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Connective Services: Post-prison release support in an urban Aboriginal population

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Connective services:
Post-prison release support in an urban Aboriginal population

Megan Williams

A thesis submitted in fulfilment of the requirements for the degree of
Doctor of Philosophy

Muru Marri
School of Public Health and Community Medicine
UNSW Medicine
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Abstract

At least 80% of Aboriginal people in Australian prisons have been there before. They have long been over-represented, constituting 27% of the Australian prison population yet 3% of the community population. These disproportionate numbers highlight that existing legal, prison and throughcare policies and programs remain ineffective. The limited inclusion of Aboriginal cultural knowledge and practices in policy and programs renders them theoretically and culturally irrelevant, despite documented commitments by governments to enact the wholistic definition of Aboriginal health and wellbeing. Programs inadequately address underlying and compounding risk factors such as poverty, poor health, discrimination and racism.

The vast criminal justice research and advocacy on preventing reincarceration recommends that people need more support after release from prison, with the community better prepared to provide it especially in urban areas where most are released. Public health studies show mounting evidence that Aboriginal cultural processes strengthen family and community connections and promote health and wellbeing. Social work studies acknowledge that social support is instrumental in assisting a person to transition from one life phase to another, as an independent determinant of health and wellbeing.

At the intersection of criminal justice, health and social work, this research aimed to explore post-prison release social support from an urban Aboriginal perspective, and its role in preventing reincarceration. Designed as a qualitative grounded theory study, three rounds of data collection were completed, comprising 36 in-depth interviews with individual Aboriginal ex-prisoners released from prison at least two years prior to interview, as well as Aboriginal family members and Aboriginal service providers.

This research identified a range of connective, practical, emotional and spiritual post-prison supports, as well as the timeliness of support, and the relationships in which support occurred. Many participants explained their multiple roles in preventing reincarceration – being at once family members, peers, service providers and holders of voluntary governance positions, providing support across individual, family, community and system levels. This thesis and its underlying research proposes that an ecological model of health could usefully inform criminal justice policy and practices, through embedding contemporary Aboriginal world views and leadership in mechanisms urgently needed for reducing incarceration rates.

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Dedicated to my work colleagues,
in acknowledgement of your effort and inspiration.

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Abstract

At least 80% of Aboriginal people in Australian prisons have been there before. They have long been over-represented, constituting 27% of the Australian prison population yet 3% of the community population. These disproportionate numbers highlight that existing legal, prison and throughcare policies and programs remain ineffective. The limited inclusion of Aboriginal cultural knowledge and practices in policy and programs renders them theoretically and culturally irrelevant, despite documented commitments by governments to enact the wholistic definition of Aboriginal health and wellbeing. Programs inadequately address underlying and compounding risk factors such as poverty, poor health, discrimination and racism.

The vast criminal justice research and advocacy on preventing reincarceration recommends that people need more support after release from prison, with the community better prepared to provide it especially in urban areas where most are released. Public health studies show mounting evidence that Aboriginal cultural processes strengthen family and community connections and promote health and wellbeing. Social work studies acknowledge that social support is instrumental in assisting a person to transition from one life phase to another, as an independent determinant of health and wellbeing.

At the intersection of criminal justice, health and social work, this research aimed to explore post-prison release social support from an urban Aboriginal perspective, and its role in preventing reincarceration. Designed as a qualitative grounded theory study, three rounds of data collection were completed, comprising 36 in-depth interviews with individual Aboriginal ex-prisoners released from prison at least two years prior to interview, as well as Aboriginal family members and Aboriginal service providers.

This research identified a range of connective, practical, emotional and spiritual post-prison supports, as well as the timeliness of support, and the relationships in which support occurred. Many participants explained their multiple roles in preventing reincarceration – being at once family members, peers, service providers and holders of voluntary governance positions, providing support across individual, family,

community and system levels. This thesis and its underlying research proposes that an ecological model of health could usefully inform criminal justice policy and practices, through embedding contemporary Aboriginal world views and leadership in mechanisms urgently needed for reducing incarceration rates.

Glossary of terms and abbreviations

ABS	Australian Bureau of Statistics
ACCHOs	Aboriginal Community Controlled Health Organisations
Country	Often used by Aboriginal people when referring to places or areas they or others identify as belonging to
CTG	Closing the Gap Commonwealth of Australian Governments framework for reducing health and social inequity between Aboriginal and Torres Strait Islander people and other Australians
Elder	Respected Aboriginal person acknowledged as a community leader. In the urban area in which this research was undertaken, not necessarily a Traditional Owner of the land and waterways.
Indigenous, Aboriginal, Murri	Term occasionally used to refer to Australian Aboriginal people, but generally in this research context refers to Indigenous peoples of other nations. Occasionally in this research 'Murri' is used given it is the generally preferred name for Aboriginal people with traditional ties to Queensland.
NHMRC	National Health and Medical Research Council
PREP-Q	Post-release experience of prisoners in Queensland by Kinner (2006)
QCS	Queensland Corrective Services – state government department responsible for justice services and correctional centres.
UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples

Section 1

Chapter 1: Introduction

Sandy, an Aboriginal man in urban Australia, first went to juvenile detention when he was 14. He has since been in and out of adult prisons many times. He experienced what many other urban young Aboriginal people do: a family context of grandparents forcibly removed from traditional homelands under past government policy, an Aboriginal identity contested by self and others because of lost connection to language, country and culture, family relationship breakdowns, and poorly educated parents suffering from alcoholism, hypertension, long-term unemployment, bitterness and social isolation.

Although he did well at school and excelled in sport, Sandy carried with him an intense anger and worry about who he was, how to achieve his goals with the skills and talents he had, how to connect with other Aboriginal people, and how to stop the never-ending anxiety, depression, relationship breakdowns and victimhood he experienced. These were disguised by his well-honed survival skills: pride and self-reliance which fed into isolation and loneliness, long-term dependence on alcohol, drugs and any other thrills he could find. He stole from factories and shops and on-sold the items to buy drugs and alcohol. Before his last prison sentence, home was a stack of timber pallets arranged with blankets under a bridge, food came from packets and personal hygiene was limited. Skin infections, back pain, hepatitis, rage outbursts, exhaustion and thoughts of suicide occurred in parallel, and were worsening.

Sandy's second-last prison sentence was for grand larceny. Upon release he was immediately homeless and used drugs and alcohol heavily. Desperation led him to a long-term residential rehabilitation program. For the first few months he hated his case worker, resented that alcohol and drugs had stopped working for him, and was resistant to talking about himself in group therapy and the Aboriginal men's group he also went to.

Little by little, his resistance shifted. There was no specific type of support, or person, or situation that caused this. With encouragement and a shared journey among others, he began to heal and allow himself to accept help. He enrolled in college, for a Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care. He graduated from the rehabilitation centre to their aftercare house.

But the story does not end here. It instead takes a turn for the worse. Sandy was visited at the aftercare house by police, who summoned him to appear in court, for charges that preceded his last period in prison. He, his caseworker and legal representation believed that these matters had been dealt with by his last prison sentence. In court, the presiding magistrate re-sentenced him to prison, and he was immediately handcuffed and removed to the underground watch-house. He lost his place in both the aftercare program and college.

No reference was made to the Royal Commission into Aboriginal Deaths in Custody recommendations, which argued for prison as a last option, and rehabilitation as the alternative if a place was available and the person was willing (Johnston, 1991).

Sandy was not eligible for the drug and alcohol program in prison because of his short sentence. He got a job in the prison kitchen to keep busy. Post-release accommodation was arranged at his mother's house to satisfy Parole conditions, but certainly not to satisfy him: "People think I am the black sheep of the family," he said. "They don't realise the damage that she can do to my mind, and they want to put me there!"

When the day of release came, Sandy arranged to be picked up by a friend. He was released several hours earlier than expected and, rather than waiting, he walked for several kilometres and caught a bus to the Parole Office. The prison guard told his friend he had probably headed to the Parole Office, effectively breaching his confidentiality.

Sandy and his friend met up at the Parole Office. They then went to meet and talk with some of the community Elders and mentors he had gotten to know whilst in the rehabilitation centre. He caught a train home to his mother's place, but met with the Elders and friends again the next day. He met and talked with them on many different days after that, together enduring emotionally and financially hard times, temptations to steal and use drugs and alcohol, and the same anxious, lonely wondering that he had experienced for so long.

Again, post-prison release, Sandy's survival was not the result of one particular 'magic bullet'. It was the result of his own learning and action, among others he trusted, supported by services and Elders. He was inspired to be more like the Elders, in his actions and spirit. He completed his qualifications in health care and thus far as a volunteer mentor has made a valuable contribution to the lives of others who struggle. He wonders whether some of his experiences might have even meant something.

Sandy's story highlights that all the best support available, and all of his own best efforts could not and did not protect him from reincarceration. He faced complex legal issues in a system he and his professional and informal support people had trouble negotiating. But other positives were incrementally achieved along the way – the process of community reintegration is not linear. Sandy's story highlights, too, how much time and support is needed to 'break the cycle' and maintain the journey of healing and support.

The final part of the story to add here is a comment from one of the local Elders, who often argued that "Incarceration rates could be much worse if it wasn't for all the work the Elders do".

It is this final statement that provided the motivation and focus for this study, in the context of stories such as Sandy's. In this thesis, I explore the range of supports provided by Aboriginal Elders and other community leaders, and how and why they

provided these. In doing so, I recount the experiences of several Aboriginal people who have been incarcerated many times, but since their last release have remained living in the community for at least two years, and have so-called 'broken the cycle' of reincarceration.

However, this is not a study of Aboriginal people's individual processes of desisting from crime or 'community reintegration' post-prison release. The research focussed more specifically on the social context in which urban Aboriginal people experienced support post-prison release, as an opportunity to understand Aboriginal solutions to high rates of incarceration and reincarceration.

Having worked in the community health and criminal justice sectors for almost two decades, I have witnessed many calls for programs and services to help break the cycle, to decolonise westernised processes, and to empower Aboriginal people to enact their rights to self-determination (Calma, 2004; Gooda, 2014). This research provides critical insights from Aboriginal people about how to achieve improvements in an area of profound and costly inequity.

1.1 Background: Increasing rates of incarceration of Aboriginal people

The number of people in prisons has escalated globally in the last decade, but seldom as disproportionately and persistently as among Australia's Aboriginal and Torres Strait Islander[1] people. Aboriginal people have long been over-represented in Australia's criminal justice system, arguably since it was first established in Australia by Great Britain in 1788, when 11 ships full of their own prisoners arrived and a new British penal colony was proclaimed with British law applying immediately. Aboriginal peoples' over-representation in prisons is widely acknowledged as stemming from this imposition of British law, vastly different to their own, abnegation of their sovereignty and disavowal of traditional law and

[1] This research was undertaken among Australian Aboriginal people in a defined location. A small minority identified also as having Torres Strait Islander heritage. Out of respect for the distinct cultures of Torres Strait Islander people, only the term Aboriginal is used throughout this thesis, to reflect the focus of the study. Where discussion, statistics and research relates to both Aboriginal and Torres Strait Islander peoples, both are directly referred to, rather than Torres Strait Islander peoples being subsumed into the term Aboriginal. The terms 'First Peoples' and 'Indigenous peoples' are also occasionally used.

practices. These laws and practices had seen them progress as the world's oldest continuing cultures for at least 40,000 years (David, Barker, & McNiven, 2006).

Post-colonisation, attempts at cultural genocide and massacres by settlers occurred intensely before protective social and health policies were put in place, which set about segregating Aboriginal people from, and later assimilating them into the general settler population. The result, some 200 years later, is an Indigenous peoples relegated to fourth world conditions in a first world country, experiencing ongoing transmission of trauma intergenerational trauma and among the poorest social and health status of any peoples in multi-cultural, modern-day Australia (Carson, Dunbar, Chenhall, & Bailie, 2007).

Now in state- and territory-based prisons in Australia, Aboriginal and Torres Strait Islander peoples are well over-represented, constituting 27% of the prison population (Australian Bureau of Statistics (ABS), 2014a) although they are just 3% of Australia's community population (ABS, 2013a). The Aboriginal and Torres Strait Islander population is approximately 669,900 people out of almost 24 million (ABS, 2013a), having never yet regained the population numbers estimated when Britain colonised (David et al., 2006).

Approximately 80% of all Aboriginal and Torres Strait Islander people in prison have previously been incarcerated, often multiple times (ABS, 2014a). This occurs in the context of stagnant or decreasing crime rates (Western, 2006). A majority of Aboriginal and Torres Strait Islander people return to prison within a short space of time, often on breaches of state orders such as parole conditions (Poynton & Weatherburn, 2013).

Considerable evidence from across the globe shows that incarceration does not deter people from crime, but instead contributes to recidivism and reincarceration (Cullen, Jonson & Eck, 2012; Lynch, 2007). Risks for reincarceration clearly identified in correctional centre programming and in a vast international literature are poorly addressed in the criminal justice systems. Rarely do prison programs adequately

address downstream risks determinants among individuals, or bring about upstream change by tackling underlying disadvantage and social inequality.

High rates of incarceration produce high numbers of prison releasees, who arrive back in the community with added stigmatisation, institutionalisation, risks and losses associated with being removed from family, employment and community life (Baldry & McCausland, 2009; Goulding, 2004; Visher & Travis, 2003). Data show that mortality rates post-release among Aboriginal people are among the highest reported in the world (Darke, Ross, Zador, & Sunjic, 2000; Graham, 2003; McGregor, Ali, Lokan, Christie, & Darke, 2002; Stewart, Henderson, Hobbs, Ridout, & Knuiman, 2004) and health and wellbeing have been shown to decline post-prison release (Kinner, 2006; Boyzycki, 2005; Graham, 2003).

The direct cost to the community for the criminal justice system rises as incarceration rates rise. In Australia during 2010-2011, over $3 billion was spent on prisons (Australian National Council on Drugs (ANCD), 2013): the cost of incarcerating one adult is estimated at $315 per day or $115,000 per year (ANCD, 2013). The cost of alternatives such as residential rehabilitation and recovery programs in the community is lower, estimated between $205 to $285 (ANCD, 2013). However, these figures relate to incarceration, whereas the costs of reincarceration differ and are estimate to be:

> actually much higher than this figure because the cost of incarceration excludes the cost of judges, bailiffs, and other court-related expenses … Thus, recidivism has a high cost attached to it – much higher than the cost of keeping individuals in prison. The social costs to individuals, families, victims, and communities are incalculable, but are understood to be, in their own way, extremely high. (Graffam & Shinkfield, 2006, p. 63)

Data modelling now shows that reducing reincarceration will make a greater overall contribution to reducing prison numbers than will preventing incarceration in the first place (Weatherburn, Froyland, Moffatt, & Corben, 2009).

But despite this economic argument, a reduction in post-prison release support services has occurred during the last few decades. Aboriginal families, to whom responsibility often falls, are themselves over-burdened by higher rates of ill-health, with lower educational attainment and income than other Australians, in a society where racism and lack of power in policy and government decision making persist. Overseas, this shifting of care-giving burden from the state to families has been linked to increasing incarceration rates (Beckett & Western, 2001).

1.2 Significance of this study

Several important points and considerations for research extend from this background material. First, the current approaches for preventing reincarceration and providing post-prison release support are clearly not working; new strategies are required. Research is required about what strategies are likely to work among Aboriginal individuals and communities, and to develop an evidence base from which to advocate for decisions to be made.

Second, discussion arising from recidivism research almost always recommends that people need greater support. Social support is widely acknowledged as an independent determinant of health and has been studied in depth in with many populations around the world (Marmot & Wilkinson, 2006). It is appropriate to study among Aboriginal people given their traditionally strong kinship and discrete community ties, and their reliance on community networks (Eckermann et al., 2010).

Third, the determinants of health that are to be addressed by the Australian Government through its intergovernmental *Closing the Gap* framework are the very same determinants of crime and incarceration (Department of Prime Minister and Cabinet, 2014). Social support is widely acknowledged as a determinant of health. There is some recognition too that the Closing the Gap targets are all undermined by the over-incarceration of Aboriginal people. Shared resources for addressing shared health and justice determinants represents an opportunity for change, and an argument for investing in Aboriginal social support strategies.

Further, legislation and policy in Australia has now been designed to provide throughcare – in which prisoners are to be connected with supports from the moment they enter the justice system until well after their release from prison. However, throughcare has rarely been implemented in Australia as intended. Partly this is because the evidence-base on which to plan, design and deliver throughcare, or any other support services for Aboriginal people to prevent reincarceration, is empirically and theoretically underdeveloped and so too are services. Little research has been undertaken on Aboriginal people's success factors in transitions from prison to community living, or the role of family and community support in preventing reincarceration.

Fourth, despite criminal justice and health policies stating clear commitments to culturally appropriate care, Aboriginal cultural processes for support and healing in the criminal justice sectors have been consistently overlooked (Cunneen & Rowe, 2014). Even where Aboriginal leadership processes have previously identified, have worked well or have been recommended, such as through Royal Commissions and parliamentary inquiries, rarely has this knowledge been adequately implemented, resourced or evaluated to bring about change – that may well benefit all Australians. This research was an opportunity to explore these barriers further, and the strategies Aboriginal people use to stay strong in their culture and support loved ones to reduce risks for reincarceration.

1.3 Research aims and design

In this research I aimed to explore urban Aboriginal people's experience of social support in the transition from prison to community living, in the local community in which I belonged. Several local research guides asserted the need for an exploratory study in this area.

The study was designed to explore four research questions:

1. What is the experience of support post-prison release?
2. What role does support have in preventing reincarceration?
3. What are the barriers to and facilitators of support post-prison release?

4. What is recommended for the future provision of support for Aboriginal people post-prison release, to improve wellbeing and prevent reincarceration?

The grounded theory process outlined by Charmaz (2006) was selected as an appropriate method to follow, because it is a systematic process for drawing meaning out of data collected, and enables theoretical sampling of participants. In this study, data was collected through three separate rounds. Round 1 data collection occurred through in-depth, semi-structured interviews with 12 Aboriginal ex-prisoners. Analysis of this data highlighted the need to consider the complementary perspectives of Aboriginal support service providers; Round 2 data collection constituted 12 in-depth, semi-structured interviews with those in in local formal support roles. Analysis of this data stimulated a unique phase of inquiry among a further 12 Aboriginal people who had mixed formal and informal roles in supporting Aboriginal people transition from prison to community living. Some had their own lived experience of incarceration to contribute as well.

To handle the rich data I followed Charmaz's (2006) processes for constant comparison in grounded theory, which enabled me to understand key themes and concepts within each of the data sets as well as abstract higher-order concepts across the three data sets. Through my engagement with the data, categorising and re-categorising it in the way that grounded theory demands, as well as my ongoing personal and professional roles supporting Aboriginal people in the health and criminal justice sectors, I grasped how much I was also part of the research process. I have outlined my stance and viewpoint as an Aboriginal health researcher and community member in Section 2 of this thesis, particularly for the way I see that this positionality influenced my interpretation of findings and implications for service delivery and policy to prevent reincarceration in the future.

1.4 Organisation of the thesis

Section 1 of this thesis includes this introductory chapter and chapters 2–6, which are reviews of different bodies of literature pertaining to the topic at hand. Chapter 2, 'Setting the scene', tracks the continual increase in over-representation of Aboriginal people in Australian prisons, in comparison to global rates and other people in

Australian prisons. Chapter 2 also describes the context to which people are released – rates of health and illness, social determinants of health, and community and cultural life among urban Aboriginal people.

Chapter 3, ‘In-prison preparation for release’, explores a broad range of international and Australian research that predicts recidivism and identifies strategies for reducing reincarceration.

Chapter 4, ‘Post-prison release service delivery’, examines literature about service delivery and program interventions to reduce risks of reincarceration and provide social support.

Chapter 5, ‘Post-prison release: Role of family and community’ on the other hand, explores a wide range of research and commentary to better understand family and community roles in preventing reincarceration.

Chapter 6, ‘Social support’, focusses on literature about social support, drawn from social work and health sciences fields in addition to criminal justice.

Section 2 of this thesis consists of two chapters which detail the design of this study. Chapter 7 identifies influences on the research design, and the processes for adhering to Aboriginal-identified research principles. Chapter 8 describes the processes for engaging the research participants and collecting data.

Section 3 of this thesis presents the findings of the research and consists of three chapters. Chapter 9, ‘Roles in support’ explores the formal and informal orientation to support that the participants had. Chapter 10, ‘Timing of support’ includes discussion on throughcare and Chapter 11, ‘Types of support’, outlines the range of ways that the research participants experienced support.

Section 4 of this thesis comprises the final chapters. Chapter 12, ‘Emergent theory and concepts’ further develops the findings, showcasing key features of Aboriginal support processes to reduce risks for reincarceration, and interpreting these into

implications for the design and delivery of post-prison release support programs. Chapter 13, ‘Reflections and conclusion’ summarises my reflections on the research, and insights into future research required for strengthening support for Aboriginal people transitioning from prisons to community living.

The following chapters now review relevant literature from criminal justice, social support and public health domains, to develop as detailed a background understanding as possible about the role of social support in preventing reincarceration.

Chapter 2: Rates of incarceration of Aboriginal people, and contributing factors

2.1 Introduction

This chapter outlines the increasing rates of incarceration and recidivism among Aboriginal people in Australia. It also explores a range of research and commentary about why Aboriginal people continue to be over-represented in the criminal justice system compared to other Australians. Exploring these factors is important to contextualise risks for reincarceration, as well as identify opportunities for and barriers to social support. In doing so, this chapter establishes that social support is a determinant of recidivism and reincarceration, which is explored further in later chapters.

First, this chapter begins with a description of the literature review search strategy.

2.2 Process of literature review

This research process began with review of literature to explore the health and criminal justice nexus, and to identify and discuss shared factors between poor determinants of health and risks of incarceration. This resulted in a peer-reviewed conference paper with a colleague (Kinner & Williams, 2007), and informed the initial qualitative phase of this research, with Aboriginal people with experience of having been incarcerated. After initial data analysis, I turned to the vast field of study about social support for insights into research methods commonly used among marginalised populations. Another round of data collection occurred, focussing on formal support provision in the post-prison release context. Analysis of this data led to further literature searching and reviews about collective healing and empowerment led by Indigenous peoples. These incremental literature reviews were useful to help shape the data collection, to understand what the data was showing and to inform the emergent theories arising from the data discussed toward the end of this thesis.

For published research-based literature, which generally originated from the western health and social sciences traditions, I conducted advanced searches among the following online databases:

- Australian Public Affairs Information Service (APAIS) Health and Aboriginal and Torres Strait Islander subset
- Applied Social Sciences Index and Abstracts
- Australian Criminology Database (CINCH) and its Aboriginal and Torres Strait Islander Subset (CINCH-ATSIS)
- Biomed Central
- Cochrane Library
- Criminal Justice Abstracts
- Family and Society Studies Worldwide
- Australian Family and Society Abstracts (FAMILY) and its Aboriginal and Torres Strait Islander Subset (FAMILY-ATSIS)
- Health and Society Database
- Indigenous Studies Bibliography
- Informit e-Library Collections
- Medline
- National Criminal Justice Reference Service Abstracts (NCJRS)
- ProQuest Central
- Science Direct
- Scopus
- Social Sciences Citations Index
- Social Sciences Collections
- Social Work Abstracts
- Sociological Abstracts.

The main search terms used were (Aboriginal OR Aboriginal and Torres Strait Islander OR Indigenous OR native) and (social support OR support OR family support). These were searched together with the following terms:

- prison, jail, gaol
- prisoner/ex-prisoner, inmate/ex-inmate, offender/ex-offender
- release, post-release, community re-entry, reintegration, resettlement, transitional
- rehabilitation, risk, therapeutic

- throughcare, aftercare
- recidivism, recidivist, reincarceration.

Given literature on these terms spans more than a century, I prioritised contemporary research and commentary papers published after 2000. I prioritised research led by Indigenous people, privileging Indigenous perspectives. This was out of respect for the often shared experiences, worldviews and cultural processes Indigenous peoples throughout the world have, and that relate to social support and preventing reincarceration.

Despite the vast fields of research on recidivism, social support and Aboriginal health, relatively few research projects or publications, however, have integrated these fields. Little comparative work could therefore occur between many studies, and their methods and findings.

To tease out the relevance for Aboriginal people from mainstream studies, critique in light of the neo-colonial context of Aboriginal people's lives was necessary and ongoing. For example, findings from mainstream research can have very different implications for Aboriginal people, because of their history of having been colonised, and because of the contemporary population makeup; the median age of Aboriginal people is estimated at 20.4 years while the general Australian population at 37.3 years (ABS, 2013b). Aboriginal people have younger average ages than the general community when incarcerated, with lower education and higher unemployment, poorer health and more regular experiences of racism hampering access to services and support (Baldry & McCausland, 2009; Calma, 2005; Carson et al., 2007; Laycock, Walker, Harrison, & Brands, 2011). These factors may make the experience of Aboriginal people somewhat different to those from the mainstream Australian population or other minority groups.

The Aboriginal research values set out by the National Health and Medical Research Council (NHMRC) (2003; 2006) were used to guide the design of this research, but also as a lens to critique the literature. I asked of the literature: "How does it illuminate the needs and issues of Aboriginal people, or other Indigenous or minority

populations?"; "How do the programs or services researched ensure the survival and protection of Aboriginal cultures?" and "How do the programs and services build capacities of individuals and communities?" These questions helped me to develop a more nuanced understanding of the possible relevance of the research at hand for urban Australian Aboriginal peoples.

To further enrich my understanding and interpretation of mainstream research papers, I sought, read and critiqued other anthropological, ethnographic and social archaeology publications about Aboriginal family systems and Indigenous knowledges, as well as debates on contemporary Australian social policy related to Aboriginal peoples, and on activism by Aboriginal peoples.

I sought other information to also better understand Aboriginal people's experiences at the nexus of the criminal justice and health domains, searching:

- websites of a range of organisations, including those holding bibliographic collections such as healthInfo net
- criminal justice, health and Indigenous research institutes and conference proceedings globally
- clearinghouses and data sources such as the Australian Bureau of Statistics
- criminal justice authorities' websites, policy statements and legislation
- research instruments and scales used in the Australian criminal justice system and in significant studies, to identify items that included social support.

The search terms listed earlier were also used to locate books, ebooks, theses, conference proceedings, newspaper articles and other literature, using the UNSW Library Search gateway and University of Queensland (UQ) Library search functions.

Even beyond these sources, I still sought further avenues for material pertaining to the research questions at hand. It was my experience that more Aboriginal people's insights had been documented and were available in other forms than what the above

searches could locate; the contemporary western or 'mainstream' health and social sciences repositories hold only a relatively small amount of knowledge about Aboriginal people's lives (Nakata, 2007). The effort to find and privilege Aboriginal perspectives was also in recognition of the limited number Aboriginal-focussed research contributions to the peer-reviewed literature thus far, relative to the on-the-ground experience in supporting people in the criminal justice system.

As with much else in Aboriginal people's lives, connection to information came through relationships and "a living mutualism" with others (Sheehan, 2011, p. 69). I attended and participated in information forums, commemoration days, rallies and yarning circles, and watched and shared films and documentaries. I listened to Elders at work, whether with politicians or families, and followed them up by telephone to inquire further, sometimes for the names of the authors or events they mentioned. Books, reports, community-based newsletters and commentaries also came to me through social media and word of mouth with colleagues and networks. Reference lists from useful publications were also scanned for further references to uncovered material.

Together, these literature search strategies provided excellent connections to a wide range of materials, to weave together a picture of ever-increasing prison rates, and diverse strategies relevant to preventing reincarceration.

This chapter now turns to examining rates of incarceration and reincarceration among Aboriginal people.

2.3 Ever-increasing incarceration rates

Overall in Australia's state- and territory-based correctional centres, numbers of prisoners held are at an all-time high in Australia, with a rise of 10% from 2013 to 2014 alone (ABS, 2014a), adding also to the 5% rise since 2012 (ABS, 2013c). The number of people held full time in the prison population almost doubled in the previous decade (Steering Committee for the Review of Government Service Provision (SCRGSP), 2009), during which time the rate of incarceration increased by

26% (ABS, 2005). As at 30th June 2014 there were 33,791 sentenced and unsentenced adult prisoners in full time custody in Australia (ABS, 2014a).

The rate of imprisonment continues to increase across Australia. In 2013, 185.6 people per 100,000 adult population were incarcerated (ABS, 2014a), up from the previous year at 170 per 100,000 (ABS, 2013b). Prison population growth rates are well above population growth rates in Australia (Office of Economic and Statistical Research (OESR), 2009), and have persisted despite crime rates decreasing or remaining stagnant (Western, 2006). Data on incarceration numbers and rates in Australia's state and territories, which each independently legislate and operate their criminal justice system, became publicly available only in late 2014. These data are still far from sufficient to understand the ever-increasing rates. Being able to now disaggregating the data paints a more real, albeit worse, picture, allowing jurisdictional differences to be known: the highest rate of incarceration of occurs in the Northern Territory, at 821 per 100,000 adults, followed by Western Australia at 256 per 100,000. Queensland, the jurisdiction in which this study was undertaken, has the fastest growing rate of incarceration in Australia (ABS, 2014a).

These rates are extremely high in global terms. The overall prison population rate alone ranks Australia at the 48th highest out of 224 countries (International Centre for Prison Studies, 2013). But even more concerning is that in the June 2014 quarter, the rate of incarceration of Aboriginal and Torres Strait Islander peoples was a staggering 2208 per 100,000 of the adult population. This was an increase of 44 per 100,000 in just the three months since March 2014, and an increase of 143 per 100,000 since the June quarter of the previous year (ABS, 2014a). The Aboriginal and Torres Strait Islander adult incarceration rate of 2208 per 100,000 is more than three times the highest reported rate of incarceration in the world, the United States of America (US) at 716 per 100,000 of the adult population (Walmsley. 2013).

Overall in Australia, Aboriginal and Torres Strait Islander people now experience a 15-fold over-representation in prison compared with other Australians (ABS, 2014a). This is an unprecedented increase, up from a 10-fold over-representation a decade ago (SCRGSP, 2009).

2.3.1 Prisoner demographics

From June 2013 to June 2014, the number of Aboriginal and Torres Strait Islander people in prisons increased again overall by 9% for males and 18% for females (ABS, 2014a). Among Aboriginal and Torres Strait Islander women, the increase in the rate of imprisonment has been the sharpest, rising by 46% since 2000, compared with 27% for Aboriginal and Torres Strait Islander men across Australia (SCRGSP, 2009). Males comprised the majority (92%) of the overall prison population (ABS, 2014a), and while the percentage of female prisoners is comparatively small, it has generally increased faster than for men, by 60% from 2000 to 2010, compared with a 35% increase among males (ABS, 2010).

Women are slightly older than men when incarcerated (ABS, 2014a). The average age of prisoners is 33 years (ABS, 2014a). Aboriginal and Torres Strait Islander people have a younger average age than the general population (ABS, 2013a); data showing ages of Aboriginal and Torres Strait Islander prisoners according to jurisdictions are not published. In juvenile detention centres, in which a young person can be incarcerated until they are 17 years of age, and 16 in Queensland (Richards, 2011), overall in Australia 39% are Aboriginal and Torres Strait Islander young people (Australian Institute of Health and Welfare, 2012).

As at 30 June 2009, a quarter of all prisoners (24%, 6649) were unsentenced and awaiting trial, with an unknown release date. This is an increase of 3% since 2008 (ABS, 2009). Sentence lengths have been found to increase over time, in part related to crimes worsening over the lifespan (Western, 2006). Almost half of all prisoners serve relatively short sentences of between one and five years (42.3%); those serving life in prison represent a minority of all prisoners at 3% (ABS, 2009). This means that large numbers in prison are always close to being released to the community.

2.3.2 The Queensland context

In 2013 in Queensland, the jurisdiction in which this research was undertaken, Aboriginal and Torres Strait Islander people were 12.2 times more likely than others to be in prison, with numbers growing rapidly (ABS, 2014a). The age-standardised incarceration rate of Aboriginal and Torres Strait Islander people was 1522 per

100,000, compared with 125 per 100,000 adults. This rate is overwhelmingly high locally too, given Aboriginal and Torres Strait Islander people constitute between 3.6% (OESR, 2013) and 4.2% of the general Queensland population (ABS 2013a), but are 31% of the prison population (ABS, 2014a).

Queensland is home to the second-largest community population of Aboriginal and Torres Strait Islander people in Australia, constituting 28.4% of all Aboriginal and Torres Strait Islander people. One-third reside in the south-east corner, with the remainder living across vast regional and remote areas (OESR, 2013). Uniquely, Queensland has 15 Deed-of-Grant-In-Trust (DOGIT) communities in remote areas (Queensland Government, 2014). These DOGIT communities are generally on lands granted by governments in the 1800s and 1900s as church missions or reserves, to segregate Aboriginal people from the settler population and use them as labour. Aboriginal people were drawn from great distances and were mixed together as had never previously occurred in their tens of thousands of years' history. The local people were denied sovereignty, and their leadership and other cultural protocols as Traditional Owners were forbidden and were declared punishable offences (Kidd, 1997). After churches absolved their responsibilities, and the state government assumed it, DOGIT communities were generally established in the 1980s under both state and local council legislation. Local people formed legally incorporated Aboriginal Councils, to hold 99-year leases on the land (Kidd, 1997).

These communities are generally impoverished, geographically isolated and poorly serviced in comparison with other communities of similar sizes (Lattas & Morris, 2010; Sutton, 2011). Complex legal arrangements have been attempted by many for Indigenous Land Use Agreements, under national Native Title legislation and other lands acts; however, most remain unresolved (Burgess & Morrison, 2007; Strelein, 2009). The majority of these communities are in the north of Queensland, at least 1000–2000 km from urban centres. Aboriginal people in Queensland are known to be very mobile, travelling to urban areas for hospital treatment, legal proceedings, employment and education, as well as visiting families (Memmott, Long, & Thomson, 2006). Aboriginal people from throughout Queensland find themselves far from home in urban prisons.

The majority of Aboriginal people are thought to be released from prisons into the urban areas, with vast distances to travel at their own expense back to their community or family of origin, if at all. Urban communities in other countries have been described as bearing the greatest burden of supporting prisoners being released to the community, putting pressure on informal and formal support structures (Richie, Freudenberg, & Page, 2001).

2.4 Rates of recidivism and reincarceration

The number of prison releases each year greatly exceeds the number of prisoners. Statistics are not routinely published about the number of releases. For a decade 44,000 people per year released from prison in Australia was widely cited (Baldry, McConnell, Maplestone, & Peeters, 2003). In 2010 estimates were 25,791 to 83,193, depending on the method used (Martire & Larney, 2009). In 2012 over 50,000 was argued as a more reliable number (Martire &Larney, 2012).

A majority (77%) of Aboriginal and Torres Strait Islander people in Australian prisons have been in prison prior to their current sentence, compared with 52% of non-Indigenous prisoners (ABS, 2014a). The *Post-Release Experiences of Prisoners in Queensland* (PREP-Q) study found that almost one year post-prison release, a fifth of the 160 participants had been reincarcerated; of these 29% were Aboriginal and Torres Strait Islander people (Kinner, 2006).

Any greater details about current rates of reincarceration of Aboriginal and Torres Strait Islander people are difficult to obtain; they have not been made publically available by state and territory governments. The result is an incomplete picture upon which to base any supporting interventions or necessary policy and system reforms (Martire & Larney, 2009).

Reincarceration rates are included in the broader data on recidivism, which hides the issues from view: up to four measures of recidivism are used which include rearrest, reconviction, resentence to prison, and an actual return to prison, with or without a new sentence (Langan & Levin, 2002). While recidivism does not therefore always imply reincarceration, in the Australian context one often follows the other (Willis &

Moore, 2008). Therefore, the term reincarceration is most often used throughout this thesis, because of its focus on reducing a return to prison. This is partly to acknowledge, as do experienced criminology researchers, that in reality some people continue to engage in crimes of various types after release from prison, for various reasons, but do not come to the attention of police and are not reimprisoned (Maruna, Immarigeon, & LeBel, 2004). Further, this is not a study of engagement in crime or desistance from crime as such.

2.5 Factors contributing to increasing incarceration rates

While a general rise in incarceration has occurred in many parts of the world (Walmsley, 2013), an unprecedented and disproportionate rise has occurred among other Indigenous peoples, and those who have been colonised (Gibson, 2011; Miller, 2011). A "mass incarceration movement" has gained momentum in recent years (Cullen, Jonson, & Nagin, 2011, p. 48S), particularly in North America, which is arguably the most similar to Australia of the nations with large prison populations, including China and Russia (Walmsley, 2013).

Growth in prisoner numbers has been directly attributed to increased illicit drug use and a 'war on drugs' demanding increased prosecutions and sentencing under anti-drug legislation (Alexander, 2010; Cullen & Gendreau, 2001). 'Tough on crime' proponents have spurned a harsh approach to those breaking the law to placate a crime-fearing public and conjure a perception of public safety (Davis, 2000; Kemshall 2003; Petersilia, 2005; Richie et al., 2001; Steels & Goulding, 2013). This has given rise to increased law enforcement and greater punitivity (Kury, Ferdinand, & Obergfell-Fuchs, 2003; Shank, 2004). The following sections describe these trends, which have generally also occurred in Australia (Weatherburn, 2014) together with other more complex issues that are at play for Aboriginal people.

2.5.1 Alcohol and drug use

Several studies have highlighted that alcohol and illicit drug use, and involvement in the illicit drug trade and in alcohol and drug-related crime have played a significant role in Aboriginal people's involvement in the criminal justice system (Johnston, 1991; Putt, Payne, & Milner, 2005; Willis & Moore, 2008). A population study in

four Australian jurisdictions found that around 40% of prisoners attributed their crimes to alcohol and/or illicit drug use, and 62% were regular illicit drug users prior to imprisonment (Makkai & Payne, 2003).

Slightly fewer Aboriginal people than non-Indigenous people have been incarcerated for alcohol and illicit drug offences, compared with 'acts intended to cause injury' (related to 35% of incarcerations) and 'unlawful entry with intent' (15%) (ABS, 2014a). However, alcohol use in particular has long been considered one of the main and underlying contributors to such crimes (Johnston, 1991). Further, whilst surprisingly few studies have recently examined this, an estimated 70–90% of assaults were found in one large Australian study to have been committed while the perpetrator was under the influence of alcohol or drugs (Office of the Status of Women, 2001).

Correctional centre programming has been heavily criticised for over a century as inadequately rehabilitating those incarcerated for violence and alcohol and drug-related issues (Cullen, 2002; Irwin, 1970; Farabee, 2005; Martinson, 1974; Sarre, 1999). Population-level statistics show that more Aboriginal people abstain from alcohol and drug use than use such substances; however, those who do consume alcohol and drugs do so at more harmful levels (Australian Institute of Health and Welfare, 2011).

The literature and discussion on the relationship between alcohol, violence and incarceration among Aboriginal people has been starkly polarised between those who assert it is about individual responsibility, and those who argue that it is caused by underlying structural issues and inequity arising from colonisation (Sutton, 2011). That is, some authors theorise that over-representation of Aboriginal people in prisons is directly related to their higher levels of involvement in alcohol-related and violent crimes, and therefore they advocate that individuals should attend rehabilitation, particularly because there is no clear evidence connecting Indigeneity and colonialism and incarceration (Weatherburn, 2014). In contrast, others assert that high rates of alcohol and violence are indeed a function of colonial oppression, and community-level healing needs to occur (Blagg, 2008). The following paragraphs

explore some of the territory between these two viewpoints, albeit briefly, to help identify other possible factors in the over-incarceration of Aboriginal people and the role that support might have to reduce it.

First, individual Aboriginal people have explained the reasons for their alcohol and drug use as being the same as those of other Australians – to relax and socialise, to avoid thinking about problems and/or because of addiction (Brady, 1995). Many Aboriginal people have had difficulties related to alcohol and drug use, including accidents, losing employment, violence, relationship breakdowns and emotional distress (Brady, 1995), but they have not necessarily been incarcerated. Further, alcohol and drug use serves many purposes among traumatised individuals generally (Atkinson, 2002; Steels, 2008), among people with a history of personal social disruption, as per developmental theories (France & Homel, 2006), and as part of collective socialisation (Wickes, Hipp, Sargeant, & Homel, 2013).

The greatest effort in Queensland to reduce harmful effects of alcohol is alcohol management plans (AMPs). Special laws were devised for these to be implemented in regional and remote Aboriginal communities. Many local Aboriginal Councils have supported the greatly varying AMPs, to ban or restrict alcohol supply and occasionally make provisions to support those with problematic use (Smith, Langton, d'Abbs, Room, Chenhall, & Brown, 2013).

However, limitations in the design, implementation and evaluation of AMPs have limited their effectiveness and created a new set of laws which instead contribute to Aboriginal people being at risk of incarceration (d'Abbs, Togni, Rosewarne, & Boffa, 2013). AMPs do not address Aboriginal people's underlying material disadvantage, nor do they address the relationship between harmful alcohol misuse, violence and trauma (d'Abbs et al, 2013) or alcohol related issues in urban areas. Other preferred options to reduce harm and address underlying issues have been advocated but inadequately resourced or implemented, thereby rendering people at ongoing risk of physical, social and legal harm (Blagg, 2008; Carvalho, 2013; Kreig, 2014; Project 10%, 2012; Rosewarne & Boffa, 2003; Steels & Goulding, 2009, 2013).

2.5.2 Trauma

The links between alcohol, violence and trauma in Aboriginal people's lives have been the subject of much attention over several decades of debate, policy, interventions and research. Key investigations have focussed on the relationship of these three factors also to incarceration rates, child abuse and neglect, poverty, oppression and colonisation. Violence and trauma have been deeply discussed by Aboriginal people in Queensland; for example, in 1998 an Aboriginal and Torres Strait Islander Women's Task Force on Violence was established, supported by the Australian Institute of Family Studies. From extensive research and community consultations, the Task Force critiqued and defined forms of violence that occurred in the local contemporary contexts, and asserted that historical trauma, social inequality and individual actions were connected and implicated (Robertson, 2000). The Human Rights and Equal Opportunities Commission (HREOC) National Inquiry into the separation of Aboriginal and Torres Strait Islander children from their families under past government policies, and the subsequent *Bringing them Home* report, found that forced removals had resulted in Stolen Generations of Aboriginal and Torres Strait Islander peoples who had experienced abuses, losses and traumas so extensive that generations continued to be affected, as did the social and emotional wellbeing of individuals (HREOC, 1997).

Others have concurred that historical trauma, poverty, harmful alcohol use and violence are connected (Atkinson, 202; Bessarab & Crawford, 2013; Cripps, Bennet, Gurrin, & Studdert, 2009; Ranzijn, McConnochie, &, Nolan, 2009; Steels & Goulding, 2009; Swan & Raphael, 1995), that "violent outbursts, on others and on self, are one manifestation of traumatisation" (Steels, 2008, p. 122). The experience of Aboriginal people has been likened to post-traumatic stress disorder (Krieg, 2009; Steels & Goulding, 2009; Green, 2011; Heffernan, Andersen, McGrath, Dev, & Kinner, 2012; McGlade, 2012).

Intergenerational trauma has been extensively researched and discussed among other Indigenous colonised peoples around the world, rather than in Australia. Recent population-level empirical evidence has clearly associated individual and family histories of child removal to high rates of suicide behaviours among First Nations

peoples in Canada (Elias et al., 2014). A range of other research has connected intergenerational transmission of trauma to mental health issues (Brave Heart, Chase, Elkins, & Altschul, 2011), grief and emotional distress (Spiwak et al., 2012) and alcohol and drug dependence (Lajimodiere, 2012). These are well known factors in crime and incarceration.

