidence collected throughout consultations for this Project that illustrate this impact includes an experience of a client of St Bartholomew's House housing programs. In the process of Wandering, an individual of Aboriginal or Torres Strait Islander background was taken and admitted into hospital upon being found sleeping in a church.²⁷⁶ Under the Western-based health system, this individual was found to be experiencing cognitive impairments and from a Western treatment perspective, a guardianship order was needed.²⁷⁷ However, while it may well have been that this individual was experiencing cognitive impairment, under an Aboriginal and Torres Strait Islander

²⁷¹ Interview with DES (n 218).

²⁷² Ibid.

²⁷³ Ibid.

²⁷⁴ Interview with St Bart's (n 236).

²⁷⁵ *Productivity Commission Report 2020 vol 2* (n 28) 400.

²⁷⁶ Interview with St Bart's (n 236).

²⁷⁷ Ibid.



perspective, Wandering and traditional healing which includes connectedness to country, is the appropriate response.²⁷⁸

Providers are regulated by a Westernised system that does not adequately accommodate different cultural needs. This presents barriers in balancing the criminal justice system requirements with individual needs. This further impacts the effectiveness of mental health and well-being treatment for that individual and ability to attain and maintain employment,²⁷⁹ and therefore, improve recidivism outcomes.

Recommendation: *Identify the fixed aspects of the mental health and criminal justice system landscape in which any IPS program would need to navigate and consider the feasibility of the current IPS model in this context and whether adjustments need to be made.*

Recommendation: *Including training around the treatment of mental health in Aboriginal and Torres Strait Islander communities for IPS specialists.*

Connectedness with Country

Returning to country upon release is a common desire among individuals with lived experience of the criminal justice system of Aboriginal and Torres Strait Islander descent.²⁸⁰ This can make co-location of services difficult. While IPS has not been trialled in the Australian criminal justice landscape, it has operated in the Australian mental health context. Australian IPS programs with high fidelity scores are often those that are co-located, such as the headspace IPS Trial from late 2016 involving 14 sites across Australia (two sites in WA: Albany and Broome).²⁸¹ In part, co-location of IPS services with clinicians' aids with the integration of services and reduces accessibility barriers for clients to attend their IPS sessions.²⁸²

For individuals desiring to return to country post-release, the IPS model presents both potential benefits and barriers. Community-based services, as well as assertive engagement and outreach, are two key fidelity items of the IPS model. This can often manifest as face-to-face support in the natural setting rather than the office setting (including community-based appointments). Such features not only greater align with Aboriginal and Torres Strait Islander culture and sense of community, but also

²⁷⁸ Ibid.

²⁷⁹ *Productivity Commission Report 2020 vol 2* (n 28) 400.

²⁸⁰ Interview with workRestart (n 235).

²⁸¹ *Evaluation of IPS Trial Australia 2019* (n 46) 9, 29, 97. While the IPS Trial involved 14 sites across Australia, only data from 13 sites were included in the 2019 fidelity evaluation: at 1.

²⁸² Interview with DES (n 218).



enables a degree of flexibility for individuals to still be able to access IPS services while returning to country.

However, this greater accessibility would require a significant level of resources particularly when such services are to be underpinned by principles including attention to client preferences, rapid job search and time-unlimited supports. Due to the time constraints of the Project, further research into the number and demographic of individuals with lived experience of the criminal justice system who desire to return to country post-release was unable to be conducted. However, such research may be valuable in understanding the level of resources that would be required to service this degree of outreach and if it is operationally feasible.

Recommendation: *Identify the appropriate reintegration organisations and locations to link with IPS services, making regard to the feasibility of IPS services to operate in outreach contexts.*

Recommendation: *Conduct further research to better understand the demographic of this target group and prospective outreach locations.*

Staffing

Different Australian organisations and bodies have tried to make their services culturally appropriate and inclusive in various ways. workRestart, an organisation based in Queensland that runs employment services in the justice space, aims to ensure that there is the same ratio of Aboriginal and Torres Strait Islander staff as there are individuals with lived experience of the criminal justice system of similar descent.²⁸³ Similarly, when Ruah's Workright and Inside-Out services were in operation in WA, individuals in prison of Aboriginal and Torres Strait Islander backgrounds were partnered with Aboriginal and Torres Strait Islander staff where possible.²⁸⁴ At Bindi Bindi, the mental health unit at Bandyup Prison, custodial officers are specifically trained in mental health for women.²⁸⁵

Recommendation: *Ensure representation of Aboriginal and Torres Strait Islander peoples in the facilitation of the IPS program, whether by employing relevant staff or linking with relevant organisations that can provide this support.*

Recommendation: *Ensure culturally appropriate training in the facilitation of IPS services.*

²⁸³ Interview with workRestart (n 235).

