



How We Do It

SIS SCC Program

(Sisters Inside Special Circumstances Court Diversion Program)

© Sisters Inside Inc. 2011
PO Box 3407
SOUTH BRISBANE QLD 4101
ph: (617) 3844 5066
fax: (617) 3844 2788
email: deb@sistersinside.com.au
web: www.sistersinside.com.au

Written & Compiled by Suzi Quixley, with particular thanks for feedback and ideas to:
Debbie Kilroy, (Magistrate) Christine Roney, Ann Marie Tilley, Yvonne Chelepy &
Margaret Fitzpatrick.

239 of the 240 women involved in the SIS SCC Program in 2007-2010 had a reduced rate of offending during and following their involvement. The Program had a 96% success rate in diverting women from prison.

The Sisters approach really works ... Sisters is there for women, not just during the criminal justice process, but for life!

(SCC Magistrate Christine Roney)

... the best thing about SCC is that they take everything into prospect. They also take in the real roots as to what you have done and why you have done it. The SIS SCC has helped me grow as a person within myself and they have also helped me look at myself and my future. The reason I haven't gone to prison is because of SIS SCC. ... SIS SCC have showed me the big picture in my life.

(Simi - a young Aboriginal and Torres Strait Islander woman)

Jane says that Sisters Inside and the SCC Program have turned her life around and now she sees the moon and the stars! ... She has stopped the drugs, stopped smoking, has her daughter with her on weekends, attends counselling regularly, lives in a share house and is getting dental care.

Jane is quite sure she would otherwise be dead or in prison, and believes if you are in prison you may as well be dead.

(Jane – a woman with a long term history of poly-substance abuse, homelessness and imprisonment)

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Introduction

The criminogenic profile of women prisoners is very different from that of men. Whilst crime rates amongst women have not increased in recent years, imprisonment rates have increased dramatically – both in Queensland and nationally. Women are increasingly being imprisoned for their first offence. Most are imprisoned for short periods for minor offences¹. Further, amongst women prisoners:

- The vast majority have a history of abuse - including child sexual abuse and domestic violence.
- A hugely disproportionate number are Indigenous women.
- Most are mothers of dependent children, and were their primary carers prior to imprisonment.
- Most have a disability - including mental health problems, learning or intellectual disability and/or substance abuse issues.
- Most come from low income backgrounds, and have a limited education.
- Many have a history of homelessness.

In other words, almost every woman prisoner is also a victim of crime and breaches of her fundamental human rights.

Once released from prison, even after a short sentence, women face new issues. For most, their pre-existing problems have been compounded as a direct result of the trauma of imprisonment. Most have lost their home and income. Many have incurred debts and lost all personal belongings. Many have lost custody of their children, or return to children traumatised by the enforced separation.

The vast majority of women prisoners are not a threat to public safety. Imprisonment, in and of itself, is a key predictor of recidivism – if a woman has been imprisoned once, she is more likely to return to prison than a woman who has never been in prison. This is commonly a result of the re-traumatising effects of common prison practices such as strip searching, and of imprisonment itself, on women who are survivors of family violence. Imprisonment functions as a barrier to addressing the complex, inter-related issues in the lives of women and their children. Further, it frequently compounds the social issues faced by women prior to their imprisonment – making resolution of these issues even more intractable.

Imprisonment of mothers plays a longer-term role in undermining community safety. Imprisonment of mothers causes long term damage to their children – the children of women prisoners are 5 times more likely to end up in prison in later life, than other children².

Further, alternatives to imprisonment for women make economic sense. The significant cost savings that can be expected from programs such as the Special Circumstances Court Diversion Program (SCC) are demonstrated later in this report.

¹ As at 2000, the average sentence for women in Queensland was approximately 2 months (Women's Policy Unit 2000:14). QCS advises that this average is now longer however concrete statistics on current average sentences for women are not available.

² Shine for Kids cited in Aboriginal and Torres Strait Islander Justice Commissioner 2009:19

The Context

About Sisters Inside (SIS)

Based in Brisbane, Australia, Sisters Inside (SIS) is an independent community organisation which exists to advocate for the human rights of women in the criminal justice system and to address gaps in the services available to criminalised women and their children.

SIS is distinguished from many other services by our human rights-based approach to working with criminalised women. The *SIS Values & Vision*³ is a living document at the core of all aspects of SIS. All staff and management are required to sign on to these values. Wherever possible, SIS employs staff with a personal experience of criminalisation and/or Aboriginal or Torres Strait Islander staff.

Women prisoners played a central role in developing the *SIS Values and Vision*, and continue to have a significant influence over our direction and practices. SIS is a women-driven, transparent organisation which is (both structurally and informally) accountable to women in prison. As a result, all aspects of SIS development are guided by *the experts*, and the organisation has a high level of credibility amongst criminalised women.

For more than a decade, SIS has actively advocated for the human rights of criminalised women, particularly women prisoners. We have led and participated in campaigns against systemic violence and other human rights violations within prisons. Our primary goal is to reduce, and ultimately eliminate, the imprisonment of women.

SIS addresses many of the social issues that impact on criminalised women, and often lead to their criminalisation. The most common of these are women's lack of access to appropriate and adequate housing; and mental health, family/sexual violence and substance abuse support services. These concerns are accentuated amongst Indigenous women whose needs have been embedded through multi-generational social and cultural damage. This past systemic abuse continues to severely damage Indigenous women, their families and their communities. SIS has also produced a wide variety of resource materials, which are available to prisoner advocates and other organisations working with people with complex, inter-related needs.

At a service delivery level, SIS services are available to all women impacted by the criminal justice system. The majority of women involved with SIS have *lived prison experience* (that is, they are, or have previously been, imprisoned). The wider group of *criminalised women* also includes women on non-custodial orders and women who have been charged but not convicted.

The SIS model of service, *Inclusive Support*⁴, ensures that our work with individual women is driven by SIS values. This includes treating each woman as the *expert in her own life*, and working from her perceptions of her needs and priorities. This empowering model of service actively respects women and children's human rights. It builds the resilience of women and their families and often achieves sustained outcomes.

Most criminalised women face high levels of complex, interrelated needs. These needs are often a result of long term, even multi-generational, social failure to meet women's most basic human rights. SIS provides a variety of services for women prior to and following their release from

³ The full text of the *SIS Values & Vision* can be downloaded from: www.sistersinside.com.au/values.htm.

⁴ A 3 page *Fact Sheet* and a more comprehensive guide to implementing *Inclusive Support* (designed for service providers) are available at: <http://www.sistersinside.com.au/reports.htm>.

prison. We focus on enabling women to access services to meet their human rights, including housing, income support and all facets of health care. Since most criminalised women are mothers of dependent children, SIS functions from a *whole of family* perspective, providing services to both women and their children.

SIS may work with an individual woman, child or family over many months or years. The intensity of our involvement at any given time will vary according to the woman's needs. Once a woman's life has become more stable, SIS continues to function as a *safety net* - preventing escalation of minor issues which put her at risk of returning to prison (such as loss of support services or housing-related problems). When a woman is ready, SIS provides services to improve the long term quality of life of her family, including education, training and employment support.

SIS receives funding from a wide variety of sources including Australian and Queensland government departments, foundations and private donors. This enables us to provide many programs and services including:

- Seeking to reduce the number of women in prison, through supporting women in the Special Circumstances Court Diversion Program (SCC).
- Supporting women in prison (e.g. sexual assault counselling, Indigenous support workers, skills workshops).
- Offering age-specific services for girls and young women in youth and adult prisons⁵.
- Undertaking early intervention with mothers in prison and their children, to address the issues which frequently result in a return to prison.
- Facilitating relationships between mothers and children (e.g. reunification of families from the Stolen Generations, enabling family contact during imprisonment and assisting with positive family reunification post-release including Kids and Mums Reunification Camps).
- Supporting children and young people whose mothers are in prison, particularly focusing on improving the social and educational connectedness of homeless or at risk young people whose mothers are in prison (e.g. Reconnect program, Hip Hop Movement program).
- Providing intensive support for women and children rebuilding their lives after the trauma of prison (e.g. individual support, camps, one day events, parenting support, computer courses, Writer's Group).
- Increasing women's participation in mainstream society, particularly through improving pathways out of violent family settings or homelessness (e.g. helping women access housing, income support, substance abuse services, mental health services, education, training and work).
- Undertaking community building programs (e.g. Indigenous Circus Project, arts and cultural groups).
- Developing stand-alone, user-friendly resources (e.g. *Human Rights In Action* booklet, *Indigenous Women Working Toward Safety* DVD) for Indigenous and non-Indigenous women, children and workers.

About the Special Circumstances Court Diversion Program (SCC⁶)

It has been widely recognised that:

Public order laws are likely to affect homeless persons disproportionately because their behaviour invariably occurs in public - that is to say, public spaces often constitute a homeless person's place of residence. Thus, many common activities of daily living, such as toileting, become a public order offence because those activities occur in public. Police officers regularly enforce these laws against persons who are evidently underprivileged and deprived of life's most basic necessities. (<http://www.qcjc.com.au/practice/econtent/1/2/143>)

⁵ Unlike other Australian states/territories, Queensland incarcerates 17 year olds in adult prisons.

