

Throughcare: Making the policy a reality

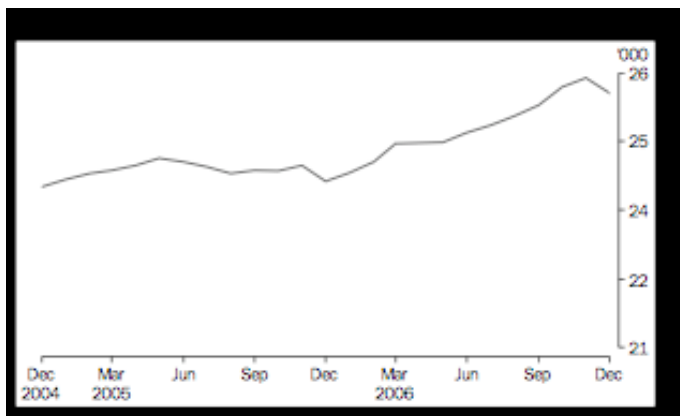
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The throughcare context in Australia

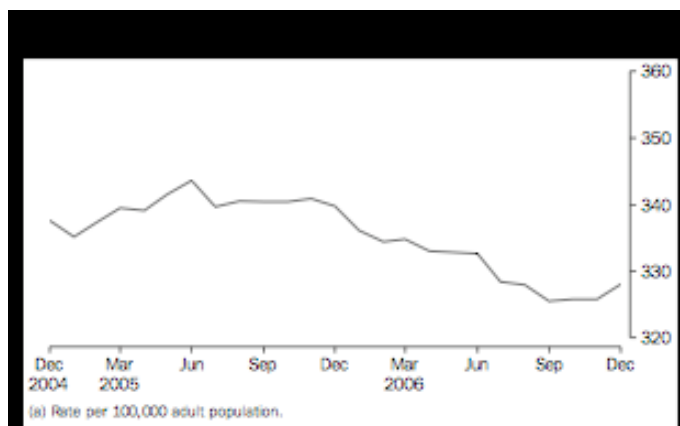
Setting the scene :

At the end of 2006 there were 25,800 persons in full-time custody and 51,690 persons in community-based corrections; 8,935 of these persons were serving parole orders following a period of imprisonment. Almost three quarters (74%) of persons serving parole orders were located in three states: New South Wales (3,994 persons); Victoria (1,395); and Western Australia (1,192) (ABS 2007:1).

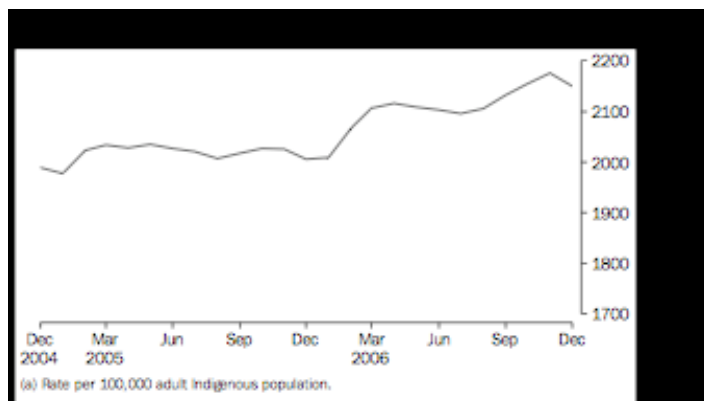


Altogether these figures represent an increase of less than 1% (313 persons) from the December quarter 2005. BUT from the December quarter 2005, persons in full-time custody increased by 7% (1,627 persons) and persons in community-based corrections decreased by 2% (1,314 persons) (ABS 2007:1).

Community-based corrections rate



The national average daily Indigenous imprisonment rate in the December quarter 2006 was 2,160 per 100,000 adult Indigenous population, an increase of 7% from the December quarter 2005 and an increase of 2% from the previous quarter (ABS 2007:2)



These figures highlight the reification of the penal estate over the community estate in the Australian criminal justice system. This is an important observation because throughcare requires a strong community component to make it viable rather than an increasingly dominant prison component. Of course throughcare also requires a strong non-criminal justice community sector – but that will be

addressed shortly.

What these figures do not tell us is the flow-through numbers – the numbers of prisoners who flow through the system over the period of a month or 6 months or a year. This information is vital for any throughcare and post-release policy and strategy because the flow numbers and demographics are radically different from the census or stock ones. Unfortunately there is no reliable national information on this despite it being raised years ago as a significant deficit in information on Corrections in Australia . The ABS states that it has a project supposedly collecting such data but it is not available in the public realm and it should be so that all the services and agencies connected with throughcare can see the scope of the clientele with whom they are working. Guesses are that yearly flow numbers may be around 45,000 – 50,000 (in 2001 FACS estimated the number to be around 44,000: see Baldry et al 2003).