²⁸⁴ Interview with Ruah (n 172)

²⁸⁵ Interview with OICS (n 186).

Engaging with and Drawing Insights from Other Projects

Organisations have also drawn insights from existing projects and studies. The Australian Red Cross is currently facilitating a national Employment Project intending to create a resource hub to better support employers to support employees with lived experience of the criminal justice system (see Part 4.4(x) for further details of the Employment Project).²⁸⁶ To ensure cultural appropriateness in their output, the Australian Red Cross looked to apply insights from projects including the RMIT University's Rethinking Criminal Records Checks (RCRC) program.²⁸⁷

The RCRC project is an ongoing, collaborative project between RMIT University, Winda Mara Aboriginal Corporation, Woor-Dungin, and Victorian Aboriginal Community Controlled Health Organisations (VACCHO).²⁸⁸ The particular value of the Australian Red Cross engaging with projects like this was its targeted research and focus on this demographic.²⁸⁹ The RCRC project largely focuses on criminal record checks and how they create barriers for Aboriginal people in finding employment.²⁹⁰ RCRC aims to assist both Aboriginal people and employers to ensure that: (1) Aboriginal people are adequately informed on how to produce a strong case for employment, and (2) employers are supported in implementing best practices when performing criminal record checks.²⁹¹ The long-term goals of the project involve legal and policy change to protect Aboriginal people from discrimination due to their criminal history by establishing a spent convictions scheme in Victoria.²⁹²

Another current project that may be valuable to draw insights from or engage with is a research project led by the Paediatric Child Health and Education Services (PATCHES) around Fetal Alcohol Spectrum Disorder (FASD), the criminal justice system and employment. The output of this project is to create training resources for the Department of Justice that will support services, including employment services, to better support clients with FASD.²⁹³ FASD is significantly prevalent among Aboriginal and Torres Strait Islander peoples and individuals with FASD often face comorbidities.²⁹⁴ In the prison context, a 2018 study that examined the prevalence of FASD at Banksia Hill Prison found that 36% of

²⁸⁶ Interview with Australian Red Cross (n 237).

²⁸⁷ Ibid.

²⁸⁸ 'Rethinking Criminal Record Checks', *RMIT University* (Web Page, 2020) <<https://cij.org.au/research-projects/rethinking-criminal-records/>> ('RCRC Project'). Note that the RCRC project builds on an earlier project initiated with Woor-Dungin, the Criminal Record Discrimination Project (CRDP). No publicly available reports from the RCRC project were able to be found. However, reports from CRDP project are available. This can be found on the same website listed.

²⁸⁹ Interview with Australian Red Cross (n 237).

²⁹⁰ RCRC Project (n 288).

²⁹¹ Ibid.

²⁹² Ibid.

²⁹³ Interview with DES (n 218).

²⁹⁴ Sharynne Hamilton, Michael Doyle and Carol Bower, 'Review of Fetal Alcohol Spectrum Disorder (FASD) among Aboriginal and Torres Strait Islander People' (2021) 2(1) *Australian Indigenous Health Bulletin* 1, 6, 9.

sentenced youth had FASD, of which only two had been previously diagnosed.²⁹⁵ While the prevalence of FASD is unknown in the adult prison population, the significant rates of FASD among sentenced juveniles suggests a similarly high rate of FASD in adult prisons.²⁹⁶ Medical conditions can make reintegration into the community from prison, much less attaining and maintaining employment, increasingly challenging. However, with the significant prevalence of FASD in prisons, consideration of insights from this project may be valuable in informing any IPS program.