It is only partly through the process of intergenerational transmission of trauma, and historical trauma, that colonisation continues to impact on the lives of Aboriginal people today (Atkinson, 2002; Gooda, 2014; Goodall & Huggins, 1992; Trudgen, 2000). Colonial oppression has also resulted in loss of cultural knowledge and access to traditional lands, complex legal and policy arrangements, changes in individuals' traditional and expected roles, reduction in sense of purpose and compounding experiences of racism, poverty and economic insecurity, which have also further contributed to traumatisation (Aboriginal and Torres Strait Islander Healing Foundation, 2014; HREOC, 1997; Gilmour, 2013; Goulding & Steels, 2009; Clarke, Harnett, Atkinson, & Shochet, 1999).

Stolen Generations and their descendants are acknowledged as over-represented in the criminal justice system (Calma, 2005; Gilmour, 2013; HREOC, 1997; Steels & Goulding, 2009), despite a dearth of focussed research in this area. There are some, however, who appear somewhat sceptical about high rates of incarceration being a consequence of colonisation – such as Weatherburn (2014). He argues that it is the individual Aboriginal person who is responsible – they are the ones who commit violent crime. He argues, it is the individual who "lost their toehold in the mainstream economy, obtained unrestricted access to alcohol and became increasingly dependent on welfare" (Weatherburn, 2014, p. 17).

In any case, economic disadvantage and the other artefacts of past policies and colonisation have proven profoundly challenging to rectify (Dodson, 2002). As the following discussion shows, socio-economic disadvantage is linked to high crime rates among Aboriginal people as among others around the world, thereby essentially extending the damage of colonisation and colonial oppression to future generations

of young Australian Aboriginal people, unless reforms and resourcing of alternatives occur (Blagg, 2008; Calma, 2005; Steels & Goulding, 2009, 2013).

2.5.3 Poor health

As highlighted earlier, many Aboriginal people in prison have histories of harmful alcohol and drug use as well as trauma (Heffernan et al., 2012; Kinner, 2006). The experience of arrest, remand, legal processes and incarceration are also traumatic (Langford Gnibi, 1988; McCoy, 2008; Steels, 2009). Prisoners are regularly "characterised" in the literature as being of poor health and experiencing "extreme disadvantage" (Butler, 2008, p. 2). A recent study undertaken in Queensland prisons by trained Aboriginal Mental Health Workers under the guidance of the Prison Mental Health Service found that up to 80% of Aboriginal and Torres Strait Islander prisoners experienced mental illness or mental health issues (Heffernan, Andersen, & Kinner, 2009).

Multi-morbidity is the norm among people in prison (Butler, 2008), and current trends suggest a worsening of prisoner health and (Australian Institute of Health and Welfare, 2010). High rates of Aboriginal prisoners smoke (Kinner, 2006) and have little control over their nutritional needs (Johnston, 1991). Prisoners in general experience greater levels of diabetes, asthma, hepatitis, high cholesterol and blood pressure, sleeplessness and anxiety than the general Australian population (Butler & Milner, 2003). Of great concern too is the evidence suggesting that anxiety and depression have a role in coronary disease among Aboriginal people, and in promoting subsequent coronary incidents (Brown, 2005). Separation of Aboriginal people from family, culture and country through institutionalisation is thought to be a key contributor to depression among people in prison, and in exacerbating other health conditions (National Indigenous Drug and Alcohol Committee (NIDAC), 2009). Aboriginal people have higher rates of death than others in police custody and prison, of natural causes and suicide (Johnston, 1991; Joudo & Veld, 2005; McCall, 2004).

By legislation, prisoners must have access to health services when required, and they have the right to the same level of care as in the wider community (Queensland

Government, 2006). However, demand for health services in prisons is higher than availability, and prison health services do not reflect the comprehensive primary health care available to Aboriginal and Torres Strait Islander people and their families through community controlled health services (Poroch, 2007). Generally the basic needs of prisoners are inadequately met in the criminal justice system, let alone complex multi-morbidities including trauma, mental illness and alcohol and drug dependence (Ogloff, Davis, Rivers, & Ross, 2007). Instead, health adversity is thought to result from incarceration by the individual, and for their extended family for whom Aboriginal people in the criminal justice system often have carer roles (McCoy, 2008; NIDAC, 2009).

2.5.4 Social and economic disadvantage

Incarceration has been shown to have long-term negative social and economic consequences, which increase crime, erode public safety and damage health and social relationships (Cullen et al., 2011). Those in prisons are often already the most socially and economically disadvantaged; research in the United Kingdom (UK) showed that up to two-thirds of people in prison had been unemployed before going to prison and over half had no qualifications (Carter, 2004). Aboriginal people in Australia generally have higher unemployment, lower wages, lower educational achievements, fewer years working and greater family care responsibilities than others in Australia (Carson et al., 2007; SCRGSP, 2011). The National Aboriginal and Torres Strait Islander Social Survey (NATSISS) data shows that Aboriginal and Torres Strait Islander people were:

> far more likely to have been charged with, or imprisoned for, an offence if they … failed to complete Year 12 or were unemployed … experiencing financial stress, living in a crowded household and being a member of the 'stolen generation'. (Weatherburn, Snowball, & Hunter, 2006, p. 1)

Similarly, analysis of existing data on almost 9000 Australian males incarcerated for violent offences revealed that 37% Aboriginal and Torres Strait Islander men had less than a Year 9 level of education, compared with 21% of non-Indigenous prisoners, and less than 7% had completed Year 12 compared with 16% of non-Indigenous prisoners (Willis & Moore, 2008).

In a qualitative study involving most of the Aboriginal males in a South Australian prison, Krieg (2006) and colleagues found that 90% relied on Centrelink welfare payments, 5% had some employment and 5% had no income at all. Further, in terms of social and economic disadvantage, analysis of the NATSISS data also showed that living in overcrowded housing predicted incarceration, as did lack of social support (Weatherburn et al., 2006). The PREP-Q study prospectively followed a cohort of 160 prisoners from custody into the community found a continuation of social economic disadvantage occurred from pre-prison to post-release (Kinner, 2006).

2.5.5 Rise in 'hidden crime'

One of the more recent key factors in rising incarceration and reincarceration rates among Aboriginal people relates to what is colloquially called 'administrative crime' – that is, offences against justice procedures (Project 10%, 2010). Much of this crime is due to technical breaches of correctional orders, rather than new crimes against other people in the community (Jones, Hua, Donnelly, McHutchinson, & Heggie, 2006). These crimes include breaching parole conditions or community corrections orders (Poynton & Weatherburn, 2013). Aboriginal and Torres Strait Islander people are well over-represented, being convicted and/or sentenced for 30.8% of all offences against justice procedures. Of all those in prison for offences against justice procedures, 85.6% have previously been incarcerated (ABS, 2014). Very little research has been undertaken on conditions which lead to such breaches.

Practice-based experiences of magistrates and Elders involved in Queensland's successful but now defunct *Murri Court*[2] relate these to inappropriately difficult probation and parole reporting conditions, such as the need to travel some distance when public transport options are poor and motor vehicles are generally unaffordable, as well as the requirement to report during work hours, which is unacceptable to employers (Bond, Jeffries, & Loban, 2012; Project 10%, 2010).

Further, traffic offences contribute a great burden to incarceration, hidden behind the more obvious statistics on the contribution from alcohol and drugs (Weatherburn,

[2] Murri – general name for Aboriginal people from Queensland

2014). Of Aboriginal and Torres Strait Islander people in Queensland prisons, 29.8% are there for traffic offences. An overwhelming majority (74%) have been previously incarcerated (ABS, 2014a); again no data about Aboriginal and Torres Strait Islander identity have been published. These traffic offences often relate to driving without a licence, which has been difficult to obtain due to lack of sufficient identification papers, previous offences, unaffordability and too few people in the community with a licence to help meet the requirements of learner drivers. Few related driving instruction programs have been funded (Project 10%, 2010; Weatherburn, 2014).

2.5.6 Racism

The literature contains diverse views about whether racism has contributed to higher rates of incarceration of Aboriginal people in Australia or not. It is important to note that few, if any empirical studies have been undertaken by Aboriginal-led teams or from Indigenous worldviews, and the most available published evidence comes from routine data collections, rather than having been designed to engage specifically with Aboriginal people.

One the one hand, Snowball and Weatherburn (2007, p. 287) found no grounds for perceiving racial bias in the justice system, but that "Indigenous defendants are more often sent to prison because they commit more serious offences". Similarly, Luke and Cunneen (1995) found no evidence of racial bias in their research of bail, and correlating Indigenous status with factors related to sentencing did not reveal significant differences compared to non-Indigenous people.

On the other hand, researchers reported harsher and longer sentencing for Aboriginal people than others, and that Indigenous Australians were more likely to receive a prison sentence than others (Bond & Jeffries, 2010, 2012; Jeffries & Bond, 2009). They also noted the lack of qualitative research in the area and lack of Aboriginal perspectives included beyond statistical data routinely collected during sentencing (Bond et al., 2012). Other critiques suggest that laws, policing and sentencing practices are discriminatory because they fail to take into account the collectivist cultural contexts and responsibilities of Aboriginal people's lives, and the profound

social and economic disadvantage (Blagg, 2008; Cunneen, 2001; Eggleston, 1976; Gale, Bailey-Harris, & Wunderitz, 1990).

Racism is now well recognised as a regular experience of Aboriginal people, and an important determinant of Aboriginal people's health (Carson et al., 2007). Recent studies have shown that among Aboriginal people, racism results in higher levels of stress, greater feelings of powerlessness and poorer mental health and social and emotional wellbeing than in the general Australian population (Paradies & Cunningham, 2012; Priest, Paradies, Stewart & Luke, 2011), and it is a critical aspect of the cycle of trauma and violence discussed earlier (Calma, 2005; Gooda, 2014; Robertson, 2000).

2.5.7 Other theoretical perspectives

Many individual psychological and broader social theories have been used to try to explain criminality and rising incarceration rates around the world. Broadly in the field of sociology, anomie (Merton, 1968), strain theories and sub-cultural theories (Cohen, 1955; Matza, 1964) have been used to explain disadvantage experienced by minority groups' engagement with the criminal justice system, including Indigenous peoples.

In his recent book about incarceration of Aboriginal people, Weatherburn explored several individual-level and social theories. Overall, he noted the dearth of evidence upon which to theorise and make decisions in the criminal justice system. He argued that individual attachment theory and poor social control from community breakdown were relevant to the situation at hand. From a cultural theory position he postulated:

> One way to explain the high rate of Aboriginal imprisonment, then, would be to suppose that it reflects an Aboriginal propensity toward violence that is now counterproductive but was once an accepted and important feature of cultural life. (Weatherburn, 2014, p. 59)

Evidence signifying contemporary cultural perspectives of Aboriginal people about violence was not cited by Weatherburn; as with dialogue about many other social

issues, the inclusion of Aboriginal viewpoints are often minimal (Cunneen & Rowe, 2014). In their research the Aboriginal and Torres Strait Islander Women's Task Force on Violence, however, found a firm anti-violence stance – that violence for violence's sake was never an accepted Aboriginal cultural practice (Robertson, 2000).

In terms of social control theory, Weatherburn (2014) argued that colonisation has ongoing impacts because "it has undermined the capacity of Indigenous people to regulate themselves" (p. 62). Some Aboriginal researchers also have this tendency to apportion responsibility to the individual, and propose the lack of progress stems from Aboriginal people's ongoing victim mentality (Dillon, 2013; Pearson, 2009).

The work of scholars from around the world theorise, however, that victimhood is a manifestation of oppression from colonial rule, and when this does occur in people's lives, much more powerful factors are actually at play (Fanon, 1967) – there is a greater, more horrific "depth at which colonialism can submerse itself in a society" (Hilton, 2011, p. 51). The lack of progress addressing health inequity or incarceration rates is certainly testament to something more horrific occurring.

Even where attempts have been made by Aboriginal people to enact their right to self-determination (Australian Human Rights Commission, 2010), such as through their establishment of a national network of Aboriginal community-controlled health organisations (ACCHOs) and legal services, as well as community justice groups and healing programs, these solutions have long been inadequately supported (Calma, 2005; Gooda, 2014).

Criminologist Professor Chris Cunneen argued that the current under-resourcing of Aboriginal people's efforts at self-determination itself stems from the nature of colonial oppression:

> racialized assumptions about Aboriginal inferiority have been fundamental to the way Indigenous people have been treated by the colonial state: from the denial of Indigenous sovereignty… to current criminal law and practice which undermines Aboriginal governance and rights to self-determination. In

> contemporary Australia, racialization has enabled the massive criminalisation and imprisonment of Indigenous people. (Cunneen, 2000, p. 4)

Cunneen's use of the word *enabled* is useful here. Whilst some research based on routine data collections might not confirm racial bias in sentencing or incarceration of Aboriginal people, the dearth of more appropriate research and the limited opportunity for Aboriginal leadership in criminal justice policy development and interventions is notable, which enables the system to remain unresponsive to the needs of Aboriginal people.

2.5.8 Ineffectiveness of prison as a deterrent

Overall, there is little consensus among authorities about the causes of over-incarceration of Aboriginal people from theoretical or practical positions, in part because the poorly developed evidence base and widely varying cultural worldviews. The figures for reincarceration presented earlier illustrate the severe challenges faced by those striving to meet these aims of the criminal justice system – to provide safety and rehabilitation and maximise community reintegration post-prison release (Queensland Corrective Services (QCS), 2006). International and Australian evidence increasingly reinforces that incarceration does not act as a deterrent to people for engaging in further crime (Cullen et al., 2011). A meta-analysis of 57 international studies showed that imprisonment actually increased recidivism by 14%, compared with community-based sentencing (Jonson, 2010).

These outcomes are the antithesis of what is intended by correctional centre policy. Instead, incarceration embeds people in an institutionalised community of people with criminal histories, reducing exposure to a broader range of prosocial relationships, and increasing criminogenic risks for crime (Cullen et al., 2011).

2.5.9 Lack of preparation for release from prison

A growing body of literature argues that preparation for release from prison to the community is critical to post-prison release success (Goulding, 2004; Kinner, 2006; Ogilvie, 2001; Ross, 2003; Visher, Lavigne, & Travis, 2004; Walsh, 2004). Preparation for release is required on several levels – to identify and provide continuity of care for existing health conditions, to connect people with family and

society, and to establish housing and income security in the community (Maruna & Immarigeon, 2004). However, little preparation is realistically undertaken (Brown et al. 2008), and needs are too frequently under-assessed (Schram, Koons-Witt, Williams, & McShane, 2006).

The Corrective Services Act 2006 legislates that Aboriginal and Torres Strait Islander Liaison Officers and/or Counsellors are to be involved in the discharge planning for all Aboriginal people in custody (Queensland Government, 2006). However, in reality in Queensland only those serving longer than 12 months have access to exit planning, and even then this is not routine but optional, to be chosen by those in prison; indeed, only a minority of Aboriginal people have access to the new mainstream-focussed Transition Programs (Robson & Eugene, 2008). Aboriginal and Torres Strait Islander staff numbers are below population parity in Queensland prisons, and very low relative to the over-representation of Aboriginal prisoners, further limiting Aboriginal people's rights for prison discharge support as per the current legislation (Project 10%, 2010).

Many people leave prison without concrete plans for daily living, such as stable accommodation or income (Schram et al., 2006; Visher et al. 2004). Many are released with unmet health and psychosocial needs, including risks for alcohol and drug dependence and mental health issues, which have been associated with recidivism (Clear, 2005; Hochstetler, DeLisi, & Pratt, 2010).

The PREP-Q data (Kinner, 2006) showed it was possible to predict who would become most troubled post-prison release in Queensland. Data from the USA have also shown that people with severe or unmanaged health problems face an increased risk of adverse outcomes, including physical or mental illness, the latter resulting in behaviour that provoked further police attention (Visher & Mallik-Kane, 2001).

2.5.10 Lack of investment in alternatives to incarceration

Australia has invested little in alternatives to incarceration that could reduce numbers of Aboriginal people in prison (Blagg, 2008; Goulding & Steels, 2013; Johnston, 1991). This is despite some promising results of trials and evaluations, including of

those led by Aboriginal people and supported by communities. For example, Australian research has shown that diversion from prison to community-based support reduces re-offending (Poynton & Weatherburn, 2013; Smith & Trimboli, 2010), but no organised, networked or sector-wide developments to enable community-based support have occurred.

Empirical evidence has demonstrated that restorative justice processes, which help offenders understand their crime, make reparations to victims and communities and identify their goals for healing and economic independence, have reduced recidivism and been of benefit to victims (Beven, Hall, Froyland, Steels & Goulding, 2005; Braithwaite, 1996). Further, Aboriginal Elder-led circle sentencing and other therapeutic court processes have produced noteworthy results (Morgan & Loius, 2010; Wallace, 2010) but have been reduced or defunded in recent years (Semmens, 2012). Court referral into drug treatment has shown benefits but also suffers from under-investment (Larney & Martire, 2010).

Justice Reinvestment is the key policy reform and economic strategy increasingly argued, particularly in the western developed world, to reduce incarceration rates. This approach is yet to find traction among politicians and policy makers in Australia but researchers and communities are in the process of establishing trials (Guthrie, Adcock, & Dance, 2011; J. Lovric, Legal Aid NSW, December 22, 2014 personal communication).

In general, such alternatives to incarceration have been under-resourced, lacked evaluation and have gained little political or community support. Instead, “the recent focus has been on regulation and control rather than building a capacity through the community’s self-determination, good governance and economic advancement” (Steels, 2008, p. 121).

2.5.11 Failure to learn from Aboriginal health and wellbeing sectors

Further to the racialised assumptions identified earlier, Cunneen and Rowe (2014) have highlighted the “subjugation of Indigenous knowledges and methodologies” as key to lack of investment in alternatives and in the rising incarceration rates (p. 49).

That is, Indigenous knowledges have long been considered inferior to Anglo-Saxon 'white' or mainstream ideas (Cowlishaw, 2004; Nakata, 2007). This disregard has been experienced in the general lack of inclusion in mainstream Australian social life (Jarrett, 2013; David et al., 2006), a lack of acknowledgement about Aboriginal people's actual contributions to contemporary Australian policy and services (Bennett, 2013), sporting and artistic achievements, land care, spiritual practices and sense of national identity (Perkins & Langton, 2008).

Perhaps the greatest denigration of Aboriginal knowledges has been in regard to its contribution to primary health care and wholistic health care. For decades this has been overlooked by the Australian health care system, despite Aboriginal people's contributions being influential in the definition of health drawn up by the World Health Organization (McPhail-Bell; Fredericks, & Brough, 2013). Successful Aboriginal health care is poorly acknowledged in evidence-based practice, policy formation and the way resources should then be allocated (Clifford, Jackson Pulver, Richmond, Shakeshaft, & Ivers, 2009). Aboriginal people's contributions to culturally appropriate solutions such as community-oriented capacity building (Goulding & Steels, 2009) and collective healing (Krieg, 2009) have also been poorly taken up by mainstream health or support service providers.

Promoting self-determination, empowerment and revitalising cultures and languages in other fields have been shown as successful in reducing disadvantage at individual, interpersonal and community levels, as well as addressing material disadvantage (Marmot & Wilkinson, 2006). However, such strategies to reduce the perpetual over-representation of Aboriginal people in prisons have been relatively ignored in the criminal justice field in Australia. Instead, Aboriginal people are still "primarily considered as culprits and suspects" and blamed for their situation (Steels, 2008, p. 121) and, unfortunately, "the discourses of 'fairness and justice' as well as 'equality and human rights' struggle to find traction within this net of social inequality, poor health, and poverty" (Steels & Goulding, 2013, p. 130).

2.6 Chapter summary

This chapter described how Aboriginal people have long been over-represented in Australia's criminal justice system. It provided a broad-brush identification of key factors in this, and attempted to elicit underlying factors such as the way social and health inequality have stemmed from colonisation, colonialism and denigration of fundamental rights of Aboriginal people to self-determine community solutions to issues they face.

The connections between alcohol and drug misuse, violence and incarceration were discussed because many Aboriginal people in the criminal justice system are affected by these. They were viewed as manifestations of trauma from colonisation and oppression, about which ongoing dialogue is required in Australia, particularly to enable Aboriginal people's support services and networks to expand. Despite preventing reincarceration being vital for reducing Aboriginal prisoner numbers, this chapter also confirmed that the range of possible solutions are not being adequately invested in.

The next chapter turns to more closely examine criminal justice system responses to incarceration and reincarceration, to help further identify solutions and barriers to take into account when researching social support to prevent reincarceration among urban Aboriginal people.

Chapter 3: Reducing risks for reincarceration: Prison programs

3.1 Introduction

This chapter sharpens the focus on issues surrounding reincarceration. It outlines Queensland criminal justice system strategies for reducing risks for reincarceration, as per their legislated and policy-level responsibilities and commitments. This chapter also reviews in-prison risk assessments undertaken, because these are fundamental to understanding individuals' needs about which support may be required. Prison-initiated throughcare is also discussed, being one of the relatively new programming directions to support people from prison to the community to reduce risks for reincarceration. Limitations to the success of rehabilitation and throughcare programs are also considered, particularly for Aboriginal people who have already been reincarcerated, often multiple times.

3.2 The compelling argument to reduce reincarceration

Reducing numbers of people being reincarcerated has a compelling economic as well as social argument. Australian researchers have found that "reducing this rate has a larger impact on the prison population than reducing the number of prisoners entering prison for the first time" (Weatherburn, 2014, p. 105-106, citing Weatherburn, Froyland, Moffatt, & Corben, 2009). Mathematical modelling advises that:

> modest reductions in the rate at which offenders are re-imprisoned would result in substantial savings in prisoner numbers and correctional outlays. A ten per cent reduction in the overall re-imprisonment rates would reduce the prison population by more than 800 inmates, saving $28 million per year. Comparable reductions in the number of new sentenced prisoners also produce benefits but they are smaller. (Weatherburn et al., 2009, p. 1)

The researchers also found that the same effort to reduce reincarceration would reduce overall prisoner numbers and expenditure among Aboriginal people:

> The potential benefits of reducing the rate of re-imprisonment among subgroups of offenders with a high re-imprisonment rate are particularly noteworthy. A 10 per cent reduction in the Indigenous re-imprisonment rate,

> for example, would reduce the Indigenous sentenced prisoner population by 365 inmates, resulting in savings of more than $10 million per annum. (Weatherburn et al., 2009, p. 1)

These figures provide an urgent justification for address reincarceration rates. In Weatherburn's 2014 reflection on this modelling, "more leverage on the Indigenous imprisonment rate might be obtained through policies that reduce the rate of return to custody" (p. 106). However as this chapter and the next show, policies and legislation already in place are relatively sound, but several factors impede their translation to programming, implementation and evaluation, which impact on the availability and effectiveness of support at an individual level.

3.3 Assessments on entry to prison

It is the practical goal of correctional institutions, and the community's expectation, to prevent those released from prison from again coming into contact with the criminal justice system and being reincarcerated (Maruna et al., 2004). That is, "to have returned to our midst an individual who has discharged his [sic] legal obligation to society by serving his sentence *and* has demonstrated an ability to live by society's rules" with the primary objective to "prevent the recurrence of antisocial behaviour" (Travis, 2000, p. 2).

Beginning at their entry into custody, all people undergo assessments to ascertain the needs and issues that are likely to impact on their transition from prison to community life and pose risks for reoffending and reincarceration. The assessments are all-inclusive and are intended to relate to an action plan, identifying:

> comprehensive and accurate information to assist in appropriate identification of a prisoner's management and/or intervention needs. Information gathered during a prisoner's assessment determines appropriate rehabilitation goals, strategies and activities and assists the prisoner to identify and address individual risk factors for the prevention of reoffending. (Department of Community Safety (DCS), 2013)

Queensland Corrective Services use well-researched assessment tools to identify goals and activities to reduce reoffending: the *Risk of Reoffending – Prison Version* (RoR-PV) screening tool, as well as the *Immediate Placement Considerations* or a *Rehabilitation Needs Assessment* (RNA). A wide range of other information sources are also drawn on, including police briefs, criminal history and other material in the *Integrated Offender Management System*.

These tools have been largely guided by Andrews and Bonta's (2003) classification of 'static risk factors', such as prior incarceration, and 'dynamic risk factors' such as drug and alcohol use and employment. These are evaluated to provide a basis for programs and support for the individual incarcerated, in an attempt to address these and reduce reoffending (DCS, 2013). Dynamic risk factors, or criminogenic needs often become the subject of criminal justice interventions because they are thought to be relatively discrete issues, such as drug use, that can be targeted through treatment of individuals in prisons (Gendreau, Little, & Goggin, 1996). The needs of Aboriginal peoples are to be given "special attention" by Queensland Corrective Services (DCS, 2013), but no further information is available on how these special needs are assessed or addressed.

Further, the reoffending risk assessment tools have often been questioned for their cultural relevance to Aboriginal people (Jones, Masters, Griffiths, & Moulday, 2002; Savina & Williams, 2009), as have other assessment tools used with mainstream populations (Young, Waters, Falconer, & O'Rourke, 2005) because they are not derived from the wholistic notion of Aboriginal people's health and healing (Sheldon, 2001; Muller, 2014) or prioritisation of needs (Perkins, Sanson-Fisher, Girgis, Blunden, & Lunnay, 1995), or take into the complexity of issues experienced (Schlesinger, Ober, McCarthy, Watson, & Seinen, 2007). The RoR-PV is not used among people in prison on remand, or with fine defaulters, those with juvenile detention history or people transferred from interstate prisons (DCS, 2013) – Aboriginal people are over-represented in statistics about all of these (Kinner, 2006; Willis & Moore, 2008) and are thereby disproportionately excluded from risk assessments from the outset.

No assessment tools designed by Aboriginal people or that take into account Aboriginal worldviews are in use, and few have been developed or validated among any Indigenous populations around the world. This lack of involvement or power in designing or having implemented any such tools that are culturally appropriate reflects the underlying "racialized assumptions… which undermines Aboriginal governance and rights to self-determination" (Cunneen, 2000, p. 4). The failure of the system to appropriately assess Aboriginal people's needs and risks contributes to the entrenchment of Aboriginal people in the criminal justice system (Cunneen, 2009)

3.4 Rehabilitation programs in prison

Similarly, few rehabilitation programs that reflect Aboriginal people's needs and social and economic position have been implemented in Australia. Mainstream models of rehabilitation in Australia include the *Risk, Needs and Responsivity Model* through which programs challenge anti-social behaviour and values and assess risks that contribute to individuals' criminal behaviour (Andrews & Bonta, 2003). The *Good Lives Model* has also been used as a therapeutic approach to enhance individual motivation, meet meaningful goals and minimise opportunity for risk of crime (Ward & Brown, 2004). Other multi-modal, structured programs based on social learning theory, cognitive behavioural therapy and therapeutic treatment are also used, and have previously shown some effectiveness in reducing risks recidivism such as drug use in mainstream populations (Cullen, 2002).

For decades criminologists, policy makers and community members have fiercely asserted that 'nothing works' in prison rehabilitation to reduce recidivism (Cullen, 2002; Farabee, 2005; Irwin, 1970; Martinson, 1974; Sarre, 1999). However, in the past decade, the trend has shifted towards affirming the efficacy of rehabilitation programs and the need for their expansion (Andrews & Bonta, 2003; Cullen & Gendreau, 2000; Weatherburn, 2014). Reviews of over 200 rehabilitation studies published between 1981 and 1987 concluded that rehabilitation of offenders can significantly reduce recidivism (Gendreau & Ross, 1987).

The two key factors to successful rehabilitation have been identified as accurate needs assessment upon which to base treatment interventions, as well as evaluation of programs to contribute to an accumulation of knowledge to inform further interventions (Gendreau, Goggin, & Smith, 2001). Several program factors have also been identified, which include timeliness, funding arrangements being such that they support the implementation and evaluation of the program and that programs are piloted. Organisational factors were also identified as limiting rehabilitation effectiveness, including a complex bureaucratic structure that hinders development, flexibility and adaptation of new programs, staff turnover, programs being run irregularly and little support of specialist consultants (Gendreau et al., 2001).

Interestingly, none of the barriers identified for rehabilitation programs were related to the individual person in prison, or that person's progress through the programs (Gendreau et al., 2001). In fact, the researchers commented that "it is ironic that the fundamental component in the delivery of effective offender treatment services, that of program implementation, has traditionally received the least attention" (Gendreau et al., 2001). They recalled over one thousand studies investigating individual assessment and treatment, compared to a dozen at the time on the contextual factors that enable or constrain individual advancement through treatment, to reduce risks for reincarceration.

The PREP-Q study found that limited numbers of research participants, including Aboriginal and Torres Strait Islander peoples, accessed Queensland Corrective Services in-prison programs (Kinner, 2006). Delivery of prison programs is constrained to increasingly punitive environments (Ward & Maruna, 2007), which are disempowering and contribute further to social isolation and poor health (de Viggiani, 2007). An obligation to maintain the 'security and good order' of prisons and deliver punishment to perpetrators by removing their freedom, rights and contact with society are frequently justified in criminal justice and mainstream domains as reasons for limiting rehabilitative interventions (Western, 2006).

Whether prison-based rehabilitation programs are effective among Aboriginal people is "open to question", because they have "rarely, if ever subjected to rigorous,

independent public evaluation" (Weatherburn, 2014), p. 4). Research validity has also been the focus of much debate, particularly whether evaluative research can actually measure changes that lead to recidivism, because there are so many factors that influence the transition from prison to community (McGuire, 2001). A meta-analysis of 131 studies published from 1970 to 1994 showed that dynamic variables were "relatively weak predictors of criminal behavior" and that changes in these variables are difficult to measure because they are subjective and influenced by social context and other factors (Gendreau et al., 1996).

In-prison programs are often also criticised for being insufficiently designed to take into account cultural protocols, processes and knowledge of Aboriginal people (Anaya, 2010; Baldry, 2009; Cunneen 2009; Johnston, 1991). Qualities known to improve effectiveness of therapeutic care among Aboriginal people, such as involvement of Elders and family members, creating safe opportunities to talk and yarn, and incorporating ceremony and celebration (Bulman & Hayes, 2011; Eckermann et al., 2010; Muller, 2014), have generally not been included in Queensland correctional centre programs. Instead, programs are often inappropriately facilitated by non-Indigenous staff; cultural awareness among correctional centre staff is lacking, with no training or minimum standards required for the workforce (Alexander, Martin, & Williams, 2011; Cunneen, 2005; Project 10%, 2010; Walsh, 2004).

Community-based organisations contribute to prison programs in Queensland (Queensland Corrective Services, 2008). However, the design, delivery or outcomes of these 'in-reach' programs are not reported. No nationally accessible or reported data are available on the uptake and effectiveness of prison programs generally (Belcher & Al Yaman, 2007).

The main rehabilitation models used are not complete enough to tackle underlying social disadvantage, institutionalisation or the crucial issue of community acceptance post-prison release (Ward & Maruna, 2007). Further, as succinctly stated by Weatherburn (2014), "even the best designed prison rehabilitation program is unlikely to work if offenders once released cannot find stable accommodation and

treatment for substance abuse, mental health and physical health problems they have" (p. 107).

3.5 Risk factors for recidivism

Considerable research has identified a myriad of factors associated with reincarceration. Research undertaken to understand risk factors for recidivism[3] is explored here to highlight issues about which support might be required.

Firstly, Australian data confirm that risk of reincarceration is now associated with being Indigenous (Zhang & Webster, 2010); it is one's very cultural identity as Indigenous that is constructed a risk factor and able to be negatively associated with a range of risks (Brough et al., 2006). Secondly, being young, male and previously reincarcerated are clearly identified risk factors for recidivism (Rawnsley, 2003; Zhang & Webster, 2010) – this applies to a majority of Aboriginal people incarcerated.

Probability of recidivism among Aboriginal males in Western Australia (WA) over almost ten years from 1975 and 1984 was 80%, compared with 48% for non-Aboriginal males, and 75% compared with 29% for females, with shorter time to 'failure' by reincarceration among Aboriginal people. Some differences in trends were found among the WA recidivism sample in relation to age, with Aboriginal people being younger when reincarcerated, at 88% probability for those under 20 years. While not as many older people were reincarcerated, the figure was still high at 64% probability for those over 35 years, with the lower number for this age group reflecting that Aboriginal people die at generally younger ages (Broadhurst, Maller, Maller, & Duffecy, 1988).

Beyond these sobering findings, many other varied factors have been implicated in recidivism, which may or may not relate to Aboriginal people. For example, in their meta-analysis, Gendreau et al. (1996) identified a further 1141 factors that

[3] The term reincarceration is preferred for use in this thesis, to be clear that some people might continue to be engaged in crime, but not return to prison, given the focus of this study is reducing prison numbers by preventing returns to prison. That said, the term most used in each of the different studies explored in this section is used, as appropriate.

significantly predicted recidivism across domains of age, criminal history and criminogenic needs, social networks, family factors such as early family life including antisocial risk factors from childhood, gender and social achievement. Many other studies indicate social disadvantage contributes to crime and recidivism (for example Inciardi, Martin, Butzin, Hooper, & Harrison, 1997; Seredycz, 2012; Urbis Keys Young, 2004; Western, 2006).

Brown, St Amand and Zamble's (2009) study of 136 adult male offenders followed up one and three months after release from a Californian prison hypothesised that recidivism is 'triggered' by environmental or contextual factors including unemployment, financial and emotional stress, with an ensuing worsening cycle of triggers occurring in context of an individual's ineffective coping strategies. Overall, however, Gendreau et al.'s 1996 meta-analysis found that static factors of socio-economic status were not "potent" predictors of recidivism, in part because these are also difficult to adequately measure (p. 576).

In the PREP-Q study Aboriginal and Torres Strait Islander people constituted 23% of the total sample of 123 people, yet represented 29% of those reincarcerated. They were significantly more likely to have a history of both juvenile detention (41% compared to 14% of the mainstream PREP-Q population) and adult incarceration (84% compared to 56%) (Kinner, 2006). A well-cited study found that Aboriginal and Torres Strait Islander people's post-release participation in work-release programs, financial support and employment upon release were associated with lower recidivism (Broadhurst et al., 1988).

Other research specifically with Aboriginal people identified a range of needs considered different to those of mainstream Australian ex-prisoner populations, which included anger, forcible removal as a child, trauma and intergenerational trauma (Day et al., 2006; Jones, Masters, Griffiths, & Moulday, 2002; Goulding, 2004; Mals, Howells, Day, & Hall, 2000; Steels, 2008).

3.6 Alcohol and drug-related risks for reincarceration

The previous chapter discussed alcohol and drug use among Aboriginal people as a factor in their engagement with the criminal justice system, with an historical perspective, and exploring its relationship to colonisation, intergenerational trauma and violence. This section explores evidence that associates alcohol and drug use with recidivism.

Worldwide, drug use has been consistently found to predict recidivism (Bonta, Law, & Hanson, 19998; Dowden & Brown, 2002; Gendreau et al., 1996), and those who used drugs prior to incarceration at risky levels are more likely to engage in risky levels of drug use after release from prison (Bird & Hutchinson, 2003; Borzycki & Baldry, 2003; Shewan, Hammersley, Oliver, & Macpherson, 2000; Singleton et al., 2003; Stewart, Henderson, Hobbs, Ridout, & Knuiman, 2004; Visher & Travis, 2003). The PREP-Q study found that 55% had returned to illicit drug use by one month post-release and 42% were consuming alcohol at hazardous or harmful levels by four months post-release (Kinner, 2006). In the PREP-Q study, those reincarcerated were significantly more likely to be male with a history of injecting drug use including among Aboriginal and Torres Strait Islander people (Kinner, 2006).

A NSW study found reoffending was related to comorbidity of alcohol and drug dependence and mental health conditions; which were higher among the Aboriginal and Torres Strait Islander people in the sample, who also had significantly higher rates of reoffending (Smith & Trimboli, 2010). Research has rarely focussed on the issue of multiple incarcerations, and even less on multiple incarcerations of Aboriginal people or Aboriginal people who have not returned to prison. The probability of recidivism following drink-driving among a Western Australian recidivism study was 73% for Aboriginal participants (Broadhurst et al., 1988).

Burrows, Clarke, Davison, Tarling, & Webb (2000) found of those offered help to obtain drug treatment post-prison release, only 11% had a fixed appointment with a support service. Upon follow-up four months post-prison release, 86% reported they had used some form of drug.

3.7 Throughcare

One of the relatively recent key shifts in correctional programming has been the introduction of 'throughcare' programs, in part intended to address the gap between what an individual experiences in prison, compared with what they are likely to need when they return to community life. At its most minimal, throughcare is conceptualised as the continuous provision of support both in custody and after release into the community, including planning for prison release, and supervision or support post-release (Jardine & Whyte, 2013; McGuire & Raynor, 2006; Ross, 2003).

For decades international human rights instruments have asserted the need for throughcare, stating that prisoners have the right to rehabilitation appropriate to their age and legal status, and with respect for their dignity (United Nations (UN), 1976a; UN, 1976b) from the beginning of their sentence. Such rehabilitation includes health care, special attention to improve relationships with family and community, preparation for work life, education integrated with the community, cultural activities and coordinated after-care. These build on the decades-old 1955 UN Minimum Rules for the Treatment of Prisoners statements, which assert that post-prison release aftercare should be considered from the outset of people's incarceration (UN, 1955).

Most jurisdictions have made only a relatively recent commitment to throughcare (Weatherburn, 2014). The Queensland Corrective Services Act 2006 clearly states that for people in prison, it will "help reintegrate into the community after their release from custody, including by acquiring skills; and (c) to initiate, keep and improve relationships between offenders and members of their families and the community; and (d) to help rehabilitate offenders", taking into account the special needs of those in custody (Queensland Government, 2006, p. 189). This includes reintregrative aims to reduce post-prison release barriers to participation in mainstream life, as well as promotion of a "law-abiding lifestyle" (Willis & Moore, 2008, p. 44-46).

To this end, QCS have in place an *Integrated Transitional Support Model* encompassing a small number of formal programs. This model is conceptualised as a

‘throughcare’ model of offender management, which focuses on the continuity of offender management, including transition between custody and community, to support people in reducing recidivism and promoting community reintegration (QCS, 2008). At the time this research began, the Queensland Government was just introducing their throughcare program, the *Offender Reintegration Support Service* (ORSS). The ORSS was not targeted to Aboriginal people, and nor was it available for those on short sentences or deemed high risk of reoffending (Robson & Eugene, 2008), both which relate to Aboriginal and people, serving to exclude them from necessary support.

The National Indigenous Drug and Alcohol Committee (NIDAC), which until late in 2014 had a government advisory role, advocated wholistic care extending from contact with the criminal justice system, through prison and beyond release (NIDAC, 2009); this is the essence of good throughcare (Borzycki, 2005; Borzycki & Baldry, 2003; Burrows, Clarke, Davison, Tarling, & Webb, 2000).

To improve throughcare, governments are increasingly accepting the role of health and social support services in post-release community reintegration (Belenko, 2006). As Rockett (2006) a former Director-General of QCS explains, this necessitates partnerships between corrections and community agencies:

> Referral and advocacy support for prisoners to assist in building their capacity to access existing services in the community and support their on-going interaction with these agencies is an important aspect of partnerships between corrections and external organisations. It is part of effective offender management to ensure that the links with community based agencies are effective, operational and provide on-going support for offenders after corrective services jurisdiction ceases. (p. 25)

To help achieve throughcare aims and partnerships, QCS have a Throughcare Steering Committee to provide strategic advice (QCS, 2008). However, any Aboriginal representation on this is poor (Project 10%, 2010).

Few research findings on Aboriginal-focussed throughcare are yet available. Authors of a large Australian study of administrative data from the criminal justice system described throughcare for Aboriginal people as needing to focus on activities that "facilitate social participation that is both corporately and individually beneficial" (Willis & Moore, 2008, p. 44-46) but little else has been progressed in recent times.

3.7.1 Challenges to throughcare

In practice, only 7% of Queensland prisoners at the most have access to throughcare and numbers of Aboriginal people participating are even smaller (Robson & Eugene, 2008). A formative evaluation of three post-prison release support services for Aboriginal women – *Returning Home*, funded by the Commonwealth Government – found that one of the critical success factors in undertaking throughcare was timely access to women whilst they were in prison, in order to develop trust, build working relationships, identify needs and make plans for release and post-release (Haswell, Williams, Blignault, Grande, & Jackson Pulver, 2014). This process has also been recommended in policy and as a result of other research (Christian, 2005; Goulding, 2004, 2007; Pereira, 2001; Wohl et al., 2011). However, one of the Returning Home services, which was in close proximity to a number of correctional centres holding women, was not granted entry into the centres, thereby curtailing throughcare opportunities (Haswell et al., 2014).

Discordance between government departments and their policies also affects the general community who wish to visit people in prisons. On the one hand legislation is very clear about maintaining and developing family relationships whilst a member is in custody, however in reality there are many barriers (Alexander et al., 2011). The current process to visit a Queensland correctional centre is rigorous: it includes providing full written details about previous criminal convictions, criminal court findings, outstanding changes, court orders relating to children, violence orders, incarceration history, intensive community orders and probation and parole supervision (QCS, 2014). Several correctional centres are inaccessible by public transport, waiting rooms are unsuitable for young children particularly with long waiting periods, and visits stimulate emotional difficulty and trauma, for which there is little or no support available (Alexander et al., 2011). Many community service

providers are also deterred by the long travel distances to prisons, the complex access processes and the lack of guaranteed access to individuals for whom visits may be intended (Alexander et al., 2011; Haswell et al., 2014; Christian, 2005; Goulding, 2004; Pereira, 2001).

3.8 Post-prison release support services

The literature also revealed a weakening and reduction in availability of post-release support programs (Travis, 2000). The throughcare models, such as in Queensland, depend almost entirely on brokerage to services in the community for support (Robson & Eugene, 2008), rather than provision of support as such. From the 1950s to 1970s a prisoner was thought to be closely assisted with re-entry plans and was often released to a halfway house with a caseworker, volunteer support and careful community supervision (Seiter & Kadela, 2003). However, comparatively few part-time transitionary release programs or halfway houses are now available, compared with the numbers of often the same people entering and exiting prisons (Petersilia, 2003; Seiter & Kadela, 2003)

Reasons for shrinkage of post-prison release services and other supports are multi-layered. They are ultimately related to decision making on funding allocation (Gooda, 2014). Factors that influence the allocation of resources have been the focus of much ideological debate, with some critics asserting that a reduction in services stems from current and recent-past governments' neo-liberal agenda shifting the responsibility and costs for caring away from the state and on to the private sector and community (McDonald, 2009; McMullen, 2013). Following this, welfare state shifts have come to rely more heavily on volunteerism (Beckett & Western, 2001), as well as on larger consortiums of church-based services and charities that have been criticised for lack of sensitivity to minority populations and cultures such as Aboriginal people (Project 10%, 2010). Called retrenchment in the US, this shift to volunteerism has instead been linked to rapid growth in the prison population, because of the negative impact of reduced support on already disadvantaged groups (Beckett & Western, 2001).

The lack of support to reduce incarceration rates and risks for reincarceration have further been related to “intransience on the part of many governments” in the way that prison has been inappropriately used for people who have multiple health issues including trauma and grief, rather than investment in alternatives (Steels & Goulding, 2009, p. 15) The general community continues to harbour its dislike for criminals, whether or not they have ‘done their time’ in prison, whatever their crime may have been, and despite how poorly they are faring in the general community and affecting public health and the economy (Cullen et al., 2011; Steels & Goulding, 2013; Western, 2006).

3.9 Chapter summary

This chapter explored key predictors of recidivism, in order to understand the types of post-prison release supports in the community may be required. In doing so it briefly outlined the assessment tools, programs available in prison and one of the most recent trends in prison programming – the provision of throughcare. Constraints on throughcare were identified, including shrinking numbers of support services in the community to which to refer to, to also support a person exiting custody and returning to the community. The next chapter turns to examine the types of supports available in the community, and their appropriateness to Aboriginal people and their social context.

Chapter 4: Released from prison to the community: The role of services

4.1 Introduction

This chapter focuses on strategies by government and not-for-profit services in the community to prevent reincarceration. Material on processes of community reintegration and desistance from crime are also reviewed, with the purpose of better understanding the context and needs for support, and with Aboriginal people particularly in mind.

