



**LEGISLATIVE ASSEMBLY**  
**FOR THE AUSTRALIAN CAPITAL TERRITORY**

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**STANDING COMMITTEE ON JUSTICE AND COMMUNITY SAFETY**

**Mr Jeremy Hanson MLA (Chair), Dr Marisa Paterson (Deputy Chair), Ms Jo Clay MLA**

## Submission Cover Sheet

### Inquiry into Community Corrections

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**Submission  
to the  
Standing Committee on Justice and Community Safety  
ACT Legislative Assembly  
Inquiry into Community Corrections  
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**Wellways Australia**

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Dear Members of the Standing Committee on Justice and Community Safety

**Wellways Australia is pleased to make a submission to the Inquiry into Community Corrections.**

**About Us**

Wellways began its life in 1978 as the Schizophrenia Fellowship of Victoria, which was founded by families and community members to promote the welfare of people with schizophrenia and their families. Wellways has grown considerably since 1978 and now delivers a very diverse range of services broadly across Australia.

Wellways' vision is of an inclusive community where everyone can imagine their hopes and potential. This includes people in contact with the criminal justice system. Among the factors contributing to people being in contact with the criminal justice system are intergenerational poverty, homelessness, low educational attainment, unemployment, problematic substance use and the antisocial behaviours and roles that are the result of these factors.

Wellways is a proven specialist in developing and providing effective community supports that assist people in establishing strong, healthy, and sustainable lives in the community. We do this with people who have been institutionalised in mental health facilities, large scale disability accommodation, child protection systems, and detention centres.

We have demonstrated expertise in working with special needs groups, such as women who have experienced domestic violence, people experiencing trauma, the culturally diverse, and Aboriginal persons who have higher rates of representation in the correctional system and often more adverse outcomes.

We are experts at delivering services in partnership with Government, providing evidence base for the interventions designed and in delivering services that follow the important and fundamental principles of co-design. In doing this we ensure that services meet our contractual obligations but are also useful and practical for those that access them in delivering real and sustainable change at the individual level.

Wellways has a strong history of delivering, in partnership with ACT government evidence-based services and evaluating these services to ensure positive outcomes for participants that access our programs, whilst ensuring that resources are used effectively.

We relish the opportunity to lead the way working with offenders in the ACT.

In 2013 Wellways successfully tendered for the PROVISION OF DETENTION EXIT COMMUNITY MENTAL HEALTH SUPPORT PROGRAM ON BEHALF OF THE ACT HEALTH DIRECTORATE which saw the establishment of the Detention Exit Community Mental Health Outreach Program (DECO) and the commencement of Wellways ACT's service delivery in the community justice space.

The DECO program supports people with moderate to severe mental illness to transition back to community and reduce recidivism due to their mental illness.

## DETENTION EXIT COMMUNITY OUTREACH PROGRAM

- The program provides a mix of social, emotional and practical support through an outreach and case management model, which optimises access to contemporary interventions for participants. Interviews with participants demonstrate that, overwhelmingly, people experience the DECO program positively. Initially, some participants were motivated to participate in the program primarily to support their parole. However, those interviewed stated that they subsequently realised additional value of the program.
- By providing a psychologically safe environment, generated by the care and commitment of the program staff, hopefulness, personal empowerment, participants develop social connectedness and self-determination. Participants say the program helped them stay out of prison and drug free. They appreciate the practical supports the program provides, including assistance to attend court, probation and parole appointments, help to meet their bail or release conditions and to stay out of custody. People who participate in the DECO program report experiencing great gains in confidence in themselves, and trust in others.

- Both stakeholders and program participants indicate that the DECO program supports participants in line with the stated program objectives. In essence, the program is also a 'step down' mental health program, where people are transitioning from custody to the community, rather than from an acute mental health facility. It connects people leaving custody with support during a high-risk period to assist them to establish stability. Stakeholders and participants see the program as flexible and the staff as knowledgeable, responsive and dedicated to meeting participants' challenges.

Wellways, through the DECO Program has gained insight, achieved positive outcomes, reduced recidivism rates in our participant base and collected data that demonstrates our capacity to work effectively with people within the ACT criminal justice system and those exiting detention. The DECO program delivered by Wellways on behalf of ACT Health has proven to be an effective intensive psychological support and community reintegration program with significant reductions in re-offending. Recidivism well below the Territory averages (ROGS 219; DECO 2017; DECO 2019).