Recommendations: *Engage with relevant, although broader, research projects and organisations to better inform and support the needs that prospective IPS clients in the criminal justice context may face.*

(e) Culturally and Linguistically Diverse

When trying to address different cultures and customs, smaller groups such as South East Asian people are often overlooked.²⁹⁷ Similar to Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse (CaLD) backgrounds are over-represented in Australia's prison population.²⁹⁸ Out of all states, Victorian prisons hosts the largest proportion of individuals born overseas (approximately one quarter).²⁹⁹ In particular, those born in Lebanon, New Zealand, Vietnam, Afghanistan and Samoa are the most disproportionately represented in prisons.³⁰⁰ Most records of the proportion of CaLD people in the criminal justice system are inaccurate as they do not consider the ethnicity of individuals, only accounting for the country in which they were born. Therefore, the proportion of CaLD is estimated to be higher than what is formally reported.³⁰¹

People from CaLD backgrounds, particularly those from refugee backgrounds, face pre/post migratory stressors which may act as risk factors to involvement in the criminal justice system.³⁰² Some of the unique challenges migrants face involve having limited English language proficiency, limited access to social support, financial issues, facing discrimination and experiencing cultural differences, all of

²⁹⁵ 'Nine Out of Ten Young People in Detention Found to Have Severe Neuro-disability', *Teleton Kids Institute* (Web Page, 13 February 2018) <<https://www.telethonkids.org.au/news--events/news-and-events-nav/2018/february/young-people-in-detention-neuro-disability/>>.

²⁹⁶ Hamilton et al (n 294) 17.

²⁹⁷ Interview with OICS (n 186).

²⁹⁸ Stephane Shepherd and Godwin Masuka, 'Working with At-Risk Culturally and Linguistically Diverse Young People in Australia: Risk Factors, Programming, and Service Delivery' (2021) 32(5) *Criminal Justice Policy Review* 470, 470–71.

²⁹⁹ Ibid 470.

³⁰⁰ Ibid.

³⁰¹ Ibid 471.

³⁰² Ibid 470.

which hinder one's ability to effectively settle in Australia.³⁰³ For people migrating due to humanitarian purposes, additional stressors are involved such as trauma, psychological distress and a fragmented family.³⁰⁴ With such stressors, the chances of substance abuse, and becoming involved in the criminal justice system increase, particularly if the stressors are left unaddressed.³⁰⁵

In regards to mental health, individuals incarcerated who are from CaLD backgrounds face additional barriers due to a multitude of factors such as poor mental health literacy, language barriers, and a lack of awareness of the supports available to them.³⁰⁶ More specifically, CaLD cultures are more likely to have stigmatised views towards mental health conditions and thus be reluctant to access mental healthcare.³⁰⁷ The definition of mental health varies amongst different cultures, and so does the definition of what is therapeutic. Many CaLD cultures have an emphasis on religion, spirituality and family. This highlights the importance of mental health models being able to cater to different backgrounds, as Western perceptions of mental health conditions and therapy may not directly translate. These issues are reflected in the WA criminal justice system within prison programs such as the Pathways program. The Pathways program addresses alcohol and drug use within prisons and provides support in the area, but notably requires a high level of English literacy and numeracy. This reduces the program's ability to cater to the needs of CaLD people.³⁰⁸ However, for people experiencing alcohol and drug use issues, programs such as the Pathways program place are important in an individual's ability to reintegrate into the community.

Recommendation: *Incorporate CaLD practices when implementing employment and mental health models in the criminal justice space.*

4.4. Timing

(a) Benefits of Starting Prior to Release

Throughcare Model

The most effective time to start supporting individuals incarcerated in their recovery and reintegration into society is *prior* to release. Integration models that involve supporting individuals while they are in prison, and then providing ongoing support after they are released from prison, are called throughcare

³⁰³ Ibid.

³⁰⁴ Ibid.

³⁰⁵ Ibid.

³⁰⁶ Arran Rose, Stephane Shepherd and James Ogloff, 'The Mental Health of Culturally and Linguistically Diverse Offenders – What Do We Know?' (2020) 28(4) *Australasian Psychiatry* 438, 439.

³⁰⁷ Ibid.