4.2 Challenges in the transition from prison to community life

Much research demonstrates that people have complex needs and that they experience challenging obstacles when they exit prison. They face many of the same problems, or worse, that may have led to incarceration in the first place (Baldry, 2009; Goulding, 2007; Johnston, 1991; Maruna, 2001; Rose, Burdekin, & Jenkin, 1993; Steels, 2008; Walsh, 2004). Many factors influence how people fare after release from prison, including individual characteristics and their circumstances, the social environment of peers and family, community attitudes, and state-level policies that determine the availability of specialised supports (Belenko, 2006; Gideon, 2007; Goulding, 2007; Maruna & Immarigeon, 2004; Visher & Travis, 2003). These factors are not static, but are embedded in the personal and social lives of ex-prisoners and their interactions with others in the community (Steels, 2005; Sullivan, 2012; Visher & Mallik-Kane, 2007). Needs have been found to change from pre- to post-prison release, due to personal, relationship, social and contextual factors (Belenko, 2006; Uggen, Manza, & Behrens, 2004).

People exiting custody are also faced with the reality that their families and communities may have changed while they were away (Uggen et al., 2004), and worst still, are damaged as a result of their member's absence while incarcerated (Steels & Goulding, 2009). Individuals are thought to enter a long a process of deinstitutionalisation (Ellem, Wilson, & Chui, 2012), "recommunalisation" (Steels, 2005, p. 225), recovery and healing from the trauma of incarceration and removal from social, cultural and economic life (Morseu-Diop, 2010). People who have been

incarcerated have been described as experiencing hostility, isolation and worry, as well as hope for the future (Clear, Rose, Waring, & Scully, 2005; Hochstetler, DeLisi, & Pratt, 2010), albeit sometimes unrealistically given the obstacles they have to contend with (Burnett, 2004). Stigma associated with being an ex-prisoner has been described as potentially lasting a lifetime, resulting in people being further estranged from families and neighbourhoods, and limiting employment, housing and community participation opportunities (Petersilia, 2003; Steels, 2005, 2009; Uggen et al., 2004).

The challenges experienced by individual people exiting custody are mirrored at the policy level: despite over a century of research and discussion, there is no real consensus about how to best support people exiting custody, nor agreement on ways forward to reform systems to provide more effective support. This is for all people in custody – not only Aboriginal people. A 'void in reintegration theory' has been described in relation to any prison population (Maruna et al., 2004).

There is also no consensus about terminology, which renders the literature difficult to interpret, and even more so with the dearth of evidence about Aboriginal people's experiences. The term prisoner 're-entry' is used in the US for example, to include the process of transitioning from prison to community living as well as the time of physically entering the community after being released (Hochstetler et al., 2010; Maruna et al., 2004; Seiter & Kadela, 2003). In Australia the term 're-entry' is used less and the term reintegration refers to more of a long-term process of re-establishing oneself in the community post-prison release (Willis & Moore, 2008; Shinkfield & Graffam, 2009).

4.3 Phases and goals of community reintegration

The only consensus in the literature appears to be that people move through several phases in the critical transition from prison to community living. In their study analysing large administrative data sets about Aboriginal people and crime, Willis and Moore (2008) themselves ascribed key phases in the transition process, including the point of departure from prison and community re-entry, re-establishing community life and then experiencing community reintegration. Similarly, Visher

and Travis (2003) portrayed reintegration as beginning with community re-entry, but with stages also occurring in this re-entry process – pre-prison release, a transition time post-release, and then post-release community integration. Seiter and Kadela (2003) defined three phases of reintegration – including a release preparation phase, a community re-entry phase and a longer establishment phase. Preparation for transitionary phases was generally described as lacking (Schram, Koons-Witt, Williams, & McShane, 2006; Seiter & Kadela, 2003; Steels, 2005).

A number of more specific goals for community reintegration were identifiable in the literature. Studies were generally among non-Indigenous people, identifying key tasks in returning to 'normal' adult roles post-prison release, rather than applying to a peoples historically excluded from mainstream life, as has been the experience of Aboriginal people. From the range of research, many common goals were described in which support was vital, including finding stable housing, developing work readiness, gaining employment and financial stability, reconnecting with family, managing substance misuse and attending to other health care needs, getting married and 'doing good' by contributing to family and community (Burnett, 2004; Irwin, 1970; Graffam & Shinkfield, 2006; Maruna, 2001; Sampson & Laub, 1993; Uggen et al., 2004; Visher & Mallik-Kane, 2007). In processes of community reintegration, people are thought to be propelled through various phases by meeting some goals, with the support of other people, then moving on to achieve other goals (Adams, 2008; Wood, Connelly, & Maly, 2010).

In one of the few Australian studies on post-prison release community reintegration, Shinkfield and Graffam (2009) identified "big pieces of the reintegration puzzle" post-prison release (p. 40), and found that physical and psychological health, drug and alcohol consumption, housing stability, employment, income, number of people in a support network, and levels of practical and emotional support were associated with reintegration. They also concluded from their research that "each individual has a unique pathway that leads to success or failure in reintegration with these variables impacting in different ways for each person" (Graffam & Shinkfield, 2006, p. 64). They did not identify any of their interviewees as being of Aboriginal descent.

In a qualitative Brisbane study comprising focus groups, in which a small number of participants identified as Aboriginal, Walsh (2004) surmised three main categories for which post-prison release support was required, which related to goals to meet: welfare needs, including income, housing, education and employment; health needs, including physical and mental health, and substance addiction; and psychosocial needs, including assistance to re-establish connections with family members, counselling, and attitudinal, motivational and life skills training.

These were relatively similar to findings from Baldry, Ruddock and Taylor's (2008) needs assessment of 17 Aboriginal women leaving prison, as well as 27 Indigenous and non-Indigenous service providers. They found that post-prison release priorities were finding stable accommodation, preventing uptake of harmful alcohol and drug use, support for trauma associated with crime and imprisonment and accessing support from other Aboriginal women. These priorities reflected that of mainstream studies from around the world, although the authors also argued that the Aboriginal women sought connections with other Aboriginal people, as well strengthening their cultural identity.

Similar priorities were also identified from the *Services and Primary health care needs for Recently released Inmates in Need of Treatment and health management* (SPRINT) study among Aboriginal women in Western Sydney (Delaney-Thiele & Lloyd, 2013), which conducted thematic analysis of 12 interviews with Aboriginal people who had been in prison as well as 10 family members and eight service providers. They recommended that in light of high rates of reincarceration among Aboriginal people, nuanced support was required at different phases of custody and community reintegration:

> – in custody (addressing health issues such as chronic disease, mental illness and day to day illness);
>
> – pre-release (building communication between health care providers in custody and those in the community); and
>
> – primary health care in the community upon release. (p. 13)

Theses phases of care recommended for Aboriginal people reflected the definition of throughcare described in Chapter 2, and showed that support was required in the short-term and over the long-term to reduce risks for reincarceration.

Evaluations of the three specifically-designed Returning Home services to support Aboriginal women exiting custody, in diverse communities in Australia, also highlighted the need for throughcare. Preparation in prison was considered vital for success in the community, and with extended support also necessary in the community, including connection to local structures such as Aboriginal women's groups (Haswell et al., 2014). These evaluations also showed that in the transition from prison Aboriginal people sought meaningful, healthy ways to connect with other Aboriginal people as well as their own cultural identity, spirituality and practices. Whilst accommodation was required post-release, some women were satisfied with short-term options staying with family and friends. Similarly gaining employment was not the top priority. Instead multiple health issues, coping with trauma, and healing were necessary before work readiness could commence (Haswell et al., 2014). Very little research has yet explored these types of insights – that Aboriginal people have different priorities, needs and processes of community reintegration compared to other populations, with implications for how support is made available.

4.4 Increase in parole

One of the key shifts in correctional programming to reduce prison numbers in eastern States of Australia has been the release of people from prison to lengthy supervised parole in the community. In 2006, legislation changed for Queensland courts to set a release-to-parole date at the time of a person's sentencing (QCS, 2010). A determinate release date is useful to help with release planning (QCS, 2010; Walsh, 2004). The intention of release-to-parole is to allow corrective services staff to assist prisoners to reintegrate into the community by providing support. To promote general community safety, conditions about place of residence and work, participation in programs, and curfews are applied to parolees. Their movements are closely monitored, with reincarceration being the key threat for failure to comply (QCS, 2010).

Release to parole has a conflicting and extremely limited evidence base. Those released on parole have been found in one study to be marginally less likely to be reincarcerated (Broadhurst et al., 1988). Other researchers others have found that high rates of return to prison are notable due to technical breaches to parole conditions rather than new crime per se (Seiter & Kadela, 2003). In the US, a third of those in prison are there for parole violations. This is a doubling since the 1980s (Snell & Tracy, 1993 cited by Travis, 2000). Rates of Aboriginal parolees have been increasing, but generally Indigenous people have been less likely to be released to parole than non-Indigenous people, because they are perceived as more likely to breach conditions and be reincarcerated (Welsh & Ogloff, 2000).

Even though numbers on parole have increased, so too have numbers in prison. The increase in parole has not occurred with an increase in supportive structures in the community. Fewer services are now available in the community for post-release support, to which parole can connect people (Taxman, Young, & Byrne, 2004). Not all Aboriginal communities have accessible parole offices in terms of public transport or proximity to other services, and little communication or integration with other Aboriginal health or justice services occurs (Savina & Williams, 2009).

While parole is intended to meet the needs of people post-prison release through supportive relationships, case management and links to other services (Petersilia, 2003; Schram et al., 2006; Seiter & Kadela, 2003; Simon, 1992), in practice it is often limited to minimal contact between an officer and a parolee (Taxman et al., 2004). Law enforcement has a paradoxical role here, supposedly to support, but also for surveillance (Richie et al., 2001); "underfunded parole agencies in many jurisdictions have made parole more a legal status than a systematic process of reintegrating prisoners" post-prison release (Travis, 2000, p.1). The focus is often on assessing for breaches to conditions (Taxman et al., 2004). As with the failure of the deterrence effect of incarceration,

> most offenders are not reintegrated by surveillance, the threat of parole violation, or services—which even at their best only change offender patterns of thinking and skill sets without changing community thinking and skill sets.

> They also are not likely to be reintegrated by any intervention that does not develop more long-term forms of guardianship. (Bazemore & Erbe, 2003, p. 250)

Austin (2001) and Travis (2000) argue that rather than being altogether abandoned, however, parole should be expanded into a more useful form of community-based support. As numbers of people on parole increase, so too should the availability of support to meet parole conditions in the community and reduce risks for visible crime.

4.5 Services in the community to reduce reincarceration risks

Given the shortcomings of parole and the dearth of throughcare support services, many people exit prison with concerns and vulnerabilities. Where services have been provided, they have been well used by ex-prisoners (Trotter, Sheehan, & McIvor, 2006). They have been associated with reduced recidivism (Graffam et al 2005). Baldry et al (2006) found that those prisoners who received post-release support in addition to accommodation were significantly less likely to return to prison, with 24% of those in contact with a service returning to custody compared to 45% who did not receive specialist accommodation support.

On-the-ground services have been described as often active and innovative in their responses (Project 10%, 2010). They have expertise in “developing community-based solutions” (Krieg, 2006, p. 534) through health and welfare organisations, church groups, 12-step recovery programs and volunteer networks. Furthermore they “provide access to resources that promote reintegration” in the community (Robbins, Martin, & Surratt, 2009).

Trotter et al. (2006) reported that the most common post-prison supports were for housing and material assistance. They asked women about which services they accessed whilst in prison and post-release, how useful these were perceived as useful for reducing recidivism, and whether the service helped with their problems. They used minimal services, but the strongest correlation was “the worker focussed on all the issues that were concerning me” (Trotter et al., 2006, p. 23) and that the support

required was family-based, and focussed on personal motivation, employment and accommodation.

Interestingly, in Baldry et al.'s (2008) study, service providers identified some different, additional needs and barriers compared to the Aboriginal women they interviewed, in terms of resettling in the community after release from prison. As barriers, service providers included lack of opportunities to offer long-term support, lack of structure in the community to reduce social isolation and for women post-prison release and the need for support about trauma experienced by Aboriginal women (Baldry et al., 2008, p. 34).

In an evaluation of the *Bridging the Gap* program in the southern Australian state of Victoria, Ross (2003, 2005) found that women identified family reconciliation, lifestyle skills development and psychiatric or psychological treatment as post-release goals. Ross also found that more women compared to men indicated this, highlighting that gender differences must be taken into account in post-prison release support. The Bridging the Gap program was evaluated as having a protective effect, resulting in a reduction in post-release offending, and participants had better outcomes on measures of drug dependence, participation in treatment programs and accommodation. However, the positive effect was seen only while participants were in contact with support agencies (Ross, 2003). Support provided by workers was practical, began up to three months pre-release, included connection to a range of service including priorities such as accommodation and income support, as well as reconnections with family and establishing income support (Ross, 2003).

4.5.1 Theories and frameworks

Many frameworks for conceptualising and explaining the transition from prison to release, and the support that people might be required have been developed, particularly in the US and UK (for example, Burnett, 2004: Farrall, 2004; Piquero, 2004; Richie et al., 2001; Uggen et al., 2004). These essentially reflect the social model of health adopted in Australian health policy in recent years. Several wholistic ecosocial models of health have been recommended to conceptualise post-prison release care (Graffam & Shinkfield, 2006; Haswell et al., 2014; van Dooren et al.,

2011). These take into account that a range of "socio-cultural, demographic and incarceration-specific factors" co-occur with the practicalities of establishing daily life post-prison release, as well as the broader structural factors that enable or inhibit access to support (van Dooren et al., 2011, p. 26).

Van Dooren et al. (2011) broadened Visher and Travis's (2003) framework conceptualising various stages in post-prison release community reintegration, to also incorporate health and its determinants. They recommended shifting beyond recidivism as the outcome measure of post-prison release or reintegration success, to include improvements in health, health service access and amelioration of factors that impact negatively on health. Because of this, "the framework recognises that health can be improved even if a person has not "reintegrated" into their former community or social standing" (van Dooren, et al., 2011, p. 34). While the study makes no comments about Aboriginal people's experience, this framework at least permissions thinking about the notion of incremental positive change post-prison release. This is critical given that the high rates of reincarceration among Aboriginal people may well be extremely difficult to amend, and that progress is nonetheless of value.

Another ecosocial framework was produced as the result of a Victorian study of people's transition from prison to the community. From their investigations over a number of years, the researchers found that support at formal and informal levels in the health, welfare and criminal justice services was required (Graffam, Shinkfield, Lavelle, & McPherson, 2004; Shinkfield & Graffam, 2012). They also recommended that intensive support was required for longer than what had generally been provided for (Shinkfield, 2006).

4.5.2 Community services practice

As introduced in Chapter 2, throughcare was identified as best-practice in care in the Australian research and services literature, with support ideally provided from the beginning of a person's sentence and to continue post-release until a person is confidently reintegrated into their community (Borzycki & Baldry 2003; Walsh,

2004; Willis & Moore 2008), albeit with little close investigation of Aboriginal community life.

Participants in an Australian Institute of Criminology roundtable produced a model of throughcare for the local context. It incorporated 'floating care' with integrated and tailored services, a single case manager and a lead agency brokering appropriate services (Borzycki & Baldry, 2003). Similar to throughcare, 'continuity of care' has been advocated for, involving individual, flexible case management, relationships and communication, and is a form of support but not necessarily from the time of sentencing and incarceration. Continuity of care is also viewed as patient-centred, comprehensive, interdisciplinary work that can include informal dimensions (Bachrach, 1981) with group model practices and team care (Pandhi & Saultz, 2006).

The provision of a transitional case management worker who helps a prisoner arrange housing, rent assistance and other necessities before release, and who acts as an intensive support person post release was found highly desirable (Baldry, McConnell, Mapelstone, & Peeters, 2003; Ward, 2001). A case management approach has been found to work effectively with women in their transition from prison to the community, for the way it addresses their multiple needs in a gender-responsive way (Richie et al., 2001; Trotter et al., 2006). Such 'wraparound' models and other integrated approaches can also be effective because they address multiple goals and needs in a coordinated way and facilitate access to services (Bloom, 2004; Brown & Bloom, 2009). Walsh's (2004) respondents remarked that they were certain they "would either have re-offended or committed suicide had they not had the support of their aftercare worker" (p. 20).

However, Ross (2005) found that some people preferred support from within their networks rather than applied to them through structured, part-time paid help (Ross, 2003). It seems overall from the literature that support for the "'person-in-context'" is required (Shinkfield, 2006, p. 246), that it is intensive and based on client-centred discharge planning (Visher & Mallik-Kane, 2007). 'Front-loading' of services is recommended in the first hours, days, and weeks after release from, to build trusting

relationships and utilise this bond to provide support until well after release from prison to the community (Richie et al, 2001).

4.5.3 Post-prison release healthcare

The useful focus on health as well as recidivism raised in van Dooren et al.'s (2011) ecosocial model is discussed further here. Health services have been considered well-placed to assist people in prison and exiting custody, because in Australia many are cognizant of wholistic and social health models, and in the community health are at times able to operate beyond the bio-medical approach (Krieg, 2006; Poroch, 2007).

In reality, however, the involvement of health services has been relatively limited to referrals to drug and alcohol treatment facilities. Makkai and Payne (2003) indicate referral to drug treatment agencies and mental health services are an important part of successful post-release outcomes but that still high recidivism rates are often due to drug relapse. Further, targeting drug use issues is insufficient in light of the social, behavioural and health problems that often underscore drug use and relapse (Belenko, 2006).

There is also the reality that poor continuity of care occurs between treatment facilities and the community (Hammett, Roberts, & Kennedy, 2001). For example, after release from prison, one study in the US found that treatment rates for physical health conditions fell by over one-quarter and participation in substance abuse treatment fell by over 70% (Visher & Mallik-Kane, 2007). Similarly, Krieg's (2006) survey of Aboriginal men in a South Australian prison led to the conclusion that:

> When basic needs such as shelter and a secure source of income are out of reach, the incentive and capacity to attend ongoing medical and counselling appointments, maintain medication regimens and adopt healthy lifestyle practices are severely compromised. (p. 535)

Some balance between meeting immediate basic needs and ongoing needs is required. Carlton and Segrave (2009) described the profound impact of ill-attending to pre-prison disadvantage and the trauma of incarceration:

> Attending to trauma may present a challenging future that requires new imaginings of imprisonment practices and 'post-release' provisions, but its neglect presents a bleaker future that we fear will contain counter-productive increases in state surveillance, interventions and in many cases incarceration, reincarceration and the onset of multiple harms. (p. 48)

Further, Wilson (2008) interviewed 24 stakeholders from prisons, community corrections and community agencies in Western Australia, and recommended that strategies to reduce loneliness and social isolation post-prison release were required, because these were found to make the transition from prison to community much more difficult.

4.5.4 Aboriginal services

One of the few wholistic health care models for working with Aboriginal and Torres Strait Islander people in the justice system was published in a community report by Winnunga Nimmityjah Aboriginal Health Service (Poroch, 2007). Winnunga's model depicts health, family and spirituality of Aboriginal and Torres Strait Islander people as the three key components of supporting those incarcerated and released in the community. At the centre of this model is each individual's development of a strong sense of identity, thought to be crucial in coping with prison and community life, and also linked to good health.

Winnunga researched criminal justice engagement and post-prison release support through interviews with prisoners, ex-prisoners and families, particularly to develop their model for implementation in the new prison developed in the ACT. Tangible support provided at Winnunga for people engaged in the criminal justice system was wide ranging and included assistance with alcohol, drugs and mental health issues, physical health problems, social and emotional wellbeing counselling, psychiatric consultations, assistance with obtaining identification, petrol money and health care for children. Respondents reported they wanted more support in the form of alcohol and drug reduction, detoxification and mental health outreach (Poroch, 2007).

Poroch (2007) reported some of the Winnunga research respondents as not asking for help or support post-prison release, because they were reliant on their "'brother boys'" in the community – including through the local football club, family services and other Aboriginal services (p. 131). Aboriginal community-controlled health organisations are often commended for their success engaging communities and providing holistic support through integrated primary health care (Delaney-Thiele & Lloyd, 2013; Haswell et al., 2014; NIDAC, 2009). They wholistically provide care to individuals, family and the community and promote community involvement in care (Bailey, Veitch, Crossland, & Preston, 2006).

Other Indigenous peoples around the world report the same inclusive cultural protocols and processes to care for people in the criminal justice system. Maori peoples have designed a range of programs in the criminal justice system and community to reduce crime and reincarceration such as family support, men's programs and dialogues with hard-to-reach street gangs (Te Puni Kokiri, 2010). Healing has formed an important part of Canadian Indigenous peoples' work in their criminal justice systems over the past decade, including the *Okimaw Ohci Healing Lodge* operating as part of the prison system to prepare women for release (Calma, 2005). Few studies have been published, however, specifically on the transition from prison to community and post-release support.

4.6 Intersectoral collaborations

It is obvious too that there is a need for greater effort fostering relationships between correctional health services and community organisations, for continuity of care over time (Baldry et al., 2003; Borzycki & Baldry, 2003; Ogilvie, 2001; Visher & Mallik-Kane, 2007) and opportunities to connect with family and community (Borzycki, 2005; Burrows et al., 2000).

Some tension exists between design and delivery of services for ex-prisoners specifically, or whether this is counter to community reintegration post-release, and that in the interests of such integration, access should instead be facilitated to mainstream services (Kinner & Williams, 2006). For example, from Bridging the Gap program evaluation, Ross (2005) reflected that programs specific to ex-prisoners

were needed immediately after release but that the goal should be to move offenders to mainstream support services. The Aboriginal and Torres Strait Islander Social Justice Commissioner (Calma, 2005) was however concerned about the lack of coordination between existing government and community services, and the low levels of access that Aboriginal people already have to such services. There is much evidence to suggest that existing programs are not likely to be culturally competent to meet the needs of Aboriginal people (Johnston, 1991; Pittman, 2005; Steels & Goulding, 2013) and that "mainstreaming cannot possibly address the complexity of needs for Aboriginal families" (Krieg, 2006, p. 535).

However, Ross (2005) found no major differences were between Aboriginal people and the general population of participants in the Bridging the Gap program. Further, Willis and Moore (2008, p. xi) believed that Aboriginal people fare worse because they have "resistance to mainstream program perspectives".

Whatever the case may be, improving outcomes for released prisoners not only rests on improving referrals and linkages to services, but also improving the number and quality of services available (Hammett et al, 2001). The continuation of high levels of health and psychosocial need among people in prison and exiting prison demonstrates that the level of support available to ex-prisoners is considerably less than that required (Goulding, 2007; Kinner, 2006; Ross, 2003).

A concern was also raised in the literature that investing in prison re-entry support programs may not reduce incarceration and reincarceration of Aboriginal people. Ultimately this is because of the need to address social inequality and the underlying issues of social, health and economic disadvantage that Aboriginal people experience. From here two key dynamics occur: one is that "effective rehabilitation cannot take place amongst social chaos and further marginalisation, both in and out of the penal state" (Steels & Goulding, 2013, p. 131). Also, where rehabilitation does not occur, whether for lack of support or lack of rehabilitation, alternatives to incarceration are also limited, and prison becomes one of the only options used by the state for people who are charged with an offence.

4.7 Chapter summary

This chapter explored formal support in the community to assist people from prison release to community living. It showed that research and theory upon which to design support services is under-developed. Ecosocial models show promise to explain the types of supports required, and throughcare is widely supported as an ideal, however, as with parole, are constrained by a punitive political environment and limited resources to draw on. They have difficulty addressing underlying determinants of health and crime, and have rarely been developed as culturally or socially relevant for Aboriginal people.

The next chapter turns to consider the role of the community in this – its capacity to support people beyond release from prison, somewhat in contrast to formal services.

Chapter 5: Released to the community: The role of support

5.1 Introduction

This chapter reviews literature about the role of family and community in supporting people beyond incarceration, and preventing reincarceration. In the process, the concepts of desistance from crime and community reintegration are explored, but only for the purposes of exploring opportunities for support, rather than any analysis of the nature of criminality by an individual Aboriginal person as such.

This chapter grapples with some of the barriers to family and community support, further highlighting the complexity of preventing reincarceration, and the great need for more research and innovations in this area.

5.2 'Multiple tracks' to follow, post-prison release

In reviewing literature about the role of social support post-prison release, the concepts of desistance from crime, community reintegration and recidivism have constantly arisen. They are inter-related concepts, and related to support. While the focus of this literature review is on family and community support, desistance and reintegration are difficult to disentangle from discussions about support.

Despite increasingly more nuanced thinking about post-prison release transitions, limited research has yet occurred to clarify the link between desistance from crime and community reintegration, but the assumption is that they are related. At its most basic, the premise is that if a person desists from crime, they must be reintegrated. When people do not return to prison, they are often assumed to be desisting from crime and 'doing good' (Maruna, 2001; Maruna et al., 2004). It is the process of desistance from crime that is thought to contribute to developing and maintaining adult social roles, leading to civic participation and community reintegration, and reinforcing the person's position in the community (Maruna, 2001; Sullivan, 2012; Taxman et al., 2004; Uggen, et al., 2004).

The literature on desistance from crime is vast, and spans many theories about how and why people move from having been incarcerated for crime at one point in their

life, to not being reincarcerated, including about the contribution of individual cognitive processes, criminal identity, sub-cultural and gang affiliation, social capital and maturation over the life course (Maruna, 2001; Sampson & Laub, 1993; Sullivan, 2012). Little research has been undertaken from an Indigenous perspective.

In the Australian Institute of Criminology's study of over 8000 Aboriginal and Torres Strait Islander people released from prison in Australia over a 10 year period, as well as 12 interviews, Willis and Moore (2008) themselves defined a person's successful return from prison to the community as "independent and productive membership of the community" (p. 44). That is, the extent of community reintegration in their study was thereby signified as recidivism and return-to-prison rates (Willis & Moore, 2008).

Maruna et al. (2004) assert that in desisting from crime and community reintegration, "behavioural change should follow a multi-level, rather than a single, track [which includes] … self-determination and professional intervention." (p. 13). That is, the onus is not only on the individual but also requires professional support services to provide support to improve capacity for desistance and prevent reincarceration.

As indicated in the previous chapter, professional supports were well-used and thought to reduce risks for reincarceration, but were limited in their availability and reach. As also indicated in the previous chapter and highlighted by van Dooren et al. (2011), little recognition is given to incremental progress people might make in their life, instead of return to prison being the indicator of recidivism.

Sullivan's (2012) qualitative research about desistance from crime and 'going good' among Aboriginal men in a regional area found that they were often still involved in crime albeit not being reincarcerated:

> Some participants had been out of custody for two years and had ceased the activity for which they had been incarcerated, but may have been still offending in some way (for instance driving unlicensed and making social security claims of dubious veracity). (p. 83)

Thus, while still involved in some forms of crime, their risk of reincarceration was lower, but still remained. Maruna et al. (2004, p. 17), cynically state that "it is impossible to know when offending has finally ended until the person is dead" (p. 17)

The important point here is that regardless of a person's engagement in crime,

> the lesson of desistance research is not that ex-offenders should be left alone to get on with the business of self-change. The process of spontaneous desistance takes far too long and leaves too many victims in its wake. The lesson of desistance research is that correctional interventions should recognize this 'natural' process of reform and *design interventions that can enhance or complement these spontaneous efforts*. (Maruna et al., 2004, p. 16)

The concern is that natural forms of social support are themselves constrained, and by several factors, as explored further below.

5.3 Family support

In addition to their 'two tracks' for reintegration discussed above, Maruna et al. (2004) proposed a third track for further investigation – interpersonal support in desistance from crime, including the role of family or friends, or both. Elsewhere in social services and support, family and friends have been acknowledged as providing an 'intervention' (Peele, 1990).

Evidence generated over several decades highlights that maintaining and strengthening family ties, for those with amenable family, is crucial to what happens post-prison release. Some researchers have found that family support "positively affects postprison outcomes" (Visher & Travis, 2003, p. 101), and that it is "essential to avoid reincarceration" (Martinez & Christian, 2009, p. 201). Research has identified that many people return to their family of origin after release from prison (for example Nelson, Deess, & Allen, 1999). Men in Visher and Mallik-Kane's study (2007) found that people most often spent the first night out of prison with a family member (54%) and over the course of the first 2 post-release months, 6 out of 10

lived with family members for at least some of the time. The SPRINT study among ex-prisoners and support people in Western Sydney found that female family members in particular helped identify needs their loved one had post-prison release, and services that could be of assistance (Delaney-Thiele & Lloyd, 2013).

Social support research has identified multiple ways families provide support, including financial and emotional support, information, assistance with employment and employment seeking, and being a link to the outside world for prisoners (Brooker, 2005; Christian, Mellow, & Thomas, 2006; Nelson, Deess, & Allen, 1999). La Vigne, Visher, and Castro (2004) described former prisoners as having high expectations of receiving family support, but that their families often met and exceeded these expectations. Trotter et al., (2006) reported among women they interviewed that by 12-24 months post-release family members were more supportive than formal service providers, in particular their mother (31%), another family member (16%), partner (14%), and also a friend (9%).

Being married has also been cited as a factor in preventing recidivism (Broadhurst et al., 2006). The spouse of married prisoners is often the primary agent to provide support needed during incarceration and after release (Christian, 2005) and such family support has been considered a 'deciding factor' on how successfully prisoners reintegrate into society post-prison release (Nelson et al, 1999). Further to this,

> specifically among the successful cases … employment, financial, and substance abuse difficulties decreased, the expected negative consequences of crime increased, criminal association, negative affect, perceived problem level and perceived global stress lessened, and coping ability, perceived social support, and marital support improved. (Brown, St Amand, & Zamble, 2009, p. 37)

A large US study of 7000 inmates released from Florida prisons found that any visits from family and friends were associated with a lower likelihood of recidivism over two years (Solomon, Visher, La Vigne, & Osborne, 2006).

On the other hand Rawnsley's (2003) study of Prison Census Data 1993-2001 found the percentage of prisoners who have never been married increases with the number of prison spells; multiple reincarcerations interrupt opportunities to develop and sustain long-term relationships. The PREP-Q study found that less Aboriginal people surveyed in Queensland were married or in defacto or other relationships compared to others in the sample (Kinner, 2006). Shinkfield and Graffam's (2009) study in Victoria found people generally had a small network of family and friends to which to return. Martinez and Christian (2009) warn that relationships need considerable renegotiation and healing to be supportive post-prison release.

Other research from the US show that vast numbers of people released from prison do not return long-term to places they lived before incarceration (Clear, 2007; Gideon, 2010). Individual trajectories are thought to rapidly and regularly change. Many Aboriginal women exiting prison are mothers of young children and must prioritise finding suitable accommodation together, and in proximity to schools and other supports (Baldry et al., 2008; Baldry & McCausland, 2009; Haswell et al., 2014; Walsh, 2004).

Research shows that prisoners' and ex-prisoners' peers and family supports interact with formal services for assistance (Belenko, 2006). Willis and Moore's (2008) qualitative research among Aboriginal people post-prison release found that:

> Respondents acknowledged that to stop their own violent behaviour, changes needed to occur within the family unit and within the community at large. When asked how to improve such programs, one prisoner from South Australia said:
>
> > 'We go back to our families and we need to take the information back to the community to break the cycle of violence. We need them to stop violence too.' (p. 88)

This important role of the community in providing support is explored further below.

5.4 The role of community support in preventing reincarceration

The community has long been named as critical in contributing to crime, whether through childhood disadvantage, socioeconomic disadvantage or politically charged punitive punishment for perpetrators (Petersilia, 2003). But communities are also the places in which resources are available that will benefit people returning from prison. Based on the research on desistance and maturational reform, people are reintegrated:

> by the actions of communities—and by their own actions, which may persuade community members and groups that they are worthy of support and guardianship and are even a resource to the community. (Bazemore & Erbe, 2003, p. 250).

Social influences or structures that assist in desistance from crime include educational institutions, families, social services and opportunities for civic participation (Hochstetler et al., 2010), which are also important opportunities for community reintegration (Clear et al., 2005; Laub & Sampson, 2003; Maruna & Toch, 2005; Petersilia, 2005; Sampson & Laub, 1993; Visher & Travis, 2003).

Social support has long been reported as vital in both reducing recidivism and increasing desistance (Cullen, 2002; Cullen & Gendreau, 2000), particularly because integration and reintegration are social processes (Adams, 2008). Bazemore and Erbe (2003, p. 41) believe that it is "within informal community networks that social support has its most robust influence". Brown and Bloom (2009), for example, researched women who had been out of prison for under two years on average, and found that "fortunate women receive substantial "in-kind" help from relations and friends" (p. 333).

"Interplay" (Brown & Bloom, 2009, p. 314) occurs between subjective individual-level factors and objective, community level factors in reintegration post-prison (Burnett, 2004). While broader civic participation is vital to reintegration into community life post-prison release, this can only be achieved through a person's belief of themselves as a worthy and conforming person (Uggen et al., 2004), and a key task in achieving this is building relationships of healthy mutual dependence

between the person released from prison, their family and the community (Schram et al., 2006; VanDeMark, 2007).

It is arguably also the responsibility of community members, particularly families and service providers, to create more inclusive communities and share resources with people who have been convicted and sentenced for a crime, then 'done their time'. In this sense that reintegration is beyond the responsibility of the individual, and their own work meeting goals of reintegration, to also include civic participation and development of social capital (Farrall, 2004; Maruna, 2001; Maruna et al., 2004; Taxman et al., 2004). Bazemore and Erbe (2003) believe that opportunities in the community to build these socially supportive relationships, however, are almost entirely missing from current policy and practice about transitions from prison and preventing reincarceration.

5.5 Barriers to family and community support

In researching the role of families on incarceration and post-release outcomes in the late 1960s, Irwin (1970) found that while families were an important source of support, there was also much potential for conflict to occur. Irwin also found that families can end up unwilling or unable to provide fallback support. Harris, Rice and Quinsey (1993) developed a recidivism prediction assessment tool and found several factors were likely to hinder family relationships and contribute to social isolation, with the risk that this leads to reincarceration. Factors included family breakdown as a child, mental illness, antisocial behaviours and lack of extended support networks.

Visher & Mallik-Kane (2007) argued that "not all family relationships can or will positively effect reintegration; benefits presumably will only arise if family influences support reintegrative goals" (p. 457). Some families struggle to provide for pressing needs. For example, Christian et al. (2006) estimated from their research in New York State that about 15 percent of families' monthly income can be subsumed supporting a person imprisoned, through provision of personal items, transport costs for visitations, and supporting children. They concluded that "the majority of families of prisoners do not have the income to support the real cost of their own living, let alone subsidize an incarcerated family member" (p. 443). In

Gideon's (2007) study families were found to have a negative effect on rehabilitation and community reintegration post-prison release, because financial burden was shifted from the state to families, pressure was on aging parents of prisoners, and a clash in values between the generations occurred.

Further, a considerable body of commentary now points to communities being damaged while its members are away incarcerated (Clear, 2007; Hagan & Dinovitzer, 1999; Steels, 2008; Steels & Goulding, 2009; Visher & Mallik-Kane, 2007; Western, 2006). Families and communities become more "disorganized" and are less likely to be supportive (Seiter & Kadela, 2003, p. 2) because of scarce resources and stress. 'Collateral' effects of incarceration reduce communities' capacity to reintegrate people (Baldry, 2009; Petersilia, 2005; Seiter & Kadela, 2003; Travis & Petersilia, 2001), with the effect of 'imprisoning communities' (Clear, 2007), and making disadvantaged neighbourhoods more disadvantaged (Travis & Petersilia, 2001).

Incarceration weakens ties to positive social supports, "and in some instances, actively discourage them" (Borzycki, 2005, p. 41-42). Seiter and Kadela, (2003), referring to Rose, Clear, and Scully's (1999) research, assert that:

> returning a large number of parolees released from prison back to the community destabilizes the communities' ability to exert informal control over its members, as there is little opportunity for integration, often resulting in increased isolation, anonymity, and, ultimately, higher crime. (Seiter & Kadela, 2003, p. 367).

Further to socially isolated and destabilised communities, many Aboriginal families have been the victims of crime from their family members (Jarrett, 2013; McGlade, 2012).

Within the mainstream Australian community there is little sensitivity towards these issues. The voting public struggles to find the balance on the one hand between supporting those who have committed crime but whose crime is understood as veiling poverty and other social problems, compared to "the people who continually

vote in new prison proposals … [under the] illusion of solving social problems" (Davis, 2000). Prospective governments manipulate the unsuspecting, and unforgiving, community (Davis, 2000). In their analysis of the rise in crime and incarceration under the conservative UK Thatcher government Farrall and Hay (2010) argued the effect was two-fold: political parties excelled at "articulating concerns about crime in a way that resonated with the electorate" and they successfully discounted arguments that they were "producing the circumstances in which acquisitive crime flourished" (p. 566).

There is also a vast literature asserting how crime is racialized because it is over-represented in Indigenous and black African-American communities (Davis, 2000), with Aboriginal people being labelled "culprits and suspects, emphasising a characteristic of dangerousness" (Steels, 2008, p. 121). This is used to further justify "shifting from social welfare to social control" in these communities (Davis, 2000, p. 7). In a relatively short space of time an 'underclass' of young African-American males has been produced from high incarceration rates in the US; their education, economic participation and social connections have been forever disturbed as a result (Western, 2006). In contrast, several critical criminologists have argued that environmental and corporate crime is equally, if not more costly to the community in the short- and long-term, but a far less punitive response is made (White, 2009).

Further, in an analysis of Canadian prison reform Moffatt (2000) argued that the neo-liberal agenda was counter to community-building to prevent crime, because of its underpinning assertion that the individual is responsible for their circumstances:

> this neo-liberal conception of the self-governing subject constructs the individual as a rational, free, responsible and prudent consumer who is capable of minimizing and managing risk. In this instance, the exercise of authority is the outcome of free choice. (p. 511)

For Aboriginal people, however, serious circumstances impede the capacity for social and economic freedoms, to be able to exert the same choices that others in Australian society have available to them (Gooda, 2014). As Chapter 2 noted,

multiple traumas are have generally been experienced by the individual, in the context of intergenerational trauma, oppression and general social exclusion.

More generally post-prison release, too, people often have to negotiate quite fragmented social systems with artificial boundaries (Brown & Bloom, 2009; Travis, 2000). Of great concern are those who do not already have supportive families, and those who return to a social context that is very different to the one they left (Seiter & Kadela, 2003, p. 361).

5.6 Chapter summary

This chapter explored the notion that 'prison release is as much about the community and family as it is about the individual'. It ascertained key ways that the community and family have been found to influence the experience of reintegration post-prison release, and how research has associated community and family support, or lack of it, with desistance from crime and recidivism. This complemented and helped to further explain the reduction in formal support services available in the community, as explored in the previous chapter. The next chapter focuses more closely on the concept of social support, to understand how it has been researched in other sectors apart from the criminal justice system.

Chapter 6: Social support

6.1 Introduction

The criminal justice literature reviewed in the previous chapters established that social support is associated both with reducing risks for recidivism, and improving the health and wellbeing. This chapter turns to the complementary and vast research on social support from the health sciences and social work literatures, to gain a deeper understanding about its definitions and methods used to research it.

The first part of the chapter contextualises social support in the broadest sense and how it is related to social status and social capital. The health giving effects of social support are explored, as well as differences between formal and informal support. The chapter concludes with identifying barriers to support, and further linkages between the social support and criminal justice literature.

6.2 Social support as a determinant of health and wellbeing

6.2.1 The social context of support

Generally social support refers to the help someone gets from another person, particularly in times of need. The essence of social support has been described as reinforcement of an individual's coping efforts (Thoits, 1986). Social support is experienced in a social context, in relationships between individuals, families, services and systems. This social context is well beyond the life of the individual. 'Macro' social factors such as globalisation, economic policy, labour market structure, urbanisation and social inequality operate as structures that condition the nature and extent of intermediate 'mezzo' factors, which influence an individuals' experience of health, including availability of healthcare and social networks (Berkman & Glass, 2000; Carson et al., 2007; Turrell & Mathers, 2000; Marmot & Wilkinson, 2006). These are the systems in which social support occurs. These systems affect social, psychological and biological mechanisms at the individual 'micro' level, the space in which social support is utilised and can influence health behavioural pathways (Berkman & Glass, 2000). Thus, social support is socially

determined. The micro and mezzo factors are akin to the individual agency and social structure discussed in earlier chapters.

The macro, mezzo and micro factors are reflected in the Aboriginal definition of health. Published in 1989, it pre-dated social models of health identified in many other social democracies including by the World Health Organization (McPhail-Bell, Fredericks, & Brough, 2013):

> Aboriginal health is not just the physical well being of an individual but is the social, emotional and cultural well being of the whole community in which each individual is able to achieve their full potential thereby bringing about the total well being of their community. It is a whole-of-life view and includes the cyclical concept of life-death-life. (National Aboriginal Health Strategy Working Party, 1989, p. x)

This definition of health clearly indicates that connection to other people, through relationships across generations, is central to wellbeing, and this reflects the social context in which support exists.

6.2.2 The link between social support and social status

Building on the social model of health, other research shows that social support in mainstream populations is linked to social status. The social gradient of health shows a graded linkage between almost every major cause of morbidity and mortality and socio-economic status; in British and European populations, health and well-being has been found to clearly worsen with declining access to socio-economic resources (Marmot, Rose, Shipley, & Hamilton, 1978; Marmot & Wilkinson, 2006; Townsend & Davidson, 1982). Lower socio-economic status has been related to social exclusion, isolation and smaller support networks (Wilkinson & Marmot, 2003). Understanding this is theoretically useful (Walter & Saggers, 2007) however, Aboriginal people have poor health across all income distributions (Gray, Hunter, & Taylor, 1999). Further, engagement in the criminal justice system erodes access to economic opportunities (Dodson & Hunter, 2006). Research published on social determinants of Aboriginal people argues that social status is one of the most important determinants (Baum, 2007; Devitt, Hall & Tsey, 2001).

6.2.3 Social status of Aboriginal people

As indicated in earlier chapters, Aboriginal people fare worse than others in Australia across all major determinants and indicators of health and wellbeing (SCRGSP, 2011). The Royal Commission into Aboriginal Deaths in Custody found the most significant factor in over-representation in prisons was the "disadvantaged and unequal position" of Aboriginal people in all aspects of Australian society (Johnston, 1991).

In Australia, Aboriginal people have long been viewed as second class citizens (Baxter, Emmison, & Western, 1991; Walter & Saggers, 2007). Racism, social exclusion and low social status are particularly concerning when they are a "feature of daily life" (Bruner & Marmot, 1999, p. 25), as they are for many Aboriginal people (Paradies, 2007). Social status is eroded by racism (Larson, Gilles, Howard, & Coffin, 2007).

Low social status, racism and social exclusion at the community level is mirrored by marginalisation at the policy level. Most, if not all Indigenous peoples around the world have had little decision making power and have been caught between jurisdictional and cross-sectoral divides in tiers of governments (Nettleton, Napolitano, & Stephens, 2007). Australian Aboriginal still face potent legacies of past policies which have been described as "purposeful strategy of destruction of Indigenous culture and peoples" as well as the manifestations of this in poor health and social wellbeing (Martin, 2008, p. 1).

Poor social status of Aboriginal people has continued despite Australia's ratification of human rights declarations, and positive phrasing of social and health policies. While the Aboriginal definition of health was incorporated into Australia's first National Aboriginal Health Strategy in 1989, its evaluation in 1996 showed no strategies, however, were ever fully implemented (National Aboriginal Health Strategy Evaluation Committee, 1994). Instead, Aboriginal people's health status and health care was insufficiently aligned in policy and strategy with the necessary economic and civil development (Anderson, 2001). Aboriginal people have been consistently underrepresented in decision making positions in parliaments or

government; no representative body to engage with governments has existed since the 2005 abolition of the Aboriginal and Torres Strait Islander Commission. As identified in Chapter 2, specific laws have been applied to control aspects of Aboriginal people's lives that do not apply to other Australians, about alcohol availability, but such discrimination also occurs in income management and land tenure legislation. Aboriginal peoples' sovereignty is not recognised in law or by the general population and Aboriginal people's rights to ancestral lands are subject to complex legal arrangements. Specific laws have been applied to control aspects of Aboriginal people's lives that do not apply to other Australians.