Why is this so important? Because the majority of people entering full-time imprisonment are serving sentences under 12 months or are on remand. From the perspective of persons being released from full-time imprisonment the census gives the impression that the majority of persons in prison are serving longer sentences than is the case. The flow through numbers and demographics, if they were available would suggest different approaches – approaches that took seriously the effects of short term sentences and the effects of remand. These persons serving shorter sentences or on remand are often those with mental health/dual or multiple

diagnoses, borderline cognitive disability and multiple less serious offences and they tend to be those who cycle in and out – the ‘churners’ as the USA system calls them. Throughcare approaches for this majority are not the same as those for persons having served longer sentences. Very importantly, by far the majority of women prisoners in Australia, a highly disproportionate number of who are Indigenous women, fall into this group.

So it is essential to base approaches to throughcare on real life, real system information not on the data that has traditionally been collected just because it has always been collected that way.

What is throughcare?

Throughcare has been defined as the continuous, co-ordinated and integrated management of offenders

from the offender’s first point of contact with correctional services to their successful reintegration into the community and completion of their legal order (Clay 2002, 41).

Internationally, throughcare has existed for many years and is widely recognised as a ‘best practice’ approach to working with offenders to reduce recidivism and assist community integration (Borzycki 2005).

The United Kingdom recognised of the concept in relation to working with prisoners in 1986 although the term had been used in years prior to that in a number of reports and discussions (McAllister et al 1992). Throughcare is also not ‘new’ in terms of

many of the every day work practices carried out by probation and parole officers over many decades (Stevens 2002, 2). It must also be noted that the concept of continuity of care has long been used in the context of social work and mental health. In fact, the terms 'throughcare' and 'aftercare' were borrowed from the social welfare sector and the medical model and applied to the process of supporting a prisoner from custody to community (Victorian Department of Justice 2000).

In the Australian context, however, throughcare as a formal policy in Corrections is a relatively recent initiative, with South Australia being the first state to introduce throughcare legislation in 1998. It appears to be the state with the most active throughcare policy. Throughcare now exists as formal policy in each of the seven Australian jurisdictions.

Principles of throughcare can be summarised as

- Assistance and support to offenders whilst in custody or under supervision in the community (NSW Department of Corrective Services 2002)
- Whole of sentence planning
- Integrated Case management. Case management is the process through which throughcare is achieved, and hence it is a key component of any successful throughcare system. It is defined as 'the individualised and planned management of offenders based upon assessed need, implementation of case plans and case reviews' (South Australian Department of Justice Correctional Services, 2004) and it aims to provide

uninterrupted service for offenders leaving the prison system.

- Provision of seamless service to avoid duplication and/or isolated work practices

(Victorian Department of Justice 2000)

- Effective working partnerships
- Provision of consistent interventions across community and custody which are proven to be effective in reducing recidivism (NSW Department of Corrective Services 2002; Stevens 2002).

There are some obvious and immediate problems with some of these formulations. Whole of sentence planning is extremely difficult for those on remand, obviating the need to reduce the use of prison for remand to only those on serious charges, Similarly for those on short sentences whole of sentence planning is very difficult, again obviating the need to use other sanctions for those whose offences warrant short sentences. It would be of great interest to hear how SA's attempt to implement throughcare for remand and short sentence prisoners, reported at the 2006 Reintegration Puzzle conference (Lines 2006) is progressing. WA has been attempting to reduce their prison population by eliminating most short sentences and reducing those going into remand in prison but the reductions gained in 2003-2005 have begun to reverse. The same appears to be the case for Victoria (ABS 2007). If this is the case why this has happened is a key question to be answered because the answer would provide important information for throughcare implementation. In value and

philosophical terms though some of the comments later in this paper could be brought to bear in answering this question.

But back to throughcare policy and practice: without successful implementation, policies are merely statements of intent (Bridgman & Davis 2004; Gerston 2004). In other words, unless the appropriate government agencies – namely custodial and community corrections - have undertaken the process of converting throughcare into reality, then these policies have neither substance, nor significance (Gerston 2004, 96). And unless there are evaluations of implementation it is impossible to know whether the policies are working.

At this point I state my unequivocal support for the intention of throughcare, the various programs and projects working towards achieving it and the commitment of large numbers of community corrections, NGO and other staff with responsibility for trying to make throughcare a reality.