³⁰⁸ Interview with OICS (n 186).

models. Throughcare models of support are built upon the belief that having an extended and ongoing level of support that starts pre-release will produce far better outcomes than models that solely start post-release, primarily by reducing the likelihood of recidivism.³⁰⁹ Research has increasingly supported a throughcare approach as it emphasises ongoing and coordinated support for individuals incarcerated to address systemic and criminogenic factors as well as the psychological shifts in the prison journey.³¹⁰ This early preparation for release is recognised as a key factor in successful community reintegration to prevent reoffending behaviour.³¹¹

As discussed in Part 2, all WA prisons provide vocational programs and courses for individuals incarcerated. Engagement with these programs can aid in individuals becoming 'job-ready'. NGOs are also involved with reintegration services pre-release, such as the ReSet run by the Wungening consortium. Ruah Workright and Ruah Inside-Out were employment-focused programs operating in the Bandyup and Boronia Prisons. Although now defunct due to tendering and funding challenges, both programs saw positive outcomes for participants.³¹² While being 'job-ready' is commonly associated with achieving a required level of skill and qualifications, a key barrier in the ability for participants to attain employment in these programs was found to be self-esteem, or lack therefore.³¹³ Therefore, this program not only provided participants opportunities to partake in work experience and/or courses, but it also gave participants hope for a new direction upon release.

The ACT Extended Throughcare Pilot Program

One such throughcare program was the ACT Extended Throughcare Pilot Program (ACT Program).³¹⁴ The ACT Program provided support in health, accommodation, basic needs, community connections and income, started pre-release and provided continued support 12-months post-release.³¹⁵ It was found the recidivism rates were reduced by 22.6%, and for those that did reoffend, they stayed in the community for a longer period of time prior to reoffending.³¹⁶ Numerous other benefits of the ACT Program were reported, such as clients having increased self-esteem and confidence, having positive outcomes from their drug and alcohol rehabilitation, and being able to secure and sustain housing.³¹⁷ Furthermore, reducing recidivism via the ACT Program was very cost-effective, with even a small

³⁰⁹ Kendall et al (n 216) 9.

³¹⁰ Ibid.

³¹¹ *Pathways to Justice* (n 23) 315; Baldry et al, *Future Beyond the Wall* (n 3) 42.

³¹² Interview with Ruah (n 172)

³¹³ Ibid.

³¹⁴ Andrew Griffiths, Fredrick Zmudzki and Shona Bates, Evaluation of ACT Extended Throughcare Pilot Program Final Report (UNSW, January 2017).

³¹⁵ Ibid 7.

³¹⁶ Ibid 3.

³¹⁷ Ibid 91.



healthcare services and even help with clothing and food, it diverted focus from the rapid job search.³²⁷ Vocational specialists had to ensure participants had these basic needs met first. The unpredictability of prison release dates also added to the instability of post-release life, hence further delaying engagement with employment services.³²⁸ IPS' principle of time-unlimited support is aimed to extend the employment support for as long as the participant requires, however, it is difficult to determine when the IPS service can *begin* in the prison journey.

Coordinated and holistic support beginning prior to release would ideally enable individuals with lived experience of the criminal justice system to engage in employment assistance sooner. Notably, early planning for release and wraparound support post-release is resource-intensive.³²⁹ The likely agencies involved would include government departments, corrective services, and service providers of accommodation, employment, and mental health - to name a few.³³⁰ However, the typical approach of the Australian government has been to push a punitive approach to criminal policies.³³¹ The attractiveness of funding rehabilitation-focused initiatives is often neglected despite public opinion largely reflecting a moderate tendency towards crime.³³² In terms of mental health support within WA prisons, funding towards mental health care frequently falls back on reactionary responses to crisis levels of need.³³³ To enable individuals with lived experience of the criminal justice system to engage in employment sooner rather than later, consideration must be had for these practical realities of early preparation for release.

Recommendation: Consider at what stage of the prison and/or reintegration journey that IPS would be viable to start at, with particular regard to the benefits and practical realities of a throughcare approach.

³²⁷ Ibid.

³²⁸ Bond et al, 'IPS Controlled Trial US' (n 69) 1037.

³²⁹ Interview with Australian Red Cross (n 237); *Pathways to Justice* (n 23) 239.

³³⁰ *Pathways to Justice* (n 23) 316.

³³¹ Chris Cunneen et al, *Justice Reinvestment: Winding Back Imprisonment* (Palgrave Macmillan Limited, 2015) 237.

³³² Austin Lovegrove, 'Sentencing and Public Opinion: An Empirical Study of Punitiveness and Lenience and Its Implications for Penal Moderation' (2013) 46(2) *Australian & New Zealand Journal of Criminology* 200, 213.