Specific attention on the social determinants of Aboriginal health has only relatively recently occurred (Carson et al., 2007), such as through the Closing the Gap framework also described in Chapter 2. This is despite action to improve social determinants of health occurring in Australia since at least the 1970s (Baum & Simpson, 2006). Continuing with current commitments in Closing the Gap, and levels of resources to meet these, data modelling shows possible worsening of Aboriginal people's health, and divergence from other Australian citizens is expected (Altman, Biddle, & Hunter, 2008).

6.2.4 Culture as a determinant of health and wellbeing

But despite this, Aboriginal people have strong connections with each other, in which support is experienced. Culture is arguably the most important determinant of health for Aboriginal and Torres Strait Islander peoples (Anderson, 2007); culture powerfully

> shapes every area of life, defines a world view that gives meaning to personal and collective experience, and frames the way people locate themselves within the world, perceive the world and behave in it. (Corin, 1995, p. 273)

Macro social structures enable or limit culture, shaping the extent to which it can be an enabler of health of individuals and communities (Woodward, Mathers, & Tobias, 2001). Culture also shapes the social relationships which support health and wellbeing (Anderson, 2007).

Consideration of Aboriginal people's lives must also be understood in the mainstream Australian cultural contexts, as well as having "distinct status and needs compared to others" (Nettleton et al., 2007, p. 36). Aboriginal culture and mainstream Australian culture are inextricably enmeshed for many, particularly in contemporary times with the majority of Aboriginal people living in urban and regional areas rather than traditional homelands and with traditional kinship systems (Fredericks, 2008b; House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs, 1992).

The United Nations Declaration on the Rights of Indigenous Peoples (United Nations, 2007) clearly states that beyond action to include culture in health policy and practice, Indigenous people have rights to enact their cultures by strengthening it, through equality with other peoples and participation in institutions and processes that shape their lives, as collectives and individuals (Australian Human Rights Commission, 2010). However, it is poorly realised in the translation from supportive policies into to practice (Davis, 2012); cultural factors as health determinants have been "relegated to mere context" of health status and largely ignored in Australia (Eckersley, Dixon, & Douglas, 2001, p. xi)

6.3 The social aspect of support

6.3.1 Social capital as a feature of social support

Studies of social capital and Indigenous people from around the world have found that their health and wellbeing is dependent on social processes and connections between individuals, families, communities (Richmond, Ross, & Egeland, 2007). The extent and quality of collective social capital, social networks and control over life progression impact on health. These are as central to health as economic and material deprivation (Kawachi & Berkman, 2000; Stansfeld, 2006; Wilkinson & Marmot, 2003). Communities are fundamental to health and wellbeing beyond distribution of economic resources, because of the way they "facilitate and inhibit relationships with other human beings and mediate interpersonal and intergroup trust, civic engagement and reciprocity: the ingredients of social capital" (Eckersley et al., 2001, p. xii). These are the ingredients for collective social capital (Putnam, 1993), as well as extent of social cohesion (Stansfeld, 2006), they influence different types

of social interactions including socially supportive relationships, and in turn effect health and wellbeing (Eckersley et al., 2001, p. xii; Kawachi et al., 1997).

The bonding, bridging and linking forms of social capital are the context in which social networks occur, and social support is experienced (Baum, 2007). Bonding social capital occurring in relationships and networks between close-knit groups such as families who share common values, bridging social capital existing across looser and broader families and communities rather than close-knit and related families and linking social capital being the structural relationships in which people have access to networks and organisations, and resources such as social support (Baum, 2007; Baum & Ziersch, 2003, Brough et al., 2006; Ziersch, 2005). Little research about these forms of social capital has been undertaken among Aboriginal people, but they are useful in developing an understanding of what might shape the type, availability of and access to social support (Baum, 2007). Others issues, too, have been argued as more important than enhancing social capital, including addressing the material deprivation that Aboriginal people experience (Brough et al., 2006).

From Aboriginal people's experience of the Family Wellbeing Program, strengthening Aboriginal community identity and cultural practices was found to improve social and emotional wellbeing. This also contributed to strengthening social networks and building social capital (Tsey et al., 2010; Whiteside et al., 2014). Throughout their research on Family Wellbeing, Tsey, Whiteside, Deemal, & Gibson (2003, p. S35) researched the 'control factor' – how much control people perceived they had over their lives. They found that support and sense of control were related. In relation to this issue, Bosma, (2006) asserted that:

> low control is associated with poor health and, in addition, low control may be the critical component within diverse explanatory constructs of psychosocial stress, such as low social support or stressful life events. (p. 154)

6.3.2 Social networks

Social networks are arguably the most important source of social capital (Reisig, Holtfreter, & Morash, 2002). Considerable evidence links social support in social

networks to health outcomes, particularly mortality (Berkman & Glass, 2000, Berkman & Melchior, 2006; Cohen, Gottlieb, & Underwood, 2000; Kelleher, 1994; White & Cant, 2003). This association is not straightforward, but in short, social networks provide practical support at a personal level (Putnam, 2000), and facilitate broader social integration (Berkman & Melchior, 2006; Granovetter, 1973).

Earliest work on social networks by Granovetter (1973) theorised that support occurs in the context of strength of ties which occur in clusters, rather than across whole networks, with weak ties joining clusters together. Ties differ in their origin, function and strength, and extent to which they generate positive or negative outcomes. People may have a small network of friends and relations who know each other well (highly dense network) or a wide network of friends who are not connected (less dense network). Different networks vary in their usefulness at different points in an individual's life (MacPhee, Fritz, & Miller-Heyl, 1996). Some people have 'natural' networks of family, friends and neighbours for example, as well as constructed networks for instrumental purposes (Young, Dwight, & Plantz, 1982).

Social network theory assumes the network is largely responsible for determining individual behaviour and attitudes, by shaping the flow of resources, access to opportunities and constraints on behaviour, for example (Berkman, Glass, Brisette, & Seeman, 2000). Wellman (1977) found that when faced with a 'problem of living' such as illness, unemployment or death of a loved one, people made more use of these ties to obtain mutual support. Social networks also provide support for healthy norms, whereas unhealthy behaviours tend to be more frequent among socially isolated individuals (Putnam, 2000).

While Aboriginal people generally experience relative isolation and lack of access to mainstream support structures (Ware, 2013), research associated with the Family Wellbeing program among Aboriginal people found that sense of empowerment was related to "whether they are part of an integrated social network and whether they have access to supportive relationships" (Tsey et al., p. S35). It is in this sense that empowerment involves "interactive changes at the level of the individual, the organisation, and the wider community" (Wallerstein, 1992, p. 198).

6.3.3 Social isolation

However, empowerment is very difficult to achieve in the context of the criminal justice system (Hannah-Moftat, 2000). As stated earlier, incarceration disrupts social networks, as well as interpersonal relationships and contributes to social exclusion (Richards & Jones, 2004; Steels, 2009). Low social status affects the extent of engagement and participation in social life, and the relationships and resources available to an individual. Further, as Eckersley asserts, "at the social level, inequality reduces social capital, weakening social cohesion and increasing social fragmentation. At the personal level, it may decrease social support and increase isolation" (Eckersley, 2001, p. 54). The evidence that "social isolation leads to ill health" is considerable (Stansfeld, 2006, p. 155).

For example, a steady increase in suicide, health risks and accidents occurs with decreasing social connections (Siegrist & Marmot, 2006, p. 12). Since the 1960s studies have consistently shown that lack of social ties accelerated mortality for almost every cause of death (Ball & Elliot, 2005; Berkman et al., 2000; Cohen, 1988; House, Landis, & Umberson, 1988). All-cause mortality has been clearly associated with extent of social integration in social networks (Berkman & Melchior, 2006; Berkman & Syme, 1979). While post-prison release mortality has not been researched in light of social networks, but stated earlier, those released from prison have among the world's highest rates of suicide and drug overdose (Graham, 2003) and reduced community ties and opportunities (Steels, 2009). Brunner and Marmot (1999) found that the degree of social isolation, sense of control over life, and engagement in work all affect the likelihood of developing and dying from chronic diseases such as diabetes. In turn, ill-health can lead to social exclusion and a lower position on the social hierarchy, also reinforcing social isolation (Marmot et al., 1991).

Skills, experience and confidence to solve everyday problems have been found to be reduced among people in lower social status positions, with fewer resources to do so, and a process of alienation and powerlessness develops (Syme, 1998 p. 494). Those

in relative poverty and with poorer health have limited social networks that include decision makers, and little access to decision makers (Wilkinson & Marmot, 2003) to influence social capital about health of communities.

6.4 Dynamics of social support

6.4.1 The health giving effects of support

Social support is well identified as a significant determinant of health (Bloom, 1990; Jacoby & Kozie-Peak, 1997; Schwarzer & Knoll, 2007; Schwarzer & Leppin, 1991; Taylor, Welch, Kim, & Sherman, 2007). Among Indigenous people internationally, or other marginalised communities, a strong relationship between social support and health has been found (Sheaff, 2005; Uchino, Uno, & Holt-Lunstad, 1999) in studies of smoking, obesity and high blood pressure (Berkman & Syme, 1979; House, Robbins, & Metzner, 1982; Kaplan et al., 1988; Kawachi et al., 1996; Orth-Gomer & Johnson, 1987; Schoenbach, Kaplan, Fredman, & Kleinbaum, 1986; Welin et al., 1985), thriving health (Richmond et al., 2007) and mental health (Cohen & Syme, 1985; Coker, et al., 2002).

Social support has several entwined dimensions (Ball & Elliot, 2005) of interpersonal relationship mechanisms which protect people from stress (Cohen et al., 2000) and resources that people can give, and others can receive, to reduce stress (Stansfeld, 2006). Social support can be tangible such as provision of financial resources, or intangible such as reassurance (Weber, 1998). Social support can be experienced as a belief that a person perceives they are loved, valued and cared for (Cobb, 1976, as cited in Stansfeld, 2006, p. 148). The main effect of social support on health occurs when an individual's sense of well-being increases as a result of being part of a support network (Cohen, 1988; Cohen & Syme, 1985).

That is, the health-giving effects of social support arise from interactions and transactions with others (Stansfeld, 2006, p. 150). When a person experiences a life stressor, (1) support from others encourages healthy behaviour, and (2) stressors stimulate the adrenal system, preparing bodily metabolic systems and if prolonged, cumulative strain on the body (allostatic load) may lead to illness including through suppression of immune system functioning and depressive illness (Stansfeld, 2006, p.

153). Social support plays an integral role to play in helping people adjust to and relieve stress (Holahan & Moos, 1982; Thoits, 1986). When people with support face stress, they are better able to cope as a result of perceived or available resources to mitigate threatening events (Pierce, Sarason, & Sarason, 1992). Conversely, stress and distress is greatest for persons who experience low social support (Antonovsky, 1979; Dean & Lin, 1977).

6.4.2 Types of support

Many different types of support are described in the literature for their effect on health and wellbeing. Social support described in the literature is often about tangible help received. For example, Quick, Nelson, Matuszek, Whittington, and Quick's (1996) definition of social support is broad, but relates to functional support with a tangible outcome. They define (1) emotional support as being communication through caring, love, empathy, trust and concern, usually given by family and close friends, (2) appraisal support as evaluative information given in the form of feedback, affirmation or social comparison, (3) informational support given as advice and suggestions to assist a person in responding to personal or situational demands, and (4) instrumental support in concrete forms such as giving money, time or other interventions on behalf of another person. Types of social support such as these each have innumerable functions (Willis & Shinar, 2000).

Two mechanisms are widely recognised through which social support effects health – a direct or main effect, and a buffering effect (Cohen, 1985). In terms of a direct effect, practical or financial assistance from friends can in real terms prevent, ameliorate or reduce stressful life events from occurring (Alemi et al., 2003; Sheaff, 2005, p. 158). Direct support and emotional support provide a sense of belonging and positive reinforcement, improve satisfaction with life (Alemi et al., 2003; Sheaff, 2005), boost self-esteem and increase positive self-appraisal (Sheaff, 2005; Stansfeld, 2006).

Actions of social networks direct protecting or 'buffer' people from the full force of stressors (Alemi et al, 2003; Cohen, 1988; Cohen & Syme, 1985; Cohen et al., 2000; Sarason, Sarason, & Pierce, 1990). Social support also has an indirect buffering

effect, moderating the impact of stressors on health and increasing protective factors (Cohen et al., 2000; Cohen & Willis, 1985; Stansfeld, 2006). Research also suggests that a major benefit of social support is its role in the maintenance of a positive self-concept, and this links social support to health and well-being (Sarason, Pierce, Bannerman, & Sarason, 1993).

6.4.3 Relationships and support

The effect of social support is reinforcing: just as social support reduces stress, it also encourages development and maintenance of relationships (Stansfeld, 2006, p. 150) and connects people to a wider network and community for a sense of belonging, in which social support occurs (Sheaff, 2005). House (1981) investigated four diverse types of support, which relate to interactions with others: (1) emotional support, (2) tangible support, which is in line with practical support (3) positive interaction received through spending time with others socially and (4) affection and intimacy which is also extended to support others. In a study including over 30 000 Indigenous Canadians, Richmond et al. (2007) measured social support as a key independent variable with indices of the four types of social support identified by House, and found significant relationships between thriving health and social support.

Confiding relationships that are not intimate are among the most important forms of social support and link to wider networks (Sheaff, 2005); these relationships provide companionship and reassurance (Willis & Shinar, 2000). Emotional support is generally thought to include confiding relationships, which if lacking contribute to psychological distress and self-rated poor health (Power & Khu, 2006). Emotional support comes in the form of empathy and sympathy, being loved, cared for and feeling valued by others (Thoits, 1995). Willis and Shinar (2000) described the sense of personal validation too that support can provide.

6.4.4 Perception of support

While practical assistance in a crisis can be experienced as helpful and supportive, the perception by individuals that support and caring are available in their immediate environment is arguably more important. Cohen et al. (2000), found from their research that:

> It is the perception that others will provide resources when they are needed that is the key to stress-buffering … in short, the data suggest that whether or not one actually receives support is less important for health and adjustment than one's beliefs about its availability. (p. 7)

Further, in order for support to be helpful, it needs to be perceived by the receiver as being helpful. Mitchell's (1987) qualitative study of 10 women being rehoused after homelessness found they perceived their ties as stronger than they might have really been – more than half their ties were weak ties, with much smaller percentages of strong ties, predominantly frequent ties with practical aid, or predominantly frequent ties with convivial links.

Describing the concept of tie strength, Granovetter (1973) explains, "the strength of a tie is a (probably linear) combination of the amount of time, the emotional intensity, and intimacy (mutual confiding), and the reciprocal services which characterize the tie" (p. 1361). Also, intimate relationships change and vary in their quality (Sheaff, 2005). The helpfulness of social support may be more a function of the quality of support than of its absolute quantity (Chan, 1977; Porritt, 1979).

Mitchell's (1984) work confirmed earlier research by Marsden and Campbell (1948) that "mere frequency is not a very reliable indicator of strong relationships, nor is being involved in simple convivial relationships" (p. 43). They found that the "principal components of strong relationships seems to be those of either emotional support or alternatively their own definition of "closeness" which the women themselves often linked with emotional support" (Mitchell, 1987, p. 43).

Levels of emotional and instrumental support provided and received change (Barry et al., 2006, p. 190). This can be in response to perceived need by the caregiver and as a person moves through times of acute need, assessments will change over time (Barry et al., 2006, p.190). Among people recovering from substance abuse and mental health disorders, people with "higher levels of support derived from a greater number of people or sources were associated with less substance use" (Laudet et al., 2000, p. 471). The researchers described how "treatment providers and peers would perceive

that more support was needed and would rally around the individual through the crisis and for some time afterwards" (Laudet et al., 2000, p. 471). Similarly, Alemi et al., (2003) also found that "as support increases the risk for illness and subsequent utilization of services is reduced" (p. 1286). Therefore studying the timing of social support is also important, as well as how it changes (Lakey, McCabe, Fisicaro, & Drew, 1996).

6.5 Interactions that influence support

While a person's access to, perception and utilisation of support relies on their individual efforts and agency, the experience of support is ultimately derived from and located in a context of interactions with others. That is, an individuals' experience of social support is interactive and dynamic, and influenced by personal and social developments (Quick et al., 1996). An individual's underlying personality factors influence the extent to which social relationships are formed and maintained (Stansfeld, 2006), as do their skills and experience in interacting with others. People with poor social skills have been found less competent at garnering support than those with good social skills (DeGarmo & Forgatch, 1997), however, an individual's propensity to connect with others has been found significantly positively associated with support received, and with social network characteristics of size, location and brokerage (Totterdell, Holman, & Hukin, 2008). That is, the access, use and experience an individual has of support is reliant on and influenced by their social network context.

Other factors found to influence social support that are broader than individual personality and agency are age, gender, education status and labour force status (Belle, 1987; Burg and Seeman, 1985 Richmond et al. 2007; Thoits, 1985; Turner & Marino, 1994; Umberson, Chen, House, Hopkins, & Slaten, 1996).

Interaction between individuals and communities, and broader society create the ongoing opportunities for development of social support (Berkman et al., 2000). Stansfeld (2006) explains that "what a person gives in a relationship may also be important for their health, as well as what they receive from someone else – so-called 'reciprocity'" (p. 150). Reciprocity is dynamic, and changes according to who is

involved in the relationships and on the type of support given (Buunk, Doosje, Jans, & Hopstaken, 1993). Further, this notion of reciprocity and "interconnectivity" between people has described as being the basis for supporting wellbeing in Aboriginal communities (Durie, Milroy, & Hunter, 2008, p. 36).

A decade of empowerment research among Aboriginal people found that multi-level, community empowerment was found to provide the best circumstances for promoting wellbeing among Aboriginal people, when it was supported by other processes for recovery and developing resilience among individuals and families, as well as skilled health and support workforces and policies that are accountable and responsive to emerging needs (Tsey, et al., 2010; Whiteside et al., 2014). Other models of community empowerment have also demonstrated the connection between an individual's psychological development, mutuality in social support and community empowerment (Beggs, Haines, & Hurlbert, 1996; Rissel, 1994, pp. 39-47).

6.6 Orientation of support - formal and informal

6.6.1 Formal support

As well as understanding the extent of social support it is important to also understand the orientation of social support – where it originates from and extends to (Alemi et al., 2002). Social support occurs formally or informally (Albarracin, Fishbein, Goldstein deMuchinik, 1997) – at formal levels such as through health and welfare service delivery and informally such as in families (Cox, 1995, cited by Eckersley, 2001; Kouzis & Eaton, 1998).

While formal support originates from institutions such as hospitals, and individuals in roles within these organisations such as a clinician, nurse, priest or social worker (Caspi, Bolger, & Eckenrode, 1987), community-based organisations are also known for their nuanced function of providing support as well as promoting social cohesion (Coleman, 1990). Through these processes, community organisations are thought to be instrumental in mediating the experience of urban life for Aboriginal people, who are often far away from traditional country and family (Newhouse, 2003). They form

a ‘third sector’ and are a mediator between support from a formal domain, to auspicing and fostering informal social networks, and vice versa.

Collective civic participation such as through health service management and service use predicts a sense of control people have over their lives (Bush & Baum, 2001). These forms of social organisation have a direct and indirect impact on promoting social relationships, as well as on health and wellbeing (Eckersley et al., 2001, p. xii).

6.6.2 Informal support

Mainstream researchers have found in their research that peers and family affect health service access (Counte & Glandon, 1990; Ward & Pratt, 1996) and that people prefer informal support over formal agency services (Cassel, 1976; Cobb, 1976). Informal supports have a knowledge base and expertise which is very different from that of professional carers (Clarke & Heyman, 1998). Caspi, Bolger and Eckenrode (1987) found that most people in psychological difficulty turn to family and friends rather than professional help. Individuals feel a sense of belonging in their social networks, sharing social values and norms and reinforcing sense of self (Sheaff, 2005). Friends and family can offer tangible support, such as money, food, shelter, information, advice and caregiving as needs arise (Ball & Elliot, 2005). Such support is beneficial in times of crisis as well as in routine situations (Uehara, 1990).

In terms of preference for support and quality of support women released from prison, an Australian study by Trotter et al. (2006) found that most preferred family support. They reported that by 12-24 months post-prison release 62 out of 69 women had had contact with services but found that most supportive came from other family members in particular their mother (31%), their partner (14%) and other family member (16%), or a friend (9%) compared to 30% who reported the best support being a worker from a community organisation.

In studying support, Rook (1987) compared friendships with family relationships and found that friendships were voluntary and based on mutual interests and social needs, whereas family relationships were non-voluntary: they involved a greater sense of

obligation. The implication is that in some kin relationships, support exchanges are based on duty. This obligation and responsibility has been widely described as a value among Aboriginal people (NHMRC, 2006). Family were identified by Christian (2005) as the primary agent provide people with support both while incarcerated and after release, despite facing many barriers

Flexibility was found to be important in informal social networks among First Nations Aboriginal people in urban areas (Mignone, 2009). Among people recovering from substance use and mental health issues through mutual aid networks, "treatment providers and peers would perceive that more support was needed and would rally around the individual through the crisis and for some time afterwards" (Laudet, Magura, Vogel, & Knight, 2000, p. 8). Alemi et al., (2003, p. 1286) also found that "as support increases the risk for illness and subsequent utilization of services is reduced".

6.7 Barriers to support

The experience of support does not come without its difficulties. In terms of family support, Mitchell's (1997) detailed qualitative research of social support among 10 women who were homeless showed the complex relationship between family members and that some of the women had become homeless because of conflict with family members. But on the other hand, they also found that "rehousing was sometimes unsuccessful because people were rehoused in areas remote from their kin" (Mitchell, 1987 p. 38). As identified in Chapter 2, many Aboriginal families experience trauma and disadvantage intergenerationally. Prison contributes further to trauma and disadvantage, among generations of Aboriginal people (Atkinson, 2009; Steels, 2009). An individual's distress can lead to increased stress for supporters, resulting in a loss of support or decrease in quality (DeGarmo & Forgatch, 1997).

Overall, arguably the greatest challenge to families being able to provide support stems from the few opportunities for themselves to receive support relative to need. This has been reinforced by changes in the Australian welfare state over the past the past few decades, influenced by global capitalism, post-modern thinking and the neo-liberal agenda in Australia (Allen, 2009) as well as "public choice prescriptions" that

the wealthy tend to demand, assuming that competition in the contracting of services to the private sector improves these services and the range of options for individuals (McDonald, 2009, p. 244). However, privatisation of support services and higher costs for services has contributed to shifting care onto families (Pease, 2009). Even where normally stable, these supports can be undermined by chronic stressors (Weber, 1998).

Pressure on families to provide support post-prison release can result in their greater social isolation (Kawachi et al., 1996; Kawachi, Kennedy, & Wilkinson, 1999). In the process, paradoxically, communities have lost much of their social control functions and some argue that in the individualising trend of wealthy societies and economies professionals often take roles families used to (Bazemore & Erbe, 2003).

A support network does not always provide support. Vaux (1988) found that individuals who are usually supportive, can, at times, be incompetent; support can be ineffective, inappropriate or unwanted. A social interactional model of social support suggests that stress can amplify negative personality characteristics that may lead to disruptions in social interactions and personal relationship (DeGarmo & Forgatch, 1997). Close relationships resulting in negative support can have as powerful or greater effect on ill health than positive support (Stansfeld, 2006).

Even when help is adequate and an individual is receptive of support, the efficacy of support can be undermined by chronic stressors such as household crowding, unemployment, illness, marital difficulties or parenting stress (Kanisasty & Norris, 1996). Further, the underlying issue of social inequality renders some support ineffective in light of the compounding nature issues that people of low socio-economic status experience, with few protective factors against stress and constrict people's access to support (Turrell & Mathers, 2000). Social inequality reinforces unequal relationships between professional support providers and service users (Sheaff, 2005) limiting accessibility, treatment and outcomes in the health care system (Duckett, 2001).

6.8 Chapter summary and conclusion

This literature review on social support was complementary to the previous chapters exploring the supportive role of services, family and community in the criminal justice system. Several crossovers were notable between the literatures, including that support occurs through dynamic interactions between people, which are influenced by social and economic status, which in turn influence and are influenced by access to supportive resources and networks. Interestingly, however, much of the research focussed on the individual experience of support rather than on family or community roles, and relatively little was available about Indigenous peoples' experiences.

As seen across the literature review chapters too, families were identified as among the most accessed and relied upon supports. However, their capacity to provide support was undermined by poor health and low social and economic status.

This is of considerable concern in light of the shrinkage of formal support services generally, and in relation to the critical transition from prison to community living. A reduction in services and shift to volunteerism, as well as the void in theory about community reintegration and recidivism, are implicated in rising incarceration rates. The use of ecosocial models to explain support helps 'normalise' complexity – that macro, mezzo and micro factors are co-occurring and cannot be isolated from each other in understanding social support generally, or in relation to engagement in the criminal justice system.

The next chapters identify how such complexity was accounted for in the design of this grounded theory study, and the types of data that were collected.

Section 2

Chapter 7: Research design: Rationale and underlying assumptions

7.1 Introduction

This chapter outlines the rationale for the research design as well as underlying assumptions and values that influenced the data collection and interpretation. It describes the origins of the research and highlights that the research was embedded in a local Aboriginal context, in line with ethical guidelines for research sensitive to the knowledges and priorities of Aboriginal people. This chapter leads to the next, about the data collection methods used for the study.

7.2 Origins of the research

This qualitative study began at a large Queensland institution, to inform the design of a health intervention for a longitudinal, randomised controlled trial (RCT) to test the effectiveness of a health information intervention on the post-prison release health and social outcomes among 1500 people exiting Queensland correctional centres. This RCT was expected to include approximately 400 Aboriginal and/or Torres Strait Islander people.

The study's Chief Investigators were required to incorporate ethical research strategies into their study enhance its relevance to the lives of Aboriginal people. This was according to the authoritative *Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research* (NHMRC, 2003), which in addition to the *National Statement on Ethical Conduct in Research Involving Humans*, stipulate that "Aboriginal and Torres Strait Islander peoples have a right, and indeed a responsibility, to be involved in all aspects of research undertaken in our communities and organisations" (NHMRC, 2005, p. i). Use of these guidelines was mandated to redress the ongoing health disparities between Aboriginal people and other Australians which have persisted despite past research and policy efforts; past research has been experienced as often invasive, blind to cultural differences and averting opportunities to build capacity among Aboriginal people (Foley, 2006; Fredericks, 2008a; Moreton-Robinson, 2004; Nakata, 2004).

The Chief Investigators used a two-fold strategy for meeting the NHMRC Aboriginal and Torres Strait Islander health research guidelines: (1) through consultation, establishing an Aboriginal and Torres Strait Islander Reference Group, and (2) through a small qualitative research phase – the collection of 12 narratives of Aboriginal people who have been released from prison. These strategies were also used to develop ongoing relationships with Aboriginal and Torres Strait Islander stakeholders, generate content for the health information intervention and guide the RCT survey development. The RCT had largely been designed by the Chief Investigators for the NHMRC funding process, and data from the qualitative research was not to be incorporated into or analysed as part of the RCT as such.

My role included collaborating to identify Aboriginal participant selection processes and qualitative questions, and undertake a majority of the interviews. Once the interviews were completed they were professionally transcribed. I worked with a small number of team members to compile them, along with 12 stories from non-Indigenous ex-prisoners, into *Common Threads*, a booklet of stories explaining how interviewees navigated critical transitions and supports from prison release into sustained community living. Common Threads was included in the RCT intervention package (Kinner, van Dooren, Boyle, Longo, & Lennox, 2014).

7.3 Rationale for the research design

7.3.1 A focused, multi-phased qualitative study

In the process of interviewing and developing Aboriginal people's stories for Common Threads, I immediately appreciated the important, unique perspective they provided. Common Threads, and my descriptions of the emerging analysis were well-received by Aboriginal service providers and community members with whom I was in contact. The interview material was acknowledged as providing rare insights into post-prison release support strategies that were obvious "working propositions" to follow up on (Holloway, 2008, p. 4). As Richards (2009) asserts, "good research design will always take into account what's known already, and will build into the design the ways this knowledge can and will be used and tested" (p. 23).

Given my interest in undertaking a research higher degree, I discussed feasibility of using the interviews with the RCT Chief Investigators, as well as my research guides including Elders and Board Directors from a Community Justice Group, Mibbinbah Men's Spaces health promotion charity, and the Reducing Indigenous Incarceration Working Group, which later developed into Project 10% - an Aboriginal and Torres Strait Islander-led campaign group to reduce incarceration rates in Queensland. Discussions were also held with other Aboriginal people in community leadership roles, as well as services, government and peak bodies, and some local Aboriginal families who had supported loved ones from pre- to post-prison release with whom I was already in contact. These discussions stimulated the design of this Doctor of Philosophy research, as outlined below.

Insights from my advisors highlighted the benefits of the rich qualitative research undertaken for the RCT study becoming 'round one' of separate multi-phased study, adding further rounds of qualitative research to produce an exploratory study on Aboriginal people's experiences of support post-prison release. Flexibility was to be maintained about the research methods to be used, to be able to ask questions and investigate new lines of thinking as they emerged, and for deepening inquiry to occur in phases or rounds. Also, flexibility meant that the research could respond to, or be used for Aboriginal community purposes, such as to produce another resource like Common Threads, or whatever else was timely and meaningful.

Consequently, additional qualitative research was designed for the same urban Aboriginal context in which the first 12 interviews for the RCT had been undertaken. The area has experienced rapid population growth, and is now home to almost the largest number of Aboriginal and Torres Strait Islander people (ABS, 2012). A majority of prisoners are released from prison into urban areas, with pressure on urban services to respond, as well as to assist people return to regional and remote homes (Brown et al., 2008; Richie et al., 2001). Further, localisation of research is increasingly recommended by Indigenous researchers (Laycock, Walker, Harrison, & Brands, 2011). The additional qualitative research was not designed as a community-level study as such, and because it consisted of three small theoretically-sampled groups, it was not intended as a study representative of any population.

Because of the dearth of research about Aboriginal peoples' experience of support in the specific post-prison release context, and the extreme multiplicity of needs people have post-prison release, this was designed as an exploratory grounded theory study, with theoretically sampled participants following the guidelines of Charmaz (2006). This design was developed after reflection on social support data available through the RCT study, using the Enhancing Recovery in Coronary Heart Disease (ENRICHD) Social Support Inventory (ESSI). The ESSI asks a minimum of six closed-ended questions about use and availability of support (Vaglio et al., 2004; Mitchell et al., 2003), although has not been validated for use among Indigenous peoples or those in the criminal justice system. Meanwhile it was felt to be important for this qualitative study to gather different detailed information regarding the dynamics support and to identify ways of overcoming barriers to support, in relation to preventing reincarceration.

Multiple perspectives about support were also particularly sought, given that support is function of relationships, as detailed in the previous literature review chapters. Aboriginal people 'traditionally' are not an individualised culture; features of collectivism, kinship and community connections continue with primacy in many Aboriginal people's lives (Eckermann et al., 2010). Inclusion of family and community perspectives is an essential Indigenous research protocol, particularly given the wholistic experience of Aboriginal health and wellbeing, such that research design must look beyond the experience of individual Aboriginal people (Jamieson et al., 2012; NHMRC, 2003).

Further, in one of the few studies of Aboriginal peoples' experiences post-prison release, by the Australian Institute of Criminology, a small qualitative study followed on from a large data linkage study (Willis & Moore, 2008). Their qualitative study found that one of the major failures of post-prison release and throughcare programs was lack of inclusion of families in programs, or use of families as a support resource. Beyond the family, they also heard about the "importance of drawing on community resources to create the links necessary for maintaining a throughcare

approach" (Willis & Moore, 2008, p. 90). This research was considered an important opportunity to explore some of these family and community resources.

7.3.2 Researching Aboriginal people's experience

In addition to seeking individual, family and service providers' views, this research was designed to focus on Aboriginal practices and knowledges in accessing, using and providing support in the post-prison release context, to reduce reincarceration. The Australian Institute of Criminology noted from their research into Aboriginal people and recidivism that:

> positive contributions being made by some communities, which were becoming more active in identifying what they needed to be able to assist offenders, and were using community projects as employment programs for offenders. (Willis & Moore, 208, p. 90)

Aboriginal contributions and processes are, by virtue of culture and history, different in varying degrees to that of other cultures. Aboriginal community members and professionals such as Lynn (2001) are very clear that:

> helping styles of the Aboriginal and Torres Strait Islander social welfare workers bring with them a different epistemology, understandings and practices which stand as a site of resistance to the established discourse of social work. (p. 903)

These Aboriginal helping styles are not well documented; Aboriginal social support is relatively hidden from mainstream health and welfare system view, given that:

> Indigenous knowledge is embedded in community practices, institutions, relationships and rituals and is inextricably linked to indigenous peoples' identity, their experiences with the natural environment and hence their territorial and cultural rights. (Kipuri, 2009, p. 65)

This "everyday social practice and experience" is crucial to Aboriginal experience and identity rather than "high" forms of cultural representation through objectifications of art, dance and language (Merlan, 2005, p. 127). The everyday

social experience determines and reflects a person's place in family and cosmos, related to heritage, a shared history, connection to country, mother earth and family (Minmia, 2007).

This research was therefore an opportunity to, in turn, construct knowledge based on the experiences of Aboriginal people and the post-prison release support they both received and provided to reduce reincarceration – what they are "already doing" in their local, private and professional worlds (Yunkaporta, 2009, p. 7). In the study areas of recidivism and social support, as in most domains of life since colonisation, control of research processes and outcomes has largely been held by non-Indigenous peoples, privileging Western interpretations and theories. The 'othering' that Indigenous people have experienced when research has been conducted on them recovers a little, by our "*re*writing and *re*righting our position in history" (Tuhiwai Smith, 1999; p. 28), which in the Indigenous health context is vital, "not only for the sake of preserving the knowledge, but also for preserving their own cultures and identities" (Kipuri, 2009, p. 65).

Aboriginal health researchers are charged with responsibility to 'do something' that will contribute to improving health and wellbeing of current and future generations (Jamieson et al., 2012, Fredericks, 2008a; NHMRC, 2003; Tuhiwai Smith, 1999). It is through understanding and developing models and theories (Glaser & Strauss, 1967) about support processes that research such as this is relevant in informing service delivery and funding allocations as part of the larger context in which preventing reincarceration occurs (Poroch, 2007).

7.3.3 Choice of data collection methods

As indicated above, the RCT study's qualitative interviews provided an excellent point of reflection about how to further research post-prison release support. Interviews were decided on as an effective way to elicit the detail sought, greater than from other forms of data collection often used in Indigenous research such as focus groups. Interviews were considered a personal, supportive process through which to hear the sensitive nature of some of the information sought for this research (Bowling, 1997; Denzin, Lincoln, & Smith, 2008). My research guides and I agreed

that further rounds of interviewing were appropriate and ideal for gathering different perspectives of other Aboriginal people; interviews create opportunities to explore stories, experiences and meanings, "illuminating findings that help make sense of complex psychosocial interactions" (Davies, 2007, p. 166) and they provide a focussed opportunity to interact and explore Aboriginal peoples' "processes and practices that embody a wholeness and complexity" (Lynn, 2001, p. 907) relatively unobtainable through quantitative research and its necessary categorisation and use of close-ended measures in survey instruments (Bowling, 1997).

A broader participatory research framework was constructed around the interviews. This enabled me to interact with many people outside the interview context and for these interactions to help shape the research. More specific details about how data collection occurred are in the next chapter, but in short here, three rounds of interviewing were used, although not determined at the outset of the research process. Flexibility was maintained about whom these interviews were with and when, with one aspect of data collection and analysis informing what to do next, as well as interactions in the community, as per theoretical sampling (Charmaz, 2006; Richards, 2009; Wu & Beaunae, 2012). The multiple rounds of interviewing were designed to achieve a deepening inquiry about the phenomena (Richards, 2009).

The research was also designed so that data in the form of participant observation notes and reflections on my own roles and relationships in the Aboriginal community and organisations relevant to post-prison release social support could also be incorporated into the ongoing research design and analysis process. I recorded details from many of the 'yarns' that occurred – yarning being a term used to describe a meaningful conversation with someone about an issue, which often links to a range of other issues and draws on stories, examples, metaphors and traditional knowledge and practices (Bacon, 2013; Muller, 2014). 'Having a yarn' helps people to get to know each other, connect and build trust (Yunkaporta, 2009), and in my experience throughout the research process was a way that Elders and community leaders conveyed their points of view to me that were not often heard in other forums.

The multiple ways I gained deeper insights into post-prison release care helped form the 'thick description' recommended for quality grounded theory studies, which represents individual experience as well as the social world (Atkinson, 1997; Geertz, 1973). Further, as recommended by Richards (2009), "a researcher seeking to learn from the data, rather than test a theory already arrived at, will usually be helped by having more than one way of looking at what is being studied." (p. 35). This type of triangulation (Denzin & Lincoln, 2003; Richards, 2009) helps gain a "deeper view of a person's life than single structured or informational interviews can offer" (Charmaz, 2004, p. 979).

7.3.4 Rationale for a constructivist grounded theory study

In order to obtain and maximise the thick description sought, I followed the guidance of Charmaz (2006) for a constructivist grounded theory study. This encourages the detailed study of people and the various roles they have. It enables consideration of phenomena from several viewpoints (Strauss & Corbin, 1998) and in moving from description of the phenomena, requires paying great attention to connections in the data (Wu & Beaunae, 2012). Grounded theory provides guidelines for systematically interacting with and analysing data to construct an original analysis of social processes (Atkinson, Coffey, & Delamont, 2003; Charmaz, 2006; Coffey & Atkinson, 1996), such as occurs in social support.

As in grounded theory studies, "data collection and analysis is dynamic and multi-layered … data is collected and then analyzed and then more data is collected and analysed in order to pursue emerging themes from the first wave of analysis" (Wasserman, Clair, & Wilson, 2009, p. 358). Theories are grounded in data gathered, aiming for "sensitive, comprehensive outcomes that describe, identify patterns, make connections, and contribute to greater understanding" (Glesne, 1999, p. 151). Researchers develop theories about a phenomenon from interaction with data, rather than formulating hypotheses and gathering data specifically to test them (Glaser & Strauss, 1967).

Glaser (1978) explains this 'fit' between theories generated and interviewees' realities as only one part of generating theory – the theories must also 'work' to

explain how the phenomena are occurring for the interviewees, be 'relevant' to make progress on a significant social issue, and able to be 'modified' by those for whom the theory is useful, to better fit their subjective circumstances. These features of grounded theory were deemed suitable to a detailed study of social support from multiple perspectives, in order to inform policy and practice to reduce recidivism among Aboriginal people. Indeed Charmaz's (2006) guidelines for constructivist grounded theory have been viewed as important for improving health equity and social justice because they enable connections to be made from data about micro- and macro-social processes, from individual and collective viewpoints, and how these interact.

7.3.5 Strengths-based research

With the rising rates of incarceration and reincarceration worldwide, many have laid claim that 'nothing works' to alter this trajectory (Farabee, 2005). Influencing this paradigm is the illness or deficit approach of much health and social science research (Simmons, 2013), the epidemiological identification of health risks and priority setting which is itself values-laden (Brough, 2001) as well as the individualising of interventions to improve outcomes and generalist health promotion failing to assess success for its meaning to Aboriginal people (Brough et al., 2006).

As well as rising incarceration rates and related costs, the United Nations Declaration on the Rights of Indigenous Peoples provides an additional imperative for governments such as Australia's to take effective and special measures to ensure improvement of the economic and social conditions of Indigenous peoples (Australian Human Rights Commission, 2010). While strengths-based, solution-focused research to improve Aboriginal people's health and wellbeing is still relatively under-developed (Cooperative Research Centre for Aboriginal Health, 2007), more broadly from the field of humanities and Indigenous studies, published accounts of resilience of Aboriginal people are informative (such as Heiss, 2012; Huggins & Huggins, 1994; Langford, 1988; Gilbert, 1977; Tatz, 1975). They are often:

> compelling success stories, rich with details about real-life events and people, [which] are a tool that health agencies can use to convey how their health

> promotion programs work, why they are successful, what lessons they have learned, and how others can launch similar programs. (Lewis, Johnson, Farris, & Will, 2004, p. 616)

There is little doubt that an evidence base to inform policy frameworks and programs requires greater insights into cultural processes and protocols that promote Aboriginal people's wellbeing (Ring, 2013). This is vital to the ongoing processes of decolonisation of the criminal justice and health systems (Blagg, 2008; Calma, 2006; Cunneen, 2005; Cunneen, 2009; Green & Baldry 2008; Sherwood & Edwards 2006), to provide alternatives to mainstream options and to tackle underlying causes of crime (Steels & Goulding, 2009, 2013).

It has become increasingly more "conventional' for services to aim to be more culturally appropriate, but in this process Aboriginal culture has been "reified", over-generalised (Merlan, 2005, pp. 126-127), questioned and undermined (Nakata, 2007). Insights that have been garnered from Aboriginal services and research have been overlooked, to the extent that Cunneen and Rowe (2014) believe "colonial effects are perpetuated through knowledge control, particularly in the operation of criminal justice systems" (p. 49).

Cunneen and Rowe also add, "yet we cannot be deterred by possible tensions" (2014, p. 62), because of the urgent need for alternatives and transformations, which will also benefit all people in the criminal justice system (Steels & Goulding, 2013). Further, learning from Aboriginal people's strengths is important "for its own intrinsic worth, for its heritage values to the national and international community, and as part of processes of support and recuperation among Aboriginal people themselves" (Merlan, 2005, p. 126).

In researching aspects of Aboriginal culture, Day, Nakata and Howells (2008) asserted the importance of understanding strengths as they are seen by research participants in their local contemporary context. Openness to hearing from Aboriginal peoples is key (Hogan & Randall, 2006). The extraordinary effort many Aboriginal people have made in caring for kin, community and country often passes

by unnoticed (Cunneen & Rowe, 2014). Sensitive research such as this is an opportunity to hear about the flourishing, healthy lives of urban Aboriginal people, to "give testimony to and restore a spirit" (Tuhiwai Smith, 1999, p. 28) and "raise our cultural vitality". Cultural vitality:

> involves a problem-solving, creative approach to environments and, indeed, a dynamic approach to culture. Consequently, cultural traditions are not merely re-active, they are also pro-active, because people choose from a wide range of adaptive possibilities.
>
> The values and beliefs that arise from such a process are valid *in themselves*, not because they can be traced back to an idealised past. (Eckermann et al., 2010, p. 100)

Constructivist grounded theory is thus a useful tool to "build new, productive knowledge that will change relationships, practices, understandings, attitudes and beliefs on both sides of the divide" (Nakata, 2004, p. 2) – for Aboriginal people and others at risk of and affected by reincarceration.

7.4 Influences on the research process

7.4.1 Reflexivity and the research 'frame of reference'

As with much research, the researcher is the primary 'instrument' for data collection, influencing research design, data collection and interpretation of data (Ritchie, 2001). This is the case with constructivist grounded theory too; it is an "epistemological fairy tale" that all theory strictly arises out of the data (Wacquant, 2002, p. 1481), because all research is affected by the subjectivity of the researcher (Silverman, 2007). As researchers we often come to our work with pre-formed ideas, concerns and an interest in the area of study; as Richards (2009) explains, "all interpretations [of research data] are hermeneutic in nature; that is, the author is always implicated in interpretation" (p. 74).