⁶ This text is largely derived from: www.courts.qld.gov.au

The Special Circumstances Court Diversion Program (the SCC) is one of a suite of Brisbane Magistrate's *Courts Innovations Programs*, targeted at people who appear before the court for homelessness and/or drug and alcohol addiction related offences. (These include Murri Court, Drug Court and Indigenous Justice Programs.)

The Homeless Persons Court Diversion Program enables magistrates at the Brisbane Arrest Courts to refer people charged with public order offences to health and accommodation services, if the magistrate is satisfied that the offence is related to the person's homelessness.

The SCC has been developed in addition to this program, in recognition of both the wider causal factors (*special circumstances*) behind many minor offences, and the need for support beyond sentencing. The Program is funded as a pilot by the Department of Justice and Attorney-General until 2012. The SCC provides for a more intensive, ongoing relationship with people:

1. Who are homeless or at risk of being homeless, and,
2. Whose decision-making capacity is impaired as a result of mental health issues (including drug/alcohol induced issues), cognitive disability, intellectual disability, or brain and neurological disorders.

The SCC aims to work with people in the early stages of the criminal justice process, to minimise their risk of becoming entrenched in the system and to address the underlying causes of their offending. The Court uses bail and sentencing options to place people with support services to help them deal with issues which are contributing to their offending (e.g. unmet housing and health needs) and enable them to make life changes.

The Court avoids imposing fines or imprisonment. Fines are avoided, because people who are homeless or dealing with health issues are unlikely to be able to pay them. Imprisonment is seen as a last resort. Instead, the SCC helps people to:

- Find secure accommodation.
- Attend court.
- Address (pre-existing) penalties managed by the State Penalties Enforcement Registry (SPER⁷).
- Connect with services which can help meet their legal representation, rehabilitation, health, personal development and life skills needs.

The Court has jurisdiction over a limited range of offences, including:

- Some drug-related offences.
- Some theft-related offences (e.g. shoplifting and stealing).
- Some property offences (e.g. property damage).
- Other public order (or related policing) offences (e.g. public nuisance, begging, being drunk in a public place and trespass).
- Procedural offences such as failing to appear in court or breaching bail for public order offences.

In order to be eligible for inclusion in the program, defendants must have their charges heard at the Brisbane Magistrates Court, be charged with an eligible offence and plead guilty or not contest the charges. People with criminal histories, or people who have previously participated in the program, may be eligible. Defendants are not eligible for the program if they are:

- Under 17 years of age.
- Charged with sexual or serious violent offences.
- Appearing on drug offences that may qualify them for a drug diversion program.

There are a range of entry points to the SCC Program. People can refer themselves. They can be referred by a friend, magistrate or duty lawyer at the Brisbane Arrest Court. They can be referred

⁷ The body which administer fines in Queensland.

by a police officer, community organisation or legal service. Lawyers can seek to have their clients placed on the Special Circumstances List.

A number of dedicated staff are appointed to support the Court and its operations:

- 2 part time magistrates.
- 2 court liaison officers (also called *Court Case Coordinators*).
- A prosecutor.
- A probation/parole officer.
- A psychologist (on secondment from Queensland Health).

The SCC operates for 3 days each week (Wednesday, Thursday & Friday), in a discrete courtroom (Court 18, Brisbane Magistrates Court). SCC court liaison officers are available 5 days per week. The 2 magistrates generally sit in the Court on alternate weeks, and are each supported by one of the Coordinators. As a result, program participants generally develop an ongoing relationship with the same magistrate and Coordinator.

Service delivery staff from a number of organisations regularly attend the court. The SCC can ask these services to put supports in place for program participants. Some organisations accept new referrals from the SCC (e.g. Salvation Army, Micah Projects); some attend the court to support their existing clients (e.g. Richmond Fellowship). Legal Aid and the Aboriginal and Torres Strait Islander Legal Service (ATSILS) generally attend the court to represent program participants. The Centrelink Community Services Team is often available to provide support and advice related to income support. Sisters Inside is the only service focused exclusively on the needs of women. SIS attends the court each time it sits, and accepts all referrals of women.

A Court meeting is held every Tuesday afternoon, prior to SCC sittings for the week. Service providers, Court Case Coordinators, lawyers and prosecutors attend these meetings. The Court meeting often discusses sentencing options, and service providers have an opportunity to provide information about the program participants with whom they are working.

In order to participate in the SCC Program, defendants must agree to be assessed for their eligibility and needs by a Court Case Coordinator. This may include an assessment by the psychologist. Information provided during this assessment process is confidential, and is only provided to the court if the person agrees, and chooses to become part of the Program. (Defendants can opt to return to Magistrates Court 1, and have their charges heard there.) In addition to fitting the formal eligibility criteria, program participants must be willing to tell the magistrate what's happening in their life, and willing put in effort toward making changes in their lives. Participants who are unwilling to contribute to their own improvement, can be sent back to Magistrates Court 1.

Whilst initial referral to the SCC is voluntary, participants are required to fulfil the court's directives once on the Program. Following confirmation of their eligibility, a magistrate can make an order for a defendant to participate in the SCC Program. Usually, the magistrate will order discharges and adjournments, usually with treatment and welfare conditions attached. The relevant Coordinator then works with legal representatives and prosecutors to find appropriate support services in the community. Coordinators are responsible for referring, supporting and monitoring program participants, while issues such as accommodation, mental health, and substance dependence are addressed by support workers from other organisations, including Sisters Inside. If on probation, or a bond to report back to the SCC, the participant is transferred to the probation/parole officer located at the SCC.

The SCC is a hive of activity – both inside and out. Located in a discrete area, and occupying one wing of a floor, there are 2 large, comfortable sitting areas and several vacant rooms which can be used for more private conversation. Drinks and snacks are available. Whilst the court is in session, support workers from a variety of agencies are both inside and outside the court, talking with the sitting magistrate or program participants.

Inside the court procedures are more flexible and informal than a conventional court. For example, the magistrate may argue with the prosecutor, or engage in lengthy conversation directly with the participant, in order to try to find out what is behind an offence. Participants are often required to report back to the Magistrate quite frequently (e.g. fortnightly) to report on their progress.

The SIS SCC Program

Overview of the Program

Sisters Inside (SIS) always has at least one support worker present when the Special Circumstances Court (SCC) is in session. They may be in the Court itself, or interacting with women participants in the sitting/meeting area outside the Court. The SIS SCC Program is available to provide support services to any woman who becomes a participant in the SCC Diversion Program. As at 30 June 2010, SIS had provided services to a total of 240 women through the Program.

SIS provides customised services to each woman participating in the SIS SCC Program. SIS is committed to responding to whatever each woman needs, for as long as it takes. In some cases, SIS provides immediate resourcing to address women's practical or referral needs. More often, SIS establishes an ongoing support relationship with women. Some women require high levels of intensive support over many weeks, months or even years; others simply need a *safety net* - the assurance that SIS will be available to provide support, should they want this. Most women (and often their children) receive support through both the SIS SCC Program and other SIS workers.

In addition to appearing before the Court itself, SIS SCC staff actively participate in Tuesday afternoon Court meetings. These discussions play a valuable role in the continuum of support for women. It enables SIS staff to provide evidence-based advocacy for women prior to their attending the Court. SIS staff often provide information about women which would not otherwise have been available to the Court. This has assisted in addressing pre-existing assumptions about particular women and has often led to reconsideration of sentencing recommendations.

Originally funded through the Legal Practitioner Interest On Trust Accounts Fund (LPITAF), the SIS SCC program now receives triennial funding of approximately \$150,000 annually through the Community Legal Centres (CLC) Funding Program of Legal Aid Queensland. This is sufficient to employ one full time worker to provide support services to women participating in the SCC. SIS has dedicated a further half time position to the SCC program, using funding received to address the mental health needs of women. These 1.5 positions are frequently augmented through service provision by other SIS staff.

Aims & Objectives of the Program

The SIS SCC Program aims to provide support and bridging resources for women who have been diverted to the SCC according to each woman's perceptions of her needs, and as agreed by the Court.

SIS staff walk alongside women to:

1. Increase their access to, and work with them to achieve, stable, safe accommodation.
2. Increase their access to, and work with them to achieve, ongoing support from mental health services.
3. Increase their access to, and work with them to achieve, ongoing support from addiction services.
4. Introduce them to services and organisations with the potential to respond to specific issues and needs.
5. Introduce them to other SIS programs that will help them address long-standing issues in an ongoing, sustainable way.

Unique Features of the Program

Most service provision models of the past have been demonstrably unsuccessful in helping criminalised women engage or reengage with the skills and resilience required to live independently, particularly following imprisonment. These approaches fail to understand and respond to the complexity of women's traumatic backgrounds and their individual and family needs. As a result, many women are imprisoned or re-imprisoned. Many return to other destructive life situations such as violent family settings, homelessness or substance abuse.

At one extreme, other agencies base their day-to-day work with criminalised women on conventional case management. This approach is typically appointment driven. It requires women to make steady, ordered progress toward pre-determined goals. Most criminalised women are living in chaotic circumstances. Most face multiple complex, inter-related issues, which compete for their attention. Many find it difficult to remember, or prioritise, appointments – let alone follow a step-by-step, linear process to address their life circumstances. This structured approach has been demonstrably unsuccessful in responding to criminalised women's needs.