³³³ *OICS Annual Report 2019-20* (n 178) 12.



4.5. Employers

(a) Practical Support for Employers

Employers have a more positive experience of IPS programs when they are supported through the program.³³⁴ In particular, employers report that the presence of an IPS specialist who can provide professional, individualised support and advice makes them more comfortable about hiring participants in an IPS program.³³⁵

Supporting employers will be particularly important for an IPS program operating in the criminal justice space. The Australian Red Cross reports that even employers who are actively interested in hiring individuals with lived experience of the criminal justice system often lack knowledge of criminal justice-specific issues and are uncertain about how to best support these employees.³³⁶ Positive employment outcomes require *both* the individual and the employer to be 'job-ready'.³³⁷ However, there is currently no guidance or assistance for employers in this space.³³⁸ This lack of support can lead to negative experiences for both employers and employees, making employers less likely to employ individuals with lived experience of the criminal justice system in the future.³³⁹

Section 95(6) of the *Prisons Act 1981* (WA) provides the ability for individuals incarcerated to partake in work experience or volunteering outside of prisons.³⁴⁰ However, while employers may engage with these individuals through s 95 programs facilitated outside of prison, the support that is provided is largely based on the individual incarcerated. This may include transport and security support to facilitate the individual leaving prison grounds.³⁴¹ However, there is no support provided to aid the employer to support the individual in the facilitation of the program.³⁴²

³³⁴ *Evaluation of IPS Trial Australia 2019* (n 46) 97–8; Annika Lexen, Maria Emmelin and Ulrika Bejeholm, 'Individual Placement and Support is the Keyhole: Employer Experiences of Supporting Persons with Mental Illness' (2016) 44(2) *Journal of Vocational Rehabilitation* 135, 138–40.

³³⁵ *Ibid.*

³³⁶ Interview with Australian Red Cross (n 237).

³³⁷ *Ibid.*

³³⁸ Australian Red Cross, *Designing for Social Change: Employment Justice* (Project Insights and Proposed Strategy, April 2021) 40 ('*Australian Red Cross Employment Justice Project Report*'); Interview with OICS (n 186).

³³⁹ *Australian Red Cross Employment Justice Project Report* (n 336); Interview with Australian Red Cross (n 237).

³⁴⁰ *Prisons Act 1981* (WA) s 95(6).

³⁴¹ Interview with OICS (n 186).

³⁴² *Ibid.*



The Australian Red Cross is currently developing a resource hub for employers interested in hiring individuals with lived experience of the criminal justice system.³⁴³ However, more targeted employer support is needed for an IPS program among such individuals to be successful. In part, this will come from IPS specialists, as in all IPS programs, but further supports may be required that will be unique to an IPS program operating in the criminal justice space. The model must provide adequate practical support to employers so that they feel comfortable participating in an IPS program with individuals with lived experience of the criminal justice system. Community co-design that includes employers will be essential.

Recommendation: *Employers be consulted during the design phase to ensure that the model will provide them with practical support to employ individuals with lived experience of the criminal justice system.*

(b) Financial Incentives for Employers

There is virtually no research on how hiring IPS participants will benefit employers. Some sources suggest that employers taking part in IPS programs tend to be motivated by altruism and do not necessarily expect any clear benefits for their business.³⁴⁴ Altruism alone may be insufficient to support a large IPS program, especially as employers may be even more reluctant to hire IPS participants with lived experience of the criminal justice system.

Evidence from overseas suggests government financial inducements are an attractive incentive for hiring both individuals previously incarcerated and participants in IPS programs.³⁴⁵ In WA, there are no financial incentives for employing individuals with lived experience of the criminal justice system, although businesses that employ people with disabilities are eligible for government wage subsidies and/or exemptions from payroll tax.³⁴⁶ The introduction of similar incentives may help to increase employer participation in the IPS program.

Recommendation: *Financial incentives be investigated as a means of encouraging employers to hire participants in the IPS program.*

³⁴³ Interview with Australian Red Cross (n 237).

³⁴⁴ Lexen et al (n 334) 140-2.

³⁴⁵ Reich (n 240) 34; Lexen et al (n 334) 140-2.