This lack of neutrality does not have to be minimised (Liamputtong & Ezzy, 2005, p. 55) but transparency is at least required for research findings to be credible (Ritchie, Zwi, Blignault, Bunde-Birouste, & Silove, 2009). The quest for transparency is a further opportunity for researchers to gain deeper understandings from research

participants and of oneself – “to learn participants’ meanings, we need to be reflexive about our own” (Charmaz, 2004, p. 982). Reflexive interpretation challenges the researcher to understand their role and the interrelated ways contexts influence how we construct meaning and take action in our lives (Denzin et al., 2008). This necessitates acknowledging both the influences on and implications of one’s own worldview (Grbich, 2007) and the impacts of one’s own meaning when attempting to understand others (Tuhiwai Smith, 1999).

Use of a ‘critical reflection framework’ is vital to reflexivity (Mander & Bobongie, 2010). Critical reflection frameworks augment our sense of self, our professional competence and field of study or discipline (Walker, McPhee, & Osborne, 2000). A framework provides a structure and process to understand one’s analytic standpoint and other influences on the research process, including one’s ontology – how we perceive our own and others’ existence, such as in connection to other beings, and one’s epistemology – theory of knowledge construction (Yunkaporta, 2009; Denzin et al., 2008).

As part of my critical reflection framework, I used an adapted version of Goffman’s ‘frame of reference’ (Goffman, 1974; Goffman, 1989). This a tool I have used consistently over 20 years, since detailed instruction and training in an interpretation of it during undergraduate human services studies and field placements. Applying a frame of reference helps identify and question preconceived ideas and experiences at personal, professional and organisational levels; these levels are usefully aligned with an social model of health that is also recommended when conceptualising Aboriginal health (Carson et al., 2007). The frame of reference also reflects the multiple personal and professional capacities demanded of a researcher when learning about Indigenous peoples (Battiste, 2000; Tuhiwai Smith, 1999), and the “multiple ways of knowing” that exist in the local context of research (Estrada, 2005, p. 44). The frame of reference domains help structure the next sections of this chapter, in which I outline my personal, professional, organisational and community roles and relationships that influenced this grounded theory research.

7.4.2 Personal dimension

My position in relation to the research was as both an outsider and insider (Ritchie et al., 2009). I was a relative outsider because I was no longer employed in a community support role in an Aboriginal organisation and I had never been incarcerated. But I felt an insider because of my own Aboriginal family history and some of their experiences, as well as sense of belonging in the community. Like the interviewees, themes of disconnection, reconnection and healing pervade my own life and that of my family – English, Irish and descendants of the Wiradjuri riverine people of central NSW. Ongoing institutionalisation of family and friends in hospitals and prisons imprinted an indelible awe in my consciousness about the enormity, punitivity and isolation of these places. During the research process I visited people in different prisons several times, and supported people in court, at the time of release from prison and in the days and years after. Family members' expressions of grief often included the statement "there must be more we can do" to arrest the persistent entanglement of young men and women in the criminal justice system, at great risk of dying in custody and soon after release.

Having also had many experiences supporting others through homelessness, drug dependence, mental illness and dying of HIV/AIDS, I had seen the vital role of interpersonal support: unpaid, informal, around-the-clock and with depth, across life-history, meaning and spirituality. These seemed like the spaces between us where formal services cannot or would not be, but because of my professional training and experience working in human services, I was not entirely convinced that these should be relegated to being 'behind closed doors', forever non-professionalised. To me, they provided some individual-level healing solutions to trauma but also tangible options for service delivery and system-level progress.

7.4.3 Professional dimension

Professionally, the greatest challenge continues to be the "subjugation of Indigenous knowledges and methodologies" by policy makers and funding bodies, including philanthropists (Cunneen & Rowe, 2014, p. 49); inequity perpetuates the absence of Aboriginal support processes from the Australian welfare state's evidence base and practice, and the absence persists despite many good policy statements intending on

making good change, albeit that are poorly implemented. My own substantive 1990s undergraduate education in Western social science, political paradigms and empowerment theory taught me this, and my subsequent direct-service and policy experience reinforced it.

The individualising that occurs in much of the health and criminal justice practice has also been an ongoing challenge. The professional work experience I still regard the most highly occurred under the guise of 'peer education', because of a trend at one stage in relation to HIV and hepatitis C prevention for funding to be available for such work. Fundamentally it included collective healing, but such terms were seen as 'sick people enabling others'; the informal caring literature forewarns disaster when family members or peers support loved ones through periods of crisis, because of interpersonal dependency or conflict this might create, and without recourse to supervision or codes of conduct available to a paid professional. Peer education was seen as a one step removed, just 'education' and no entanglement of each other in relationships – despite viruses such as HIV and hepatitis C being transmitted most frequently in very intimate social relationships.

Very little literature was available to draw on that identified Indigenous ways of caring for others. My personal and professional experiences of the transformative nature of collective healing journeys and informal caring provided by Aboriginal Elders demonstrated to me otherwise: that life-affirming alternatives were possible, which were vital to document and to make available for sharing.

The other professional challenge and motivation for the study was reflected in Sandy's story recounted in the opening paragraphs of Chapter 1: quality supports could occur but lack of integration between the legal, criminal justice, welfare and health system in processes and decisions means that some Aboriginal people still 'fall through the net' (Baldry & McCausland, 2009). I was interested in exploring the shared meaning of support being both a determinant of health and reincarceration, and help reveal what could contribute to better services and systems.

This was part of my responsibility as a worker in the Australian health and welfare systems – as per a social justice framework to best meet the identified, expressed and normative needs of service-users by promoting access to supports that meet their needs, as well through advocacy for equity in resource allocation and decision making (Baldry & McCausland, 2009; Baum, 2002). These actions improve individual and community participation in exercising essential freedoms and capabilities in their own lives (Nipperess & Briskman, 2009; Nussbaum 2003), and can contribute to overcoming or removing structural impediments in access to resources, also reflecting a human rights approach linked with a multi-level empowerment framework (Tsey et al, 2010; Wallerstein, 1992).

7.4.4 Organisational dimension

The organisational contexts in which this research was undertaken provided me with privileged insights and ongoing engagement in the fields of criminal justice, social support and Indigenous worldviews. The research was undertaken within Indigenous Health Units at two large institutions, and as part of a capacity building team context about justice health research. The research was endorsed as an In-kind project to and partly funded by the Cooperative Research Centre for Aboriginal and Torres Strait Islander Health (CRCATSIH), under the umbrella of the Lowitja Institute, Australia's National Aboriginal and Torres Strait Islander Health Research Institute. These organisations strongly promoted the wholistic nature of Aboriginal people's health, the valued contribution of Aboriginal leadership, and the importance of strengthening the non-Indigenous researchers and service providers to engage sensitively with Aboriginal people (Laycock et al., 2011; Nakata, 2004).

My engagement as a research associate with Mibbinbah Men's Spaces and Project 10% also privileged me with insights into their many suggested and attempted solutions to address over-incarceration of Aboriginal people. Together as advocates, we addressed our critique at State and Federal members of Parliament through letter writing, submissions, case studies, funding applications and direct advocacy in face-to-face meetings. My engagement at these organisational and system levels reinforced undoubtedly that "there is a persistent implementation gap between the laws passed and daily reality for indigenous peoples" (Kipuri, 2009, p. 54) but that "a

critical and reflexive appreciation of such forces makes transparent pathways of intersection which enable core insights and conceptual tools … to be reframed to serve Indigenous needs and agendas" (Cunneen & Rowe, 2014, p. 62).

Working with these organisations afforded me a range of viewpoints through which to better understanding the complex issue of reincarceration (Angrosino & Mays de Perez, 2003); it was an "intellectual and intuitive" process based on relationships with interviewees, and first hand and acquired knowledge about Indigenous philosophies, history, experiences and culture (Loppie, 2007, p. 282).

7.5 Ensuring credibility and soundness of the research

The utility of reflexivity and some examples have already been provided above; in this section I reiterate these and other strategies I used to ensure the credibility and soundness of the research as it progressed. I was cognisant of the reality of 'contamination' of my engagement in the field into the interview data, particularly the risk of missing critical issues in the data because trends in the field were more influential on my thinking. Also, I was concerned about the legitimacy of my position and role in interpreting and representing other Aboriginal peoples' experiences. I found merging data from three different rounds of interviewing very challenging, because each round gathered stories that varied in parts to the others, and because so much rich material was available to work with. These key issues about the credible progress of the research were all linked by my subjectivity being a 'researcher-in-interaction' (Breuer &Roth, 2003) and are reflected on below.

In terms of engagement in the field, this immersion is often recommended to qualitative researchers (Silverman, 2007). It helps contextualise data, and in working with Aboriginal people helps bring about results with relevance to influencing policy or design and delivery of services (Menzies & Gilbert, 2013; Zubrzycki & Crawford, 2013). The 'problem' or 'risk' of subjectivity brings with it powerful learning opportunities (Lincoln & Guba, 2003).

Following the approach put forward by grounded theorists, the key strategy to help me understand my position and reflect on the material at hand was memoing (Charmaz, 2006; Glaser & Strauss, 1967). This type of record keeping occurred throughout all aspects of my role in the research – during meetings, in my interactions with people, about perceptions, frustrations and fears, Aboriginal leaders' reflections on human rights and traditional Indigenous ways, as well as and during data analysis about processes in my thinking and decision making.

Constant reflection on the research questions and my position was critical; "it is the process of sustained, concerted, reflective observation that is unquestionably the foundation of all science" (Cizek, 1995, p. 26). Those doing grounded theory research are encouraged to work with others about the data, whether this is in coding the material or coding frameworks (Barbour, 2001). My work was often in or alongside a small team of others, giving rise to much enriching discussion about post-prison release support issues, and allowing me many opportunities to talk about my research and emergent theories, including categories, themes, terminology and concept maps of the data. My ongoing connections through community networks and organisations enabled me to follow up with some participants, not necessarily about their interview material but nonetheless themes and issues related to support and reincarceration.

Applying Goffman's adapted frame of reference for clarity, I asked myself across the personal, professional and organisational domains 'What did I choose to include and why?', 'What did I leave out?', 'What is the 'shadow side' of a given situation, decision or dynamic?'– either different from what I thought, different from what I would do or different from rights, policy and legislation? Notebooks filled with memos provided an audit trail of my thinking, decisions and actions.

I followed the advice of Silverman (2007) to 'see things afresh' and look for the mundane elements of usual and remarkable events and contexts – not just taking things at face value, relying on my previous experience, or relying on descriptions supplied by research participants. This matches the process of constructivist grounded theory – constantly looking for participants' meanings (Charmaz, 2006).

Keeping up with literature and policy on prison and health policy and research helped me see things afresh. I found conflicting advice offered, however, by the proponents of grounded theory procedures. Glaser and Strauss (1967) suggested ignoring the literature and research evidence related to the questions at hand, so as not to contaminate the emergence of analytic categories from the data, because the data needs to lead the emergence of categories rather than the set ideas of the researcher. However, Charmaz (2006), Barbour (2001) and others encourage the research to be based on the work of others. Thus they recommend the researcher undertake a brief sweep of the relevant literature early in the study period and then a more refined literature review after data analysis has begun.

On the other hand, as Wu and Beaunae (2012) advise, literature reviewing should occur throughout the research process, to inform and understand abstracted and conceptual theories being developed and for "developing theoretical sensitivity" (p. 9). In the case of this research, the limited literature and theory specifically related to preventing reincarceration of Aboriginal people in urban areas or Australia was reviewed; reference was made to the general body of knowledge and publications about desistance from crime, information that frames and informs the general area, and new material was reviewed as it came to hand, and where required in the generation of emergent theories about the role of social support to reduce recidivism in the urban Aboriginal population.

My engagement in the field and with the literature helped reflect on "the two critical issues of representation and legitimation" (Denzin & Lincoln, 2003, p. 36). As a person with a diverse and disparate family background, it is impossible and naïve to distinguish cultural features of my character, particularly for their influence on the research as it is for other Aboriginal people (Nakata, 2007). This research therefore does not hold one cultural position nor is it a study of a particular Aboriginal cultural group but is a study among a selected population in the public health and criminal justice systems constantly experiencing grave difficulties.

For me to keep reflecting on my own personal, professional and organisational and community dimensions of myself, my frame of reference, I regularly attended professional supervision external to research and workplace supervision. This helped me recognise my own frustrations, grief and ideals about incarceration and recidivism, in the context of an increasingly punitive social policy context.

7.6 Ethical conduct of the research

This chapter has outlined many strategies that helped shape the research in accordance with the NHMRC Aboriginal and Torres Strait Islander ethical health research guidelines (NHMRC, 2003, 2006). For example, as required by the NHMRC, and also recommended by Aboriginal researchers (Laycock et al., 2011), local Aboriginal community Elders and members influenced the research design and priorities to investigate. Research was conducted in such a way as to support participants and not contribute further to trauma and disadvantage. The literature review and interview material was used in a variety of publications to convey information in a timely and accessible way to community members and was also used to support submissions and other interactions with policy makers and others in decision making positions over the lives of Aboriginal people in the health and criminal justice systems. Findings provide insights into Aboriginal processes for support, and overcoming barriers, and have the potential to contribute to the development of services and policy directions in the future, for the benefit of Aboriginal people and others in Australia. Again, this research was endorsed as an In-kind contribution to the Lowitja Institute, Australia's National Aboriginal and Torres Strait Islander Health Research Institute. Clearance was gained by the University of Queensland's Human Ethics Review Committee.

7.7 Chapter summary

This chapter explained the rationale for this research and my assumptions underlying its accomplishment. In the next chapter, I turn to describe the specifics of the research techniques that I employed to collect data for the research.

Chapter 8: Research method: Data collection and analysis

8.1 Introduction

This chapter describes the research techniques I employed to gather data required to answer the research question. It builds on the previous chapter which covered the philosophical and theoretical underpinnings of the study. The aim and research questions are firstly reiterated before outlining the data collection process and strategies and criteria for bringing research participants into the study. Contextual detail about the administration of the interviews is included and the interview experience is reflected. This chapter is completed with an exploration of my use of grounded theory processes for working with the data and seeking emergent theories to answer the research questions at hand.

8.2 Research aim and questions

This research aimed to explore the experience of social support provided post-prison release among Aboriginal people in Brisbane, and to consider implications for policy and service delivery to promote wellbeing and prevent reincarceration in the future. Research questions to achieve this aim were:

1. What is the experience of support post-prison release?
2. What role does support have in preventing reincarceration?
3. What are the barriers to and facilitators of support post-prison release?
4. What is recommended for the future provision of support for Aboriginal people post-prison release, to improve wellbeing and prevent reincarceration?

8.3 Data collection

Three rounds of interviews were completed for this study, to understand post-prison release support from multiple perspectives of:

Round 1 - Aboriginal ex-prisoners: 12 interviews with Aboriginal people in an urban Australian city, who had lived in the general community for at least 2 years since the last time they were released from prison.

Round 2 - Aboriginal service providers: 12 interviews with Aboriginal service providers in the same city with particular experience supporting people transitioning from prison to community living and reducing risks for reincarceration.

Round 3 - Aboriginal support people: 12 interviews with Aboriginal people who had multiple support roles with Aboriginal people transitioning from prison to community living; these mixed roles included as family members and service providers, advocates and community Elders.

All participants self-identified as Aboriginal, and had long-term residence in and/or connections to the local urban area in which the study was undertaken. The paragraphs below describe how the participants were drawn into the study, with theoretical sampling of interviewees to progress from one round of interviewing to another, for a deepening understanding of post-prison release support.

8.4 Bringing the research participants into the study

8.4.1 Round 1

As described in the previous chapter, this study began as an initial qualitative phase of a larger RCT, in which the first 12 interviews for my own study (identified as Round 1) were undertaken.

The main criteria for Round 1 interviewees was seeking people who had past experience of being imprisoned, who had been released from prison and had been living in the general community for at least two consecutive years post-release. Those released from prison and not returned for longer than two years have been described as having 'broken the cycle' given that half of all people who return to prison do so within two years (Kinner, 2006). People who had been more released from prison anytime within the last two years were not sought to be interviewed, because of the many great risks for reincarceration that frequently arise within this time (Baldry & McCausland; Goulding, 2004; Kinner, 2006; Walsh, 2004). Similarly, those who had experienced prison and prison release longer than ten years ago were not sought to be included in the study; in Australia, this was a somewhat

different social and political context. Concerns were also identified about adequate recall of details on support experienced.

Those released from prison are a relatively hidden and hard-to-access group. Hence, Round 1 interviewees were purposively sought through a number of strategies. These included development of an information flyer for distribution by Aboriginal Health Workers and other community workers, and via email. My mobile telephone number was provided on the flyer for potential participants to call; six interviewees were gathered this way. On four occasions Aboriginal Health Workers, Elders or other community members rang with suggestions for arranging interviews. Two interviewees were brought into the study through snowballing (Bowling, 1997; Holloway, 2008) where one woman already interviewed recommended two others to approach about participation. Mix in gender, age and experience with the criminal justice system among the interviewees was sought for a depth and breadth in experiences.

Round 1 participants were seven Aboriginal men and five Aboriginal women. As identified in previous chapters, while more Aboriginal men are in custody, Aboriginal women have a much higher rate of incarceration. Particular inclusion of women was valued to hear their circumstances, risks and needs. They were between 23 and 55 years of age. Ten out of the 12 participants had been incarcerated on multiple occasions and in various prisons; only two had been incarcerated for one period – both female, with no history of juvenile crime or incarceration.

Round 1 data collection ceased at 12, because this was a manageable amount of data to sufficiently answer the research questions, reaching saturation and including exemplars and variety in examples. Further, the research design was flexible to build in more engagement with ex-prisoners later if required.

Preliminary analysis of the 12 Round 1 interviews with Aboriginal ex-prisoners occurred, to identify broad themes as well as core categories and sub-categories. As explained in the previous chapter, Round 1 interview material was developed into the stories booklet Common Threads, and was well received by Aboriginal and Torres

Strait Islander colleagues and community members. Discussions highlighted the valuable perspective that Aboriginal service providers with experience in post-prison release care would bring to this study, providing a very different view of support to the ex-prisoner interviews.

8.4.2 Round 2

Aboriginal service providers were purposively brought into this research as Round 2 through professional and community networks. The key criterion was experience in a formal service delivery role, supporting Aboriginal people released from prison in the urban area and facilitating activities to reduce incarceration. Participants were known to myself and to my colleagues. We had previous insights into their work, helping to both shape and answer the research questions for this study.

Round 2 interviewees were all Aboriginal people experienced in a range of health, welfare and criminal justice organisations. They were seven Aboriginal men and five Aboriginal women. Four were current government employees – of these, two had direct-service client loads, one was a program manager and one was a program officer. Four Round 2 interviewees worked in community-based organisations – three in direct service roles with clients and one in management. A further four Round 2 interviewees were Elders working in part-time paid capacities in a number of diverse leadership and support roles.

Following the process as with Round 1 data, preliminary analysis of interviews occurred to identify broad themes, core categories and sub-categories. Some interview material was also transformed into a booklet of stories – *Wundirra*, launched by the Aboriginal and Torres Strait Islander Social Justice Commissioner, with 1000 copies distributed at forums, conferences, community events and to people in correctional centres.

Interacting with the data for the Wundirra booklet of stories, discussing them with the Project 10% team, and launching and promoting Wundirra provided deep opportunities for reflecting on and understanding the data. I discussed hunches, sought feedback and detail, and openly discussed and identified linkages between

issues and solutions. One of the most significant themes arising from Round 2, which was also identifiable in Round 1, was that Aboriginal people had mixed professional as well as personal roles in supporting people transitioning from prison to community living. This unique mixed role was thought to be particularly valuable for understanding Aboriginal ways of providing support for people transitioning from prison to custody. I decided to investigate this aspect through further interviews, constituting Round 3 of this study.

8.4.3 Round 3

The key criterion for Round 3 was that participants would have had experience both as a formal service provider, as well as a family and community member supporting people in transition from prison to community. Given the specificity of this as a key inclusion criterion, I was very focused in purposively selecting these research participants through my professional relationships and networks. They were all known to me and/or colleagues. Eight were Aboriginal women, and four were Aboriginal men with current, multiple roles supporting Aboriginal people transitioning from prison to community living.

It is interesting to note that several of the Round 2 and 3 interviewees were also ex-prisoners. They were not recruited to talk in detail about their own post-prison release experiences as such, but their 'insider view' as an ex-prisoner was discussed where it contributed to understanding the nature of support. Their views complemented those of the individual ex-prisoners about the provision of support to prevent recidivism.

8.5 Administering the interviews

8.5.1 Setting

Interviews occurred in a negotiated setting for privacy, to enhance the comfort of the participant, and support their disclosure and descriptions during interview (Harrison, 1995). Round 1 interviews with ex-prisoners were undertaken in settings such as homes, parks and private offices at workplaces. Round 2 interviews were prearranged to occur at the workplaces of the interviewees, and Round 3 interviews

were also prearranged, with a majority in private offices at interviewees' workplaces and a small number in cafes.

8.5.2 Informed consent

All participants received an Information Sheet that outlined the nature and purpose of the research. Following a verbal explanation of the Information Sheet and Consent Form, people were invited to sign the Consent Form if they wished to participate. This verified they (1) heard and understood an explanation of the research and their involvement in an interview, (2) received a copy of the Information Sheet, (3) understood what was required of them throughout the study, and (4) had the opportunity to ask any questions and have them answered. Participating in the interview and answering questions was voluntary. All participants were reminded of their right to withdraw from the study at any time and for any reason, without penalty.

8.5.3 Recording the interview and transcription

All Round 1 interviews were digitally sound recorded, with written permission from participants. The majority of interviews were professionally transcribed; a small number were transcribed by myself and another research student. An attempt was made to provide all interviewees with a printed copy of the transcript, and a copy of their story in the Common Threads book. Round 1 interview transcripts were printed, bound together and revisited many times. Transcripts were checked where needed against the sound recording. Changes were made to new versions of transcripts.

Round 2 interviews with Aboriginal service providers were not sound-recorded, to accommodate the flexibility of engaging with them in their busy and dynamic work context. Comprehensive notes were taken, using the words of the interviewees. All notes were subsequently typed and these transcripts added to the pool. Supportive documentation was also collected including annual reports, brochures and meeting minutes.

All Round 3 interviews were digitally sound recorded, with transcripts produced by a professional service. They were bound together and hard copies were checked and amended where necessary.

8.5.4 Reimbursement

Round 1 participants were reimbursed $30 in cash for their time and travel expenses upon completion of the interview, as per recommendations for research with disadvantaged participants (Ritter et al. 2003; Williams, 2000). For some this payment may have been an incentive to consent to participate, however, several interviewees indicated they would have participated even without cash, saying: "I want to share my experience to help make sure no one else has to go through what I went through". Round 2 and 3 participants were provided with a $20 department store voucher as a thank you for their participation and time.

8.5.6 Data storage

All research material that existed in written note form and as sound recordings were stored in locked filing cabinets inside locked rooms at UNSW. Electronic files were de-identified and password protected and accessible only by the researcher. No personally identifying information was included with these files.

8.6 The interview experience

In undertaking Round 1, I took a somewhat narrative approach (Atkinson, 1997), by asking a history of what happened for people when they were released from prison, and the types of supports they needed and received, capturing more depth and complexity than a structured interview or survey (Liamputtong & Ezzy, 2005). The interview questions were developed to progress from less sensitive issues to more sensitive issues, with a closure phase to the interview, a recognised strategy to enhance the comfort of participants (Lee, 1993), not delving immediately into sensitive topics (Edwards, 1995; Fontana & Frey, 2003). They were not investigatory or interrogatory; this latter type of interview would not have been welcome as it was akin to experiences many Aboriginal people and their family members have had in the criminal justice system and through other state intervention into their lives. This research was an opportunity for identification and celebration of strengths, with the intention of being helpful for people to understand their experience, and heal from trauma (Eckermann et al., 2010). Being genuinely passionate about hearing stories and details, and an experienced interviewer, I was an active listener, questioning to

improve my understanding and gather more details of the story (Edwards, 1995; Fontana & Frey, 2003; Rubin & Rubin, 1995).

Round 2 interviews were semi-structured and focused on the ways Aboriginal people provided support through their formal, paid service delivery roles. Given the interviewees were already known to me, we had a strong and immediate connection point, as well as sense of shared responsibility to uncover as much detail as possible about post-prison release support. For these interviews, as Liamputtong and Ezzy (2005) explain, “a good interview is like a good conversation” (p. 55). These authors encourage interviews to be a dialogue with the interviewee, in my case exploring the worldview and experiences of providing support. Vicary and Westerman (2004) emphasise that this conversational style, akin to yarning is appropriate and important for engaging with Aboriginal people in research because it uncovers connections between issues and experiences, and reflections occur fluidly, spurred on by interaction.

Round 3 interviews were also semi-structured, and conducted carefully to uncover details about Aboriginal peoples’ mixed professional and personal roles in supporting people from prison release to community living. My own professional and personal experience in this area contributed to my confidence in questioning and follow-up questioning, making connections between issues, and making reference to policy and programs. As with much interviewing, probes varied from reflections and reuse of statements and key words to comparisons and clarifications (Liamputtong & Ezzy, 2005; Rubin & Rubin, 1995). I felt engaged and enthusiastic hearing people share insights into personal, family and professional levels of support, and their interpretations on implications for the broader systems in which incarceration and justice are located.

As identified earlier, this research had an overall exploratory perspective through participant observation in which I had a mixed insider/outsider role related to my own multiple roles supporting people transitioning from prison to community living and post-prison release, as well as my role as advocate, policy advisor and researcher. Participant observation was welcomed by participants rather than being

seen as obstructive. Data was gathered in the form of notes and memos arising from participation in various meetings on reducing incarceration, observations of and contributions to supporting people exiting prison, submissions to draft criminal justice policy, dialogue with colleagues, review of materials produced by colleagues and interviewees, and critical reflection on my roles. All of this provided the 'thick description' that represented individual experience as well as the social world (Atkinson, 1997; Charmaz, 2006; Geertz, 1973). It also helped shape my researcher understanding (Angrosino & Mays de Perez, 2003).

8.7 Working with the interview data

8.7.1 Coding the data and beginning theory development

Coding this research was along the lines of the original work by Strauss and Corbin (1990), with open and selective coding, and axial coding. Open coding was a process of codes emerging from the data (Strauss & Corbin, 1990), "breaking down, examining, comparing, conceptualizing, and categorizing data" (Strauss & Corbin, 1990, p. 60). The codes and categories were not pre-identified as guided by Strauss and Corbin (1990) and Glaser (1978).

Each of the rounds of data collection were open-coded and revisited several times, separately. Coding occurred on hard copy of interview transcripts, beginning soon after interviews were transcribed. The language of interviewees was often used for labelling codes; I followed the advice of Glense (1999) who suggested "in marking sections and giving them a name, you make judgments about which items are related and therefore belong under the same major code" (p. 137). Much discussion occurred with colleagues throughout the study, and particularly in producing the Common Threads and Wundirra booklets and my other work in the field. True to my practice I was "overgenerous in judging what is important; you do not want to foreclose any opportunity to learn from the field by prematurely settling on what is or is not relevant to you" (Glesne, 1999, p. 137).

The lower level categories emerged quickly (Glaser and Strauss, 1967), even at the time of interview, as well as through open coding with notes being kept along the way. This was the start of the hierarchical processes of 'fracturing' the data that good

grounded theory requires, as Wasserman et al. (2009) enunciate, “where individual codes emerge from the data but then are used to generate insight into more general concepts and thematic statements” (p. 355). After open coding on hard copy, interviews were further coded and entered into QSR International’s (2012) qualitative data management software *NVivo 10*, allocating text to categories at ‘nodes’ which held the coded data and could easily be recoded, merged with other nodes, copied into new nodes and promoted into higher and lower level categories and sub-categories. Print-outs of coding lists were useful to identify linkages and divergences among data, to show to others, and identify topics to investigate further.

NVivo was used to explore visual representations of codes and linkages between them. Higher order categories were identified later, for each data set. Several higher order categories related to each of the three data rounds. In reflection on and comparison of categories it became obvious that the large amount of data from the three rounds needed to be both integrated and reduced to be useful (as guided by Charmaz, 2006).

8.7.2 Integrating the three rounds of data

Keeping the interviewee groups separate in this study did not seem appropriate, given the data was saying that, in real life, many of the interviewees crossed the different groups from client, to provider to informal carer to advocate. This reinforced the aim of the study – to investigate social support, and how it occurred in this urban Aboriginal population. To help select major categories to investigate in more detail to answer the research questions, and to understand where the three data sets intersected, all category and sub-category terms were printed out on paper and stuck across a large wall, forming a large matrix as a visual representation of the data. Categories could be moved, re-ordered, condensed and expanded, drawing on reflections and discussions that had occurred in the past with colleagues, as well as at the time of working with this matrix with my research supervisors – important steps in the constant comparative method of grounded theory (Charmaz, 2006). Smaller matrices in table-format were subsequently made. As identified by Glaser and Strauss (1967), synthesis such as this “provides readily apparent connections between data and lower level and higher level conceptual abstractions” and

highlights the similar and divergent categories (p. 37) across the 3 rounds to investigate further.

In addition to matrices being developed, intersections of data were also done in mental maps (Ryan & Bernard, 2003) to display the data (Miles & Huberman, 1994). Definitions and parameters of the categories and codes were also described, using NVivo features and in memos. These concept maps and other diagrams were used in drafts for my supervisors to engage with, as Wasserman et al. (2009) recommended as helpful.

8.8 Seeking theory

The first major step in moving from description about support, to analysis and theory development was in integrating the three rounds of data, and looking for uniformities among them (Glaser & Strauss, 1967). With the major categories from the data integrated and organised in sequence, I could work with the data to go beyond description, to seeing higher level concepts and processes of support common to the Aboriginal people across the three data sets. In this process, the data were "put back together in new ways … making connections between categories" (Strauss & Corbin, 1990, p. 96). My perspective on support changed – from data being about the individual interviewees' experiences, to concepts arising from integrated data sets. This helped identify major concepts to do with post-prison release support, to verify the general theory being considered and reflect on existing theories (Glaser & Strauss, 1967).

One example of my early seeking of theory was in identifying similarities across the three interview rounds about *when* support was provided – a temporal dimension that was "undoubtedly a relevant theoretical abstraction about what is going on" (Glaser & Strauss, 1967, p. 23). It highlighted to me that there were "critical elements of sociological theory" found in the data about structural conditions, consequences, deviances, processes and patterns (Glaser & Strauss, 1967, p. 18).

The next step was one in which "theoretical models emerge where concepts are arranged into theoretical propositions" (Wasserman et al., 2009, p. 358). Late in the

research process I used high-level concept mapping, asking “What would happen if one particular category was used as a core concept, to which other things were related?” In this way “the process of constant comparison brings data-specific codes and broader concepts into an insight generating dialogue, as opposed to a simple grouping process” (Wasserman et al., 2009, p. 359). This resulted in some high-level categories to pursue, in a process of “catiteration” – going back from fractal data (Wasserman et al., 2009, p. 369) held at the NVivo nodes and sub-categories to macro concepts identifiable across the three rounds of data.

8.9 Chapter summary

This chapter detailed the on-the-ground techniques I used to apply a grounded theory methodology to address the research questions posed, in accordance with the rationale and theoretical underpinnings outlined in the previous chapter. The following thesis section, and the chapters it encompasses, reveals the findings of the research and theoretical concepts emerging from employing these research techniques.

Section 3

Chapter 9: Findings: Roles in support

9.1 Introduction

This chapter explores the participants' roles in relation to support. This is an important topic because the roles in support influence so many other aspects of support – its timing, type, and how it was experienced. The findings about the interviewees' roles in relation to support are returned to many times throughout the rest of this thesis.

Direct quotes of research participants are italicised, to distinguish them from other direct quotes drawn from the published literature. As is appropriate for grounded theory studies such as this, I have occasionally drawn on published literature when exploring the meaning of findings as they are presented. In line with ethical research requirements, no real names or personally identifying information about research participants have been used. The research participants have instead been renamed. My initials (MW) have been occasionally used in the text of quotes, if the quote includes my question or prompt for the research participant as well as their response.

9.2 Mixed roles in support

From analysing and integrating the three rounds of interview data, one of the most striking themes was the mixed roles the interviewees had in relation to post-prison release support. While the Round 1 participants were invited to participate in this study for their own experience of being incarcerated and receiving support in the transition to community living, they all clearly described how they were also support providers to other people who had been, or were currently, in prison.

Round 2 participants were specifically invited because they were formal support providers, with support being provided that was oriented to their paid employment in community-based and government services. Interestingly, they described how they provided support informally as well, which occurred often outside their paid work role, among Aboriginal family and community members, in prison and post-release.

Exploring this mixed formal and informal support orientation further was one of the key aims for the Round 3 data collection. In accordance with the theoretical sampling encouraged for grounded theory studies (Charmaz, 2006) and outlined in the previous chapter, research participants were sought who were aware of their having mixed formal and informal roles in relation to preventing reincarceration among Aboriginal people in the urban area.

There was another important dimension seen in this mixed support role. Several of the Round 2 and Round 3 support providers spoke of their own experience in prison and post-release, which informed the way they provided support. This experience was not a criterion for selection in Rounds 2 or 3, because the prison and post-release experience had been a focus of Round 1, and the emerging interest in subsequent rounds was to further explore formal and informal support roles and mechanisms. Some of the Round 2 and Round 3 participants were known to me as having been in prison, but not all. I did not ask any specific information about their personal history, but this was discussed by them in interview, generally in relation to supporting others. The shared history and experience of incarceration seemed a powerful propellant for empathetic, timely support, providing critical insights into needs, difficulties and processes in the transition from custody to community living. There seemed varying degrees to which the participants openly shared their experience with others, depending on the person and context at hand.

9.3 Formal support roles

Three-quarters of all the participants from across the three rounds of interviewing had some type of formal service delivery role. This was regardless of whether they were participants in the study for being ‘an ex-prisoner’ as in Round 1, or a ‘service provider’ as in Round 2, or ‘both’ in Round 3 – and also for the latter two, also with experience of incarceration and release.

The formal support roles were generally through paid employment, beyond volunteer roles in organisations. Some Elders interviewed held formal support roles in the legal system and in policy making, however were not paid as such – much to the

consternation of many. They received a very small allowance, and lunch and travel costs.

Formal support roles ranged from part-time and new roles, to long-term leadership roles. Among the participants, again all Aboriginal people, were a lawyer, prison officer, clinician, case manager, health workers and program officers. Other interviewees had less of a direct support role for individual Aboriginal ex-prisoners, but still through their management, researcher, advocate and policy officer roles addressed prison and post-release issues.

In terms of sectors, formal service delivery spanned law and justice, mental health, primary health care, drug and alcohol, social and emotional wellbeing, criminal justice, accommodation, education, child and family and individual support.

Figure 9.1 symbolises the formal roles people had and that these overlapped:

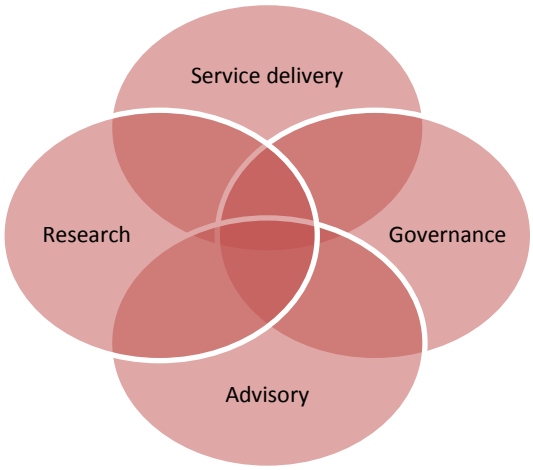

Figure 9.1: Overlapping formal support roles of the research participants

The formal support roles also included governance and advisory committees, advocacy and contributing to research and policy development. These were relatively indirect support roles but were instrumental for shaping the broader social context in which support is available.

94. Informal support roles

Relationships in which informal support occurred ranged widely among the participants. Participants often had relationships with more than one ex-prisoner, and therefore had varying relationships: family member, friend, peer, advocate, mentor, cultural educator, spiritual guide, healer, men's and women's group member and leaders, neighbour, community member and volunteer support worker in community services. The following quote by Doon Doon highlights her interconnectedness with other women who had been in prison, and how they had supported each other:

> *I was getting support from some of my sisters who've been locked up with me. They come around and check on me to see if I'm all right. They see if I'm coping all right and I say, 'Yeah I'm all right' … I ring them up sometimes and they ring me up.* (Doon Doon)

Doon Doon's quote and experience showed the attentive informal care she experienced from, and provided to, women with whom she shared a common history of incarceration; other parts of her story revealed how they also shared histories of poverty, stigma and family breakdown as well as their being mothers with dependent children living in the same neighbourhood.

All of the research participants reported having family members who were or had been in prison. Among the participants, these family relationships included being either a mother or father of an ex-prisoner, and/or sister or brother, grandmother or grandfather, Aunt or Uncle[4], partner, co-parent of children, foster carer, and/or cousin or, importantly, as an Elder. Through these relationships, some interviewees received support, some provided support, and others both received and provided support in relation to post-prison release community living.

Informal roles spanned family member, peer and friend and community member. These often also overlapped, as depicted in Figure 9.2:

[4] Capitalisation has been used for Aunt and Uncle, to denote family relationships but also status on the basis of age and experience. Some are also Elders, but not all. Elders are revered for their experience, status and role, and, in this research, were people in important governance roles in the community and government advisory committees. The Elders were not Traditional Owners of the land upon which this study was undertaken, due to having moved to the area, and for many having been removed as a child from family or forcibly relocated from their country to the region under past government policy.

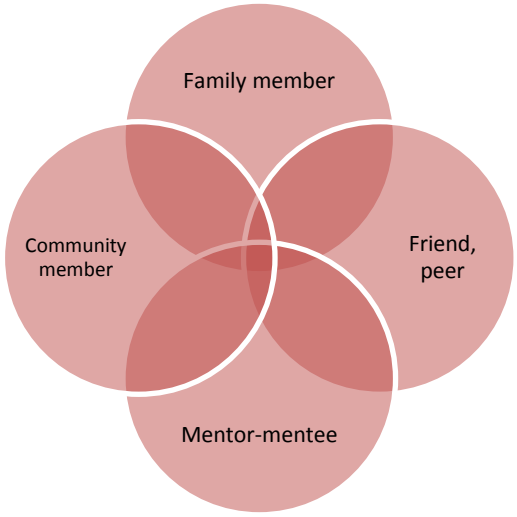

Figure 9.2: Overlapping informal roles in supporting Aboriginal ex-prisoners

9.5 Overlap in support roles

The participants were often in one or more support roles simultaneously. Figure 9.3 illustrates how the origin of support that the research participants provided was both informal and formal support. Importantly, this support overlapped, indicating that they generally had a mixed role in providing support.

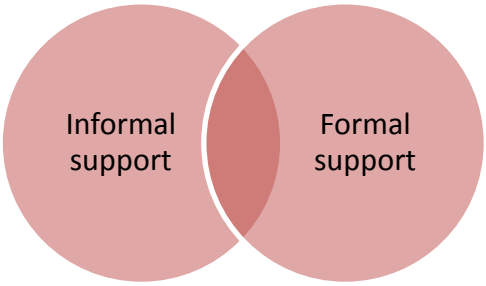

Figure 9.3: Orientation of support: Formal and informal

Most of the formal service providers were also involved in supporting ex-prisoners and their families informally in the community. Support that the participants provided did not necessarily merge a formal support role into an informal one. More, it was that a participant had several different roles. The informal support role informed the formal role, and vice versa. The reality of being an Aboriginal community member provided deep insights and experiences at the personal level, which informed a formal service provider role.

Conversely, skills and connections used in the formal support role informed support that could be provided to family, friends and community members informally. It was not so much a situation of a formal service provider working directly with their friends and family during office hours and denigrating professional boundaries and codes of conduct – instead the participants had diverse roles; in fact they had multiple roles over time. The support roles changed as interpersonal dynamics or needs demanded it.

Charlie, for example, had a dynamic, mixed role. He was a health worker with tertiary qualifications. He himself had been briefly engaged in the criminal justice system but not incarcerated. He had close family members who were incarcerated at the time of interview, and who had been previously incarcerated. Charlie was involved in a number of different ways with Aboriginal people who had been or were in prison, including individually for close emotional and practical support, as well as through an Aboriginal men's group and a sporting club, as the following quote shows:

> *I've been working at [the Centre] for the last – before I come here [to my new job] – over the last 10, 11 years and, I suppose growing up, there was this picture – a mate of mine – I've got this football photo of our Under-15s team. What got me buggered was, the majority of that team, Under-15s were – have gone to jail. We were only 15 years old but a lot of them – as they'd gone on to 18, 19, they all went – incarceration and – just probably five, six years ago, they – a lot of them are still getting out because of that coming in and out and you wonder why they're in that situation.*
>
> *You can see they're – I suppose when you're working at [the Centre] for a while and you grew up with them but you under – not understand but you can see they're trying to have a go at things but they just fall back into that trap of – they go that easy way, instead of going, trying to fight, working hard – a lot of issues around it and everything. It's sad, so, and I've been involved with men's groups and with the sporting club that were doing a lot of good stuff in the community.* (Charlie)

This quote shows a range of formal and informal roles that Charlie had, including personally as school friends, as well as through the men's group, the sporting club and the Centre in which he worked. Several other interviewees demonstrated diverse roles, formally and informally, professionally and personally.

The following clusters of roles were seen among the participants:

- people who had themselves been prisoners and who provided support to others informally
- ex-prisoners with a mixed role as family members, service providers and volunteers in community services, extending to friendships and community peer relationships
- people who had never been incarcerated but had a mixed role as a close family member, volunteer in community services, and friend and community relationships with ex-prisoners.

The following quote from Charlie highlights the mixed formal and informal support roles he had, with a specific example of how he had supported one young Aboriginal man in particular, in a community context:

> *I was involved, I was a footballer, I was playing, I was helping, I was doing everything. But that bloke [ex-prisoner] stuck with me – he was like a 17-, 18-year-old hanging off me, trying to ask me all these questions ... But he was my age, hanging off me …* (Charlie)

Charlie was put in touch with this young man by a community Elder, who knew they had been to school together, that they still knew other people in common, and that Charlie could provide support:

> *the prison officer I was working with, he's a good mate of mine and he said to me that [the young fella] was [coming out of jail]. You could see he was so excited. He bought him brand new football boots, he bought footy shorts and socks – he was so excited.* (Charlie)

As this quote shows, the formal and informal support Charlie provided included connections with other Aboriginal people in the community. The following quote,

too, shows how Charlie used his formal service delivery role to build other community members' capacity to support each other:

> *So, what we did was – I've got a group of respected blokes in the community and just said, 'How about we get this club going again?' It was about how we get these blokes to come and sign up and play. But of course, they had to pay rego, and they have to – what do you call it? Give back to the community in some kind of way, where it's just normal for them.*
>
> *Just an example, they come and play, they can come and help out with the junior teams, be a duty official volunteer. They can just do stuff, like be referee, be a coach, be a first-aid officer – or any time – and in a voluntary capacity, where we upskill them and get healthy and everything – and we ended up getting four – three teams. Two men's and a masters – where there was a high population of Aboriginal ex-prisoner men. It was about, yeah, 'You are playing in a team – but you got to remember these kids are watching you'.*
>
> *So, we tried to put that focus on – that first year – because we're getting all that funding – it was around mentoring, leadership and all that kind of stuff.* (Charlie)

This quote shows several interconnected ways that Charlie helped facilitate community participation by Aboriginal men in a sporting club, partly through his formal service provider role and partly through his own sense of belonging, having grown up with the same community. This mixed role enabled him to have particular insights into opportunities for supporting Aboriginal ex-prisoners, which included Aboriginal cultural values of strengthening intergenerational connections as well as promoting healthy lifestyles. This quote also shows the supportive environment in which Charlie himself was a participant.