At the other end of the spectrum, more intensive diversion programs exist. These are commonly delivered through residential programs in facilities located away from the pressures of everyday living. Programs may be as short as a few days, or as long as several months. When driven by Aboriginal women elders, healing programs have proven highly successful for Aboriginal women. An intensive residential approach has also produced benefits for non-Indigenous women. However, this type of approach has significant shortcomings when applied to non-Indigenous women. Women are required to make a major, *once-off* commitment to dedicate a period of their life to intensively addressing their multi-faceted needs – often, in isolation from their children. Many women find it difficult to maintain change when they return to the pressures of daily living. These types of programs are expensive – with significant capital required to develop suitable facilities (e.g. in the bush) and ongoing staffing costs required to maintain service infrastructure and provide intensive programs. Further, they have the capacity to respond to a limited number of women.

By contrast, the SIS SCC program provides ongoing support for women in real time, in their real life setting – including their family context. The model enables both highly intensive support when women are ready and able to focus on issues, and lower-key availability and support at other times. This approach progressively addresses women's sense of isolation, helps them to feel part of the community and reduces the risk of them ending up living in a physical or emotional ghetto. It is driven by belief that actively respecting women and children's human rights is essential to building the resilience of women and their families and achieving sustained outcomes. This is a cost-effective option with the capacity to adjust to the motivation, pace and needs of each individual participant. As detailed below, this approach has proven highly successful in responding to women's needs in a cost-efficient manner.

Practice Principles underpinning the Program

Sisters Inside believes that being trusted by criminalised women is a privilege, which the organisation as a whole, and individual workers, must continually earn.

The vast majority of criminalised women have repeatedly experienced service provision which has stripped them of their authority and autonomy. Most are therefore wary of anyone with potential power over their lives. For women who've been in prison, this caution of service providers is reinforced through living within a prison culture which says *trust no-one*. For women to trust SIS SCC staff requires a huge *leap of faith*.

SIS is committed to working alongside women. Some services providers to the SCC see themselves as deputies of the court, and treat their first responsibility as being to the court. By contrast, SIS staff are driven by and accountable to women themselves, and see this as our exclusive responsibility. This is not in conflict with our commitment to work in a highly collaborative and cooperative way with SCC magistrates who are also *on the side* of the women.

All SIS staff are required to consistently demonstrate respect for women, through showing that they:

1. Respect women as equals.
2. Respect women as the experts in their own lives.
3. Respect women's decisions about their needs.
4. Respect women's context and culture.
5. Respect women's space.

And, SIS sees the following as fundamental to effective service provision with women:

6. Be yourself.
(That is, workers should be authentic.)
7. Be consistent and truthful.
(In particular, staff should never promise anything they can't 100% guarantee to deliver.)
8. Be willing to admit your mistakes.
(Women are generally very tolerant of staff mistakes, provided workers learn from these.)
9. Be willing to step outside your comfort zone.
(This includes staff taking responsibility for their own learning about women's background/culture.)
10. Never breach confidentiality.
(This has implications for common practices within the sector, including information sharing.)
11. Never *reject* women.
(This includes never seeing referral as the end of the Program or SIS's relationship with a woman.)
12. Always remember whose interests you serve.
(All actions should be driven by the interests of women as they perceive them.)

A commitment to these practical principles is essential to effectively implementing the practices outlined below.

Day-to-day Practice within the Program

The SIS SCC Program is available to all women who join the SCC Program. Women become involved with the SIS SCC Program in one of 3 ways:

1. SIS refers women with whom we are already working to the SCC Program.

2. At least one SIS SCC Program staff member is always present when SCC is sitting. They will often engage informally with women in the area outside the Court. A woman and/or SIS staff then request a referral from the sitting magistrate.
3. The sitting magistrate requests that the SIS SCC Program provide services to a woman who has chosen to become part of the SCC Program.

Once involved in the SIS SCC Program, staff endeavour to meet:

- The service provision requests of the magistrate. (For example, the magistrate may ask SIS staff to address particular needs such as accommodation or mental health support.)
- The woman's own perceptions of her needs. (These generally align to the magistrate's request, since the magistrates are largely driven by women's perceptions of their needs.)

The SCC magistrates have a sound understanding of the SIS model of service – *Inclusive Support*⁸. They understand SIS's commitment to a flexible, empowering approach to service delivery which is driven by women's (often changing) perceptions of their needs and priorities. This model is very consistent with the general tenor of the SCC Program, which pays an unusual level of attention to women's perceptions and priorities. (Women's comfort with the SCC is aptly demonstrated through the fact that many choose to visit the Court, after their sentence is complete, just to let the magistrates know how they're going!)

Every woman requires different services at different times. SIS is committed to working **alongside** women and responding to whatever each woman needs, for as long as it takes – days, months or years. At SIS, we encourage independence through giving women the same autonomy and decision making authority as any other community member. At SIS, women drive the decision making process which is designed to respond to their perceptions of their needs; to actively include them in responding to their life challenges. This helps women build their practical and emotional capacity make life changes and take responsibility for their own life and decisions. We provide *support*, rather than *smothering* (or worse, *control*), for each woman and her children.

Case Study - Desley

Desley (age 39) has been diagnosed with Borderline Personality Disorder. She also has a damaged liver due to her long history of substance abuse. Desley has six children, all in care except her eldest daughter now 24 years, and lives with her partner who has recently become 100% deaf due to an assault. They live in a community housing complex.

Desley states the best thing about the SCC and the SIS Program is the support she receives not only when in court but the ongoing care. She says she has many issues but knows that she always can call for a chat, for support and when she requires practical assistance such as being driven to doctor or receiving a food parcel. She says the best thing is there are no strict time limits or cut off points and because of this she feels she always has a back-up when she is feeling vulnerable or depressed. This keeps her feeling safe and secure.

At a functional level, this means that:

- The woman decides on the pace of action and change - whether to take a rapid or more measured approach to addressing her multiple individual and family needs.
- The woman decides on the nature of the support she receives from Program staff – whether workers take an active or background role in her process of change. Staff take responsibility for moving between fast, intense provision of multiple services when needed, and being a *safety net* when the woman, or her family, are managing on their own.

⁸ A 3 page *Fact Sheet* and a more comprehensive guide to implementing *Inclusive Support* (designed for service providers) are available at: <http://www.sistersinside.com.au/reports.htm>.

- The woman decides on priorities for action, and has the right to change her priorities from day to day according to her circumstances and preferences. Staff take responsibility for working within her (often-changing) priorities, in a responsive (rather than reactive) way.
- The woman has significant power in selecting her *Support Worker* – her *first point of call*. This staff member takes primary responsibility for keeping a track of the woman's needs, coordinating service provision, filling service provision gaps wherever possible and keeping the structural pathways open for the woman to achieve her longer term goals⁹.

Meeting women's multiple needs concurrently and seamlessly (rather than breaking them into 'compartments') is fundamental to the success of the Program. There is little point in providing housing, if a woman's mental health needs are not being met and their behaviours put them at risk of eviction. There is little point in addressing drug dependence, if drugs provide the cushioning women depend on to function in a violent family setting. There is little point in referring a woman to Centrelink for income support, if they do not have personal identification, or the means to pay for it.

Program staff have the capacity to provide immediate or longer-term help to address women's practical or referral needs. Some common practical needs include storing the woman's belongings for safekeeping, establishing the woman's identification (e.g. applying for a birth certificate), arranging emergency accommodation, providing emergency food supplies, providing transport to difficult-to-reach appointments or Court, getting legal information, getting information about the status of child protection arrangements or helping the woman access Centrelink benefits. Referral needs typically include finding mental health or substance abuse services willing to accept a referral, linking women with sexual assault counselling, getting women on public housing waiting lists or finding relevant education or training opportunities.

Over many years, SIS has developed detailed resource base, including information about legal matters, health, housing, issues affecting children and sources of emergency welfare and food. Some women choose to simply have SIS address a particular problem. In these cases, SIS SCC Program staff check in with the woman periodically (in an informal, non-intrusive manner), to ensure that she's aware that she's welcome to return for further support (during or following completion of her sentence from the SCC).

More often, SIS establishes an ongoing support relationship with women. Most women (and often their children) receive support through both SIS SCC Program staff, and other SIS workers. Younger women, despite having a terrible start in life, often have the capacity to engage with longer term goals more readily than women with a long history of imprisonment:

Case Study - Simi

Simi is 22 years of age and is an Aboriginal and Torres Strait Islander woman. She recently split up with her boyfriend of 3 years. Simi has problems associated with alcohol, child abuse and mental health. These have taken effect from her early childhood years. Simi is now living in a stable accommodation and is looking forward to long and bright future:

The SCC held a Positive Lifestyle Program Course. The course went for 10 weeks one day a week. In these 10 weeks the modules I did helped me in a lot of area's that I did not realise that I had a problem with. SIS SCC workers have encouraged me to attend this course and have helped me with some of the areas in the course that I have come to work through thanks to the support of the SIS court support workers.

SIS workers have helped me build my self-esteem up with their encouragement and support. SIS have also helped me put a plan together for future goals in my life. Having SIS court support workers with me when I attend court is helpful, because I don't feel nervous and I feel comfortable within myself thanks to the support of SIS.

⁹ For example, the Support Worker may ensure that the woman's name is not removed from the public housing list when she is changing address frequently, or they may track application dates for entering education or training programs. This role is particularly important when women are preoccupied with meeting multiple short term goals or dealing with crises.