³⁴⁶ 'What Financial Support is Available?', *Department of Communities, Disability Services* (Web Page) <<http://www.disability.wa.gov.au/business-and-government1/business-and-government/employing-people-with-disability---disability-services-commission-disability-wa/what-financial-support-is-available/>>.



4.6. Funding

A common challenge faced by reintegration providers is the limited and uncertain funding that their programs are reliant on. With the government procuring reintegration services and offering contracts on a two-year tendering cycle, funding uncertainty is commonplace.

(a) Current Allocation of Government Funding

Mental Health and Employment

To provide context, recent funding in this space included an allocation of \$1.2 million in 2020 to various services to provide workforce development programs with a focus on peer workforce, Aboriginal culturally secure services, trauma-informed care, and employment pathways in the mental health, alcohol, other drug community sector.³⁴⁷ The government funding package is part of the Alcohol and Other Drug Workforce Strategic Framework 2020-25.³⁴⁸ Moreover, there is \$49.6 million mapped over four years for suicide prevention services, alternatives to emergency departments, initiatives responding to the Meth Action Plan Taskforce report, WA's Recovery College for mental health, alcohol and drugs, and patient beds.³⁴⁹ More recently, a record \$495 million was delivered to the Mental Health Commission (MHC) in the 2021-22 State Budget.³⁵⁰

Justice

Additionally, the 2021-22 State Budget provides for \$297 million per annum for the Department of Justice to spend on court and tribunal administration, community corrections and WA's eight regional prisons.³⁵¹ Interestingly, no mention of WA's eight other public prisons was mentioned.³⁵² An additional \$17 million has also been allocated to the delivery of regional youth justice services in the Kimberly and Pilbara, and \$9.3 million for the development of an Alcohol and Other Drug facility at Bunbury Regional Prison.³⁵³

³⁴⁷ Roger Cook, 'Supporting the Workforce to Build Capacity in Mental Health, Alcohol and Other Drugs' (Media Statement, Government of WA, 28 October 2020).

³⁴⁸ Ibid.

³⁴⁹ Ibid.

³⁵⁰ Mark McGowan and Stephen Dawson, 'Massive Boost for Mental Health in 2021-22 State Budget' (Media Statement, Government of WA, 9 September 2021).

³⁵¹ *WA State Budget 2021-22* (n 6) 211.

³⁵² Ibid. Note that there are 17 prisons in WA (16 public prisons and 1 private prison).

³⁵³ *WA State Budget 2021-22* (n 6) 211.



(b) Funding Considerations

At this stage of the Project, further research and engagement is still required to determine how an IPS program might be implemented in the justice context. Therefore, any attempt to provide specific recommendations regarding funding may be superficial. However, learnings from successful programs that operated at the intersection of both the mental health and justice context are useful.

One such program is the Start Court program. This program aimed to support the mental health challenges faced by individuals in the WA criminal justice system during the pre-sentencing period.³⁵⁴ Run jointly by the Department of Justice and the MHC, a pilot was first implemented around 2013-14.³⁵⁵ While the pilot faced challenges that required reworking, an early success was the attainment of a significant amount of funding in setting up this program.³⁵⁶ The Start Court included a multi-disciplinary team both in its operations and governance.³⁵⁷ The representation of different key groups and stakeholders in this program, enabled by extensive community co-design, was considered a contributor to the successful funding attaining.³⁵⁸ An organisation significant in the co-design of the Start Court program was Mental Health Matters 2 (MHM2).³⁵⁹ MHM2 is a systemic advocacy group in the context of mental health, drug and alcohol challenges and the criminal justice space.³⁶⁰ Engaging with and gaining insights from organisations and programs such as these may be valuable in informing an IPS program in the criminal justice space. Direct contact details for MHM2 will be provided upon request at the close of this Project.

³⁵⁴ *Productivity Commission Report 2020 vol 3 (no 4) 1034.*

³⁵⁵ Interview with MHC (n 200).

³⁵⁶ *Ibid.*

³⁵⁷ *Productivity Commission Report 2020 vol 3 (no 4) 1034.*

³⁵⁸ Interview with MHC (n 200).

³⁵⁹ *Ibid.*

³⁶⁰ 'About Us', *Mental Health Matters 2* (Web Page) < <https://www.mentalhealthmatters2.com.au/about-us/>>.