In another example, Langoo, a manager at an Aboriginal and Torres Strait Islander rehabilitation centre, described this responsibility to build capacity in strengthening community support options:

> *We get professionals in but otherwise the staff are all community members who have shown excellent commitment to their own growth, learning,*

> *integrity. We train them up. They usually find us, we don't usually advertise. It is word of mouth and we know people, their mob, what they have been through. They often start as volunteers. We do offer access to training if people want it, university, a diploma. We can support that. But usually people don't come here with a degree in social work. The other way around. We all learn as we go along and learn from each other, clients too.* (Langoo)

The orientation to support provision in the health service context Langoo spoke of included formal and informal dimensions. Langoo also described the support as fluid, responsive to individual needs, inclusive of the family where possible, and strategic in also incorporating staff development, service evaluation and policy advocacy.

In the personal informal and professional commitment to providing support to others and reducing risks for reincarceration, the participants showed a powerful sense of responsibility and leadership. As Meeanjin asserted, this relates to the sensitive, insider view that Aboriginal men have about how to support other Aboriginal men:

> *I do still really hope to be able to get some programs going and work full time on programs myself one day because there is so much we need to do. I do believe it takes Aboriginal men to stand up and be warriors and also I think that that was the only way I learned, was from other Murri men.* (Meeanjin)

To strengthen the position from which to provide support and leadership to others, several of the ex-prisoner interviewees completed, or were undertaking, qualifications in human services, including Meeanjin quoted above. Munun, quoted below, outlined the education process he went through, to be able to work on addressing underlying social and health inequality, to improve the lives of others:

> *Between some of my prison stints I did a computer course and I also did one in jail. I went to TAFE to do a diploma in community welfare and then that led to a degree in community development at university. I kept going to do a post-graduate certificate in development at university and was especially interested in social policy because it has shaped the lives of so many Aboriginal and Torres Strait Islander people.* (Munun)

As well as advanced education in the area of social policy and service delivery, and experience of having been in prison, Munun was also involved in supporting other Aboriginal men in the community. He said, *"it is the men's group that keeps me going, because I help out with the things that the men's group is doing"*.

9.6 Reciprocity

The mixed formal and informal role that many of the participants had was further enriched by their experience receiving support, as well as providing support to others. Reciprocity occurred because the participants were in relationships, which made support a dynamic experience, and in this research context was often directly related to the critical transition from prison to community living. Support was not segmented from relationships, nor static or one-directional.

This reciprocity is an important value of Aboriginal people (Eckermann et al., 2010; Muller, 2014). Pre-colonisation mere physical survival depended on helping others and transferring knowledge (David et al, 2006); in contemporary times cultural survival also depends on relationships to maintain Aboriginal identity, knowledge of history and social inclusion, albeit often within relative exclusion from mainstream Australian culture. Briefly here, in the field of criminal justice, mutual-aid and generativity through helping others has been described as instrumental in creating meaning to life post-prison release (Laudet et al., 2000), and in health promotion salutogenics also reinforces the powerful human desire to support others and reinforce sense of self-worth (Bulman & Hayes, 2011). Service to others has long been known among religions around the world as vital for spiritual and personal growth (Josephson & Peteet, 2004).

As Figure 9.4 shows, participants in this research both provided and received support.

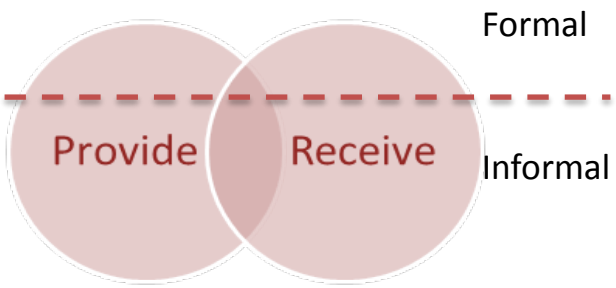

Figure 9.4: Reciprocity, in which support is provided and received

The giving and the receiving of support did not always occur directly, at one point in time, but was across several years. KFella, a Round 1 ex-prisoner participant, told many details about his professional role in a rehabilitation centre, as well as informal support to family members in the criminal justice system and sponsorship mentoring through a 12-step fellowship program, building on his own experience of having completed long-term residential rehabilitation. KFella was clear in his view that supporting other people helped him to stay well, and progressing in his own life, and that he did it for joy rather than duty:

> *I get a great pleasure in seeing the young people I can help and not go back to jail and stuff like that … at first I think I started out, I have to be honest about it, because of what I'd done, I'd owed – this was my way of getting some peace. I found out it don't work like that. I found out … I'm happy in it. I don't do it because I'm forced to do it or anything. I do it because I love it.* (KFella)

Figure 9.4 also summarises the participants' orientation towards support – support was received by some, provided by some, and both provided and received by some. And support was experienced formally and informally.

As also illustrated in Figure 9.4, support was experienced more in the informal sense than through formal service delivery. Related to this, there were few regular programs, therapeutic supports or family-based care options in the mainstream community that were well-used by the research participants nor that were identifiable to meet the needs that had arisen in the time since last release from prison.

9.7 Chapter summary

This chapter identified that most of the research participants had a mixed role in relation to post-prison release support. That is, regardless of why they were drawn into the study, they had mixed roles of receiving support and providing support to others. Further, most had informal support roles as well as formal support roles. This insight is discussed throughout the next chapters, particularly for the way the mixed roles influence the type of support available, and its timing to reduce risks for reincarceration.

Chapter 10: Timing of support

10.1 Introduction

This chapter explores the timing of support that the research participants experienced, in relation to giving and receiving support in the post-prison release context. Throughcare support is explored in this chapter, given that is the current policy direction to reduce risks for reincarceration. This chapter also includes nuanced insights into the other temporal dimensions across which support was provided and received – often the long periods of time across which support was required, with some clear gaps, barriers and solutions along the way.

10.2 Throughcare

10.2.1 Timespan of throughcare

The participants demonstrated a wide time period across which they received and/or provided support in relation to incarceration and the transition to community living. The complexity of defining a 'post-prison release' period of time, and limited consensus about what constitutes 'post-release' temporally, as the literature review showed, was reflected in the participants' stories. From participants' experiences, the trajectory showed that support occurred across a wide span of time. Overall, the 'post-prison release' period encompassed support received and provided during incarceration, through the transition of release from prison, support soon after release, and medium and long term after prison release. Support was provided or received by some participants right across this span of time, and is explored in the 'throughcare' section below. In-prison support is also explored below because, for some participants, the transition to post-prison release community living had its roots in pre-release support. Support across these time periods was influenced by who provided support, and in what capacity or role. A spectrum of support existed, which was related to the participants' mixed roles in support. The spectrum is explored in the throughcare section below, and then this chapter moves to exploring particular critical timepoints in support in a more focussed way.

10.2.2 Receiving throughcare

As identified in the literature review, throughcare is one of the key legislative and policy frameworks for in most Australian state and territory jurisdictions in relation to the preparation and release of people from correctional facilities to the community. At best, it follows the logic of ongoing support for an individual and their family as they enter prison, throughout the period of incarceration, release from custody and for an extended period beyond release – support across the critical points of sentencing, prison entry, prison program access, release planning and post-release care (Jacoby & Kozie-Peak, 1997; Goulding, 2007; Maguire & Raynor, 1997; Walsh, 2004; Willis & Moore, 2008).

The three rounds of interviews in this research each provided clear examples of having received or provided throughcare. However, throughcare most often occurred informally, was not resourced or connected to a defined service delivery program, and was not funded as throughcare at the time. Some interviewees did not label their support provision as throughcare either, until dialogue relating to their interview for this study occurred, or reportage of preliminary findings were presented back to them.

Only one of the Round 1 ex-prisoner participants described having received support akin to throughcare from a service provider or organisation. This Round 1 participant, Kristal, had a trusting, ongoing relationship with a staff member from a community-based support service. This service was not funded to undertake a throughcare program as such. For Kristal this included counselling, follow-up, opportunities to participate in activities with others, and arranging accommodation and items needed for daily living. Kristal did not call this support throughcare, nor did the service specifically call this throughcare.

The Round 1 participants did not report or recall any opportunities to be formally engaged in a throughcare program. At the time most of them were incarcerated, the Queensland Government was only just introducing their throughcare program, the Offender Reintegration Support Service (ORSS). The ORSS was not targeted to Aboriginal and Torres Strait Islander people, nor was it available for those on short

sentences or deemed high risk of reoffending (QCS, 2012), both which relate to Aboriginal and Torres Strait Islander people, serving to exclude them from necessary support.

10.2.3 Absence of throughcare

While many of the ex-prisoners had relationships with service providers at different times during their periods of incarceration, and in the community; the support they received was not ongoing or enduring across the timespan to which 'throughcare' by definition refers – as seen in Figure 9.5 further below. It was ad-hoc, often based on urgent need and crises, and related to one aspect of their lives such as mental health support. Support was received from a number of different service providers, as required, and was not coordinated by any service provider. Round 1 participant, Tiny Mum, did refer to support from her caseworker from a community-based organisation, put in place since a more recent arrest and charge of violence, working in with her Probation Officer.

Young Girl also had some support from pre- to post-release, through her legal representation. This was not coordinated throughcare, but was the only form of ongoing contact with a formal service provider, who knew about her situation. This support occurred because of a long, complicated court case that also involved many others. While the amount of contact, and the relationship that Young Girl developed with the service provider, was akin to that appropriate for throughcare, the legal officer's role was limited; roles such as these generally cannot be wholistic, nor address social and emotional wellbeing or determinants of health.

Despite the lack of formal throughcare accessed and available to the Round 1 participants, almost all described having family members support them in some way throughout the period of court and sentencing, incarceration, preparation for release and after release. Only two of the Round 1 ex-prisoner interviewees did not receive any support from family members, because they were estranged, and lived some distance away.

Support was from partners, parents, grandparents, siblings, cousins, Aunts and Uncles and foster family members. It included prison visits, time to talk, plan for the future and socialise, and provision of post-release accommodation, money, transport and facilitation of access to other services for legal aid and health care. The families were not themselves supported in any particular way by formal service providers to do this throughcare.

At least six of the ex-prisoner participants provided examples of how they were supported in an ongoing way by family members throughout sentencing, prison and post-release, through caring for their children. Doon Doon explained that she had little contact with formal services for support: "*But I always had my brother and my sister-in-law always involved at that time … They schooled them, they clothed them, fed them and plus they had their own children too*". This childcare was not always by the partner or co-parent of the children, but by siblings, parents, grandparents and other relatives.

Meeanjin had an Uncle and cousin who visited him in prison and provided support post-release through emotional and social contact, and during this time in prison helped arrange accommodation for him post-release:

> *Well through phone calls from when I was in jail, which was sometimes hard to sort out because the entitlement is only one or two phone calls and the numbers have to be on the list you give the officers. I was lucky I think that time. It all seemed to work out … An Uncle and a cousin brother who had visited me a few times. As well as my sister who did a lot of work to get there from where she lived.* (Meeanjin)

After a couple of days in the community, Meeanjin's family then helped facilitate his entry into a long-term residential rehabilitation program, including help with paperwork and transport to the centre.

Round 1 participant Uncle Tony described received support from his partner from pre- to post-release. She is the mother of his daughters, and remained in the house they had been in together prior to his incarceration. Not long after his return home,

however, she was incarcerated. He then supported her throughout her sentence and after release.

Munun was in contact with his girlfriend through court and sentencing, incarceration and release. He said she supported him and had responsibility for their children and rental house. They did not have support from any formal structure, nor particular plans about how their lives would progress post-prison release. After release, Munn said they *"had a cup of tea, wondered about how to get along from there on"*.

This quote highlights the gaps in throughcare support for those in prison, as well as lack of support for families, partners and children. Few family support programs are currently funded in Australia, with church and other volunteer organisations providing some, albeit limited, opportunities for support such as transport for visits and support group discussions (Alexander et al., 2011).

The following quote from Tiny Mum describes enduring support she received from other Aboriginal women in in the community, that was akin to throughcare in timespan. It speaks of meeting emotional and social needs, through relationships:

> *Tiny Mum: I get a lot of support here with the old girls that I go to jail with. They come around and check on me and that's good in a way because it makes me feel strong when I see them.*
>
> *MW: Are they older?*
>
> *Tiny Mum: Yeah, they're older than me and we've done a lot of jail together and they sit down and ask me if I'm all right and that but that's good in a way. At least they're there to support you and that.*

Interestingly, the most sustained support Tiny Mum experienced could be described as an indirect form of throughcare, in that it was sustained and empowering, but Tiny Mum was not an ongoing recipient of support as such. Whilst in prison, she was instead provided with an opportunity to learn and develop a personal tool which helped her through periods of incarceration and in community life, from which she has also earned an income, healing, and gratitude and recognition from others:

> *My Aunties because they knew I was playing up and so they grabbed me a board and paintbrush. They sat me down and so I started painting ever since. No one couldn't handle me then because they got sick of it, because they got sick of the screws whinging about me. So my Aunties got me a board and paintbrush and they made me paint so ever since then I've been painting.* (Tiny Mum)

This is an example of support by Aboriginal people which helped build the capacity of another, to be able to better understand and take care of herself. This support for personal growth, empowerment and autonomy is not explicitly described as an aim of contemporary throughcare policy, with throughcare-related discussion focussing seemingly more on meeting tangible and identified needs using a case management approach, as explored in the literature review earlier. But here, in relation to skills development in Tiny Mum, support and painting was instrumental in assisting her to address some of the key issues related to risks for reincarceration – violence underscored by anger at others, poverty, and trauma related to her own removal to a violent church-run institution as a child, *"that's a wicked home that. That was a really bad home"*, often underscored by historical trauma related to colonisation and dispossession of Aboriginal people (McGlade, 2012; Waldram, 2012, 2014).

10.2.4 Providing throughcare

Most of the Round 2 and Round 3 participants demonstrated throughcare in their formal support provision. They talked in interview about having supported individual Aboriginal people over considerable periods of time, throughout their engagement in the criminal justice system. However, only two were particularly funded to undertake throughcare activities – Beau through a mainstream charitable organisation, and Bubba through a government-funded service. They had authorisation and opportunity to enter correctional centres to connect with Aboriginal men in prison. They both worked together with prison staff and had authorisation to access individuals' records.

In prison, Beau facilitated a prison program he had designed, aimed to explore Aboriginal identity, history and culture, as well as relationships and communication,

understanding emotions and identifying needs. This group program was integrated with one-on-one transition-from-prison planning, and post-release support. This was all designed as a throughcare program. At the time of interview it had not been evaluated, but in short, it reflects general content and process of other throughcare programs and programs (Borzycki, 2005; Ross, 2003) and the values of working with Aboriginal people (Bennett, Green, Gilbert, & Bessarab, 2012; Eckermann, 2010).

In terms of referrals into the program, Beau received calls and information from a wide range of Aboriginal services and mainstream services, who would know that an Aboriginal man had entered a watchhouse, been arrested or was going to court, or was accessing another service for support but was experiencing difficulties that could be risks for reincarceration. Beau would make contact with the men in prison, visit and get to know them, and support them in relation to expressed and identified needs. He was also encouraged by the men to be in contact with their family members and partners.

After the group program was completed in prison, Beau kept in touch to follow up:

> *I'll ring maybe once a week. Then it goes to once a fortnight. But they still keep in contact and that's always a good thing. I do follow up, when they come up [are released from custody], well I'll come up here for the day, we'll go and have some lunch, could be on a Saturday or through the day while the kids are at school and the partners are home. I'll say, 'I'll come and pick yous up' and we'll go down the front and have a feed. They really enjoy that. I just ask things like, 'How is work?', and if you're not working, 'How are things going between the two of yous?' She'll speak freely which is always good, the partners.* (Beau)

Beau's description of his work reflects informality, where the trust and relationships are paramount, and the flexible support covers a long period of time if required, as well as exploring pressing issues the men experienced. Beau also referred Aboriginal men and their families on to a range of other services for additional support and, additionally, worked with these services to improve their cultural competency and accessibility.

Bubba's throughcare work, on the other hand, was more structured because of the type of organisation for which he worked. His support work, too, spanned entry into custody, time spent in custody, release planning and post-release care for an ongoing period of time. However, his work was limited to a particular high-risk target group of Aboriginal people, and during business hours:

> *I work here and support people who are in the criminal justice system and have mental health issues… [to] do things to try to reintegrate them in to the community. We support them here at their house. Take them on outings. Today we are doing cooking. We go and visit people. We do other programs, cultural programs, art, have Elders in to talk. We try to focus on building up life skills so people can try to live independently in the community. At least we can try to keep them out of jail.* (Bubba)

Bubba and Beau's support worked covered many aspects of daily life, as well as personal health and wellbeing issues and connections to community.

Several others interviewed also provided support akin to throughcare, although they were not formally funded to do so. Their support work could be characterised as throughcare because it was ongoing, and spanned critical points in the criminal justice system, from court, to prison and beyond release. Each person was a formal service provider working in a range of positions, including Carrawa, Graham G, Deena, Sissy, Bro and Natasha, in Aboriginal and Torres Strait Islander community-based services, as well as Kurly through a government service.

Essentially, each person took whatever opportunities they could to provide, or could coordinate others to provide, to support Aboriginal people in the criminal justice system. Often these Aboriginal people were already service-users and with whom there was a pre-existing relationship, rather than any formal referral and planning mechanism. Natasha's statement below shows how the connection occurs with the person in the criminal justice system, as well as the motivation for providing support:

> *We do it informally, because the Elders often know someone before they go in the system, know where they are, sees them in the prison, helps the family,*

> *helps apply for early release or something, see them or help around release, help them or help the family.* (Natasha)

The Elders Natasha spoke about were also in a mixed paid and volunteer role to support Aboriginal people in the criminal justice system. Interestingly, too, the service providers identified above were all also family members and peers of Aboriginal people in the criminal justice system, including those in prison.

So too were other participants who provided support that could be defined as throughcare. Aunty Penny, Duringa, Aunty Kikki, Chappy, Goo, Aunty Hope, Charlie, Barbra-May and Aunty Mary were all related to Aboriginal people in the criminal justice system. They directly provided throughcare support voluntarily and informally to Aboriginal people they already knew, often through family relationships, or personal friend networks.

Despite being formal health and welfare service providers, their roles and funding models did not allow throughcare to be entirely incorporated into their work. This was the case for Aunty Mary, an Aboriginal woman in her 60s, with around 40 years' experience in Aboriginal services across government, community service and volunteer roles. Aunty Mary had a role:

> *in a couple of the prisons in Brisbane, working with the indigenous inmates, and basically as a link between them and their families and communities, getting messages from them to their families.* (Aunty Mary)

But she also provided support in her own time, informally as a community caregiver:

> *We had two fellows from [the] prison who – part of their reintegration program was they would be allowed to visit my house for a day trip, but they were accompanied by a prison officer and had to be at all times in full view of that prison officer. We used to have to say – he would sit in the lounge room and I'd say 'Here, come in the kitchen, come and have a cuppa with us'.* (Aunty Mary)

Aunty Mary's visits to prisons as indicated in the first quote above were not part of a general support role, rather a defined throughcare support position. Partly this was because her role also included other tasks in the organisation and community; no dedicated funding or resources were available at the organisation to structure and maintain a throughcare program.

Aunty Mary's quote directly above shows a more personal, nuanced way she provided support outside her professional role. The length of supporting people differed and Aunty Mary gave it no limits. *"We had one fellow for – the first one was probably – he was the high profile one, he was there for four or five months. Then he reconnected with a family outside of Brisbane, which was really good."*

Again, it is important to reiterate the mixed role that the Aboriginal family members had – they were often also trained and experienced service providers, and/or people with lived experience of incarceration. Family member research participants who provided support were well-positioned to do so, and none more so than in Sonya's experience. Whilst she was in prison, she was able to visit her sons in prison. Together, with the help of prison and clinical staff and community service providers, she was able to arrange post-prison release accommodation together with her sons. Their release dates coincided, and Sonya became a carer for one of her sons with a disability. This is an exemplary experience, but reflects that Aboriginal people are thought to experience rates of transgenerational incarceration at higher rates than others in the community, and family roles and responsibilities do not cease because a legal sanction of incarceration is imposed. At the time of her release, Sonya herself was in contact with a support service:

> *When I first come out I was terribly reliant on these people here. But then they were saying 'We've got a lot of other girls…' and I said, 'If I'm going to do something I will have to just go out on my instincts' sort of, you know?* (Sonya)

Participants who provided throughcare support informally, or any support in relation to reducing risks for reincarceration and promoting community connections, were often also affected by physical, emotional and financial difficulties. Some had their

own ongoing legal issues, were trying to regain custody of children, had limited access to transport, unstable housing and limited material resources to share. Sonya's statement below reflects both a context of hardship as well as courage and resilience:

> *you can do it if you sit down and you look at the big picture. I won't let people lead me astray sort of thing, probably because I've been through a lot through my years. I've had so much happen to me and my children. One of my kids had a bit of hard trouble in jail and that's what sort of gave me the heart attack. And that's what I'm coping with the same fellow now because of what happened in jail. But other than it's good … I've done a hell of a lot. I've come through real good.* (Sonya)

10.3 Preparation for prison release

10.3.1 Visits to prison

This section turns to specifically focus on visits that the participants either had themselves when and if they were incarcerated, or visits they made to others who were incarcerated.

Over half of the participants who had been in prison were visited by family, including partners, parents, Uncles, Aunts, siblings, cousins, children and service providers. Additionally, over half of the support providers visited Aboriginal people in prisons. Many visited as part of their family and community relationships. Further to this, for the Aboriginal service providers interviewed, visiting Aboriginal people in prison was not only because of their paid role to do so but because of their mixed role also being a family member and friend of Aboriginal people in prison.

The purpose of prison visits included to maintain connections between family members and loved ones, provide information and resolve legal and interpersonal conflicts, and develop opportunities for post-prison release support. In this sense, the post-prison release support, particularly to reduce risks for reincarceration, had its roots in pre-release support. Visits also occurred to identify risks for harm and death in custody, check circumstances and treatment of inmates and identify needs for which support was required. Elder and service provider Chappy said his visits also

were important to "*connect people to other services – homelessness, housing, rehab, cultural*." Beau facilitated connections to other services to promote their use.

Visits were also seen as vital for coping with the hardships of being removed from society and relationships whilst in custody. Young Girl, for example, had some ongoing relationships with service providers and her mother while in prison, which helped her imagine life beyond prison:

> *When you're in jail you get letters and you get phone calls and stuff like that but that sense of feeling that someone is physically and spiritually and mentally listening and understanding you, you'll get through it.* (Young Girl)

Beau's work as a community-based service provider was to provide this intensive one-on-one support, as well as run groupwork programs in prisons. He had authorisation to enter prisons as a professional, and was quite specifically focussed on helping men plan ahead for their release from prison:

> *I'll go and see the prison office and have a yarn to them or intel them [access their prison files], just have a quiet conversation with regards to he's getting out soon, I know that, 'Has he got any issues or has his partner been in contact with him over the period?'* (Beau)

Further to this providing support to ensure the term of incarceration, visits were instrumental for making plans for prison release. Sonya's example provided in the previous section identified this, visiting her sons in prison while she herself was still in prison, and using this time to secure post-release accommodation, as well as put in place ongoing mental health care plans, and opportunities for counselling and participation in community services' activities. Meeanjin's family visited and helped arrange post-release accommodation. Uncle Tony's girlfriend brought their children to visit.

To help keep families connected, Beau assisted Aboriginal prisoners with letter-writing, with making apologies and making plans for the future. He helped them express:

> *'This is Dad, love you daughter' and all this and then he's able to do his own little thing with his partner. Just say you're sorry, it makes them feel a lot better inside. Well that's a start.* (Beau)

Beau's reflection that the men's emotional wellbeing improved due to his presence and self-expression was also sensed by Aunty Kikki. Beau and Aunty Kikki, as well as other interviewees, regarded the in-prison contact as crucial to reinforcing that the relationships continued despite incarceration, and that they would continue throughout the sentence and beyond release. Aunty Kikki, an experienced service provider, had many times visited her husband, siblings, foster-sons and other family members in prison. She visited because "*He asked me to come up to see him, so I went, because I've always said to them 'I'm always here for you'.*"

This expression of support was crucial in relation to prison release and community life after release as Duringa, a government employee in policy development, family member and volunteer support of Aboriginal people in the criminal justice system, also explained:

> *Might seem like prisoners get very little out of it because the time is so short and the circumstances of visits are limited but it is on the person's story 'I didn't get any visits' or 'I didn't see dad much' so it is important to visit just to keep the family together, in terms of their story rather than chapters being missing. Those chapters can never be rewritten or inserted once they are missing so to have the continuity is vital and a shared understanding of what is going on for each other even if the communication is not all good.* (Duringa)

Aunty Penny, an Elder authorised to enter correctional centres regularly as a volunteer, helped families arrange children to visit prisons, and supported them during these. She explained the importance of these visits, and overcoming barriers to visiting:

> *A parent or even an uncle in prison does something to a family. The spirit, the way those kids brought up. Visits by children to prisons is a big thing. It is*

> *very hard on children to go. But it is hard not to go. They miss their parents. And the parents miss the kids.* (Aunty Penny)

Visiting the prisons did not come without difficulties. As Carrawa, an experienced service provider and family member of an ex-prisoner, said: "*It was very time consuming and mentally – that mental capacity of all the time and stress"*. Part of the mental strain, as Aunty Kikki felt, was that: "*You were scanned before you went in to visit. You're not a prisoner and they're treating you like one of them. This would stop Indigenous families from reconnecting with their families in prison*." Further, as Elder Uncle Rex stated, "*It is very difficult to visit prisons if you have been in one*".

Aunty Kikki, with her varying relationships with Aboriginal people in the criminal justice system, had visited prisons more than any other participant. She found that even when she overcame time, distance and other barriers to visit one of her brothers in particular: "*I would go to the prison to visit him, he wouldn't be there, and this would happen more than once or twice*." There was no guarantee she would see him, if he had been moved around the centre, to another centre or the centre was locked down with no visitor access. Despite registering for her visits, no communication occurred about their cancellation. These were disincentives Aunty Penny also experienced, about which she was dismayed:

> *It is a punishment. It is punishment for the family too, that the parent is in prison. It is so expensive to visit. It is so tiring. And stressful. Getting everything arranged to go for a visit. And hard on everyone, very hard, troublesome, sad.*

Kuripla also explained the difficulty with visits, from the viewpoint of being in prison and having children brought to see him:

> *Kurilpa: I think that their mum agreed but I think it was, I was happy to have nobody visit me. I was just wanting to get along and do my time. Especially the children. I didn't mind adults visiting me but I didn't like children coming up to that environment.*
>
> *MW: Mmm hmm. Because of what they might see and how they might feel or…*

Kurilpa: Ah, yeah, yeah, I guess just being there and I felt like it would impact on them in a negative way so I just felt like that, you know, that would be added, that would be additional stuff that I've already impacted on them. So I just thought that less was best, yes.

Munun experienced this difficulty too, which resulted in him not seeing his children while he was in prison:

> *The hardship with having kids visit in jail, mostly it is best if they don't come because it costs so much to get them there, takes so much time and is so hard for them to see it and I don't want them to get the wrong idea that we expect them to end up there.* (Munun)

Munun lived with his children post-release, but the following quote shows the serious consideration he gave the impact of his incarceration on his relationships with his children, who were school-aged when he was in custody:

> *Even though they are going to turn out OK it has still been a lot for them to have to live with stories about where I am and why I am not there as well as how upsetting it always was for their mum … I wonder what they really did think and see how much has been lost because maybe there will never be the chance to talk to them about what was going on or how many blackfellas were there in prison all together like it was more normal to be in there than to be on the outside trying to get a job.* (Munun)

Munun's quote shows he felt an ongoing concern, with questions that he might never have answered, grieving and worrying about inter-generational incarceration of Aboriginal people.

On the other hand, Kristal's family refused to visit her in prison at all. This meant she could not see her daughter: "*They never come to visit me. My sister wouldn't bring my daughter up which made it worse for me in there.*"

Losing contact with family members, including children, was common among the ex-prisoner participants – more common than the extent of these relationships being maintained, strengthened or utilised to aid post-prison release preparation. The result

was being cut off from important relationships in which support had been or could be experienced, and being understandably disturbed by this, as Tiny Mum reflected:

> *Tiny Mum: She wanted to but I didn't want her to because every time she come she cried. Yes. So she made me cry too.*
>
> *MW: Make you cry?*
>
> *Tiny Mum: Yes.*
>
> *MW: So for your sake and hers?*
>
> *Tiny Mum: 'You didn't have to come out this week, sister, I'm right here.' I never got any letters and I never write – cause I didn't – with letters too. See, I couldn't write letters and that because I wasn't, you know, didn't know my words and spelling and stuff and so I never got letters, you know.*

Tiny Mum said the visits reduced over time and subsequent incarcerations: "*My children, my mother. My mother got sick of me in and out, in and out, in and out, and it was like I was losing contact with them.*"

The quotes above highlight both the difficulty with prison visits being made, as well as the difficulty if they did not occur. Again, legislation and policy are clear about enabling visits to prisons to occur, and for supportive processes to be in place, to make them as conducive as possible – because visits are viewed as vital for maintaining relationships that can support people after release from prison, to reduce risks for reincarceration and promote community living.

10.3.2 Support in prison

Despite the clear identification of shortcomings of prison programs for Aboriginal people in the literature, the Aboriginal service providers interviewed for this study, who were experienced practitioners and community leaders, had surprisingly little input into local prison-run programs. This is despite, too, their being well-positioned and experienced to design and facilitate programs, and despite having relationships with key correctional centre staff and policy makers.

As identified earlier, Beau was the only community-based service provider to run a program in a correctional centre. Bubba and Curly were government employees who worked with Aboriginal people in prisons as well as provided support in the community, but they reported little power to shape programs, timeframes and delivery modes. Aunty Penny and Uncle Advocate visited prisons as Elders, and in this had working relationships with prison managers and senior government staff. However, this did not translate into their having any influence either on the types, delivery and appropriateness of prison programs available to Aboriginal people in custody. Some other interviewees made their services extend to incorporating visits to Aboriginal clients in prisons and, as demonstrated earlier, some of the Round 1 interviewees reported benefitting from this. But this visitation is not a prison program as such, and shifts the burden of care on to the often poorly funded community sector. Munun and Meeanjin were involved with community-based services, applying for funds to design and undertake prison and post-release support programs, but knew they faced competition against large mainstream not-for-profit agencies with a large professional staff base and financial planning and evaluation techniques.

The ex-prisoner interviewees reported very little positive engagement with prison programs to help them understand and address issues that they considered related to their arrests, sentencing and incarceration such as long-term anger, manifested in alcohol and drug dependence and violence.

Only one Round 1 participant actively engaged with prison programs – a mature-age woman from whom the violent offence that led to her incarceration was her first ever:

> *I did a lot of courses, a hell of a lot, over six years. I did a couple of them twice ... I was thankful that I done that anger management because I sat down, you know, when you do it and I just enjoyed it because I realised there were alternatives. There are alternatives out there but all we have to do is just sit down and we have to be taught.*

Most of the other Aboriginal ex-prisoner participants did not, however, identify that they benefitted from prison programs in any way. They were disadvantaged in

accessing programs because of the short sentences they generally served, as well as being moved around between different correctional centres. Some did not know what programs to access, including Kurilpa, who served several sentences but did few programs, because:

> *I guess not enough education and awareness. Ahm, although you know, I didn't access any of that so … I don't know what was available … I didn't notice any of those people while I was in there.* (Kurilpa)

Meeanjin reflected on not being ready, and being very emotional: "*I am not sure I would have done something like that anyway. Not with where my head was at, I was still pretty wound up and not open to … anything really.*"

Beau, one of the few Aboriginal service providers delivering prison programs, also acknowledged there were limitations about the readiness of individuals to change:

> *This anger management, I do it in the program too as well. I'm not saying it's perfect and it doesn't work all the time because they can put a smile on their face, just nod and say yes everything is fine.* (Beau)

The ineffectiveness of prison programs to draw Aboriginal people into them and actively engage them brings into question their quality, applicability to needs and cultural relevance. Several of the participants had clear concerns about quality and cultural appropriateness, including Meeanjin, who said about gendered business: "*she* [the program officer] *was supposed to talk to us about certain things that only men should be discussing and she just had no idea about that business.*" This can be humiliating for Aboriginal men, and is unsafe and disrespectful (Bulman, 2012).

The following statement from Tiny Mum highlights the lack of alternatives in programs that had previously not been helpful for her, and the vulnerability she faced being released from prison without having addressed her well-identified risks for reincarceration:

> *I was in anger management. They asked me to do anger management and I done anger management, then I ended up having a fight in anger management so I had to keep repeating, repeating about six times, seven*

> *times. I've still got the anger in me. I'm trying to get rid of it. I don't know how to get rid of it but, that's the problem. So alcohol was making me worse.* (Tiny Mum)

The underlying issues and needs were clearly inadequately addressed among many of the participants in their periods of incarceration. Munun's reflection below highlights the misunderstanding about his needs and risks for reincarceration:

> *I went to jail when I was young and came in and out so many times. It wasn't like I was trying to come in and out, things just kept happening that built up and meant I was in and out. I was getting in to trouble but often it was just misunderstandings that went wrong and a lot of anger and my bad temper.* (Munun)

Obviously in terms of anger management, and emotional recovery and healing beyond that, many compounding factors are play. The limited opportunity and support for individuals to experience personal change within the punitive prison environment was explored in the literature review and resounded in the experience of these research participants. Further, as Tiny Mum's statement shows, she was clearly re-traumatised by some of her life experiences being uncovered in the prison program environment: "*I didn't like the way how they used to manhandle me and it was bringing back old memories what that fellow used to do to us in the home back there.*"

For these multiple, compounding experiences of traumas, in Munun's words, "*there are no plans, no cash, no counselling to help us get over what we have either experienced in prison or been through to end up in and out of prison so many times.*" Other needs and issues for which support was required, that the ex-prisoner participants identified, were alcohol and drug dependence, complex legal issues, family breakdown, grief and loss including of child access and early deaths of loved ones. None of the interviewees with experience of incarceration indicated that they experienced prison programs adequate enough to address and heal any of these needs and issues.

None of the service provider or support-people interviewees reflected on any programs that were therapeutic enough to resolve the multiple traumas often experienced by Aboriginal people in the criminal justice system. So too was there little evidence of addressing cultural determinants of health and wellbeing being in correctional centres, including identity, connection to and knowledge of country, historical and intergenerational. Of great concern was that some interviewees left prison with minimal education and no improvements in literacy and numeracy to prepare themselves for life after release.

Lastly here, it is important to acknowledge the informal peer support received and provided among the participants during their periods of incarceration. Sonya, for example, supported many other women:

> *I did courses, I worked and a lot of the screws, they used to put a lot of the young Murri girls or the younger lot of girls that had needle problems or something, just put them in where I was, probably because I coped with a lot of that because of my kids. I had more empathy for them and compassion because I already know, you know.* (Sonya)

Doon Doon reflected on how this set women up well for their release: "*We look after the women who come in gaol, look after them because I seen girls come in that place and went out really good and healthy*." She had contact with ex-prisoner peers in the community, and like Tiny Mum supported other Aboriginal women in the community, after release from prison, with whom they were incarcerated. Informal support extended to supporting family members in prison, including their transition to community living.

10.3.3 Identifying issues and needs

Support experienced by people in prison is only one aspect of their experience of incarceration, which results in many other issues such as disruption from economic and community life, removal from family, and ongoing risks for reincarceration. The following paragraphs describe the participants' experiences of support toward the end of their time in prison, in preparation for the critical transition from prison

release to community living. This includes both support received, and support provided, for individuals and their family and social context where possible.

Most of the Round 1 ex-prisoner participants identified issues and needs they experienced, before they were released from prison – whether it was the last time they were incarcerated, or times previous to this. For some this may have been the benefit of hindsight, but several discussed having insights over several years about issues related to their incarceration that needed to be addressed, including underlying poverty, anger and grief, and behaviour-level theft, violence and alcohol and drug misuse.

KFella knew he had such a long history of problems, which were visible to him and those around him, for example: "*Never been able to keep a relationship of course. And, like, that was my life, and um, and drugs. Y'know, a lot of my life was spent with drugs, so that meant criminals that's all I ever knew my whole life.*" Despite this, these issues were not the topic of any therapeutic care or other health or wellbeing intervention of program whilst in prison, nor linkage in the community to ongoing care. Not until several years post-prison release were these issues were addressed and healing began to occur in KFella's life.

Arty knew before he was released from prison that he was suffering from extreme anxiety, for which he had received no therapeutic care in prison. He did not access support in prison, but did immediately after he was released:

> *Arty: We had a lot of psychologists in jails and that, but we didn't associate with people like that, a lot of prisoners didn't.*
>
> *MW: But you knew in jail that they were there?*
>
> *Arty: Yeah, we knew they were there but we just don't trust too many people while you are in prison. You don't trust anyone really. Only your friends and family.*
>
> *MW: Did you find it easier to trust the one at the PA, when you were on the outside?*
>
> *Arty: Yeah, I didn't really trust him, but I knew I had to do something. I didn't know what but I knew I had to do something. So, yeah, I had a talk to him and it was good.*

Meeanjin, KFella, Tiny Mum, Uncle and Tilly all, too, identified significant emotional and addiction problems and knew these were risks for reincarceration. Kurilpa, for example, said: "*How I managed anger was to react and that would end up … I would end up in jail as a result. You know, I wasn't taught how to say 'You know, I'm angry'*". Munun's reflection is similar, with a sense of starting to understand why he was being reincarcerated, but not being able to grow from this:

> *It wasn't like I was trying to come in and out, things just kept happening that built up and meant I was in and out. I was getting in to trouble but often it was just misunderstandings that went wrong and a lot of anger and my bad temper, not being able to keep a lid on it.* (Munun)

Munun described a gradual awareness developing:

> *I think that little by little I got to see things for how they were affecting others, especially my kids, and even though I wasn't with my first wife any more it wasn't right that it was so hard on her because then it was harder on the kids anyway and they weren't getting anything from me being in there rather than being with them teaching them how to stand up and be proud.* (Munun)

Kurilpa too talks about progressively gaining insight over several different prison sentences:

> *It was, it had gotten stronger at that point. I think looking back at those other times, there were obvious problems there, I just didn't recognise them or acknowledge them. Whereas in the last couple of visits, it was just a matter of progression. I had started to identify that I may have had a problem and still couldn't find a way out. But I was slowly getting there.* (Kurilpa)

Kurilpa, however, did not access any support for his self-coined 'obvious problems', which included anger, grief and alcohol and drug dependence. This is one of the notable gaps – little support to understand needs and issues more deeply, to then link to adequate support. The interview data showed very little support accessed by those who had been in prison, which Kurilpa thought was because of "*not enough*

education and awareness. Ahm, although you know, I didn't access any of that so… I don't know what was available."

These types of needs and issues were also clearly identified by authorities as occurring among several of the Round 1 participants – including custodial corrections, forensic and community mental health services, medical and psychology practitioners, family members and peers. The issues were clearly acknowledged as risks for further attention by police, crime and reincarceration. That is, the issues to which the participants' incarceration was largely related, and the risks for reincarceration, were not hidden from view – they were identified, were known and were causes for concern by the Round 1 participants and others in their lives. As indicated in quotes above, they included the very same issues well illuminated and reflected in legislation, policy and research, as explored in the literature review earlier.

In terms of planning for release, none of the interviewees had any written plans, nor case management or professional support to assist with their transition from prison to the community. In lieu of structured, identifiable support to assist with identifying and starting to address risks for reincarceration, the interviewees had a sense of 'hope' that things would be different after being released 'this time'. But this hope was not matched by effective actions to ensure this, by the individual, nor by the system responsible for their welfare in the correctional system, nor anyone else from the community context, either mandated to provide care such as parole, or informally positioned such as family.

10.4 After release from prison

The focus of this section is on support experienced at the time of release from prison and post-release. The above sections showed that lack of preparation for release or healing needs and issues bade poorly for the Round 1 participants. Several faced great adversity immediately post-prison release. As Sissy, a service provider with special interest in supporting ex-prisoners, but not specifically funded to do so, said, "*Usually the person has lost so much with being in prison – dignity. They are really starting at the bottom of the mountain and need a lot of support*".

Apart from in Meeanjin's story, there was a notable absence of any support at the time of release from prison, literally from the prison gate. Meeanjn was one of only two out of twelve Round 1 participants to have been met at the prison gate. But this differed to previous times he was released: "*Well, some family picked me up which I was lucky to have because other times I had just walked out of there alone and with no one waiting. This last time I had them, and that was arranged already.*"

Unlike Meeanjin, most of the other Round 1 participants left prison alone. This meant little companionship or responsibility to others, as well as self-reliance, financial hardship and homelessness. In light of alcohol and drug-related issues not having been addressed during incarceration, risk for harmful use was real. In KFella's experience, "*on release, just not knowing myself and hating myself. I got kicked off the train in Sydney, the guards they pulled me off drunk as a skunk. Drugs again. Didn't take me long.*" Kurilpa faced a similar, unknown future immediately after release:

> *Most of the times that I ever got out of jail or anything like that, there would be a train station or a bus nearby. And I would jump on that transport straight to the pub. Yeah, that was the most natural instinct that would take hold, you know, and the pub would be the first place.* (Kurilpa)

Kurilpa also said that where he went next "*that could be depended … be determined by who I would meet that day. That could be determined by what I did that day. That was never guaranteed … The only plan was to get drunk and enjoy my freedom, so I thought.*" Doon Doon had had a similar experience. Reconnecting with her family was purely by chance:

> *What I did, I caught a train to – sorry, taxi to the train station and catch a train. I didn't know where I was going to … [X suburb was] not that far but to a right – I seen people walking out there going for a train and one day I saw my sister and me and my mate were sitting on the stairs there looking up the road where you go into the station and she said, 'Hey, look at that one out there walking'.* (Doon Doon)

By chance she was able to meet her daughter after a nine-year separation, and create connections that endured, and were expected to continue to do so.

Munun was the only other Round 1 participant to have pre-arranged being met at the prison gate, by his partner. He recalled the process: "*We went home, and I had not seen that place because she had moved in that time … she had had to move all the stuff while I was inside. She had to find the new place, everything, plus be able to sort out all the money, the bond, time off work.*" As Sissy, a Round 3 support person and service provider advocated: "*The stress of getting out of prison for both the person and their family should never be under-estimated!*"

Although for Doon Doon, the time with family immediately post-release was enjoyable, it presented her also with serious difficulties:

> *But we had a good time, had a good drink, just me and my nephew. My nephew's about 6'7, he's lanky and tall and my son, he's only a little fellow, a midget. But it was good, us three, we get on see and then we end up – I ended up staying and hanging around my son for a while. He was staying with my sister but I won't stay in there. I just running over to see her and that, see her and my nephew … But then I just lived under Ipswich bridge, not really – I had to find places to sleep. So I went and slept in the Ipswich bridge. I even slept in Roma Street park. I went to the beach, Caloundra, I slept along the beach, stuff like that, you know. The parks we went and drink – that's where I was, mainly in the park drinking.* (Doon Doon)

Parallel to this was Doon Doon's experience of being "*really sad 'cause I thought no, no one don't care about me, you know.*" After about three months since she was last released, Doon Doon started to reconnect with her children and partner: "*Me and him sort of got – I fall pregnant and then I was starting looking forward…*" The relationship did not stay together, however, but during her pregnancy she was offered to house sit for her niece until the baby was born. After that, she rented her own house and was able to gain custody of all but one of her children – significant life events in only one year post-prison release and with some instrumental support from

one particular family and very little support from any health, justice or welfare services.

Most Round 1 participants found only short-term accommodation; several left prison without a plan or firm options for accommodation. Finding a place to stay was opportunistic, as illuminated in Tiny Mum's experience:

> *I was staying with the foster mother. She was looking after my youngest daughter and she said, 'You can stay here with me until you get your house or when you're ready.' I said, 'Okay then'.* (Tiny Mum)

Deena managed a long-term accommodation service to which some people are brought by other service providers upon prison release: "*when they get into town just to come and see us and then we'll do an assessment on them.*" But, there was no pre-planning, guarantee of accommodation because of limited vacancies, or of the assessment outcome and alternative options should criteria not be met. Deena was able to offer flexibility: "*We just – we give them another two more weeks before we actually do sign them up…*" but uncertainty prevailed.