Even some older women address sufficient of their longer term issues, to be able to engage with education and training:

Case Study - Pene

Pene is in her late 50s. She has experienced mental health problems and committed many minor offences over decades. SIS has supported Pene in the following ways:

- Appearing with her at the SCC, advocating on her behalf with the magistrate and working with her to achieve court-determined outcomes.
- Arranging for her to see a bulk-billing psychologist. (She has never had any mental health assistance before.) She is very happy with the psychologist and is working through long term problems which include impulsiveness and anxiety.
- Supporting her in re-establishing contact with her daughter.
- Arranging for her to undertake a Work Pathways Program in computing. Following the Work Pathways Program, she is now asking for assistance with some further study in animal care. A TAFE course has been sourced in animal grooming, and SIS staff are seeking financial support for Pene to undertake this course.

While Pene is dyslexic, she is very intelligent and has substantial practical knowledge in animal care. Pene has been on Disability Support Pension for a long time. Encouraged through the Work Pathways Program, she now aspires to open her own pet care business.

Pene is now in stable housing. SIS continues to provide support for Pene.

The women who appear before the SCC commonly face high levels of complex, interrelated needs. These needs are often a result of long term, even multi-generational, social failure to meet women and children's most basic human rights. For most, these interrelated needs have been compounded as a result of their criminalisation. (For example, if a woman was in temporary housing prior to imprisonment, she is likely to have both lost this housing and accumulated a housing-related debt; if a woman was struggling to get a job prior to criminalisation, the difficulties are even greater when she has a criminal conviction.) Many women require high levels of intensive support over a long period of time:

Case Study - Ms E. B.

Ms E. B. is an example of a woman with complex, interrelated needs. 40 years old, Ms E. B. has a history of long term homelessness, long term poly drug use, long term re-offending behaviours and a number of incarcerations. When she first became involved with SCC SIS Program, she was separated from her child and had poor physical and mental health. She engaged in *doctor shopping* and had no reliable long term General Practitioner. Her teeth and oral health were in a degenerative state.

Ms E. B. has appeared in the SCC over a period of approximately two years. SIS has supported Ms E. B. in the following ways:

- Assistance with temporary accommodation and support a number of times. Ms E. B. is now in stable housing.
- Assistance, including transport, to get to a GP. Support during these sessions to encourage Ms E. B. to attend only one GP and build an honest, open and trusting relationship with the doctor.
- Assistance to get to court appearances as Ms E. B. was often in areas where it was difficult to use public transport. Non-judgmental support given at court appearances.
- Developing Medicare care plans and sourcing psychologist and private dentist for regular appointments and dental care. Psychology appointments are ongoing. Dental care is completed.
- Support in re-engaging with her family. She has regular weekends and time with her family and daughter. There is no longer Department of Child Safety involvement. She

has re-established rapport with her family and is now helping her elderly mother with chores around her house, such as shopping and cleaning.

- Assistance in accessing substance abuse services. She is on a drug replacement programme and is reducing dosage. She has been clean for approximately six months and is allowed *take-aways* on weekends.

Over the past 2 years, Ms E. B. has built up her confidence. She has not committed an offence for 9 months. She has regular and manageable part-time work (2 hours per week). She has saved and used her pension on driving lessons and successfully obtained her driving licence. She continues regular contact with our service.

The intensity of SIS's involvement at any given time will vary according to the woman's perception of her own, or her children's, needs. Once a woman or family's life has become more stable, SIS continues to function as a *safety net* - preventing escalation of minor issues which put her at risk of returning to prison (such as loss of support services or housing-related problems). When a woman is ready, SIS provides services to improve the long term quality of life of her family, including education, training and employment support.

SIS SCC Program staff are committed to being highly accessible to women. We largely work with women outside the SIS environment. We generally go to *where the woman is* and meet her there – by contrast with many other agencies that require that women *meet them halfway*. We help women (who are often dealing with a large number of competing needs) to access other services in practical ways such as providing transport to appointments or court hearings. This has the added benefit of providing opportunities to build trust, communicate informally and ease some of the stresses that so often led to women's criminalisation.

This is reflected in the data on Program staff contact with women, as detailed in **Table 1**. 63% of all contact with women has been via outreach, 33% by phone, and only 1% has occurred in the SIS centre. 98% of the 1005 total face-to-face contacts over the past 3 years have been via outreach.

Type of Contact	2007-8	2008-9	2009-10	Total
SIS – centre based	3 (1%)	20 (3%)	-	23 (1%)
Outreach – home visit	49 (11%)	59 (9%)	112 (22%)	220 (14%)
Outreach – other	231 (54%)	328 (51%)	203 (41%)	762 (49%)
Telephone	131 (31%)	215 (33%)	168 (34%)	514 (33%)
Other/Unrecorded	13 (3%)	19 (3%)	14 (3%)	46 (3%)
Total	427	641	497	1,565

Table 1: Type of Contact with Participants

Despite our best efforts, SIS SCC Program staff often cannot meet all women's needs. We are dependent on other organisations for provision of essential services such as income, housing, mental health and substance abuse support. Many of the women we work with do not meet the narrow criteria for services (e.g. mental health services which will not provide counselling for people with substance abuse issues; substance abuse services which will not work with women with mental health issues). Many have already been banned from access to some (or many) services (e.g. emergency shelters and short term accommodation). The principle of truthfulness (Principle 7 on page 11), is particularly important when working with women who are entrenched within the criminal justice system. Staff are committed to not giving women false hope, or making promises which are outside the worker's power to keep.

SIS SCC Program staff are committed to address long term, deeply entrenched problems. In particular, many women have a long history of negative experiences with the health system:

Case Study - Ruth

One of the SIS workers was with Ruth in the doctor's surgery. The doctor checked blood pressure, ears/eyes/throat ... Ruth commented that *No doctors do this ...* The reality of Ruth's recent experience of doctors, was going in and out of bulk billing surgeries to get scripts for the prescription drugs on which she is dependent.

This 'real' doctor recognised that Ruth was suffering from serious anxiety, and applied for her to be moved from NewStart benefits to a Disability Pension. This was helpful, because it created one less stress in Ruth's life, and allowed her to begin to address some of the other issues.

In the SCC, she proudly announced to the Magistrate: *I saw a real doctor ...*

It is critical that SIS SCC staff recognise the length, depth and inter-relatedness of women's experiences – both in their personal lives and within various social systems:

Case Study - Bindi

Bindi has a long history of mental health issues, sexual abuse, illicit drug use, doctor shopping, sex work and self mutilation. She spent most of her teenage years in and out of hospitals and juvenile detention centres. Bindi now sees her two boys regularly, is on a methadone program, sees a psychologist regularly and is on the Department of Housing highest needs list. She still self harms to the point of requiring skin grafts and extensive medical care for the injuries she inflicts.

Bindi says the best thing about SIS and the SCC has been the support and encouragement to change her long standing behaviours. She says that all her life has been about people *dumping her or not understanding her*. She says she now sees that she has some worth, and feels that there is some hope in her life! She no longer does sex work or uses heroin.

Bindi has no doubt that without the support she has received she would be dead.

In essence, the SIS SCC Program is committed to walking **with** women who have been given up on – by both themselves, and by other (government, non-government and private) service providers.

Evidence of Success

If it wasn't for SCC and you (SIS worker), I'd be dead.

(*Marylou* – a woman with a long history of imprisonment/institutionalisation, self harm, substance abuse & mental health issues)

This is no idle comment. Dot Goulding, in her substantial study on the social and familial impact of imprisonment on women in WA, cited a study by Aungles (1994). Aungles found that the death rate amongst people serving community corrections orders was 6 times that of the general population for the same age group, and was most commonly a result of suicide in the weeks following release from prison. Further, Ogivly (2001) found that the suicide rate amongst women on parole was 3 times that of men. Despite not being asked a question about suicide or self harm,

13% of respondents in Goulding's survey volunteered the fact that they had attempted suicide whilst in prison, and 35% reported that they had attempted suicide within the days or weeks following release.¹⁰

Marylou's sentiments are repeatedly mentioned by other women in the SIS SCC program. Like Marylou, many participants have long histories of imprisonment (including institutionalisation as a child), drug and alcohol issues, mental health issues and self harm.

It is important to understand the extent to which imprisonment has defined the lives of some women, and the difficulties they face in addressing complex, entrenched issues:

Case Study - Ella

Ella (age 45) has been in and out of prison for her whole life – including substantial parts of her childhood spent in youth prisons. She has a long history of multiple abuse and violence, and continues to face serious housing issues. Many years ago, she lost custody of her son, who lived with her family and is now an adult. She has been a poly-user of drugs – mainly heroin, but also pharmaceuticals. She is currently on a methadone program.

Ella has been involved with SIS since 2006, and has participated in most SIS programs. She still often says *I think I'm better off in prison*. She shows all the signs of being *addicted* to prison, and has been known to commit minor offences (such as obvious shoplifting) in order to be returned to prison.

Since beginning the SCC program in July 2009, she has dramatically reduced her offending – with no major offences and a significant reduction in minor offences, none of which resulted in imprisonment. This is the first time she's spent 12 months out of prison in her adult life.

Ella says that she has begun to address some of the issues in her life because someone was prepared to listen. She's a skilled artist, writer ... and actor who craves attention. In the wider world, she gets a lot of recognition through projecting a *big shot crim* image. Now, she's TRYING not to offend. She *loves* both SCC magistrates ... and the attention she craves is coming from them!