Throughcare evaluation

A number of researchers have trawled reports and documents looking for evaluations of throughcare strategies over the past few years. My research on post-release (2003,2006), my publication with Maria Borzycki (2003), Borzycki's report on interventions for prisoners returning to the community (2005), Tamara Walsh's work on post-release services in Queensland and Kinner & Williams' work on post-release in Queensland (2006) all found a dearth of

independent well designed research and evaluation on throughcare. In fact the researchers just mentioned found consistently that there was poor throughcare implementation and that there continues to be a high return to prison rate despite the programs. It should be noted that NSW has pointed out that its reconviction rate has dropped and this is good news. But this does not necessarily mean numbers returning to prison are dropping. Indeed ex-prisoners who are returned to prison are not always re-offending or being reconvicted. Breaching parole and being returned to prison to complete a sentence and being arrested and remanded on old warrants are both increasingly common paths back to prison. In fact in the decade 1995-2004 in NSW the category 'order' that includes breach of parole grew the fastest of all categories (New South Wales Department of Corrective Services 2006).

Victoria is the exception to this bleak assessment of evaluations of throughcare. The Victorian Justice Department has funded comparatively large transitional integrated trial support projects since 2001 and has ensured independent assessment and evaluation. The evaluation of 'Bridging the Gap', a pre- and post-release program, by Melbourne University (Melbourne Criminology Research and Evaluation Unit for the Office of the Correctional Services Commissioner, Department of Justice 2003) which assessed a whole range of factors relating to this project in the whole throughcare policy context, is a good example.

One approach to evaluating throughcare is to look at how the systems and agencies that are supposed to implement it are faring.

Views of Community Corrections staff

During 2005 a Criminology honours student at UNSW , Rachel Sutherland surveyed close to 60 Probation and Parole officers mainly from NSW but with responses from most jurisdictions, regarding their views on and experience of throughcare. Highlights of the results provide a perspective rarely presented from those most responsible for the carriage of throughcare.

Although a large majority appeared to have a good understanding of throughcare there was uncertainty about whether it was well defined in their department and whether there was departmental commitment to it. One of the most common comments went something like :

It's a really good idea in theory but it doesn't translate into practice

There were some positive comments specific to individual community corrections offices regarding improved relationships and partnerships between community corrections, custodial, other government and NG agencies; improved information sharing; greater consistency of continuity of care for offenders and some improved services.

Nevertheless a large majority (81%) said throughcare was being poorly or could be better implemented. The themes in the participants' comments were overwhelmingly about implementation problems and failure. Every participant commented upon at least one and most on multiple serious barriers to throughcare being successfully implemented.

The chronic lack of services and programs such as accommodation, mental health and employment and training, available to offenders upon release emerged as the most prominent difficulty.

[There is] No where in Sydney for 1:1 psychological counselling that most clients need...It is "new" and "cost effective" to have huge groups in gaol and in the community. It doesn't suit everyone. Many people need 1:1 in gaol as well...The disadvantaged are still disadvantaged in society as they can't pay for it. We have a psychotherapist who comes in x1/wk [once a week] and only the desperate get in. It's even worse in the gaol.

Difficulty in providing a system of consistent and integrated care for offenders was allied to this:

The WA prison programs system remains generally independent and distinct from the community based program system. For example, the prisons' 'Triple P' program, which was established several years ago to improve throughcare for

prisoners with substance abuse programs, still operates separately from the Community Justice Services Programs Unit

Extremely limited funding and the limited funds being allocated to throughcare practices being directed “to wrong or unproductive targets” was another major problem.

For people who are in difficult life circumstances, and are underprivileged, the lack of resources and options available are, it seems, almost insurmountable

Partnerships

The relationship between custodial and community corrections staff emerged as particularly difficult. Such partnerships were severely weakened by poor communication practices, as well as differences in philosophy. Respondents reported significant hardships in obtaining information from other throughcare agencies, and expressed frustration that their willingness to exchange information is often not reciprocated. Many reported difficulties in obtaining information about what happened in the custodial phase of an offender’s sentence.

There was a perception that

throughcare is not a primary duty in other services

current throughcare practices depend largely on the good will and skill of individual officers

while throughcare is enshrined in policy, in practice we are working in silos

Lack of consultation with Probation & Parole (P&P), lack of commitment to throughcare by departments and government indicated by minimal resource allocation compared with prison, and increasing surveillance and security culture in P&P were raised consistently across jurisdictions.

Lack of training for P&P in throughcare, lack of leadership, difficulties in maintaining client engagement and motivation and personal workload demands were also prominent themes.

bureaucratic or administrative requirements are taking increasing amounts of time to the detriment of service provision. Officers feel they are administrators rather than working with offenders

Throughcare is more a reality in the rhetoric of departmental documentation and policy than it is in grass roots practice

Most of these barriers to the implementation of throughcare have been identified in international literature (see Burrows et al 2001; Maguire & Raynor 1997; Clay 2002; Fox et al 2005; Green, Grove & Martin 2004; Petersilia 2003) and in the aforementioned few

Australian studies so this implementation failure should not come as news to politicians and senior management of criminal justice agencies and equally responsible human service agencies like health, housing, Centrelink and so on.