We believe this program could be implemented across community corrections for all people exiting detention in the ACT.

## Key Recommendations

1. Parole system,
2. Intensive correction orders,
3. Sentence Administration Board,
4. Drug and alcohol treatment orders,
5. Recidivism outcomes,
6. Experiences of offenders and their families,
7. Experiences of victim survivors, and
8. Any other relevant matter.

## 1: Intensive Corrections Orders, Drug and Alcohol Treatment

The ACT has a unique opportunity to explore effective diversionary programs for individuals using the Intensive Community Orders (ICOs) instrument. This instrument provides the opportunity to explore new ways to engage people in programs under the order which can provide treatment, support and the development of pro-social behaviours that lead to a reduction in reoffending and a crime free life. A similar approach can also be taken to supporting individuals on bail, enabling them to quickly engage with supports that significantly reduce risks to reoffending.

Drawing on conversations with our partners, stakeholders, and staff within JACS and experience delivering the DECO program; we believe that targeting individuals referred to community supervision and those with an LSI-R score that identifies them as medium to high risk would achieve more positive outcomes if given the opportunity through diversion to access support and intensive case management that addresses their mental health, substance use and disabilities.

### Community capacity-building archetype

The [REDACTED] capacity building archetype looks to address an issue or a gap in capacity (Funnell & Rodgers 2011:373). The community within which the DECO program operates, seeks to address recidivism rates. The ACT Government wants to see a reduction in the recidivism rates of prisoners released from custodial settings.

The mechanism by which recidivism rates are reduced is by reintegration of prisoners released from custodial settings back into the community. One of the key mechanisms of the DECO program is the reintegration of the participant back into the community through family, friend and peer support relationships and work and/or continuing education.

The DECO program focuses on the community, family, and friends as well as the participant. Just as the case management archetype focuses on the participant, the community capacity building archetype focuses on the community.

While the DECO program lists several outcomes for the participant it also includes outcomes for the family, friends, and the community. The outcomes for the participant are inter-related with the outcomes for the family, friends, and community. There is a clear relationship between the case management archetype and the community capacity-building program archetype in the DECO program.

## 2: Experiences of offenders and their families

Drawing from our experience working with offenders and families in the DECO program it has become abundantly clear that supporting change to circumstances, behaviour and re building lives is not something that can be achieved quickly. DECO outcomes would suggest that for those with complex needs and anti-social behaviours the longer the support and case management was provided the more positive the outcomes were. If someone has been raised in a dysfunctional home and been exposed to abuse and neglect, intergenerational trauma, criminal activity, anti-social behaviours, for most of their childhood it is unreasonable to perceive that these affects can be easily addressed and resolved in a short timeframe.

The DECO participant profile varies significantly based on background and nature of mental and physical illness, conditions, or disabilities. The participants that enter the DECO program come from a range of backgrounds including Aboriginal and Torres Strait Islander and cultural and linguistic diverse backgrounds. All the participants have a mental health condition; illness or disability and some have physical disabilities. Most of the participants have a drug and alcohol or substance abuse addiction and some have chronic health conditions. This means that many of the participants enter the program on prescribed medications, in addition to withdrawal from illicit drugs.

Just as the patient profiles of the participants vary so do their experiences of detention. All of the participants come from a custodial setting ranging from a hospital / mental health facility with Justice Health, community detention to exiting from the Alexander McConachie Centre. Some of the participants have had numerous or varying sentences at Alexander Maconochie Centre. Many of the participants have parole conditions and requirements in place and as such their discharge from the custodial setting has a range of additional services in place.

DECO works closely with the participant's families, friends, and their specific community if this is what the participant elects in his/her assessment, goal setting and Recovery Plan. However, the relationships that the participants have with their family, friends and community vary from some close connections to no connections. The DECO program may facilitate some reconnection of key relationships where they have broken down, but where it is not possible the peer support groups provide the community that the participant needs for reintegrating back into the community.

## 3: Recidivism

Since its inception the DECO program has achieved an average recidivism rate of 18%. In 2020 14.24% of participants re offended and 8.5% returned to custody. During the period January to June 2021, 7.14% reoffended or were returned to custody. The reduced rate over this two-year period is believed to be due to COVID 19 and the lengthy lock downs.