Breadth of Women Involved

Between 1 July 2007 and 30 June 2010, a total of 240 women participated in the SIS SCC Program. These women reflected a rich variety of ages and cultural backgrounds, with many experiencing mental health issues. The number of women participating in the Program more than doubled over the 3 year period – from 102 women in 2007/8, to 180 women in 2008/9, to 254 women in 2009/10. The number of new women involved each year ranged from 102 in 2007/8 to 74 in 2009/10.

A weakness of the (required) data collection system is that it does not fully protect against double-entry of the same participants. We know that exactly 240 women have participated in the Program over this 3 year period. According to the cumulative data, however, a total of 261 new cases were opened – 21 additional women. This small variation does not impact the substantive themes emerging from the data.

¹⁰ Goulding 2004: 16, 36

Age of Participants

The age profile of participants has been consistently concentrated in the 25 – 49 year age range, with approximately 70% of participants at any given time falling into this group:

Current Participants During Period	Under 18 ¹¹	Under 24	25 - 49	50+	Other/Unknown	Total
1 July 2007 – 30 June 2008	1 (1%)	15 (15%)	69 (68%)	11 (11%)	6 (6%)	102
1 July 2008 – 30 June 2009	2 (1%)	19 (10%)	122 (68%)	18 (10%)	19 (10%)	180
1 July 2009 – 30 June 2010	4 (2%)	27 (11%)	176 (69%)	19 (7%)	28 (11%)	254

Table 2: Age of Current Participants by Financial Year

This trend is equally evident amongst ongoing and new participants. Participants in this age range are no more or less likely to access ongoing support, than other age groups:

New Participants During Period	Under 18	Under 24	25 - 49	50+	Other/Unknown	Total
1 July 2007 – 30 June 2008	1 (1%)	15 (15%)	69 (68%)	11 (11%)	6 (6%)	102
1 July 2008 – 30 June 2009	1 (1%)	4 (5%)	60 (71%)	7 (8%)	13 (15%)	85
1 July 2009 – 30 June 2010	2 (3%)	8 (11%)	54 (73%)	1 (1%)	9 (12%)	74
Total	4 (1%)	27 (10%)	183 (70%)	19 (7%)	28 (11%)	261

Table 3: Age of Total Participants 2007 – 2010

This is slightly older than the concentration of women in the prison system. It suggests that women are more motivated to address the issues they face as they become a little older. Anecdotally, many women see themselves as *just having got to that age*. They comment on the need to stay out of prison in order to meet their parenting responsibilities:

Case Study: Sharon

Sharon is a 38 year old Aboriginal woman, who has been in and out of prison her whole life. Since joining the Program in December 2009, she has not committed any further offences. Sharon has a 19 and 21 year old. She wants to *be there* for her two younger children (age 5 and 8) in a way she wasn't for her older children. Sharon is highly self-motivated and prefers to control her process of change. Of her own volition, she has joined a drug rehabilitation program and regained custody of her younger children. She deals with most issues and systems herself and makes her own arrangements to attend court. She rings the Program when she wants information or support.

As Sharon says ... *I'm too old to do this crap ...*

Cultural Background of Participants

Participation of women from different cultural groups in the SIS SCC Program at any given time follows a similar pattern to their rates in the women's prison population. In particular, despite comprising only 2.7% of the Queensland adult population¹², 27% of women in Queensland prisons on 30 June 2008 were Indigenous women¹³. The combined participation of Aboriginal and Torres Strait Islander (Indigenous) women in the Program was slightly higher than their presence in the prison population:

¹¹ Note that 17 year olds are incarcerated in adult prisons in Queensland. Queensland is the only Australian state or territory to breach the United Nations **Convention on the Rights of the Child** in this way.

¹² ABS 2008:58-59.

¹³ Queensland Corrective Services 2008b:69

Current Participants During Period	Caucasion ¹⁴	Aboriginal	TS ¹⁵ Islander	Other CaLD ¹⁶	Other/Unknown	Total
1 July 2007 – 30 June 2008	51 (49%)	30 (29%)	0 (0%)	2 (2%)	19 (19%)	102
1 July 2008 – 30 June 2008	97 (54%)	50 (28%)	1 (1%)	6 (3%)	26 (14%)	180
1 July 2009 – 30 June 2010	129 (51%)	74 (29%)	2 (1%)	7 (3%)	43 (16%)	254

Table 4: Cultural Background of Current Participants by Financial Year

SIS SCC Program participation rates amongst Aboriginal women peaked at 32% of new participants in 2010, with the rate of involvement amongst Indigenous women totalling 30% (that is, higher than the rate of imprisonment of Indigenous women):

New Participants During Period	Caucasion ¹⁷	Aboriginal	TS ¹⁸ Islander	Other CaLD ¹⁹	Other/Unknown	Total
1 July 2007 – 30 June 2008	51 (49%)	30 (29%)	0 (0%)	2 (2%)	19 (19%)	102
1 July 2008 – 30 June 2008	50 (59%)	22 (26%)	1 (1%)	4 (5%)	8 (9%)	85
1 July 2009 – 30 June 2010	32 (43%)	24 (32%)	1 (1%)	1 (1%)	16 (22%)	74
Total	133 (51%)	76 (29%)	2 (1%)	7 (3%)	43 (16%)	261

Table 5: Cultural Background of Total Participants 2007 – 2010

The SIS SCC Program has been particularly successful in engaging with Aboriginal women:

Case Study - Maree

Maree is a 20 year old Aboriginal woman. She is the only child in her family. Her mother and father are both alcoholics. Maree has supported herself all the way through her secondary schooling. She has now finished Year 12 and has an alcohol problem. According to Maree:

... the best thing about SCC is it has given me a chance to get my life back on track. SCC has also helped me to stay out of prison. The reason I have not been sent to prison is because SCC are caring and supportive workers. I have not re-offended since being in SCC because the workers have been supportive in my life.

I have not re-offended because I do not want to do probation, community service. I do not want my charges returned to Roma Street Magistrates because I feel that they don't support me and they don't look at the big picture as to why I offended in the first place. I feel that Roma Street Magistrates would have sent me to prison or put me on some order. SCC is good to me because the workers are supportive and encouraging and the magistrate cares about people and it's like the magistrate understands me.

SIS have helped me build my self esteem within myself. The workers have set up appointments for me. The workers have also taken me to appointments and they encourage me to be anything I want to be. SIS have also helped me find employment or studies that I am interested in.

Similarly, Missi-D has made strides forward in her life:

¹⁴ Described as *Australian* in the data system.

¹⁵ Torres Strait Islander

¹⁶ Culturally and Linguistically Diverse (includes South Sea Islander)

¹⁷ Described as *Australian* in the data system.

¹⁸ Torres Strait and South Sea Islander

¹⁹ Culturally and Linguistically Diverse (includes South Sea Islander)

Case Study - Missi-D

Missi-D is 22 years of age and is an Aboriginal/South Sea Islander woman. She is currently studying Certificate 3 in Child Care. Missi-D is now living in stable accommodation. She has an alcohol problem, due to grief and loss in her life.

... the best thing about SIS SCC is that it gives me lots of support and the magistrate supports me and I think she is really cool.

I haven't gone to prison because SCC has supported me in other ways besides of probation, community service and fines. SCC support workers are caring, encouraging and the workers take notice of me. As for any other magistrate they would have not taken any notice of me, they (the magistrate) would have just given me a fine, or community service or maybe even sent me to prison.

This is my first time in SCC. When I arrived to SCC I had no idea what it was about until I met SIS court support worker who explained to me what her position is and what the SCC is about.

SIS have helped me to set up a goal plan to complete my certificate 3 in Child Care. SIS have been there when I needed someone to talk to. I go the SIS office every Monday and Tuesday from 9 am - 3 pm so they can help me with my Cert 3 studies. SIS have also given me a diary and pen to help me keep my appointments. They have also given me great support to build my self esteem.

Aboriginal women have **no choice** about being in prison. However, they do have some choice in whether or not to participate in the SIS SCC Program. That around 30% of participants are Aboriginal and Torres Strait Islander women is a significant Program achievement.

Mental Health of Participants

The formal data on the mental health of SIS SCC Program participants is misleading. The data entry system only enabled entry of those women with a psychiatric diagnosis, Acquired Brain Injury or other neurological diagnoses.