5. Suggested Next Steps

A common theme of the research findings was the need for community engagement for any employment and/or mental health model in the WA criminal justice system to be effective. Specially, for an IPS program to operate successfully, it is necessary to have a sound understanding of: (1) what support a prospective IPS client with lived experience of the criminal justice space would need; and (2) the fixed aspects of the criminal justice context that a program in this space would need to navigate in.

The 12-week timeframe of this Project limited the number of external consultations that were able to be conducted. However, while consultation findings have helped shed light on the above requisite areas of understanding, further research and consideration of particular areas are needed to further distil the above. Pending permission, contact details of the organisations identified below can be passed onto WAAMH to instigate further engagement. Direct contact details for Centrecare were also provided to the Project team, however, no action was taken due to the late time at which the contact details were provided. The willingness of Centrecare to hold discussions with WAJA (and/or WAAMH) was not confirmed.

Suggested next areas of further research and consideration are as follows:

- The experiences and needs of individuals with lived experience of the criminal justice system by way of engagement with these individuals and prison staff.
- The fixed aspects of the criminal justice system that an IPS program would need to navigate in by way of engagement with government bodies including the Department of Justice, Corrective Services.
 - In the consultation with the MHC, it was noted that the prospective step-up-step-down program at Casuarina Prison (see 3.3(p)) fell under the responsibility of Corrective Services. While additional insights into this program were unavailable, the MHC expressed willingness to share contact details of a Corrective Services staff involved in the Casuarina step-up-step-down program. Contact details can be passed on to WAAMH at the close of this Project.
- Aboriginal and Torres Strait Islander-specific needs and experiences by way of engagement with Aboriginal and Torres Strait Islander specific organisations and communities.
 - Wungening has expressed willingness to hold discussions with WAAMH regarding IPS in the WA criminal justice system. Direct contact details can be passed on at the close of this Project.
- The different support that employers may need in supporting the target client by way of engagement with employers and relevant projects.



- Engagement with both employers with and without experience and interest in employing individuals with lived experience of the criminal justice system may be useful. The Australian Red Cross Employment Project ran focus groups as part of their project examining what makes employers want to employ these individuals. With their project focusing on support for employers, drawing insights from the Australian Red Cross may also be useful. Direct contact details can be passed on at the close of this Project.
- Co-design to ensure effective community engagement and sufficient stakeholder buy-in, which may in turn improve funding prospects.
 - MHM2 was flagged as an integral organisation in the co-design of the WA Start Court program, with also received significant initial funding. MHM2 was suggested in correspondence with both Wungening and the MHC. Detail contact details were provided to the Project team, however, were not actioned due to the limited timeframe of this Project. However, the contact details can be passed onto WAAMH.

WAJA intends to pass on WAAMH contact details to the organisations and bodies consulted throughout this Project should they have any further questions regarding IPS and WAAMH.

6. Project Limitations

6.1. Limited Timing for Consultations

As a student-led organisation, WAJA conducts projects on a university-semester timeframe (typically 12-weeks). Ten consultations were held in the duration of this Project. Eight of these consultations were with employment and/or reintegration related projects or service providers, reflecting that the starting focus of this Project was on providers. While these organisations play a key role in supporting the reintegration of individuals incarcerated, providers are only one key stakeholder group across both the justice and mental health context. However, the number of different key stakeholder groups relevant to this space warrants a timeframe longer than 12-weeks would allow. Additionally, while some contacts were known and shared by WAAMH, most required cold contact. As a student-led organisation, this added difficulties in securing consultations with those in charge of the relevant criminal justice, mental health and/or employment programs in these organisations. This contributed to the limited time left by the latter half of the Project to conduct consultations and drawn insights and recommendations.

(a) Target Client

No consultations with were conducted with the individuals with lived experience of the criminal justice space, their families and communities to inform the content of this report. Aboriginal and Torres Strait Islander peoples are overrepresented in the criminal justice system and accordingly, the importance of engagement with this community cannot be understated. Attempts were made to secure consultations with Aboriginal and Torres Strait Islander focused-providers. This included Wungening, also the lead organisation in the Wungening consortium. However, as Wungening's justice programs are conducted in collaboration with other agencies, Wungening's involvement in this Project needed to first be cleared by the governance committee of each of these programs. This meant a consultation was unable to be conducted within the timeframe of this Project. However, Wungening has expressed willingness to hold discussions with WAAMH. A consultation was held with Wirrpanda Foundation. However, this consultation was only able to be held one week prior to the submission of this draft, accordingly, the insights from the consultation were unable to be fully utilised.