Addressing recidivism is a complex process which requires commitment and an understanding that rebuilding lives is an unpredictable, step forward, step backwards journey. When addressing the factors that we believe drive recidivism you are working to support people to address learnt behaviours entrenched in childhood. Some of the work DECO delivers to participants has a focus on understanding where one's behaviour comes from, understanding trauma and addiction, self-confidence and most importantly purpose.

#### Education, training, and advisory archetype

This archetype (which covers education, training and advisory) is about the provision of information through a range of methods to change attitudes, knowledge, and skills (Funnell & Rogers, 2011:53). However, in conjunction with providing information there needs to be behaviour change. DECO has many elements of the information archetype as education, training and advisory are provided to the participant and their family/friends in the journey of recovery through behaviour change.

Peer support and peer education promoted in the case management archetype are reinforced by the [redacted] archetype. This is certainly the case in DECO model as the education and training provided through peer support to the participant and their family and friends is a source of credible inform[redacted]

The goal setting that is undertaken in DECO means that the education and training provided in the program is tailored to the needs of the participant, which fits with the outcomes of the program.

DECO uses information to work towards addressing the behaviour of the participant (from 12 months to 5 years) by changing their attitudes towards themselves, understanding their choices, promoting knowledge and skills in self- management, and assisting the participant through motivation and education to develop positive relationships.

We believe that when someone first comes into contact with the justice system, they should undertake an assessment that determines if the person is identified as being at risk to further involvement with the justice system due to mental illness, substance misuse, trauma, access to housing, support systems, financial disadvantage, intellectual or physical disability. If these risk factors are identified, we would recommend that they enter a program that provides intense case management to support that person to address their presenting and underlying issues which should in turn reduce the level of risk to that person.

People who have the challenges previously mentioned find themselves caught up in the justice system when support and treatment are required to address the causes of the disadvantage and offending. Particular attention should be directed to people from ATSI and culturally diverse backgrounds.

In monetary terms the cost of providing a person with intensive support with a case manager is without question a more economically viable option.

For example, a specialist team comprising a manager and 3.6 EFT community support workers (including specialisations in family work and AOD) plus brokerage at a total cost of \$600K per year (total \$1.8m over 3 years) supporting up to 30 people in the community equates to per-participant, a cost of \$30K for 18-months engagement. The latest data released by the Justice and Community Safety directorate revealed that it costs \$359 a day or over \$130, 000 per year to keep a prisoner behind bars in the ACT.

The ACT government, through its 'building communities, not prisons' project sets forward the priorities for justice reinvestment schemes and community-based options to support people that helps to keep them in the community where appropriate safeguards can be implemented.

## Long term economic, social, health and mental health outcomes due to intergenerational disadvantage

The Australian Institute of Health and Welfare report, Australia's Welfare (AIHW, 2019) suggests prisoners are more likely have complex economic, social, health and mental health needs than the general population, for example:

- [REDACTED] entrants reported a previous diagnosis of a mental health disorder, including alcohol and drug misuse
- more than half (54%) of prison entrants reported they were unemployed during the 30 days before prison
- 1 in 3 (33%) prison entrants had an education level of below Year 10, and
- fewer than 1 in 4 (22%) of post detainees reported they had paid employment organised to start within 2 weeks of release from prison.

Research suggests prisoners are also more likely to experience greater economic, psycho-social and educational disadvantage than the general population (Graffam J , 2012) and for many, this type of disadvantage will have been experienced over generations.

The DECO program is designed for people aged 18-65, exiting from a correctional or detention setting, with serious mental illness who are at risk of re-offending or have limited supports in the community post release (Wellways 2020). Participants of DECO may therefore be impacted by intergenerational disadvantage, which in turn may affect their experience and engagement in DECO, their experience of social exclusion, poor integration back to their families and the broader community, and their propensity to criminogenic behaviours.

The Productivity Commission 2019, *Mental Health*, Draft Report made key recommendations regarding needed reform to the current mental health system and made explicit the associated costs for the individual, family, and community.