According to Program staff, the vast majority of women participating in the SIS SCC Program have mental health/psychological issues. This is hardly surprising, given the rates of trauma experienced by the vast majority of imprisoned women. For example, every woman participant who returned to prison had unresolved mental health issues. Yet a relatively small percentage appears here under *Psychiatric Disability*. A significant proportion of women in the *Other* or *Unknown* categories below face debilitating mental health issues:

Current Participants During Period	Alcohol/ Drug Issues	Psychiatric Disability	ABI ²⁰ / Neurological	Other/ Unknown	Total
1 July 2007 – 30 June 2008	36 (35%)	12 (12%)	2 (2%)	52 (51%)	102
1 July 2008 – 30 June 2009	65 (36%)	18 (10%)	5 (3%)	92 (51%)	180
1 July 2009 – 30 June 2010	79 (31%)	22 (9%)	5 (2%)	148 (58%)	254

Table 6: Mental Health of Current Participants by Financial Year

Similarly, the *Other* and *Unknown* status of the absolute majority of participants in the following table indicates the large proportion of women with mental health issues, but no formal psychiatric diagnosis:

²⁰ Acquired Brain Injury

New Participants During Period	Alcohol/ Drug Issues	Psychiatric Disability	ABI ²¹ / Neurological	Other/ Unknown	Total
1 July 2007 – 30 June 2008	36 (35%)	12 (12%)	2 (2%)	52 (51%)	102
1 July 2008 – 30 June 2009	32 (38%)	6 (7%)	4 (5%)	43 (51%)	85
1 July 2009 – 30 June 2010	14 (19%)	4 (5%)	0 (0%)	56 (76%)	74
Total	82 (31%)	22 (8%)	6 (2%)	151 (58%)	261

Table 7: Mental Health of Total Participants 2007 - 2010

The Queensland Government acknowledges recidivism rates of 50 – 60% amongst prisoners with *mental illness*²². The anecdotal evidence suggests similar, or higher, rates of mental health issues amongst the women involved with the SIS SCC Program. The Program has, by the Queensland Government's own criteria, been remarkably successful in addressing recidivism amongst criminalised women:

Comparing 2 Approaches to Working with Women with Mental Health Issues

The Queensland Government markets the Department of Communities' *Transition from Corrections Facilities Initiative* as a model of positive practice with criminalised people with a mental illness. This program can be readily compared with the SIS SCC Program:

- Both programs have worked with a similar number of people (the DoC Program has worked with 243 people; the SIS SCC Program 240 - 261 women).
- Data for both is available for the same period - July 2007 to June 2010.

By contrast, during the same 3 year period:

- Only 15% (37 participants) in the DoC Program were Indigenous²³, whereas 30% (78 women) involved in the SIS SCC Program were from Aboriginal and/or Torres Strait Islander backgrounds.
- The SIS SCC Program achieved a recidivism rate of 4%, compared with 13% for the DoC Program²⁴.

Further, according to SIS SCC Program workers, the single most common cause of women with mental health issues returning to prison was a lack of access to a mental health bed or appointment.

Recidivism

Only 9 (4%) of the 240 women participants in the SIS SCC Program over a 3 year period, were imprisoned for new offences committed since commencement of their involvement:

²¹ Acquired Brain Injury

²² Queensland Government 2011:34

²³ Queensland Government 2011:34

²⁴ Queensland Government 2011:34

Summary of SIS SCC Program Recidivism Data

- Total no. of women in SIS SCC Program – 240 women
- Total no. of women imprisoned for new offences committed following SIS SCC Program commencement and within 2 years of Program completion– 9 women (3.8%).
- Total no. of women in the SIS SCC Program imprisoned - 12 women (5%).
- Total no. of women in the SIS SCC Program legitimately imprisoned²⁵ – 11 women (4.6%).
- No. of women imprisoned by other courts due to pre-existing charges outside SCC jurisdiction prior to completing program – 2 women (0.8%)
- No. of women imprisoned due to charges outside SCC jurisdiction – 6 women (2.5%).
- No. of women who returned to the Program post-imprisonment – 4 women (33% of the 12 women who had been imprisoned).

The 9 women imprisoned for new offences, and the total of 12 women imprisoned, all faced multiple complex, inter-related issues that continued to impact on their criminalisation. In summary:

Issue	No. of Women Affected	% of Women Affected
Prior experience of imprisonment amongst women with new offences ²⁶	9/9	100%
Inadequate access to safe, secure, affordable housing	12/12	100%
Significant poly-drug use ²⁷	12/12	100%
Mental health issues ²⁸	12/12	100%
Combined housing, mental health & drug abuse issues	12/12	100%

Table 8: Issues Impacting Re-imprisoned Participants

Appendix 1 provides a more detailed account of the context and outcomes of each of the 12 women. In most cases, reimprisonment was a direct result of lack of access to services essential to women’s rehabilitation. Despite the best efforts of SIS SCC Program staff, it was often impossible to access services (e.g. mental health appointment; an emergency or mental health bed) for some women, leaving the issues which contributed to their criminalisation untreated or unresolved.

Re-imprisonment of women should not be seen as the sole determinant of the success or failure of this Program. Of the 240 participants in the SIS SCC Program, all but one (239 women) have demonstrated a reduced rate of offending since beginning the Program.

Women’s long term rehabilitation prognosis is significantly improved by progress in these key areas. Whilst 11 of the 12 women continued to inject drugs (occasionally or regularly), several have made significant changes to their rate of use – with one woman having decreased her use level from approximately \$1000 per day to \$150 every 3 or 4 weeks. Whilst all women continue to face housing issues, most have more stable, safe and comfortable accommodation than previously – with all having moved from *primary homelessness* to *secondary* or *tertiary* homelessness. All 12

²⁵ One woman, who had not committed any new offences since joining the Program, was mistakenly imprisoned.

²⁶ The woman who was illegitimately imprisoned also had a prior history of imprisonment. The previous imprisonment status of the 2 women with pre-existing charges outside SCC jurisdiction is unknown.

²⁷ All women have a history of injecting drug use. 5 are also heavy cannabis and alcohol users.

²⁸ Of these, 10 had a formal diagnosis. The remaining 2 women have undiagnosed and untreated mental health issues – significant post traumatic stress and grief/loss.

women now have access to counselling and support – when they are ready to access these and/or if they relapse in achieving their change goals.

Fiscal Benefits

Little cost/benefit analysis on diversionary programs exists. A rare study of the cost savings associated with one program produced a *conservative estimate of an annual net benefit of ...\$16,622 per completer*²⁹. This savings estimate through the MERIT drug diversion program (NSW) was based on 3 factors – direct savings accruing from the reduced sentences given to program completers, reductions in re-offending and reductions in hospitalisations. In other words, this estimate did not take account of a variety of other costs, including costs to other systems (e.g. other parts of the health system, the child protection system) and the multi-generational impacts of imprisonment.

Program evidence demonstrates that the SIS SCC Program provides significant fiscal benefits for the State of Queensland – in both the short and long term. Short term, over a 3 year period it cost \$1,875 for each woman to participate in the SIS SCC Program. By contrast, during the same period it cost approximately \$10,818 for a woman to serve an average period of time in prison. 9 participants were imprisoned for offences committed after commencing the Program. This imprisonment rate was significantly lower than for similar non-participants. A **very** conservative estimate indicates that a total of **at least** 32 women in this population would have been imprisoned **at least** once during the 3 years of the project. Indicatively, over a 3 year period, the State spent \$97,362 imprisoning women involved in the SIS SCC Program, compared with an expected expenditure of at least \$346,176 – an immediate saving of almost \$¼ million on imprisonment costs alone.

It is difficult to predict the long term costs of repeated imprisonment (possibly an average of 3 imprisonments for almost half the women in prison³⁰) which could have been expected in this cohort. We know that imprisonment escalates women’s needs in a range of areas including physical and mental health, housing, income support, child protection, substance abuse, parole and legal services.

No consistent, quality, accessible, gender-specific, statistical data exists on a wide variety of issues related to criminalised women, including recidivism rates amongst women prisoners. In general, we must largely rely on occasional studies and anecdotal data. The following cost comparisons are based on a mix of known costs and **extremely** conservative estimates.

Known Costs	Extremely Conservative Estimates
<ul style="list-style-type: none"> • A recurrent cost per prisoner per day of \$180.30³¹. • The total cost of the SIS SCC Program over 3 years - \$450,000³². 	<ul style="list-style-type: none"> • Average time in prison of 2 months (60 days) for women prisoners³³. • A recidivism rate of 27% within the 2 years following women’s release from prison³⁴.

Table 9: Known & Estimated Costs

²⁹ Passey 2003 cited in Wundersitz 2007:106.

³⁰ Johnson 2004 cited in Payne 2007:59, found that 43% of women in this landmark study reported having been previously imprisoned at least once in their lifetime - with an average of 3 episodes of imprisonment.

³¹ The cost in Queensland as at 2009, according to Productivity Commission Report on Government Services 2009, cited in Queensland Corrective Services 2009:3.

³² \$150,000 per year x 3 years

³³ In 2000, the (then) Queensland Department for Correctional Services advised SIS that the average period served by women prisoners (including women on remand) was about 2 months. QCS has since advised that the average period served is now significantly longer than this, however we do not know the actual figure.

³⁴ The data being used in this analysis comes from a 2003 Australian Institute of Criminology national survey of 470 adult women prisoners (Johnson 2004 cited in Payne 2007:59, which found that 27% of women reported having been imprisoned during the previous 24 months. This is a conservative figure, given that the 2009 ABS prisoner survey found that as at 30 June 2009, over half of all prisoners (56%) had served a sentence in an adult prison prior to the current episode (Australian Bureau of Statistics 2009), and at least one of the few substantive studies in this area have found a higher recidivism rate amongst women than men (Baldry et al 2003 cited in Baldry, Eileen 2007:4).

The following are **unknown costs**, and are not a part of these calculations:

- Immediate cost of imprisonment to other parts of the criminal justice system – particularly police and courts.
- Immediate cost of SCC to the criminal justice system – particularly court resources (including additional court support staff).
- Long term social costs of imprisonment/recidivism – including physical and mental health, housing, income support, child protection, substance abuse, parole and legal support.