Follow-up immediately post-prison release by support providers was also ad-hoc. The support Kristal experienced was technically outside the scope of the role of the Detective who helped her, but it was profoundly important and rare help, nonetheless:

> *No, he was the only one. And he helped me. He was like a miracle. I got out and within one week, I had a housing commission house, he got me that house, within one week. He told me if you do the right thing and you show me you're going to do the right thing I'll help you. So he rang up housing and I don't know what he did but within a week I had a house, I took it straight away.* (Kristal)

Sissy's short-term support was also between other core business of her work: "*We do some driving people around, a lot of explaining to all the relevant parties, a lot of listening. We also provide some emergency relief, some vouchers either to the fella or family.*" Among the service provider participants, however, no planned or

networked processes or communications were in place or provided, highlighting again the period of prison release as time of great uncertainty, need and vulnerability for reincarceration.

The post-prison release support was minimal, particularly in light of the amount of competing priorities, such as described by Munun:

> *There was not a lot available to us that could really help. No half-way houses any more to go to that would have helped because the time getting used to being out of the routine of prison and being told what to do would help. So much changed during my time in prison too from petrol to technology to advertising and bus tickets and what kids expect of the world and their school. No one was there to help with these things, just thrown in well … thrown out into the deep end and 'survive this' and them saying 'you'll be back next week'.*
>
> *Some things I just had to do for myself but there was still a lot standing in the way of getting on my feet like just not having the work record, having the time away that I had to explain or wash over, plus the stereotyping. There was also the time just wanting to be with people, wanting to be with my people and not away from them. I had so much to learn about my culture that I never realised before and in a way it seemed like there was not enough time to find out as much as I wanted to as well as work and follow up and do my parole reporting and everything else.* (Munun)

Munun's statements highlight several needs and priorities, with, at the forefront of his mind, connecting with others and his sense of self to then be able to meet other needs. His insights show his desire to tap into a deeper level of connection and reassurance among others, and a new movement to better understand his past and cultural history – but this cannot happen short-term post-prison release. Kurilpa also expressed this more personal need that could only be met in relation to others and to Aboriginal culture: "*I go very deep, because of my personal experience … Disconnection from self which is also disconnection from culture. Those two need to be facilitated in the correctional system, in the jail system.*"

In the years since the last time he was released from prison, Kurilpa learned about the extent to which he needed to come to terms with his own life history, as well as develop life skills to reduce risks for reincarceration. This connection/re-connection with self appeared to be a fundamental part of what he called his 'journey of healing' (Laliberte, Haswell-Elkins, & Reilly, 2009; Tsey et al. 2010; Waldram, 2012, 2014), as well as reconciliation with family and community life. These learnings did not come quickly post-prison release, but were the result of much support and action. He needed support to be on the journey; this happened relatively soon after his last release from prison. The interviewees' experiences show that support in the short-term post-release can lead to further support and longer term journeys of healing.

10.5 Medium term post-release

After the initial upheaval of being released from prison, some months post-prison release most of the ex-prisoner participants experienced significant crises that proved to be turning points for them in their lives. The crises were generally related to unstable accommodation, conflict in relationships and problematic alcohol and drug use. These issues, however, were 'tip of the iceberg' situations for most of the Round 1 participants, as labelled by Bro earlier – they were based on compounding factors including stress adjusting to life after institutionalisation, emotional distress, ongoing entrenched poverty and family conflict and breakdown.

In the sense of experiencing crises, the needs of the Round 1 participants appeared to change from immediately post-prison release to short- and medium-term post-release. Short to medium term in the community, upon experiencing setbacks and crises, more specific and targeted support was often urgently required. For Meeanjin, for example, "*… it was hard because I knew I wasn't as strong as what I thought I was going to be or as much as they expected of me.*" He began using drugs again until it got to the point that his family helped him access a residential rehabilitation centre. Kurilpa, too, was referred to residential rehabilitation, by the Parole Officer he reported twice-weekly to:

> *She would ask … I remember being high going to see her. And she would talk about it. And she would say, 'What about rehab?' or something along those lines. I'd say, 'Yeah, yeah' …on the days that I wasn't high, I think it affected*

> *me more. Probably more guilt associated with it. And I was like, when I was high, I would say, 'Yeah I'll go there.' And when you are high you tell bare-faced lies, when you are under the influence and … you know, to the point where I even convinced myself. You know, that's scary, that kind of denial.* (Kurilpa)

The Probation and Parole Officer showed some persistence, but ultimately this was fleeting support: "*she encouraged me well. I eventually made the decision.*" The Parole Officer changed and no follow-up care with the original and influential officer occurred.

As indicated earlier, Arty himself accessed a doctor and psychologist post-prison release, for long-term anxiety. He explained why and how this came about:

> *I had a lot of problems, yeah, I did have a lot of problems. And it was the way I grew up. In and out of boys homes, and then I went to jail. And see, I know I did not commit this crime but they charged me anyway and sent me to jail. So I had a lot of hatred for authorities and people in authority. I knew I had to do something about it myself because I could have turned around and hurt somebody or hurt myself. I didn't want that to happen. So I took myself into the psychologist and had a talk to them … I used to sweat, I used to …my heart used to go a hundred miles an hour. I couldn't sit and talk to many people and um … I see a psychologist for about three months and helped me put my head together and off I went … He just told me about problems, the whole world has the same problems, it's just that you have to look at it from different aspects. Why are they happening? Why are they going and doing these things? Put yourself in their shoes. I learned, I picked it up slowly. He helped me out.* (Arty)

What Arty experienced assist his anxiety did lessen, and maintain relationships with other people. Among other things went on to have many years working as an artist, whilst raising a family with his wife.

Although most of the Aboriginal ex-prisoners interviewed for this study were generally in contact with and connected to a broad family and friend network, as Sissy said, "*the relationships need tremendous healing. Often so much damage has been done*". None of the participants reported having relationship counselling, nor any other facilitation to establish their lives with their families and social networks.

Round 2 participant and service provider Beau was one of the only participants whose formal work role it was to support Aboriginal people post-release, in whatever way he could. He talked about ways he supported Aboriginal men to establish healthy boundaries with others, as well as supporting them through anger, grief and confusion in relationships: "*She pissed off and left me and no-one's here and my family doesn't want me. It's just a vicious circle.*" He also worked with their partners and ex-partners in the short to medium term and reflected the difficulty of family breakdown at this time: "*the partner needs to try and move on in the best interest of the children. It's very hard.*"

Whilst still in prison and in the short- to medium-term post-release, Kurilpa had also well-identified the need to make changes in some of his relationships and social networks. But again, while the messages may come in the short term, some change such as to relationships, takes a long time. Last time he was released, Kurilpa went back drinking with those he was familiar with:

> *It's bad when you don't have that choice… ahm… sorry, not that you don't have the choice – you don't have the awareness that you have a choice of choosing your health over … your wellbeing over your family. Sometimes you just choose family instinctively and that can be part of the problem…*
>
> *Ahm, it is one of the hardest things to do, without education and awareness. Yeah, and it's a very important part of rehabilitation, in my experience. It has been a very important part of my rehabilitation. I needed to not hang around the people that brought me down. I needed to make new friends, and that is something that I have been fortunate with, in the way that my family are now in Queensland. My direct Aboriginal family are not in Queensland. I see that as a downfall to some of my brothers and sisters who have done the same and failed time and again. Failed might be a strong*

> *word, but not achieved what they have wanted to achieve. Then, I think that it is important to consider the environment that you are going back into, and the people yeah… it's a very hard one, that one.* (Kurilpa)

Sometimes the disadvantage and trauma that some families and connections experiences was a source of stress and risk for those returning from prison. But understandably, as in Kurilpa's experience, being honest about this to himself and putting in boundaries was extremely difficult. Kurilpa's rehabilitation process included being involved with a 12-step recovery program, through which he made many new connections, as well as learned to mentor others he knew who also experienced addiction and trauma. Again, this did not happen in the short term, but was instigated relatively soon after release from prison. Kurilpa worried about what might have happened to him had he have kept drinking and drugging and not gotten to know his history, sense of self and needs:

> *Ahm, I couldn't tell you where I would be today, if I didn't go there. I'm not saying that what I have achieved today is where I would be. I think … I just don't know where I would be. I know that I wouldn't be … I truly believe that I wouldn't be as well off as I am today, in a spiritual and emotional sense.* (Kurilpa)

Kurilpa, Munun, Meeanjin and KFella had each explored their life history and sense of self through rehabilitation, counselling and/or the spiritual program offered by 12-step fellowships. Still, as Sissy noted, this type of intensive support is lacking: "[The] *absence of therapeutic services. Incredible! Incredible that there are so few therapeutic services. We need to go beyond support.*"

Sissy, too, argued that going beyond support means working with families and communities. She described the onus on the individual to make changes after getting out of prison as unrealistic: "*It is a one-way street, that fella has to fix himself and community is not expected to do anything.*" Beau agreed that one of the critical issues is that many Aboriginal communities are themselves struggling: "*The infrastructure of family and community, that was broken. It was snapped away and everything was pulled away and everything like that. The culture, their beliefs, everything.*" As a

result, young Aboriginal men in particular "*Haven't got a good role model in the family or in the community that they can look up to.*" The work from the community-side of the prison gate, then, must include healing of some its own issues, not just preparedness to have a member return to it from prison.

Services are an important part of any community. They are crucial for providing support to all citizens, whether they are newly released from prison or not (Kinner and Williams, 2006). Access to general services is crucial given the dearth of speciality services funded or available to provide post-prison release support to Aboriginal people specifically. Several of the Round 2 and Round 3 service providers did post-release follow-up care in the short and medium term post-release; however, this was not a coordinated action to tackle the complexity of issues and gravity of need. As Round 3 participant Chappy posited: "*The follow up care is done because of relationships and all being the same community. Their service is not funded to do follow up even though they often clearly know what the issues and needs are*". Beau knew this, too, that "*A lot goes beyond closed doors, that are spoken of, that are not spoken, in the day light so to speak.*" That the support is through relationships and occurs unfunded highlights the sense of responsibility Aboriginal people who participated in this research had for others. The concern is the additional burden to provide un-funded support, stretching already scarce resources.

10.6 Long-term post-prison release

10.6.1 Mixed formal and informal support

Many rich examples of long-term support were described by the participants, about the support they received, provided or both. Mixed, formal and informal long-term support examples were wide ranging in mode and purpose. Most originated from and were located in the Aboriginal community, rather than, for example, being available through mainstream support services or other funded services, although enabled and resourced these. As Munun, himself a service provider proudly explained:

> *I am part of an Aboriginal and Torres Strait Islander men's group and that has changed everything for me. We get together and there is always something on, a couple of times a week even so no one ever has to go too*

long with too much trouble in their spirit, in themselves and with everything they have go to deal with. (Munun)

This was a local community-run group, unfunded yet involving several men who themselves worked as professionals in other community organisations and government health and welfare services. And, as explored earlier in this chapter, blends of formal and informal support occurred, where people had a mixed role.

In another example, the accommodation service Deena worked for held regular community barbeques, days of commemoration and celebration such as Sorry Day and NAIDOC[5] Day, sports games and social outings to general community events and attractions. They also had an Aboriginal men's group. Over the long term, it had also trained and employed people who had been in prison or at risk of this, creating a pathway into education and further training for them and their family members.

Round 3 participant Charlie's exemplary work facilitating peer mentoring and sporting programs was mentioned earlier in this chapter – this connected many men with histories of incarceration to each other, and to regular community events and sport. Peer support and mentoring was also provided by Round 2 participant Bro himself, as well as through the men's group, and also by Round 2 service provider and ex-prisoner participant Langoo in the rehabilitation centre aftercare program and related men's group.

In other long-term support processes, Round 3 participant Uncle Rex provided legal education sessions, literacy and numeracy courses and communication skills development, as did Natasha and the organisation she worked with. This organisation also had a long history supporting the Elders to support others, including craft with the Aunties, and referrals to and from the Aboriginal men's group. These were all enduring forms of support, well used by people with histories in the criminal justice system, and their families.

[5] NAIDOC is National Aboriginal and Islanders' Day of Observance Committee, with its origins in Aboriginal groups in the 1920s who raised public awareness about Aboriginal issues. It is now a day of celebration on the first Sunday in July, beginning a week of events acknowledging the achievements of Aboriginal and Torres Strait Islander peoples.

10.6.2 Informal support

Examples such as these demonstrated how many of the participants contributed to building and strengthening community structures that ex-prisoners accessed, and they facilitated access to these structures. This enabled Aboriginal people with histories in the criminal justice system to develop longer term connections to their broader community, well beyond a general service provide-client relationship and with connections to other sources of support beyond themselves. The supports were not labelled or construed as 'ex-prisoner services or supports' as such. Nor was the support related to criminal justice or health services sectors or programs specifically, but they operated more at a community level, responding to need.

Several other examples of long-term informal support, more in the private family domain were explained by participants. Round 3 participant Carrawa was an experienced service provider and community leader who closely supported her brother throughout periods of incarceration and in the community beyond release. Together they were involved in Native Title claims, mapping of their country, documentation of history and governance related to Traditional Owner roles. She also assisted with his medical needs, hobbies and relationships with other family members – across a great span of time and requiring a range of skills and connections. Another Round 3 participant, Aunty Hope, said in regards to long-term support of her nephew, throughout a number of periods in prison, "*You're actually obliged for as long as they need you. That's just about forming relationships. If it is a genuine relationship you do*".

Round 1 participant Arty credited ongoing support in the long term relationship with his wife as the most beneficial he experienced: "*my girlfriend, my wife that was my girlfriend, she ah, tried to get me on the straight and narrow. That was when we had my son … And ever since then I ah, was trying to focus.*" Arty and his wife lived in their own home and had steady work. Arty said his wife encouraged him to develop his career as an artist, take care of himself and keep in touch with family and friends.

Aunty Kikki, a Round 3 participant, was herself the wife of an Aboriginal man who had been in prison. As explored earlier in this chapter, she visited him many times. In

addition to supporting him she kept in touch with other family members and foster children who had also been in prison. With some of these she had the expectation of maintaining lifelong connections, providing ongoing support without judgement: "*I sort of always left myself open for them, if you ever need any help just ring me. Don't think you're on your own.*" They call her Aunty and she helps with their children and pets sometimes too, as well as hearing how they are going – "*the door is always open for them*". Aunty Mary, another Round 3 participant and experienced mixed-role support provider, said of the connections outside her work*: "A lot of the boys who were released that I kept in touch with, they'd always ring… keeps in touch religiously, rings me for Christmas every year and at other times. We always know we're going to get a call at Christmas*".

Doon Doon explained how she was trying to reduce her long-term reliance on her family, her father in particular. "*Yes, I could [go to him] but I just don't put the stress on dad. That's the main person [who supports me]. Trying to work things out myself...*" Doon Doon joined a women's group hosted by a local Aboriginal community-based organisation that was facilitated by one of their female Aboriginal staff: "*We go up there, it's like nearly ever, you know, sit down and talk, things like that. But she's been ringing me up a little lately say with stuff going on, with me going to court trying to get my baby back.*" Doon Doon also had support networks in her local neighbourhood among other Aboriginal women, developed since moving there a year after last being released from prison. She said about her reluctance to rely on support workers and family:

> *I don't want sympathy, I don't want, you know – I want to do things, you know, myself and just living, you know, like any other women living with their children. This lady here next door, she's a single mother of three daughters and she ought to know.* (Doon Doon)

KFella also spoke of this desire to be together with others, and fit into the general community. Himself an ex-prisoner and trained and experienced support provider, he described being alongside other ex-prisoners, showing how: "*We can take our families to parks. I do what I call so-called, what I think 'normal' people do. We go to the movies, we go out…*" and they could enjoy their time without drugs and

alcohol, crime or other difficulties. But, as KFella asserted, it took dedicated support for some people, including himself, to be able to achieve this, and a long journey of his own learning about himself and healing from past traumas and experiences.

Arty too had a background of considerable abuse, family breakdown and incarceration from a young age, and felt the strong connection to be with his friends as he went through his marriage break-up, at the time of interview, several years' post-prison release: "*I started feeling out of place and I felt lonely and I started missing all my friends and my family and I thought, 'I've got to come back this way again'. That's why they call it a walkabout. Yeah, a walkabout.*" This was his long-term group of friends who had also been institutionalised and incarcerated, some with him during their childhoods, and others with similar experiences.

10.6.3 Connection to community supports

Arguably one of the most instrumental actions to promote long-term support was connections being facilitated to further supports in the community. This was seen in Doon Doon's experience above, for example, in being encouraged by Queensland Health Aboriginal Health Worker to join the local Aboriginal women's group for ongoing and peer-based support.

It was also vital to Kristal's linkage with her main support base, a community-based women's service:

> *I had that detective and then he hooked me up with all these sort of things. So he was my support and then I don't know, somewhere along the line I got in contact with [the service] and I've been dealing with them for 5 years now. Always talk to them.*

For Round 1 participants KFella, Meeanjin, Munun and Kurilpa, who all went to long-term residential rehabilitation, connection to after-care and mentoring programs meant they received ongoing personal support, and also contributed their experience when supporting others. Otherwise, as Round 2 service provider and ex-prisoner participant Langoo indicated, rehabilitation centres were limited to only relatively short follow-up care:

> *We have a 6–9 month program and a 3-month program in house in the actual treatment centre as such, also then about six months in the halfway house – aftercare buzzword. We stretch it out as much as possible but could do so much more with funds.* (Langoo)

Also, Langoo asserted the importance of long-term connection to the centre and its formal and informal supports because:

> *Family systems work takes time to work through; the program could not be any less than the year, and people need longer term support to keep identifying, making and maintaining change – the healing journey. Good intake helps identify supports needed and timeless of these.* (Langoo)

Links to certificate courses, training and employment were also facilitated. The relationship was viewed as long term, like a family. Ongoing relationships were also encouraged between current and former service users and to 12-step recovery programs in the community. As Langoo clarified, "*Though, it is the relationships that determine that … the relationships help*".

10.6.4 Supporting others

The final long-term support issue to explore here relates to the way the Round 1 participants in particular were invested in also supporting others. This theme of reciprocity and generosity was discussed earlier in this chapter, but is continued here to highlight it is often long term in nature. This support for others spanned family, neighbours, general community members and community services such as through hosting Aboriginal men's groups. The first part of Sonya's quote below describes the difficulty of her own journey, but how she was motivated to make progress to care for her sons:

> *It's taken a long haul because when I went into jail everything was sort of – it's different and then when I come out everything was changed, the people, even the landmarks, everything that you knew before has either been moved or – yeah, so I find it, I don't know. Once you get in the full swing of it, once you're out, I find it takes a while to get back in especially when I get home.*

> *Because when I come out I had to start from scratch and plus I'm caring for my sons…* (Sonya)

Doon Doon's perseverance and vision to reduce risks for reincarceration were also related to her vision for raising her children. In addition to focussing on reducing and abstaining from alcohol use, which during drinking binges would eventuate in violence towards others, she also became more connected to other people in the neighbourhood and looked after the younger generation:

> *Another lady up the road, she keeps the kids over too, they're always like, you know, different kids and you know, we never say no to them. We feed them up and you know, I always say, you want to have a shower 'cause you look dirty, go and have a shower, freshen up and stuff like that.* (Doon Doon)

Meeanjin and KFella also provided support to other general community members through the fellowship of the 12-step programs in which they were involved, which have a strong commitment to providing support to others, just as they had been supported. As KFella said, "*People ring up on the phone – 'I'm sick, I'm going to commit suicide, I'm going to have a shot ra ra ra', I'll sit and talk to them, or go get them*". Munun was also able to model some of the support he received to other Aboriginal people in the criminal justice system who attend the men's group of which he is part:

> *Here we do have people come to us after they have gotten out of jail. They come with nothing, no plan on what they need to do, no money, nothing from Corrective Services, just let out at any old time of the day or night, and just manage to get a lift somewhere. We just hope that they don't go straight to the pub or go get on. Sometimes we do know if other people are going to get out and come here. Maybe one of their missus or kids has let on, or an Aunty or someone else, that they are getting out. And we will be expecting them but sometimes they just show up.* (Munun)

This quote shows important opportunities for people exiting prison to be supported and connected to other Aboriginal people, cultural practices and services. The quote also shows a referral pathway already being well used. Because of similar

experiences with his men's group, Meeanjin, with tertiary qualifications in social planning and social policy, is looking towards sustainability as well as funding for the men's group. This is his way of 'giving back' but also promotes one of the most important aspects of his own journey of self-discovery and personal safety to reduce risks for reincarceration:

> *I do still really hope to be able to get some programs going and work full time on programs myself one day because there is so much we need to do. I do believe it takes Aboriginal men to stand up and be warriors and also I think that that was the only way I learned, was from other Murri men.* (Meeanjin)

10.7 Bringing it all together

This section described support occurring at a number of critical time points that the Round 1 Aboriginal ex-prisoners went through, and the support that occurred at these times – in prison, in preparation for release, and in the short-, medium- and long-term post-prison release. These are the temporal dimensions to throughcare. These time periods, arising from the interview data, are represented in Figure 9.5.

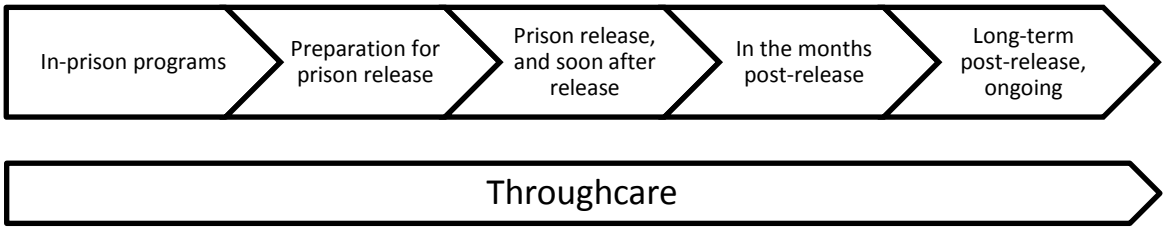

Figure 10.1: Throughcare and temporal dimensions of post-prison release support

The figure also shows the types of support the participants explained at the different time points. The interview data established that not one size fits all, nor does one time point suit all, but that support needs to be ongoing and enduring. The data showed how Aboriginal men's and women's groups were well placed to provide support across each of the time dimensions. They were made of diverse members such as the interviewees, who had a range of skills and resources to share. Their capacity to work in prisons as well as the community was demonstrated here, as well as to connect with families and address underlying determinants of health such as

social support and isolation, and skills development that could lead to further education and employment.

According to the policy and international rights accords identified in the literature review, people in prison have the right to the same health care in prisons as in the community. But when reflecting on the extent of support that the participants required, it was obvious there was a great difference.

Neither the reach nor effectiveness of prison programs and planning to create change among individuals about issues that contribute to crime was evident here. The data showed that despite current legislation and policy supporting prison visits to prisons and prison programs to address needs, these were lacking and tremendous effort was required and made informally by the participants. This support, however, was constrained by lack of resources and complexity. This data provided clear insights to reinforce the statement made early in this thesis, that the burden of care falls to families and community members, who are often already affected by other responsibilities and difficulties.

10.8 Chapter summary

This chapter also showed many examples of how throughcare occurred informally. In doing this, it also established that few of the research participants had experienced formal throughcare support in line with current legislation and policy. In explaining the timing of support, the data showed the pressing needs people had in prison, and in the short-, medium- and long-term post release. Ongoing support was required.

The next chapter details the different types of support that the research participants received and also provided to others, in order to reduce risks for reincarceration.

Chapter 11: Types of support

11.1 Introduction

This chapter explores the various types of support provided and received by the research participants. Interestingly, this chapter shows how the types of support assisted people in many ways, and that support influenced many different domains of life – personally, in families, in formal services and the community – to promote wellbeing and reduce risks for reincarceration.

11.2 Cultural support

11.2.1 Connecting to culture

Cultural support is the first type of support explored here, for respect that it is a broad, all-encompassing concept that shapes individual peoples' Aboriginal identity, as well as collective identity, spirituality, history, knowledges and interactions with others and the environment (Bessarab & Crawford, 2013; Eckermann et al., 2010; McCoy, 2008; Menzies & Gilbert, 2013).

For many of the participants, connection to these aspects of culture was ongoing and occurred through a number of different ways, and over time. In providing cultural support, issues the interviewees discussed – whether they were on the receiving end of information, or whether they were providing it to others – included the history of Aboriginal peoples post-colonisation, the nature of colonial oppression, and coping with racism.

In Uncle Kurly's experience with Aboriginal people who had been separated from their traditional country or family, the process began with literally discovering their identity:

> *[I would ask] 'Where are you from? You don't even know where you come from buddy?' Straight away you see them hanging their head, you know? You know, just they do. They just hang their head man and like, you'd know what's going through them, you know, they're lost. It gets worse if we didn't find, you know, we used to find it but when we were looking for it, if we didn't*

> *get it like, within a week they were going down; you could see them like you know? …. But as soon as you start saying 'Look brother, we think you're from – here…', then they're saying 'Yeah, you know, this is my mob'. Straightens them up straight away and they didn't want to go back to anywhere.* (Uncle Kurly)

Uncle Kurly's statement about 'straightening them up' was literal – he actioned sitting up straighter in his own seat with his head held high. In providing support, he addressed very personal issues with people, like Kurilpa described in the previous chapter – the sense of connection with oneself, one's identity. Aunty Kikki also talked about supporting young people in the criminal justice system, and her own experience as a member of the Stolen Generations: "*It doesn't matter how far you get pulled apart or all the things they do to you, you still connect [to Aboriginal people and culture]*."

Kurilpa spoke at length about his sense of a powerful healing and learning based on a mixture of his own actions in the context of deep support from others. He related his progress to developing greater self-awareness and self-care, as well knowledge of Aboriginal history, his own life history, and his experience with drugs, alcohol and violence, which were the main risks and contributors to his arrests and incarceration. The long-term residential rehabilitation program Kurilpa undertook did not only generate his insights and honesty about drug and alcohol addiction, but also the issues underlying that in both his own thinking and actions, and his inter-relationship with others and society. He was shown strategies to reduce and heal from dependence on substances and connect to other people with similar experiences.

Much of the support Kurilpa received was from Aboriginal staff in a long-term residential rehabilitation centre, as well as Aboriginal Elders and volunteers who supported them. There was also an Aboriginal man he looked up to, who was a friend of his uncle's. To Kurilpa, this support was crucial, "*Because we can't do it just by ourselves. I think that's… I really feel that*".

The time Kurilpa spent at the rehabilitation centre stimulated cultural and spiritual change: "*That place taught me about spirituality. I would not understand my culture today as I do without that foundation of you know, spiritual principles and spirituality.*" Kurilpa's statements also highlight the inextricable links between Aboriginal cultural knowledge and spirituality, and how in his experience learning more about these and incorporating them into his life improved his self-awareness and insights into his risks for reincarceration.

For Kurilpa, this personal development occurred over several years, and included intensive, ongoing support. This became part of his daily life, for example:

> *I was just you know, reading a book this morning that highlights the importance of culture in relation to identity and what can happen to people if their identity is taken away and that sums it up for me in relation to culture.* (Kurilpa)

Kurilpa mentioned other ways in which his sense of identity as an Aboriginal man, culture and spirituality were woven into his everyday life and sense of self – he gained shared custody of his own children, completed qualifications in children's services and gained employment at Aboriginal community organisation. He became an active role model in supporting other Aboriginal men through a volunteer mentoring program that was facilitated by the rehabilitation centre. Through these connections, Kurilpa reflected: "*I think that now my culture sustains me.*"

11.2.2 Eldership is central to cultural support

Several of the research participants were recognised as community Elders. Most of them had mixed formal and informal support roles supporting others to reduce risks for reincarceration. Uncle Kurly, quoted above about his guidance of young men, is a well-known Elder, as well as a service provider, volunteer on governance committees and sporting associations, and parent. He said he was always happy to spend time with people, talking and listening – have a long yarn about Aboriginal culture, healing and history.

Chappy, an Elder with a paid support role, described his position as "*a guidance-streetworker-mentor-Elder role.*" Through this mixed role he visited people in prisons and watchhouses, liaised with police, referred between services, undertook crisis intervention, family support, hospital and rehabilitation centre visits.

Most of the ex-prisoner interviewees had had contact with Aboriginal Elders. This was often because of the relationships the Elders had among families and in the community, and across generations. As families, as Round 2 participant Natasha explained,

> *Elders often know someone before they go in the system, know where they are, sees them in the prison, helps the family, helps apply for early release or something, see them or help around release, help them or help the family.* (Natasha)

Natasha's quote shows the Elders providing timely support, flexible across a wide span of time. This was also acknowledged by Bro, a Round 2 service provider and community volunteer. He remarked on the Elders' ability to empathise:

> *The work post-release has got to include this deeper work. It can, and it does through the Elders because of the way they already know where the fella has come from in terms of his family background, history, and kids.* (Bro)

Elders fulfilled roles such as listening support, guidance, connection to history and cultural knowledge and expression, linkage to others and reinforcement of self and purpose of being. The following quote highlights several of the vital ingredients Elders brought to prison and post-release care, and that the ingredients were inter-related:

> *The trust. Relationships. The Elders know the family history often, and generations. [They say] 'I know your mob; I met you when you were a little boy'. 'I know your kids.' If they don't already know each other.* (Natasha)

This is a role few are qualified to do. In reflection on the authenticity and efficacy of the Elders' support, Letisha says,

> *You know, the history of dispossession, exclusion, poverty – let's just say it, the issues are so complex and entrenched even an excellent trained social worker can't work things out. Even on a high salary they have trouble working things out with the family and they rely on the Elders anyway! Its just my opinion but, I've seen it! But the Elders do it without training, without support, without debriefing!* (Letisha)

While the Elders might not have had formal training, they generally had decades of experience and extensive connections with other agencies for support.

In terms of developing the capacity of other services, Natasha described how the Elders she worked with took a local approach to business, well beyond an Aboriginal cultural one:

> *Local because then it doesn't matter black, white or brindle. But the work suits the local conditions, the local resources, needs and relationships. All Aboriginal and Torres Strait Islander people have relationships with non-Indigenous people. We have kids with non-Indigenous people. Our kids have to grow up in that world. I don't see too many Aboriginal and Torres Strait Islander people standing up saying we want complete segregation. We fought against this - segregation. We want services that are integrated, but that doesn't mean that our identity has to be integrated.* (Natasha)

Natasha believed that Elders were more often than not respected for their contributions to improving cultural safety of services where possible, despite not being remunerated for this: "*We don't get funded. For what we do, in reality. What we do is part of the way we work, with Elders. They have a lead role. People respect them for that.*"

Duringa explains the motivation of the Elders to continue their work:

> *With the Elders there is just more of a commitment because it is about cultural survival, not just so much of culture but a lot of things are lost now but survival of identity as a people, as a community that is not mainstream and more than descendants of colonisers. There is something they see to preserve and also strengthen about being Aboriginal.* (Duringa)

Given the high levels of access by Aboriginal people, the services that the research participants worked for were all under pressure from greater demands for their services than what they could provide. This over-demand by Aboriginal people is in distinct contrast to mainstream services, who often struggle to engage Aboriginal people, and often report low levels of access (Ware, 2013). Despite being able to demonstrate great need for services this over many years, they continued to struggle for funding and resources to meet need. As Chappy explained, partly this was to do with mainstream funding criteria, and partly because they would not compromise their model of service:

> *We have many times been worried about funding – how we are going to get through to government about the need for more not less service, and less restrictions so that we can do things in the way we see needs to happen. We have tried to do that rather than fitting to the criteria. Many times we have felt like we are not trusted to be able to run programs the way we think is the right way. But we have anyway, and luckily this service here has stood the test of time so far.* (Chappy)

Even in light of funding and other income shortages, the Elders persisted with their work, investing in the next generation of leaders, as Duringa explains:

> *The mainstream services just don't get this. They don't get it, they can't replicate this. They can't prescribe it or program it. The Elders have it, they have the special essence, in identity, in experience, in who they are. They bring it with them, into services like ours and they give it to people like me who are going to be in the next generation of leaders.* (Duringa)

11.2.3 Men's and women's groups

Several of the services the participants worked for hosted Aboriginal men's groups and women's groups, and some groups were run by the local community more generally. The men's and women's groups were generally thought to reflect processes across different Aboriginal nations that occurred prior to colonisation and that have occurred for decades in the contemporary Aboriginal health and welfare settings.

Chappy is very proud of the men's and women's groups run by the service he works for, saying, "*They are a way where all participate, join in.*" Duringa concurs:

> *The men's groups are built on relationships, spending time with each other, slowly. They have the common issue of… the historical reasons for loss of male role models for generations… they need to come together to get their strength and work out where to, on an individual basis and also as a collective.* (Duringa)

On the individual basis, as Bro reflected: "*That's why the men's groups are so crucial, to be a place, a safe space for the men just to be and get to know themselves for a little while.*"

Sissy too reflects on the importance of strengthening relationships: "*Men's and women's groups are an investment, and lots of things spring from them. I guess they are all about relationships.*" Because of the relationships that have developed, in Bro's experience, trust and openness also developed:

> *I think that is why the Aboriginal men's groups are so powerful. Such a safe space to have men being men, and owning a lot of stuff. You think it is going to be so hard to admit to certain things, get things off your chest… It is taking the journey from the head to the heart.* (Bro)

This quote shows the peer support relationships and trust that occurs. He seems to place more faith in peer support being useful than mainstream services:

> *The other fellas in the group know what it is like to have been in prison, and get out, and lose family and self-respect, coz they have often been there, done that. You rarely get this with a prison worker. So many times they are young, and young women, some desperation to promote justice and even if this comes from a good place they are simply limited in their life experience to know which threads to draw on.* (Bro)

Further to the point about shortcomings of professional staff in correctional centres, Bro acknowledges they are peers, they are there to create a safe place of belonging, in which to develop relationships and trust:

> *Not as trained counsellors but as other fellas first, brothers people who have a sense of what it is like being a black man in this society. There is no other place like it for our men. What other place can they go, and feel like they fit in, valued, got a legitimate reason for feeling the way they are feeling, experiencing what they have, that is not all their own fault.* (Bro)

Men's and women's groups were identified as places in which a range of "*very tricky, very sensitive*" issues could be raised. Also, as Munun acknowledged, "*the men's group cannot do everything.*" Bro, too, explains how men's groups provide an impetus and safe space, but "*it is their responsibility for fronting up to their damage, especially to others. And then fronting up to the future.*"

Munun's statement gives some insight into how the extent of support he needs and the support he feels from the men's group:

> *As well as just the abuse coming and going and no understanding of what was going on within ourselves and also no way to really do anything about it anyway except what we were doing which was just keeping ourselves busy with stuff on the street. I can see all of that now but… It is a struggle to keep up with everything that needs doing and the expense of it all. My wages now even after getting a good job only just make it to cover everything. And sometimes we hardly get by. But it is the men's group that keeps me going, because I help out with the things that the men's group is doing*. (Munun)

The last sentence highlights that Munun's experience of support is in interaction with others, which creates a sense of belonging and desire to be supportive to others. The experience is circular, and while reciprocity was discussed in the previous chapter, it is a common theme through this and the next chapter.

The other more obvious contribution that men's and women's groups make, is that it fills a gap in current services funded and targeted to Aboriginal people, or people in the criminal justice system. As Bro argues,

> *There is not a lot that is targeted or designed for our Aboriginal men to take stock, understand, get support, grow. Aboriginal men's groups offer that and we run them, own them, have that powerful ownership, that we belong and can drop our guard.* (Bro)

11.3 Spiritual support

The last few paragraphs of the above section about Aboriginal men's groups shed light on notions of reciprocity and connection occurring in interactions in the groups. These spiritual concepts are reflected in the Aboriginal definition of health cited in Chapter 6. There were many other examples of spiritual support received and provided by the interviewees. These were not about theosophical beliefs in an external god or deity, as do some religions. Nor was this spirituality about understanding each person's traditional cultural beliefs that their ancestors may have had. It was about spiritual concepts in action, in everyday relationships.

As Munun was quoted earlier, the men's group he is part of "*has changed everything for me. We get together and there is always something on, a couple of times a week even so no one ever has to go too long with too much trouble in their spirit, in themselves.*" He recalled strong feelings of "*just wanting to be with people, wanting to be with my people and not away from them. I had so much to learn about my culture.*" This represented an important progression in Munun's life – to be connected to others, and to learn and grow, so much so that he was able to support others to overcome adversity, "*encouraging men to stand up and be proud Aboriginal men and learn about their culture more.*"

Others experienced these sensitive and important shifts too. They learned to trust themselves and trust other people. This enabled connections, and healing. Arty expressed a sense of this, knowing in himself that it "*helps me to not be apart from where I grew up and the group of people I knew when I was younger, we grew up together.*" During his marriage break up, for example, he needed to "*connect with my*

own family and people who I grew up with and people with who I feel comfortable and safe."

Other interviewees remembered this safety in relationships from when they were children. Growing up, Arty had been close to his grandmother, who had *"nurtured me, helped me, guided me in the right way."* Very sadly she passed away while he was in prison. KFella too, he remembered his grandmother as helping him feel a strong sense of himself. He also remembered how trusting and positive she was of him: "*My grandmother… I loved her. She always… she always understood, y'know. Just a different sort of person. She could see the good where no-one else could.*"

In Aunty Kikki's support of ex-prisoners she passed on to them a sense that there were spirits bigger than themselves, and the special connection to this country:

> *Like 'You know where you connect and where you don't', you know what I mean? Like, I think that's that connection. Because Mother Earth is so strong with us in our spirits, and that we know that connection.* (Aunty Kikki)

Charlie experienced connection between people, land and waterways, but was concerned about those who could not find their way to their traditional places:

> *I think – connecting back to their country – I think that's part of their spirituality because, when you connect back to your country, you connect back to who's the gate-keeper of that. Who's the cultural man that knows all the stories about their country, the Dreamtime stories and all that kind of stuff and I feel that's where – they know, they know where they come from but a lot of these fellas don't know who are the people to go to*. (Charlie)

As Sissy explains, this is important progress in healing: "*so this is an important part of what people like to call cultural revitalisation – this sort of reconnection of people with their sense of themselves, with the spirit of themselves, and with the spirit world*".

For Carrawa, spirituality was about encouraging others in their spiritual beliefs and instilling knowledge, hope and effort:

> *I always believe that there's a big plan and there's a bigger process for doing that. I think the ancestors will look after the ones that are there and we just have to keep asking the ancestors to assist us in getting the right places for them and I think that will happen.* (Carrawa)

Sonya did not want to find out more about Aboriginal spirituality particularly, but talked about her own form of spirituality:

> *No, I won't get into it because it sort of clashes with my belief in God. I'd sooner believe in a higher power than of something. I don't know. I find it demonic, Aboriginal things and I know for a fact it is, so I won't go into it. So I'm not into it.* (Sonya)

Sissy was cautious too, but not about Aboriginal spiritual beliefs and practices. She highlighted the need to also address the social and economic disadvantage that Aboriginal people experience, not relying on Aboriginal people to have a spiritual awakening and becoming accepting and tolerant of the persistent inequity in Australia.

That said, some of the research participants who felt a strengthened connection with themselves and others, and also felt energy within themselves to learn, heal and grow. They also had energy to support others. As Kurilpa so strongly said, "*You don't just get an awareness of yourself. You get an awareness of the world. And then you're like "Wow! What am I going to do?! I've got to do something here*".

KFella talked about becoming 'part of the living', as an ex-prisoner, who supports other ex-prisoners personally and professionally:

> *I spend a lot of my time helping others. Because, at first I think I started out, I have to be honest about it, because of what I'd done, I'd owed – this was my way of getting some peace. I found out it don't work like that …. I'm happy in it. I don't do it because I'm forced to do it or anything. I do it because I love it.* (KFella)

11.4 Emotional support

11.4.1 Having a yarn: More than talking and listening

The examples of cultural support above showed emotional support being given and experienced by the interviewees. The following sections explore this emotional support in more detail. It came in many forms, the result of varying processes of engagement with others. A profoundly deep, moving form of emotional support that the interviewees experienced came through having a yarn, as explained in Chapter 7. For the interviewees here, it covered many topics and was an opportunity for people to gently, slowly share their personal experience, and connect to other people. It was well beyond being told what to do, or sharing opinions but was a personal way of relating.

As Charlie says, yarning was a way he kept connected with the ex-prisoners he was supporting, particularly through his leadership roles in community sport, but also in his family and work. People knew he was available for them to talk: "*It's about your door's always open for anyone to come in and have a conversation.*" Several other interviewees also said this – the ex-prisoner interviewees and service providers alike. Part of this was availability to provide support, talking over issues. As Beau said: "*they'll ring me up and say I'm having a hard time here, come out and check up on me, just let me come and we can go out and have a coffee*".

Aunty Mary also talked about yarning when having people stay with her upon their release from prison:

> *They all love to talk, truly they do. Like nothing more than to just sit down and yarn, yarn about anything, really. We'd have to recount what had happened during the day and the whole kit and caboodle. We sort of relived our lives.* (Aunty Mary)

These were important points for relating, and for building trust relationships through which deeper support could occur if needed. In several examples provided by the interviewees, yarning openly touched on Aboriginal heritage and the often traumatic Aboriginal family histories people had. As Aunty Penny said: "*Women [with*

partners and children in prison] can come, sit with us and chat as we work on something [handcrafting items]. They feel safe coming to us. They know we won't judge them… We are ones who they feel who care". In having a yarn, a lot was unsaid, too, but the time together offered safety, companionship and hope.

KFella shared how he yarned with people to help them identify needs. In terms of addiction, he said, "*people are coming to me all about it all the time. They talk about rehabilitation and all that*". Several interviewees also spoke about being instructive and explanatory in their yarns, beyond listening and sharing. The following quote shows how Uncle Kurly used a range of engagement strategies, often with younger men who he met, who seem to be having hard times:

> *Oh, oh, I make people talk, that what, I make people talk. I make them talk to me, you know? Because I talk and go how you going, you know. I ask them something… 'Yeah, you want to go fishing? Oh, what you do then?' You know, I find out, I just move around it you know, and get them to talk. Then they'll sit down, come here, sit down with me and have a yarn – and they like that, see. If I'm taking the time to talk to them, you know?* (Uncle Kurly)

The yarns that Uncle Kurly, Beau, KFella and other the interviewees described embodied a sense of their responsibility for being honest and open about what is going on in their own thoughts, emotions and lives. The interviews showed how they yarned on the one hand about what was happening in their lives, and on the other were listening deeply and discussing very personal issues.

For Uncle Kurly above, and Charlie, KFella and Beau, their yarns were Aboriginal man to Aboriginal man. As Beau explained, the depth they talked at was a cultural process of support. It was inappropriate for a young person or a young woman to challenge and question an Aboriginal man as directly, as he could. Beau also said "*It's body language with Aboriginal men and their tone of voice and the eye contact. They look at you like that and go shame.*" Despite 'going shame' sounding like a negative experience, it is a colloquial term often used by Aboriginal people, that means their pride has been hurt, but there's some sense of shared humour in knowing this. Beau was unafraid of being challenging:

> *I say don't ever be sorry to me, I'm not the one on the receiving end of your hand or your fist. Who is the one you care about the most? Then they get this shame thing and they won't answer but I'll keep pushing the issue. I say come on you can tell me, no-one else here.* (Beau)

In going shame, as Beau explained, people are able to get honest with themselves, and they work out with someone else the actions they might need to take in their lives.