(b) Government Bodies

Unique to the criminal justice context (as compared to that of mental health), is the number of strict requirements and the amplified role of government bodies in the facilitation of any service providers to those with lived experience. Individuals who have been sentenced fall under the Department of Justice, Corrective Services. While a consultation was held with the Office of the Inspector of Custodial Services, no consultations were held able to be held with Corrective Services.



6.2. Project Design

(a) Method

With the team comprising of current or prospective post-graduate law students and a psychology student, the Project approach and design reflected the research-heavy nature of these degrees. A consultation was held with a student team at the University of Technology Sydney involved in the Australian Red Cross Employment Project. The students were undertaking a Bachelor of Creative Intelligence and Innovation (BCII), of which their involvement in the Australian Red Cross Employment Project comprised a unit requirement. Reflecting the nature of the BCII degree, a number of different methods and strategies were adopted to inform their project direction. While a research approach is a useful approach in completing projects such as this, it is only one approach. Exploring the potential of other methods to complement the research-approach adopted may have been valuable. Additionally, this insight was raised in the latter half of the Project, and additional considerations and/or changes to Project design and approach were not feasible by this time.

(b) Representation

There was limited consultation with individuals with lived experience of the criminal justice system and/or mental health conditions, as well as individuals of Aboriginal and Torres Strait Islander descent, to inform the Project design and direction. The composition of the Project team included students with backgrounds in law, psychology and mainstream government employment services. Regular engagement with WAAMH was also held. However, reflecting Donald Rumsfeld's concept of 'unknown unknowns', referring to things that one is neither aware of nor understands, there is no substitute for lived experience. This limitation was a consequence of both an unknown unknown to do so at the time of the Project design, as well as time constraints preventing any changes to Project design and direction once this issue became known. While the team endeavoured to seek diverse opinions and perspectives throughout the Project, the insights of lived experience would have been valuable.

6.3. Limited Publicly Available Information

A total of two IPS program trials in the criminal justice system have been conducted (one each in the US and UK). Additionally, while IPS programs exist in the WA mental health space, these programs are not commonplace. Further, there were limited publicly available evaluation reports of WA IPS programs, as well as reintegration programs in the justice space. Particularly regarding NGO-run programs, while general program information was available on the organisation's website, there was limited information of program outcomes and limitations to draw from. However, given the accessibility



barriers faced by people with lived experience of the criminal justice space, NGO-run programs would likely have the most impact for this target client.

The services provided in the context of justice reintegration spans several different NGOs and government bodies. Additionally, reintegration contracts operate on a two-year tendering cycle. Coupled with a lack of publicly available information, particular regarding now defunct programs, it took a significant amount of the Project timeframe to understand how these services fit together. As such, several key stakeholder groups that would have been valuable to consult were overlooked at the Project design stage.

7. Concluding Remarks

Mental health conditions occur at a significantly high rate in the WA criminal justice system. Despite employment being shown to play an integral role in both positive mental health and recidivism outcomes, limited services are available in the justice context. On a community level, recidivism and mental health not only represents a significant financial cost to the State, but also a significant loss of social capital. On an individual level, the lack of appropriate services can have detrimental impacts on one's health and well-being.

The increasing awareness of mental health conditions over the past years has resulted in a shift away from the highly stigmatized community attitude towards mental health. The increasing availability of mental health services reflects this. In the justice space, however, such a shift is not as significant with high levels of stigma and punitive attitudes toward crime strong and continuing to be pushed in Australia. This however, manifests in limited government funding allocated for services in this space, making attempts to reintegrate and reduce recidivism even more difficult.

It may often be easier to view individuals with lived experience of the criminal justice space as merely a statistic – a population separate from the broader community. However, any impact in this space, positive or negative, has webbed and compounding effects, impacting the individual, their families, their communities, and the broader society. With limited support and significant accessibility barriers, it is even more important to push for improvement and change in this space.





WAAMH

**Western Australian Association
for Mental Health**