The immediate per capita costs of participation in the SIS SCC Program are significantly lower than the cost of imprisoning these women:

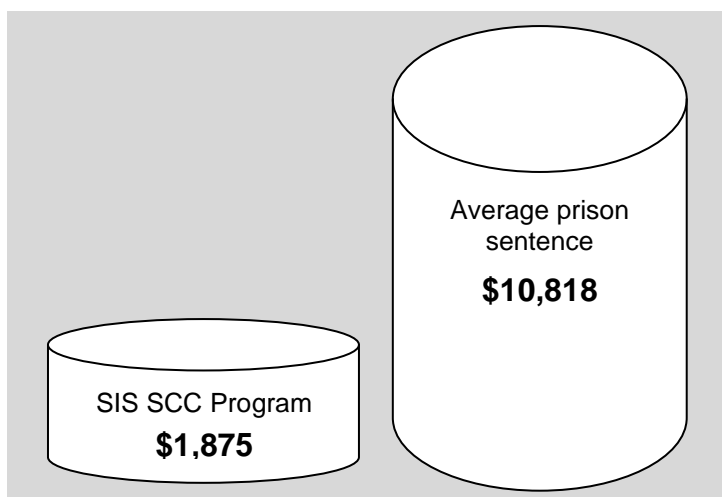


Diagram 1: Comparing the total cost of service delivery per woman

A total of 240 women participated in the SIS SCC Program, between 1 July 2007 and 30 June 2010. The cost per woman in **Diagram 1** is calculated by dividing the total Program budget over 3 years (\$450,000) by the number of women (240).

The per capita cost of \$1875 is in marked contrast with the cost of imprisoning a woman for an average period of time. The conservative cost of an average prison sentence is calculated by multiplying the average number of days served by women prisoners (60) by the recurrent cost per prisoner per day in Queensland (\$180.30).

Over a 3 year period (1 July 2007 to 30 June 2010) only 4% (9 women) were imprisoned within 2 years of completing the program for offences committed after joining the Program. All these women had previously spent time in prison. However, the cost of imprisoning these women was significantly lower than might otherwise have been expected:

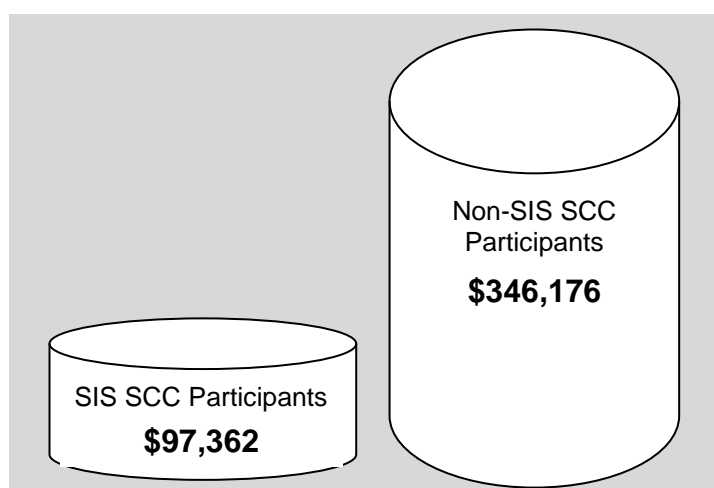


Diagram 2: Comparing the Indicative Cost of Imprisonment for Women

A significant majority of women in the SIS SCC Program had previously been imprisoned. For the purposes of **Diagram 2**, it has been assumed that 50% of SIS SCC Program participants (that is 120 women) had a history of incarceration. This is significantly lower than the real figure, which is unavailable. Diagram 2 assumes that 27% of these 120 women (that is 32 women) could have been expected to end up in prison during the 3 year period.

Cost of imprisonment of women for offences committed since commencing the Program (\$97,362) is calculated by multiplying 9 women by the average sentenced served by women (60 days) at the 2009 daily recurrent cost of imprisonment in Queensland (\$180.30).

Similarly, the expected cost of imprisonment for a similar cohort of women not participating in the SIS SCC Program (\$346,176) is calculated by multiply 32 women by the average sentenced served by women (60 days) at the 2009 daily recurrent cost of imprisonment in Queensland (\$180.30). This conservatively represents an immediate fiscal saving of at least \$248,814 over the same 3 year period.

Critical Success Factors

Case Study - Cheryl

Cheryl has a long history of homelessness, drug use and imprisonment in Victoria, and now in Queensland. She lives with her partner, Harry, under the William Jolley Bridge. She survives by begging:

The thing I like most about the SCC is the motivation. Having appointments means I have to do things ... I feel some hope. It feels like here everyone cares. The magistrate really does care, and shows a real interest in how you're going. I'm going to start a Salvo's "Positive Lifestyle Program" through the Court next week.

I love SIS and everything that they do for us ... they do wonderful, great things. Margie is great ... she has really cared ...

Critical Success Factor 1 – SCC Philosophy & Approach

The SCC focuses on addressing the causes of criminalisation. Provided women are prepared to genuinely commit to making changes in their lives, the SCC rewards women for progress, rather than penalising them for failure. The Court is predicated on the belief that rewards are much more effective than punishment in achieving behaviour change. This provides women with an entrenched history in the criminal justice system with the *space* to address the long standing issues which underpin their criminalisation.

With the Court's leave, SIS SCC staff advocate on behalf of women to the Court – both through Tuesday Court meetings and before the Court itself. The Court benefits from having someone who can tell an anecdote on behalf of a defendant. SIS staff have recognised that the Court appreciates hearing about the realities of women's lives – their successes and failures, and the context in which these occur. This includes advocating the apparently small achievements made by women, which indicate a genuine willingness to make change in their lives. SIS staff have

adapted to the less conventional approach of the SCC and regularly update the Court on women's stories.

The mainstream criminal justice system sees the magistrate's role ending with sentencing. In the SCC, post-sentence supervision is one of the most effective things magistrates do. The success of this strategy depends on creation of a trusting, open atmosphere and direct communication between the magistrate and defendant. This relationship focuses on understanding and validating women.

This unusual role for magistrates requires a difficult balancing act – between proper sentencing and appropriate regard to the welfare of the woman. The informal court atmosphere which is central to the success of this approach, challenges the assumptions of all participants – women themselves, service providers, prosecutors and defence lawyers. Many women report to the court frequently (e.g. fortnightly), allowing the magistrate to develop an understanding of their day-to-day life and efforts toward change. This understanding depends on engagement with the women, and asking questions such as *What did you do last night?* or *What are you using now?*

The success of this trust-based approach is clearly evident. As one magistrate said:

I sometimes see people who have finished their sentence at the back of the court, and think 'oh no!' But they've just called in to say hello. One woman was doing really well, and was re-engaging with study after 30 years. She was having trouble with her homework ... so she came to court looking for help and we were able to get together and sort something out. Another woman appeared at the door with a friend who wanted to turn herself in on warrant ...

(Magistrate Christine Roney)

Critical Success Factor 2 – Relationship between SCC, SIS & Women

The SIS SCC Program is the *glue* in the relationship between women and the Court:

Sisters provides a bridge whereby women stay engaged. Because the Sisters workers trust the magistrates, and the women trust Sisters Inside, clients learn to trust the Court. That's really important within this model ... (Magistrate Christine Roney)

SIS SCC Program staff have a sound understanding of the role, and constraints, of the Court. This enables them to help women understand how the SCC operates and the boundaries within which magistrates must function. This, in turn, enables women to understand the consequences of testing these boundaries.

SIS staff maintain ongoing contact with women in a way that the magistrates cannot. They are able to establish systems with women that demonstrate the efforts women are making. Where women face complex, interrelated issues in their lives, small changes can represent a significant effort to change. Magistrates need evidence of these efforts, in order to be able to exercise appropriate leniency and support alternatives to punishment:

It's important to stay in touch with the women, and the Sisters staff do this. They encourage women to do things like keep a diary – which gives us critical information about how they're addressing things on a day-to-day level. Sisters workers often provide information that we can't see – for example, they might tell us about changes that women are making which may seem small, but indicate that they are really making an effort. Without all that information, we'd have no choice but to issue warrants ... (Magistrate Christine Roney)

The functioning of the SCC would be limited by lack of information, without the critical brokerage role of SIS and other service providers.

Critical Success Factor 3 – The SIS Context

The Sisters workers pay practical attention to detail. If you have impairments and lack of confidence, you can't just 'go here' or 'go there'. Sisters staff do important things like picking women up and taking them to appointments, until they get their life together.

(Magistrate Christine Roney)

Unlike most models of service, the SIS *Inclusive Support* model values any support which can contribute toward women achieving their goals. This includes reframing professionally unpopular concepts such as *dependency*. Providing transport, for example, is often seen as reducing women's capacity to be independent by other agencies. Conversely, in certain circumstances, it can play a critical role in *fast tracking* women's change process. By eliminating some of the day-to-day barriers to action, such as spending 3 or more hours on public transport, practical support enables women to move toward independence more efficiently.

In the past, many of the women who appear before the SCC have faced *failure to appear* and similar procedural charges in other courts. These charges have resulted from the multiple pressures on their lives rather than any deliberate decision not to attend court. These women live complex, demanding lives. In any given day, a woman in the SIS SCC Program may need to:

- Secure emergency accommodation for the next night.
- Go to a clinic or pharmacy to get their daily dose of methadone, or attend an AA meeting.
- Report to their parole officer, or the police.
- Attend an appointment – at court, or lawyers, or child protection.
- Participate in counselling or a program (e.g. mental health or substance abuse).
- Report to Centrelink in order to maintain income support.
- Undertake a task toward seeking employment, if they are on Newstart Allowance.
- Shop for food.
- Pick up their children from school.