The DECO program works to produce outcomes for the individual, family, and community. The recommendations for change cover the areas in which the DECO program is already working:

- *Reform area 2: close critical gaps in healthcare services*
  - The availability and delivery of healthcare should be reformed to allow timely access by people with mental ill-health to the right treatment for their condition.
- *Reform area 3: investment in services beyond health*
  - Investment is needed across Australia in long-term housing solutions for those people with severe mental illness who lack stable housing. Stable housing for this group would not only improve their mental health and inclusion within the community but reduce their future need for higher cost mental health inpatient services.
- *Reform area 4: assistance for people with mental illness to get into work and enable early treatment of work-related mental illness*
  - Individual placement and support programs that reconnect people with mental illness into workplaces should be progressively rolled out, subject to periodic evaluation and ongoing monitoring, to improve workforce participation and reduce future reliance on income support.
- *Reform area 5: fundamental reform to care coordination, governance, and funding arrangements*
  - Care pathways for people using the mental health system need to be clear and seamless with: single care plans for people receiving care from multiple providers; care coordination services for people with the most complex needs; and online navigation platforms for mental health referral pathways that extend beyond the health sector.
- **DECO participants lead the process**
- The **core principle** that underpins the process is that the person **takes the lead** in their own recovery. The process is **not necessarily linear**, and elements may be worked on in different and/or repeated sequences. This approach allows the flexibility necessary to respond to the changing needs and goals of individual participants; and the consistency necessary to remain engaged even through times of upheaval.
- **Community based psychosocial support**
- The community based psychosocial support is integral to the intensive case management. The participant is being managed in the community outreach model under the DECO program.
- The DECO participant is supported in the community by the integrated team drawn from the mental, health and drug and alcohol services that they are accessing in the community setting. They are also supported in the community through community peer support, peer education and training programs.

- Community Recovery works with the individual participant, their families and friends and their community networks to find out what they want and need, to build on their strengths and find new opportunities, and empower the individual to develop the specific skills and resources that will assist their recovery. The wrap around community based psychosocial support facilitates the participant's reintegration back into the community.
- **Recovery focussed outreach services**
- Just as the community based psychosocial support is integral to intensive case management so is the recovery focused outreach services.
- DECO brings together the ACT regions recovery focused outreach services in a working partnership. The various elements of the ACT's regional support services of clinical and community mental health support as well Alcohol and other Drug Services are brought together in the program to maximise client treatment and planning options and to act as a doorway to a wide range of ongoing services.
- The DECO Program model of structured active care is paralleled by the integration of the service systems around the participant.
- **Theory of Change Narrative**
- Wellways, in **partnership** with the ACT Government's Mental Health, Justice Health, Alcohol & Drugs Service (MHJHADS), delivers the Detention Exit Community Outreach (DECO) program, a **community based psychosocial support** and **outreach service** designed for people exiting from correctional or detention settings with **serious mental illness**, who are **at risk of re-offending**, or have limited supports in the community post release.
- DECO's seven stages of **intensive case management** commence with the participant's first point of contact with the service and continues up until the participant either no longer requires formal support or is ready to access a different service. DECO provides an individualised response to participants through a collaborative partnership approach to recovery planning. **Partnerships** are designed to optimise specialist expertise and create working synergies to deliver demonstrable benefits for participants and improve continuity of care.
- The core principle of DECO is that the **person takes the lead** in their own recovery. Participants are provided with wrap around services under one care plan (Recovery Plan) that is used by the integrated team drawn from the mental, health and drug and alcohol services, participants are accessing in the community.
- DECO works with participants' families, friends and community networks to assess participants' needs and wants, to **build on strengths**, find new opportunities, and **empower** them to develop specific skills and resources that assist them in their recovery and **reintegration** back into the community. The DECO program supports participants to transition back into their community, reduce reoffending (and its associated costs), improve community integration post-release, and improve their social and health outcomes. These **outcomes** are delivered through evidence based approaches, called **Levers for Change**, which include:

- **Skills training:** health self-management programs assist participants to learn skills, increase confidence and engage effectively with health professionals.
- **Biopsychosocial model:** holistic understanding of biological, psychological, and sociocultural factors in recovery which includes culturally and linguistically diverse (CALD) recovery principles.
- **Challenging beliefs, self-perspectives of self-value and criminogenic behaviours:** builds on participants' strengths and empowering the individual to take the lead their own recovery and reduce re-offending behaviours.
- **Peer education:** those with lived experience of mental illness (peers) share skills and strategies for self-management and recovery; and work with communities to break down stigma, relating to mental illness and participants' prison experiences.
- **Individual Placement and support:** working with participants to secure real jobs for real pay.
- **Intentional peer support:** connecting individuals with peers who offer support, advice, and hope.

• **First Approach:** assists people to find a home and build skills to sustain tenancies.

## References

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