But in particular the individual needs of women, young offenders, Indigenous offenders and those with a mental health disorder and/or intellectual disability are noted to be the most poorly addressed in throughcare practice (Borzycki 2005; McAllister et al 1992; McGinty 2001; Walsh 2004) largely due to their marginalization and lack of holistic approaches suitable to their needs but also due, I contend to broader ideological and political factors I will now discuss.

Thinking differently about throughcare

As Travis (2005) points out, a joined up government, even whole of government approach is not going to do the trick in overcoming the throughcare implementation problems. A different way of thinking, a different approach is needed. It is not going to work to just link existing services and agencies together although that helps in the short term, because that is just tinkering with the current paradigm. It is not going to address the prison revolving door we have created because whole of government approach (or whatever new buzz word happens to be) does not necessarily change the social and community contexts that must be tackled and most importantly does not change the framework within which a large proportion of prisoners are managed.

Fitting together throughcare pieces is not the whole answer either. The problem with this approach is that a project here, a trial there, a diversion program there may work well, initially. But unless there is a common paradigm, a systemic approach to creating a systemic solution, isolated trials and project will remain just that.

Even where really good work is being done such as in Victoria there is something else at work, a direction that is undoing this work. It is obvious in the responses of the P&P officers' and in any clear headed analysis of contemporary Australian criminal justice.

An immediate factor that undermines almost anything being done is the rapid and unrelenting increase in prisoner numbers – at a rate far above the population increase and far above the crime rate. The figures quoted at the beginning of this paper attest to this. We are in a new era of a belief that 'prison works' to reduce re-offending despite all evidence to the contrary.

This is not to say that the successful projects being reported at this conference are not making a difference to people in those programs. But it is becoming clearer and clearer that the increasing numbers going in and therefore coming out of prison cancels out, in number terms, the number assisted in these programs. And even if these programs were mainstreamed across the whole post-release population – an unlikely occurrence given the bias towards building new prisons and increasing surveillance and security - this would not resolve the matter.

There is a second overwhelming factor that is strongly implicated in the increase in prisoner numbers, that is the overall framework that has developed over the past 15 years; the risk paradigm (Stenson & Sullivan 2001). This risk paradigm has been elevated to the position of touchstone of all criminal justice policies and practices. Not only are criminal justice agencies being required to predict the future using risk assessment tools which are by no means 100% accurate but they are increasingly being required to lock people up who fall on the high risk side of the fence. Hence the rises in remand, in those being kept for their full prison term and in breaches of probation and parole noted earlier. As if that isn't enough, politicians are demanding, and promising *no risk*. This is of course an absolute nonsense. The only way we can guarantee no risk in human existence is to not live. Living requires risks. Rehabilitation requires risk taking. We learn and grow by taking risks – careful and calculated risks yes but risks nonetheless. The problem here is not that risk is a part of the criminal justice system (CJS) – it has always been and necessarily is so. It is this elevation of the risk framework, this reification that is the problem. As Hudson points out, it is eclipsing justice (Hudson 2001:144). No longer is justice talked about or looked for as the outcome of the CJS – avoiding all risk is the result sought by politicians and management.

Particular groups are especially negatively affected by this dominant risk averse paradigm. Persons such as those with mental health problems, intellectual disability, dual diagnosis and

drug and alcohol related behaviour problems and persons who are homeless are conceptualised as high risk. These are social problems not criminal ones. This risk paradigm imposes a surveillance framework upon all prisoners and ex-prisoners and uses the CJS and prison in particular as the default social problem dumping ground. So those helped and supported by throughcare style programs will be replaced by others like them unless there is a systemic change.

There is if you like an institutional cognitive dissonance – parallel policies with widely differing aims and outcomes. One is driven by the risk paradigm which has been taken over and is now characterised by the elevation of security and surveillance as the priority across all aspects of the CJS. The other is rehabilitative throughcare that seeks to divert persons from the CJS and reduce reoffending via social and community support, therapeutic interventions, building independence & capacity and using appropriate programs. Both of these approaches are enshrined in the standard guidelines and in policy and legislation. But the dominance of the first over the second makes a mockery of throughcare. Resources are channelled to prisons and surveillance and the value of risk avoidance undermines therapeutic and rehabilitative programs. It is impossible to implement the second when those who are entrusted with implementing it – largely community correctional staff – increasingly have a policing role due to the emphasis of the risk & security paradigm that subsumes their rehabilitative work.

The fiction that these 2 conflicting approaches can co-exist successfully will be maintained as long as there is no close scrutiny and evaluation of overall throughcare and overall risk aversion approaches. The two need not be in conflict if risk assessment was re-relegated to its sensible and moderate use.

The elevation of risk aversion and the prison is an ideological & political decision. It must be challenged. The risk paradigm has gone too far – has overtaken the system and is destroying precisely what it was supposed to achieve.

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