... all this, without a vehicle. Provision of transport, or a food parcel, can play a critical role in making it possible for women to move beyond mere survival, and begin to meet the multiple pressures placed on them by the different systems with which they interact.

In this context, it is easy for women to forget appointments, or find transport difficulties an insurmountable barrier to appearing before the Court. Particularly early in women's involvement with the Program, SIS SCC workers often play a critical role in reminding women of their court date, then actually picking them up and bringing them to Court. Similarly, SIS staff frequently make appointments on women's behalf with other agencies and take them to those appointments. Where appropriate (and with the woman's permission), SIS staff sit in on the appointment to ensure that the necessary information is obtained, and that woman fully understands what the service providers have said. According to Magistrate Christine Roney:

This provides women with the means to indicate some progress in their circumstances to the Court. Once started many defendants gain their own momentum - dressing nicely to come to court, making and attending their own appointments. Without that 'kick start' many would lack the self confidence and optimism to make the first step.

The location of the SIS SCC Program within the wider Sisters Inside context is critical to providing seamless support to women through this process in an ongoing way. Many of the women involved with the SCC face up to the types of pressure detailed above on a daily basis. It is hardly surprising that, faced with the demands of daily living, some women see prison as a safer or easier place to be or feel that any effort to change their life is hopeless. It can take many months and years – well beyond the end of their SCC sentence – for some women to gain, or regain, control over their life. Once women are no longer part of the SIS SCC Program, they can continue to receive continuity of service through the many other programs at Sisters Inside.

These are amongst the most marginalised and disadvantaged members of our society. Our capacity to work **from where women are at** (both literally and figuratively) is enhanced by SIS staffing policies. Wherever possible, SIS appoints staff (across the organisation) with a personalised understanding of some of the experiences faced by women participants - particularly staff with lived prison experience and Murri staff. Anecdotal evidence strongly suggests that participation of women with lived prison experience in SIS as a whole organisation is strongly influenced by SIS employment of staff with lived prison experience; participation of Murri women in SIS as a whole is strongly influenced by SIS employment of Indigenous staff. This wider context in which the SIS SCC Program is located, creates an environment which contributes to women's trust of the Program and willingness to become involved.

Recruiting and retaining staff with a sophisticated understanding of the income support, prison, health and housing systems has been critical to the success of the SIS SCC Program. Employment of staff with a sound understanding of employment, education and training systems has added value to the mix. Ongoing employment of staff with sophisticated substance abuse, homelessness and nursing skills and experience has been invaluable to the stability, influence and success of the Program. Ongoing employment of staff with a commitment to informal education of key stakeholders in the relevant systems – particularly doctors, lawyers and police – has added value and credibility to the Program, and enhanced the ability of staff to influence other service providers with the capacity to impact on women's current and future lives.

Barriers to Optimum Service Delivery

Barrier 1 – Unreasonable Expectations by Key Service Providers

Commonly, other community and health service providers appear to assume that they are the only body making demands on women's time ... that women should dedicate all their energy to addressing that particular agency's priorities or meeting its appointment schedule (whether this be a health service, or corrections, or a training provider). Few appear to have adequate understanding of the realities of the time and emotional pressures in women's lives – they simply see them as *unemployed* and therefore available 24/7. Few appear to have any understanding of the impact of cultural and family responsibilities on Murri women, and the priority women must give to these. Few appear to have an understanding of the realities of a daily battle with mental health or drug issues, and how these can overshadow all other activities.

The impact of these unrealistic expectations are exacerbated in situations where organisations have structural power over women's lives. This includes power over whether women have essential family needs met (e.g. housing or income) or the power to return women to prison or report breaches of bail or parole conditions.

Barrier 2 – Lack of Essential Resources

No amount of emotional support can make up for an absence of essential services for criminalised women. SIS staff, and women themselves, waste inordinate amounts of time competing for the limited places available in drug treatment programs; trying to access mental health counselling; checking that women have not lost their place on the public housing list whilst homeless or in prison; or trying to convince a private practitioner to bulk bill to make up for the shortfall in

government services. Endless hours are wasted trying to find women and their children a safe, secure, affordable overnight accommodation, or an emergency Centrelink payment to feed their family.

There are simply too few services available to meet demand, in critical areas such as housing, health and income support.

It is only when these fundamental human rights of criminalised women are met, that they will truly be free to move forward with their lives.

Recommendations

Recommendation 1 – That, following the end of the pilot in 2012, the Special Circumstances Court Program be instituted as a permanent program of the Department of Justice and Attorney-General.

Recommendation 2 – That funding for the Special Circumstances Court Program be increased to allow for extension of the Program to a larger number of criminalised men and women.

Recommendation 3 – That the Sisters Inside SCC Program be guaranteed permanent funding, with a 50% increase to enable appointment of a dedicated staff member to work with the substantial number of Aboriginal women appearing before the Court.

Conclusion

It is impossible to substantiate the long term social costs of imprisonment and recidivism amongst criminalised women. **We know** that imprisonment does actual harm to women and their children. **We know** that the children of women prisoners are many times more likely to be criminalised in later life than their peers. **We know** that imprisonment invariably compounds the problems faced by women, and places additional demands on the health, housing, income support, child protection, police, parole and legal systems.

How long will society continue to bear the current and future costs of continuing to needlessly imprison women? It is clear that our failure to provide alternatives to imprisonment comes with a price tag. How much better to invest in an ongoing commitment to the SSC and the SIS SCC Program – programs which have been demonstrably successful in diverting women from prison.

Paying **attention** to women is more efficient and effective than paying the costs of **detention**. Addressing the underlying social causes of offending rather than imprisoning women is an investment in crime prevention. The SCC and Sisters Inside make a significant contribution to reducing crime, and its associated costs, in Queensland.

Individual Profiles of Imprisoned Program Participants

(Women Imprisoned whilst participating in the program or within 2 years of completion)

	Date of SCC Program Completion	Financial Year of Imprisonment	Reason
1	May 2008	07/08	Heavy duty MH issues (BPD), and heavy drug use. Really intelligent. Housing issues. Explicit public sexual behaviour. Imprisoned for spitting at a police officer (BPD-typical behaviour).
2	May 2008	07/08	Failed to appear in another court . Drug use, DV/abuse history, housing issues, child protection issues and MH issues. Imprisoned while still in the SCC Program – did not finish the program.
3	Transferred to Court 26: Aug 2009	09/10	Already had an established, long term, pattern of offending ... possibly a slightly decreased rate whilst in Program? Serious MH issues, under Public Trustee & Adult Guardian. On weekly medication – aggressive if she doesn't get this ... misses injections (forgets? chooses?). As at June 2010, has a room now - but mostly sleeps on streets. Poly drug user; IV drugs. Prostitution and poor physical health. Imprisoned via Murri Court .
4	remitted to arrest court: Feb 2010	09/10	Multiple order/bail breaches in other courts . MH issues (BPD) and D&A (alcohol, heroin, cannabis & prescription pills). Appeared drunk at MH appointments – therefore service would not provide treatment. Housing issues – returned to DV situation.
5	Mar 2010	09/10	Terminated from SCC, on this occasion, because unwilling to change. Untreated MH (PTSD), drug and homelessness issues. Goes <i>doctor shopping</i> for pharmaceuticals - significant Xanax abuse.
4	Jun 2010	09/10	Completed an SCC bond. Later offended on the Gold Coast. Alcoholic. She refused MH services – wanted housing first, and they weren't willing to assist with this.
7	Jun 2010	08/09	Severe self-harm, BPD, IV & Benzo use and soliciting. Very significant ongoing homeless issues. Mistakenly imprisoned in BWCC rather than taken to a secure hospital ward and treated for her self harm severe leg burns, after SCC directed that she be taken into custody for compulsory medical treatment – she was effectively imprisoned for failures of the MH system and communication breakdown between the health teams and the law & justice teams.
8	July 2010	09/10	Pre-existing charges in another court – failure to appear and breach bail ... multiple small charges related to drugs and prostitution. Housing issues. Imprisoned while still in the SCC Program – did not finish the program.
9	current (returned)	09/10	Other charges were pending in another court . New (prostitution) charges related to pre-SCC offences. History of drug use and insecure housing. Lost custody of her children.
10	current (returned)	07/08	Primarily MH reasons – violence/assaults. Alcoholic with major housing issues (barred from everywhere). Under the control of Public Trustee & Adult Guardian.
11	current (returned)	09/10	Has an intellectual disability and serious MH issues. Stayed out of prison for a long time (nearly 2 years) ... ended up being imprisoned on minor charges. Previously had major housing issues; as at June 2010 has public housing unit. Is under the control of Public Trustee & Adult Guardian. Now has daily contact with a carer.
12	current (returned)	07/08	MH issues were undiagnosed until SCC – saw a <i>proper doctor</i> and ended up on disability pension. MH, drugs IV & benzos, very unstable housing, now in shared accommodation. The only SIS client to be returned to prison by the SCC – asked to go back for a break ... was finding it too hard on the outside.

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