11.4.2 Understanding emotions, grieving and forgiving

Another important aspect of emotional support that the interviewees experienced and/or provided occurred through raising awareness about emotions, and developing skills to cope with emotions. This occurred in relationships between family members, with mentors and Aboriginal service providers, as well as professional therapeutic support. Kurilpa was especially reflective about this in his interview, talking about his emotional growth:

> *It's only been in the last four or five years. Before that I had no idea ah, what emotions were. Ahm, obviously I wasn't taught that. I believe that you need to be taught that. Ahm, I had no idea. But after being taught, I am now able to see the signs.* (Kurilpa)

Key to this was being more aware of anger in particular, what caused it, and how it could be resolved or managed. This was reflected in what Beau saw in his role as a support person – he described talking through emotional issues with other men, such as jealously they saw a former partner has a new partner, as well as events that triggered emotional outbursts. Beau recounts working with one Aboriginal man to think through what he meant when he said "*I just get this urge, they call it itchy. I get itchy every now and then just to do what I was doing before I was doing this*".

Forgiveness was another emotional and spiritual issue that many of the interviewees recalled discussing with others. Importantly, this included forgiveness of self, tempering expectations of self and promoting self-care and self-acceptance. KFella explained as an ex-prisoner this journey for himself:

> *Finding out who you are inside. Forgetting about the people that hurt you or who you thought hurt you. That's the past. And you can't carry that on and live a life of crime, because somebody made us all, we use this excuse. And that's hard to say. Because many others have been raped as kids, and all this they've gone through terrible things, a lot of them, but we have to put that behind us, or we'll just keep hurting people, hurtin' people. And the more you hurt people, you're only hurting yourself.* (KFella)

This quote from KFella reflects key aspects of healing too – finding healthier, new ways forward. Several of the interviewees talked about the process of seeking and asking for forgiveness, and encouraging others to do this such as Round 3 participant Graham G said. He was a service provider, in governance roles, a family member of several others in the criminal justice system, and had himself been incarcerated:

> *That's what I've been trying to encourage them to say. If we've done that, we apologise to all the women and children in our – the Aboriginal and Torres Strait Island women that we have offended, or whatever it is that we've done. We sincerely apologise for that, and ask forgiveness, and then move on. That's what I've been encouraging, because that's what they've got to do.* (Graham G)

Beau's support also about forgiveness was with families of ex-prisoners, to help them cope with having their family member back from prison: *"You've got to deal with their expectations of how he is when he does come out."*

Support to acknowledge grief was also raised by interviewees who were support providers. Sissy in particular worked extremely hard to gather other people together, to support prisoners and ex-prisoners through grief, including at the time of someone's death. She helped Elders arrange memorials to commemorate peoples' passing, especially those who had died in custody or police intervention. She also held ceremonies and reflections to help support people to grieve a range of losses in the past – of others, relationships, opportunities in life, and their sense of self and Aboriginal culture and identity.

11.4.3 Professional therapeutic support

At least half of the ex-prisoner interviewees described the considerable support they required to heal from traumas they had occurred in their lives. The intensity and duration of the professional support required was far beyond what was available and appropriate through informal relationships and connections in the community. Most of the women were able to access support through women's services, for therapeutic care related to family issues, violence, addiction and post-traumatic stress disorder. However, no similar such services were available for the male interviewees who required such support, except for one long-term residential rehabilitation service, which was not appropriate for everyone.

A small number of men accessed counselling and psychology through the public and private health systems. As Arty explained: "*I knew I had to do something about [anxiety] myself because I could have turned around and hurt somebody or hurt myself. I didn't want that to happen. So I took myself into the psychologist and had a talk to them*".

Few Aboriginal-led counselling and psychology services were available. None of the interviewees spoke of accessing Bringing Them Home or other healing services, health promotion or job preparation programs or the like. The interviews showed this as a particularly concerning gap in the support spectrum required – intensive, therapeutic support services, sensitive to the histories and experiences of Aboriginal people.

11.5 Interpersonal support

11.5.1 Relationship support

Most support that people received came from other Aboriginal family and community members. Whilst necessary, and no doubt crucial, none of the interviewees recalled receiving any support to assist them to with these relationships or resolve any difficulties they may have.

Only three of the Round 1 interviewees had a partner at the time they were last released. No defined support was accessed by these couples, and the partners had received little support while their loved one was in custody. Perhaps there was no expressed need for such support; however, other aspects of these interviewee stories tell of a range of difficulties in their lives throughout prison and post-release. For example, Round 1 participant Munun recounted the difficulties his partner had endured while he was incarcerated, whilst maintaining daily family life and step-parenting his older children:

> *My girlfriend picked me up, we knew when I was getting out…We had someone else who could look after the little ones, and the older ones were with their mum…We went home, and I had not seen that place because she had moved in that time… she had had to move all the stuff while I was inside. She had to find the new place, everything, plus be able to sort out all the money, the bond, time off work.* (Munun)

This quote does indicate some childcare support, but also significant upheaval in moving house. Few other details were provided about other supports they had at the time.

11.5.2 Family support

The family was one of the main contexts of support for the research participants – whether they received support post-prison release, provided support to family members, or both. Seven of the Round 1 interviewees were also parents, although no longer in relationships with the other parent. Only three were satisfied with the arrangements for their children's care during the period they were in prison. As already identified earlier, Doon Doon's brother and sister-in-law had responsibility for her children, and Tiny Mum's own foster mother cared for her youngest daughter. These family members extended support to Doon Doon and Tiny Mum post-release, to also live with them, together with their children, until other longer-term options became available. However, others, like Kristal had distressing difficulty regaining access to her young child post-prison release; the child was in the care of Kristal's family who refused to personally negotiate access or custody. Whilst she had some

support from a women's service, and had exercised some restraint and patience, she had not experienced the outcomes she hoped for.

Interviewees who were participants spoke about being motivated to make changes in their own lives to fulfil the role they expected to have in their family, such As KFella: "*I really wanted to change my life. I thought of me kids for a change. I thought of a lot of things that went through my life. I was going to die.*" Kurilpa also said he "*got to a point where I, like once again, in relation to the children it just got too much. I kept using drugs but in the end it started to hurt my children so I just said, 'Enough's enough'*".

Further, he said "*I didn't want them growing up the way that I was. I didn't want them to live the kind of life that I was leading and in the end they are the reason that I decided to get help*". Like Kurilpa who is quoted below, KFella and the other parents could not make these changes on their own.

Beau, as an experienced service provider who worked closely with families, reiterated this dynamic between receiving support and the parenting role: "*So they do listen and they don't do it so much for themselves, but they do for their children. When they come out, they'll do it for their kids because the partner's going 'No, this is good.'*" In taking up parenting roles, much negotiation with the other parent needed to occur, as well as resolving legal issues, and enduring poverty.

After her own release from prison and reunification with most of her children, Tiny Mum, supported other women with caring for their children. She found through her relationships that she was encouraged to believe in herself and her own strength to reduce risks for reincarceration, particularly how she had abstained alcohol misuse and been able to minimise violent outbursts:

> *A lot of people say to me [Tiny Mum] you're a very strong woman. I didn't know you can handle all this but you're strong.' I said 'I know, I've got to be strong, I have to…* (Tiny Mum)

Several other participants from across the three rounds supported families and children of prisoners and ex-prisoners. This included Aunty Kikki in her own time, and Carrawa and Natasha through very limited hours of childcare provided as part of making the services they worked in more accessible. Aunty Penny volunteered at a service who welcomed partners and children of people in prison, although this was unfunded, and the premises were small, with no hot running water and no privacy. The care was still provided, however, because:

> *There is nowhere for them to go. We are ones who they feel who care. Even though we do not get funding, yes we do things for them. We can't separate things. We think about those little kids. We think about them. They are the carers of the children while those men are locked up.* (Aunty Penny)

One of the most important aspects of the support roles and actions was having a whole-family focus. This meant, where possible, they considered the whole family in relation to prison-release care. Below are examples of how they engaged with various family members, supported them directly, referred them to other support places. This occurred because, as Beau simply put it,

> *You're dealing not only with the individual when he comes out, the person, but you're dealing with the families before he comes out. You've got to deal with their expectations of how he is when he does come out.* (Beau)

Parenting support was provided informally in relationships, such as relating men-to-men in groups and sporting clubs about the role of parenting. Beau had a direct and active approach in his paid service delivery role: "*Get the kids in the back, put them in the car and say come on we're going and take them to school.*"

The following quote from Aunty Mary shows the significance of her role over decades, in keeping a family connected:

> *On NAIDOC I was allowed to go and pick her up, and she actually lived up the north coast – to go and pick her up and take her in to visit her dad. She got to know her dad from – and I think she had a birthday visit once, for special visits. Yeah, she was just really excited to just talk, talk, talk, talk – 'My dad this and my dad that'.* (Aunty Mary)

Bro thought that bolstering the families to support themselves and each other was necessary and an area for future development in the criminal justice system. He put forth a number of reasons for bolstering families:

> *Support networks among the service providers only go so far. This is where families are different. They work across all the issues, at depth, families are under so much pressure often and you see all the work the Elders do and the issues that are on a greater scale to overcome too, among our mob. Like violence. Extreme. So complex. Much greater scale, the enormity.* (Bro)

This quote talks about complex issues that are also compounding and sensitive. It is difficult for some mainstream service providers to take into account the sensitive and intergenerational nature of Aboriginal peoples' experience and relative powerlessness over underlying issues (Eckermann et al., 2010; Jarrett, 2013; Muller, 2014; Robertson, 2000). It is important not to assume, however, that all Aboriginal people can offer this type of support, simply because they are Aboriginal. Many of the participants were drawn into this study because they had long-term experience and skill supporting Aboriginal people and their families in the criminal justice system. Their processes and underlying principles and values were often well-developed and in the context of extensive networks. The value of their mixed professional experience and family and community roles cannot be underestimated.

Carrawa, for example, was a service provider and held several leadership positions. She had a close family member who had been incarcerated for a long period of time and upon release she was one of his main supports. She was his main carer upon his release. In terms of family support, she particularly worked to rebuild family relationships:

> *Personally, I suppose, the big thing for me is trying to be the conduit between the family and the person because when my brother came out I was, basically, forced to take him because he refused to leave the prison. He had done full time and did not want to come out; couldn't face it.* (Carrawa)

Aunty Hope too was a conduit, between her nephew, who had been in prison several times, and other family and friends. Aunty Hope was an Aboriginal woman in her 60s, with many years' work in the health sector and as a persistent advocate against over-incarceration of Aboriginal people. As an extended family member, she visited her nephew and nieces in various prions, and encouraged other people to visit. Post-prison release, she provided transport, money, mobile phone cards and credit and opportunities for social events to help them keep in touch with friends and family. She regularly provided accommodation and other items as needed such as clothes. She connected them with community-based organisations and health care and supported them through court and other legal matters, as needed.

Aunty Mary also demonstrated how useful her community relationships were, to be able to assist in connecting others to their family members, such as one young Aboriginal man quite soon after his release from prison:

> *I knew his mother and his mother passed away while he was in prison. I knew his mum and one of his sisters... I knew his dad when I was growing up. It was unfortunate because his father now has dementia and confuses his kids anyhow. So trying to connect him with his dad, who lives in far north Queensland, was really difficult.* (Aunty Mary)

Aunty Mary was able to explain dementia and talk about memories, be with him when he talked on the phone with his father, and also help arrange a visit.

Extended family networks and relationships were also at play when Kurilpa connected with an Aboriginal man who became a significant role model. He was a family friend who:

> *I knew him from the age of about 12, 13. I used to see him, hanging out with my uncle and doing drugs and whatever else they did. And then later on in life see him change and being drug free. Yeah, he was a role model to me, a positive role model… basically he shared his story with me and I, that's when I started to take action I guess.* (Kurilpa)

11.5.3 Peer support

Peer support and role modelling has been reported many times elsewhere as positively influencing the lives of Aboriginal young people. As Munun concurs: "*we are the ones who have been there done that, we need to be able to show what we have learned so that others can learn and not have to go through what we have had to go through.*"

KFella had this similar sense which allowed him to be open with someone about who he was and crime he had committed, with trust:

> *Me and Dave shared something that's hard, because he too, had killed somebody that he loved, that he didn't mean to kill. It's a hard thing to get someone to know and to be honest and we could sit down and give each other support.* (KFella)

These peer-based support relationships provided encouragement, the feeling of being understood, not being alone, and that they could achieve positive growth in their lives. As KFella said, "*Just to let them know that there is a life if you want it*".

As Munun said, and other interviewees have been quoted earlier in this chapter, "*we really get a lot out of it just talking, being there for other men and encouraging men to stand up and be proud Aboriginal men and learn about their culture more.*"

As noted earlier, some of the participants' families were themselves in great need of support, and were unavailable or further damaging in the lives of the interviews. Most of the research participants were also in roles of supporting family. Bro's quote below shows how he needed considerable support to take on his parenting role, and this support he received from an Aboriginal men's group. They were peers who had also become like a supportive family to him, as in the experience of other Aboriginal men (Bulman, 2012; Bulman & Hayes, 2011; McCoy, 2008):

> *Things that have helped me were a lot to do with being a good father. Growing myself up for a start. It took me a long time. I think that is why the Aboriginal men's groups are so powerful. Such a safe space to have men being men, and owning a lot of stuff.* (Bro)

Aboriginal men's and women's groups provide a safe environment in which relationships with others can be developed, in which to share life's troubles and joys, regardless of their role or status in the community (Bulman & Hayes, 2011; Muller, 2014). Such relationships with other Aboriginal people with similar experiences were important for strengthening sense of self, as well as reducing social isolation, and healing.

11.6 Instrumental support

Many of the support examples provided above were helpful for the interviewees and other Aboriginal people to change and improve their life trajectory, in small or significant ways since the last time they were released from prison, particularly to reduce risks for reincarceration. The section explores other ways the interviewees received and provided such 'instrumental' support.

Provision of information was one of the key forms of instrumental support. Information was provided or received by interviewees, from which insights were achieved and decisions made about how to make progress in life, and to reduce risks for reincarceration. Information was received and/or provided about life in the community after release from prison including how to access public housing and income support, gaining access and custody of children, and keeping up with technological changes such as computing and banking.

Some interviewees received and provided information about how to negotiate health systems, including for mental health care, physical health care, medications, overdose prevention and alcohol and drug rehabilitation. Letisha asserted the importance of sound legal education, for those who had already been engaged in the criminal justice system:

> *People might think that the legal process is removed from recidivism but if things aren't properly dealt with and put in place in terms of information, decisions, connections between people and systems, then people exit prison to a whole pile of unresolved dramas or issues that have built up whilst they*

> *were in custody, and whole families suffer irreparable damage. We see it.* (Letisha)

Legal information was provided about rights, orders, police powers, how to negotiate the criminal justice system, paying debts to the State, and how to minimise further harms. Information about Australia's history, family history and Aboriginal cultural practices was instrumental for people to become more informed about their Aboriginal heritage and what it meant to them, contributing to sense of self and connections to country and other people.

Information was transferred through one-on-one interactions, facts sheets, health education sessions, and follow up discussions. In Bubba's professional work experience, the information was applied to the real-life context it was related to. He described opportunities for people to develop lifeskills after exiting prison, particularly those with mental health issues:

> *We support them here at their house. Take them on outings. Today we are doing cooking. We go and visit people. We do other programs, cultural programs, art, have Elders in to talk. We try to focus on building up life skills so people can try to live independently in the community.* (Bubba)

Charlie too provided an example of interactive information provision, and discussed how he ran a wide range of health information sessions as part of his role for a health service, linked to an after-office-hours community sport program. The aims were to increase access to the health service, as well as improve health literacy among individuals. Weekly discussions were facilitated in a group context.

Charlie talked about follow-up with one man one-on-one after the session and the opportunity for it to impact on his family. This man:

> *used to come to our men's session, we used to take him down the coast and just do fishing there, take his son with him. But he's been in jail from 13. He's been back in jail, of course, now but what happened was, he – we just took him down, did fishing. He – where we took him fishing, did a bit of a feed, talked about health food, nutrition, all that kind of blah blah, just to put that*

> *health side of it… And he… and it was interesting. He come a couple of weeks later and he said he took his family to see the same spot we took him to.* (Charlie)

This quote shows that provision of information occurred across several different modes of engagement, and that it was not the information that was the focus, but the nuanced approach of going fishing, and then imparting information. The glimmer of interest in engaging with information grew quickly for Meanjin, who talked about how the information he was provided with at the rehabilitation program attended helped inspire his changes and learning:

> *I really got into the work we had to do, the reading and groups and seeing a counsellor and coming to terms with being addicted to alcohol. I was just an open book really, ready to absorb everything that was put in front of me because I had so much I needed to learn. And so being there really opened my eyes and I sing their praises whenever I can.* (Meeanjin)

Meeanjin singing their praises and also becoming a peer mentor to others shows a possible 'ripple effect' of information transfer to other individuals, and in Charlie's quote above, possibly to families.

The ripple effect generated by the interviewees extended also to the community. Several of the Round 2 and 3 interviewees were active in providing information at community events, rallies, articles, through radio and in other social media about legal rights and processes, rates of incarceration and Aboriginal community solutions to incarceration and crime. Interviewees provided information publicly to mobilise the Aboriginal community and general community, request accountability to policies and legislation, and pressure governments to reduce rates of incarceration and risks for Aboriginal people and their families.

Informational support overlapped with other types of support such as emotional support. Several of the ex-prisoner interviewees, including Kurilpa, Arty, Munun, Meeanjin, KFella and Tiny Mum, for example, all talked about how they were provided with information that improved their awareness of their emotions, and how

they affect thinking, and also behaviour. Over time, this greatly reduced risks for reincarceration because they learnt new ways of living their lives including reducing dependence on alcohol and drugs, and therefore violence that often ensued when intoxicated. These interviewees also mentioned ways they accessed information to keep maintaining positive growth in their life, such as men's groups, 12-step fellowship, counselling, and sharing information and experience with others through volunteering and mentoring.

11.7 Support for healing

Another important type of instrumental support that the interviewees received and/or provided was that required for healing. It is broader than instrumental or emotional support, for the way that it enabled people to sense they were going through a process of coming to terms with past traumas, seeing the impact of them on present life patterns, and committing to an ongoing journey to make positive changes. Interviewees discussed healing at a physical level, but also wholistic healing in emotional, social and spiritual dimensions of life.

For a range of reasons, Kurilpa did not come to understand and heal from addiction whilst he was in jail. "*Whilst in jail? Not really, that kind of stuff I accessed outside of jail, stuff like anger management, personal development…*". As already stated earlier, several of the interviewees had completed long-term alcohol and drug rehabilitation programs, which are important to again discuss here for their contribution to wholistic healing that interviewees report experiencing.

Kurilpa admitted he had a pre-conceived notion of what rehabilitation was about, from other people, and that he thought it was generally unsuccessful: "*my idea of rehab was distorted… but as I progressed in that program I learnt a lot of stuff about myself and how this program works and what's required of me to make it work. A whole new world*".

KFella found this too, that ultimately his journey of healing began during residential drug and alcohol rehabilitation, but he had had other fleeting moments of insight, such as when he was with his grandmother. He had a long history with violence and

the compulsion to use alcohol and other drugs heavily. He had few genuine friends, experienced hatred and rage towards family and society. Once his grandmother passed away, he made a commitment to her spirit and himself to try new ways of changing his behaviours. Residential rehabilitation enabled him to understand emotions and experiences that informed his behaviours. He urged other people to give it a go, because, "*It's a long way, it's a long road. Some people will never get it – they never see it, until they get a touch of coming in here and seeing something different.*"

Langoo, who has worked for several years in small, community-based rehabilitation centres, explained why the programs are wholistic and how they relate to healing for Aboriginal people:

> *Addiction is only one aspect of it. Often alcohol and drug addiction is right through whole family systems. Working with our mob, I can't see how someone could not do a family tree, explore the relationships between people, and their own individual experiences and behaviours, you know? Co-dependency, it might sound like a horrible term but that is what is so often going on, and we don't talk about it in terms of an impact on colonised people, from colonisation.* (Langoo)

In this quote, Langoo made linkages between colonisation, family systems and substance misuse and addiction. These linkages were outlined earlier in the literature review chapter.

Further to this, Langoo talked about the types of deep learning, changing and reinforcement he has witness people requiring in healing from past trauma, and dependence on drug, alcohol and other people: "*People have to learn about basics with their thinking, their behaviour, their dependency, on all kinds of things, not just with drugs and alcohol. It's a very deep, personal growth process.*"

This deep, personal growth process is necessary, as Bubba, a Round 2 support person believes:

> *People have internalised the issues so much, blamed themselves, [so] we*

> *need to work very slowly on trying to help people see they are not the problem. But this gets embedded in peoples' consciousness. That's why I am saying a therapeutic approach is also needed.* (Bubba)

The following long quote from Bro attests to this. He talked in detail about the barriers to healing among Aboriginal men who have long histories in the criminal justice system. He spoke from his own perspective as having been in prison and on criminal justice orders, as well as from being a service provider, family and community member alongside many other Aboriginal men in the system. He says about men like himself:

> *They hardly talk, Aboriginal men are shy, reluctant, slow sometimes to come to terms with things. It is also about being honest. And it takes a lot to get to that point of being honest. It is taking the journey from the head to the heart. Men will know that they have got a lot they need to face, and a lot of fears. But will they admit it? Will they voice it?* (Bro)

In Bro's experience, residential rehabilitation was not the only process available to Aboriginal men to engage with a healing process. Many men's groups have been operating around Australia as a safe space for men to discuss what is going on for them (Bulman & Hayes, 2011). Bro talked about the profound sense of belonging in the men's group, as an important part of his healing and that of other Aboriginal men, with:

> *Fellas first, brothers, people who have a sense of what it is like being a black man in this society. There is no other place like it for our men. What other place can they go, and feel like they fit in, valued, got a legitimate reason for feeling the way they are feeling, experiencing what they have, that is not all their own fault.* (Bro)

Bro's quote moves from being deeply insightful about the nature of problems experienced by Aboriginal men, to solutions that Aboriginal men have found among themselves, as individuals and as a collective.

11.8 Practical support

The interviewees provided many examples about how they facilitated connections for others to services and supports to improve health and wellbeing. Some have been described above already, and others are highlighted here for their usefulness, and as a form of practical support.

Practical support was support that particularly met the 'felt needs' of people whom the participants were in touch with, that they identified (Bradshaw, 1972), as well as immediate needs. An obvious example of this was the support Aunty Mary provided to one young man:

> *We had one fellow who was basically released because he was given a very short time – he had a health condition and given a short period of time, like less than 12 months to live. He was released on parole and his medical needs were – if we weren't at the medical centre, we were ringing an ambulance. At one stage we documented it all because we were trying to get some help from Community Corrections.* (Aunty Mary)

Other obvious and pressing needs were for accommodation. A small number of Round 2 and 3 interviewees were service providers through whom accommodation could be arranged. They were able conduct needs assessments, assist with paperwork and help apply for or provide accommodation.

Most of the Round 1 interviewees, as stated earlier, had poor, if any accommodation options for when they last exited prison, and in the subsequent weeks, months and years. Generally they stayed with friends or family, and changed places regularly.

In an attempt to provide accommodation for her nephew, Round 3 interviewee Barbra-May had her house assessed and approved by Corrective Services as a place he could be released to on parole. This took considerable time and follow-up: "*The thing is, I know every time he went up for parole or whatever, then you've got to go through the whole process again of getting your house approved for coming out, and getting all your letters and everything.*"

However, while approval had been given, it had not stayed current, in waiting for her nephew's release from custody. When Barba-May's nephew was released from prison, arrangements were instead made for his to go to temporary hostel accommodation. Barbra-May picked him up when he was released, drove him to the hostel and helped him create as suitable a living environment as possible for the short-term.

A majority of the Round 2 and 3 interviewees had provided transport to people, particularly in the short-term after release from prison. For Barbra-May and her nephew, this was quite sudden: "*He was told four o'clock one afternoon he was being released nine o'clock the next morning. That's after 12 and a half years of being incarcerated. So that was quite daunting for him.*" Interviewees had provided transport to and from police stations and watchhouses, court, Probation and Parole offices, visiting people and also to community events.

Round 2 and 3 interviewees also provided practical support in the form of items for daily living including food and meals, hygiene items and medications and clothes. They provided other items to pass the time including books and computer games. Interviewees also provided assistance with personal identification, and well as with producing paperwork in custody arrangements for children.

Most of the interviewees had provided financial support. Some of the Round 2 and 3 service provider interviewees were able to provide vouchers and cash, and some had loaned money including to support to pay debts. Round 1 interviewees Young Girl and Kristal received financial support – they left prison with debts of over $2000 each, that were to be repaid to the State Penalty Enforcement Register. Other financial support the Round 1 interviewees reported receiving included expenses for childcare, loans for housing and household goods and emergency relief for food.

Barbra-May who is a service provider and family member recalled the burden financially – "*especially when it's just on one person.*" There was little doubt that all of the ex-prisoners were exposed to considerable vulnerability due to having minimal income, and the costs of establishing themselves in accommodation and community

living post-release.

A limited number of services in the community were able to assist with meeting some of these needs. Letisha had a critical insight about the importance of support for health and medical care, because of the lack of continuity of care between correctional facilities' health services and those in the community setting:

> *Many times we have helped people literally get their medication happening again. Did you know it is not a given that someone on mental illness medication in prison will be able to stay on it the day they are released? Or after release. You'd think so hey? I think there are improvements but it is not a given. This creates even more pressure, on an already fucking fragile situation.* (Letisha)

Some of the interviewees provided support to prevent overdose and suicide, including Graham G, Uncle Advocate, Uncle Rex, Sissy, Carrawa, Kalare, Beau and Uncle Kurly. Strategies ranged from developing relationships with police to notify them when Aboriginal people had been picked up, cautioned and/or arrested while intoxicated, as well as visiting prisons, training other staff in suicide prevention, liaising with legal services about who is appearing in court and entering custody, and running prison programs.

11.9 Sectoral support

'Sectoral support' refers here to the strategies research participants used to support and develop services, programs, frameworks and policies of various government and non-government agencies, to better meet the needs of Aboriginal people in the criminal justice system. Their involvement constituted an indirect form of support, and a crucial part of influencing how support occurred, including enablers and barriers.

11.9.1 Governance and leadership

One of the key ways most of the Round 2 and 3 interviewees, and some of the Round 1 interviewees supported sectoral development was through governance and

leadership roles. These roles varied between the interviewees, and some individuals had held a number of different roles over several years.

For example, one interviewee was the chairperson of a national organisation, a leader in a local organisation, both with decades of diverse experience working with Aboriginal people and communities, as well as mainstream organisations. Aunty Mary, Uncle Rex, Charlie, Carrawa, Aunty Kikki, Aunty Hope, Uncle Advocate, Uncle Kurly, Barbra-May and Langoo had all been held voluntary Board governance positions for community-based organsations, both Aboriginal and mainstream.

Some were involved in local-level consortiums and partnerships with other organisations, as well as local area planning. Barbra-May, for example, had held a secretariat role for a coordinating committee working on a statewide basis to improve health outcomes for Aboriginal people.

These research participants had developed leadership skills among other including program and project planning, financial management, public speaking, advocacy and community consultation and inclusion strategies. They were also experienced in tendering for funding, collecting data for performance indicators and reporting to governments, including for quality assurance, accreditation and opportunities for certification of staff.

Most of the Round 2 and 3 interviewees, and some of the Round 1 interviewees had been involved in staff recruitment, staff training, annual performance reviews, and strategic planning. The following quote from Natasha, a mixed-role interviewee from Round 2, shows the appreciation for the Aboriginal corporation she worked for: "*Staff are rewarded, get community recognition for meeting performance indicators. We receive positive feedback from clients and collaborators. Elders are there for guidance, connection, mentoring. It's a family-friendly workplace.*"

Several research participants also had leadership and governance roles that helped determine policies, program design and funding allocations. They had up-to-the-minute experience and relationships with members of Parliament, and leaders in

government bureaucracies. At times they had more influence than others, but as Uncle Advocate described his role: "*Often get government departments talking to each other. Shit stirring then they have to respond. Point out the lack of connection in their policies, and in practice.*"

Sissy too worked to keep governments accountable: "*We are constantly meeting with people in government programs to ask what their objectives are, why our programs do not fit in and cannot get funded, who makes the targets, and how they are appropriate….*"

This direct advocacy was matched by other less direct action to influence the political system and health and welfare sectors, including being part of statewide coordinating groups, participating in parliamentary inquiries and facilitating Aboriginal community members to provide their own feedback and insights to services and governments. Further, at least eight interviewees had experience with research and evaluation to contribute to policy and service planning.

11.9.2 Working with clients and community to design processes

Community recognition and collaboration were mentioned in the quote above by Natasha, as a feature she appreciated about the Aboriginal-led organisation she worked for. A common theme among the interviewee-service providers was commitment to using processes for engaging community in identifying need and solutions and planning services. These were all services that were for supporting Aboriginal people in the criminal justice system, and/or to reduce risks for recidivism, including those that are shared risks for poor health and wellbeing. In the experience of Bubba, working closely with Aboriginal people who had just exited correctional facilities, he described the input of clients, through partnerships:

> *This is a process – identifying needs, how to address needs. It needs to be done together with clients. Not on behalf of them, or even without people knowing! It's surprising how often that gets overlooked.* (Bubba)

Bubba's statement highlights his understanding of the potential for disempowering Aboriginal ex-prisoners, when applying service models that they are not involved in developing.

In designing a significant reform to occur among a range of services, Kalare recounted an extensive process she was involved in, which included consulting with several groups of Aboriginal people, and being informed by recent mixed-method research with Aboriginal people: "*We went through a six month consultation phase with [the] workforce, with senior clinicians, with Indigenous academics. Broad consultation. Took months… we were actually designing the template for the computer system.*" This was a service-level reform that had an influence over intake and assessment systems for the care of Aboriginal people. Whilst there were many battles in the process, some of which are outlined in the 'barriers' section in the next chapter, it was an example of influencing the way Aboriginal people might be able to be supported in their transition from prison to the community.

Duringa's process of community consultation was less formal: "*because we belong to the community.*" She worked closely with Elders and other community members on their Board. The organisation had been founded by some of these community members. Charlie also described a community oriented approach for the sporting club he was involved with: "*So, what we did was – I've got a group of respected blokes in the community and just said, how about we get this [club] going again because it hasn't been there in the last five years…*" From there they held more formal Board meetings, and forums and general meetings about how to progress the men's group. They developed partnerships with a range of local services, and collaborated with a research institution for specialised evaluation.

11.9.3 Developing cultural safety of services

In working with other health and welfare services, several of the interviewees facilitated cultural awareness-raising sessions, shared information about local history of colonisation, traditional knowledges such as place names, and conveyed local relationship protocols. Some were Elders themselves who led this, whereas some

facilitated local Elder and leader input. In Duringa's words: "*The Elders and locals know the place and how things work, and what can be drawn upon to help*".

Identifying solutions meant that Aboriginal knowledges and practices were available beyond the realm of Aboriginal services, including to mainstream community services, and to governments. The service provider interviewees all had a range of referral sources and pathways, and in this process promoted mainstream services which they viewed as accessible and safe. Some interviewees had worked with other services to overcome difficulties they had experienced.

Uncle Rex explained that he designed information sessions to meet the audience he was working with: "*The courses have been used by individuals, community organisations, government and businesses.*" These have helped inform others' models of service – but the interviewees also showed many more strategies they used, beyond cultural awareness raising. Langoo's suite of work supporting agencies was comprehensive:

> *We support others in their strategic directions and lobbying… We work with other organisations, from standing committee on Aboriginal and Torres Strait Islander affairs participation to peak bodies, conference presentations, guest speaking, motivational speaking. Also, training, networking. We introduce people to our world, bring them into our world, show them how we deal with things, what works for our fellas, our system.* (Langoo)

Langoo demonstrated experience, skill and motivation in his support for other organisations.

Whilst there was some progress in local areas, there were many gaps, competition for limited funding, and the need for higher-level direction for the health and justice sectors together. The following reflection from Chappy, an experienced advocate, describes a strategic direction for the future, but in doing this raises a number of limitations:

> *Formal partnerships at higher levels is better, coz it doesn't matter if staff change. Though, you never know who the next person is going to be, you*

> *never know what they are going to bring in terms of prejudice. That's why it does work when the relationships are real relationships tried and tested and used, rather than some organisational policy that says that two agencies will work together. Sometimes the policies say how agencies will work together, but this does not and cannot extend to the actual spirit of how individual, front-line, people work together. Unless the larger mainstream services have really good spirited people at the top, who invest in really good staff development that includes real relationships with Aboriginal and Torres Strait Islander people, history, culture. You just end up with staff who do their own thing, not adhere to the protocol, and this is out of the control of the upper managers, with all their good intentions in the world.* (Chappy)

Chappy argued for high-level partnerships, perhaps in legislation and or policy. He pointed out the difference between partnerships being written in a policy document or strategic plan, compared to them being based on real relationships between mainstream services and Aboriginal services and community structures. He also identified the disjuncture between policy statements and on-the-ground implementation.

Another key strategy that at least four of the service provider interviewees had put in place was 'in-reach' – Duringa's quote explains how she and her colleagues achieved this, essentially shaping the response of a number of services across the health, justice, employment and education sectors in a local area:

> *Instead of our clients having to go to several different government agencies and non-government services, we get these to come to our place – at an arranged time, different times, and our clients can meet them here. Our clients are already comfortable coming here, know how to get here, negotiate the space, see familiar faces, even things on the walls, they have given us, maybe artwork or photos. And their kids can come here, everyone can get a cuppa and it is more relaxed.*

In-reach was thought to have multiple meanings and outcomes – strong networks and relationships formed, Aboriginal people participated with a sense of belonging and

expressions of their culture, and they worked intergenerationally with Elders and families. In terms of achieving service delivery and support outcomes, Duringa continues, "*The work gets done quicker too I reckon because everyone is more switched on and also relaxed and people are people not just customers*". She recommends this strategy for other services, "*other services use our premises for client engagement. This is surprisingly rare. I can't believe it doesn't happen more often, it has been so well used by clients.*" (Duringa).

The in-reach opportunity often began with networking and as Duringa said: "*it is just relationships that develop in the sector, and then through sheer need, people communicate and slowly build up some trust that the service provided are going to be ok enough to refer someone else*". At times referral pathways "*for accessing appropriate services quickly and effectively*" were able to be established (Natasha). As explained by Bubba, collaborating with other services resulted in service audit and mapping exercises, combined projects and funding applications and general assistance in supporting clients.

11.10 Bringing it all together

This chapter discussed types of support that were revealed by participants across three rounds of interviewing, that were believed to have had a role in reducing risks for reincarceration among Aboriginal people in the urban location in which the research was undertake. Figure 11.1 represents these types of support:

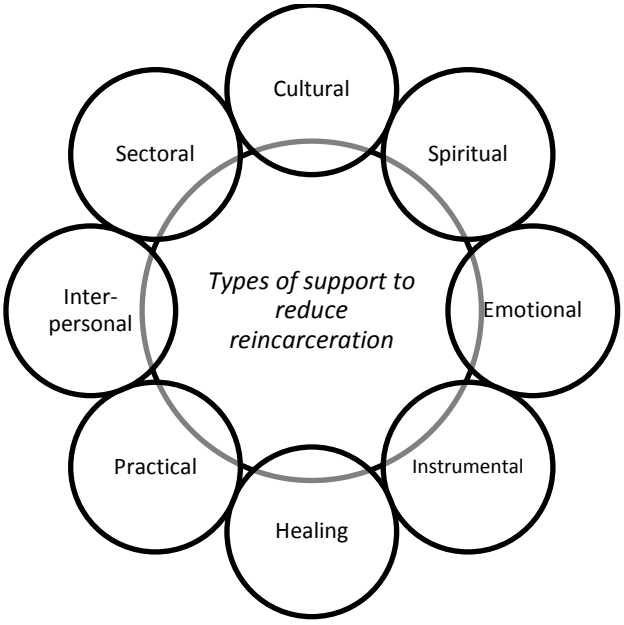

Figure 11.1: Types of support

For the purposes of this exploratory study, these types of supports have been arbitrarily labelled and discussed separately from each other, to explore and explain them. However, in the lives of the research participants, these types of supports overlapped. Each type of support was provided in several different ways.

11.11 Chapter summary

This chapter was a rare insight into the considerable efforts made by urban Aboriginal people, receiving and providing many types of support in the post-prison release context.

Some participants spoke about profound improvements in their sense of purpose and connection to others that they had experienced on their journey since their last release from prison. The need for support was ongoing, with many peoples' lives a bittersweet mix of poverty, with the legacy of trauma, family breakdown and general social exclusion in the midst of strengthened connections particularly to Aboriginal men's and women's groups, Elders and peers.

This chapter also highlighted that the interviewees experienced support across various 'levels' that have been identified in ecosocial models of health (Krieger,

1994, 2001) – between individuals, among families, in services, through strengthening community structures and ties, and advocating for improved systems in which policy, funding and accountability occurs, which influence the availability of resources for communities to provide support to those in need.

Support across the levels was an example of wholistic care – as discussed further in the next chapter, with models provided to illustrate emergent theory about factors that enabled wholistic care, and to reduce risks for reincarceration.

Section 4

Chapter 12: Emergent theories about the role of social support to reduce reincarceration of Aboriginal people

12.1 Introduction

The previous findings chapters explored how urban Aboriginal people received and provided support to reduce risks for reincarceration. This chapter considers these findings further. The data closely reflected an ecosocial model of health, and was a powerful example of social capital in a community. However as this chapter shows, other unique theories emerged through the grounded theory process that usefully explained how the research participants provided support to reduce risks for reincarceration and to promote individual and community wellbeing.

New diagrams are presented that illustrate these emergent theories. These are further discussed in the next and final chapter for their implications for policy and service delivery to reduce risks for reincarceration among urban Aboriginal people.

12.2 The essence of the research revisited

As stated in the introduction to this thesis, this research was motivated to find and understand Aboriginal-led solutions, based on an Aboriginal Elder's remark to me that "*incarceration rates could be much worse if it wasn't for all the work the Elders do.*" This was a belief reinforced by Canadian Indigenous peoples' experience, and their understanding of the "the invisible infrastructure" that Aboriginal communities, Elders and leaders provided in their criminal justice system (Newhouse, 2003, p. 243). Having worked among Elders and community leaders as a researcher, service provider and community member, I knew the value of their work, and the importance of conveying their solutions as far as possible. The previous chapters showed deep care and concern that the research participants had for other Aboriginal people in the criminal justice system, and in preventing reincarceration.

In writing up and sharing the findings, however, I have also felt reserved at times. Aboriginal people have endured many experiences of putting forth solutions to governments, only to have them promised then cast aside. I considered the value of veiling some of the research findings somehow, especially those that showed how

much support occurred, and what the cultural processes were, in order to protect them and keep them invisible. I was cautious, too, in light of the international experience of retrenchment – the shrinking of support services and deliberate shifting of responsibilities on to families in the criminal justice sector – which despite being linked to higher recidivism rates, continues to occur (Beckett & Western, 2006). I was extremely reluctant to contribute information to the public domain that could rationalise any further reduction in government and community support, justified by an ill-informed perspective that "Aboriginal people do it for themselves, they have their own culture, and governments should leave them to it."

It is therefore important to reiterate here that Aboriginal people are already more economically, physically and socially disadvantaged than any other Australians. Any added burden from rising prison rates in a context of shrinking support compounds health and social inequality, and is counter to any of the efforts towards meeting Closing the Gap targets. Other social democracies conversely demonstrate, too, that their political leadership is such that prison rates are able to be kept to the minimum (Walmsley, 2013).

In the very recent past, a wider range of services were available in Queensland to support people being released from prison. Several programs had been the responsibility of governments – halfway houses, day release programs and alcohol and drug rehabilitation in the community. Their defunding, and the shrinkage of the Australian welfare state more generally stems from ideology, not from any real evidence of program ineffectiveness (McDonald, 2009). While these social programs are now defunct, and no longer provided by government, their reinstatement is justifiable in light of these and others' research findings. Further, some such services are provided by other governments in Australia, and in other social democracies with lower prison and reincarceration rates. There is a strong economic argument too, to prevent reincarceration – current governments' expenditure on increasing prison numbers, and the exorbitant cost of reincarcerating people, has been shown to make little economic sense and to in fact increase incarceration rates. Ironically, this results in greater government expenditure than any average neo-liberal proponent might care to admit.

If something more sinister is going on – akin to prison being a form of social control of the underclass, or a way of keeping large numbers of unemployed people out of community unemployment rates in a bid to win votes, or any other racialized blame-the-victim device (Davis, 2000) – the first part of this chapter momentarily leaves these issues to one side.

For too long health and social research has imprisoned itself in narrow cause-and-effect investigations and lost the ability to learn from diversity any new ideas that might bring about improvements for all peoples (McMichael, 1999). The persistence of colonial patriarchy has positioned mainstream Western knowledges as paramount (Blagg, 2008; Cunneen & Rowe, 2014; Steels, 2008), and Aboriginal people's cultures have been devalued in policy as well as in practice (Anderson, 2007; Saggers & Gray, 2007) despite the ongoing, worsening incarceration and reincarceration rates.

This was a research moment to 'see things afresh' (Silverman, 2007), to honour the world's oldest continuing culture, and to be honoured with a look behind closed doors at the infrastructure and solutions that might otherwise remain invisible, and might be lost to all those who could benefit.

12.3 Reflecting on social theories: How did they apply here?

In the process of coming to terms with the insights the research participants had shared, I revisited some of the explanations in the literature review about the over-incarceration of Aboriginal people and about social support. Two key learnings from the literature reviewing that resonated with the data were (1) social capital, and (2) the tension between individual agency and social structure to desist from crime and reduce risks for reincarceration. My logic in working through these issues is provided below, in preparation for further explanations about what I saw occurring across the three rounds of data.

12.3.1 Social capital

The first of the theoretical positions I considered applicable to this research was social capital. Social capital was discussed in Chapter 6, for the way it related to social status, social networks and the availability of social support. It was clear that the findings were powerful demonstrations of social capital in an Aboriginal community – the data here were examples of resources and actions available and used in the Aboriginal community. Findings showed the sharing of resources, strategies for involving people in community events, and the development of trust and capacity building in groups – these were the same ingredients of social capital identified in other communities (Eckersley et al., 2001; Farrall, 2004; Kawachi et al. 1996; Putnam, 1993; Steels, 2008).

The more specific forms of social capital that have been recommended as applicable to Aboriginal people's lives – bonding, bridging and linking social capital (Baum, 2007) – were all also seen in the data.

In terms of bonding social capital, which is about support transactions in close-knit families and interpersonal relationships, the data showed individual ex-prisoner's family members supporting them with childcare, transport, money and emotional support in their transition from prison to the community. This bonding social capital was often extensive, and for long periods of time, particularly in the cases where the individual ex-prisoner and or their children lived with family and shared their daily lives.

However, not all of the ex-prisoner interviewees had such close family ties, and some family was the cause of more concern in their lives. Some of the ex-prisoners were also primary caregivers for others post-release, with babies, school-aged children and adult children with disabilities. As it was they required more support for these roles. That is, while bonding social capital was seen in the interviewees' lives, it was not a given. Few services were available in the community to support ex-prisoners in developing healthier relationships with others, or to adjust to family life after release, or to recover from often long histories in punitive institutional environments.

As explained in Chapter 6, bridging social support is broader and looser than bonding social capital. Interestingly, it has been found to have greater salience in people's lives to make significant personal changes, because it does have the same pressure of intimate relationships, and it draws from a broader base of support. This appeared the case here – Aboriginal community Elders, leaders, Aunts and Uncles, service providers, mentors and sporting team mates all provided support akin to bridging social capital.

The interviewees also described what I interpreted as linking forms of social support – they were helped to, and/or helped other ex-prisoners to access services for further support. This stimulated further learning about their Aboriginal heritage, journeys of healing from past trauma and relationships to connect with others.

However, while these aspects of social capital were identified in the data through the systematic methods of grounded theory, they did not account for all that was occurring in the data. Primarily this was because the mixed personal and professional roles that many of the research participants had in supporting other Aboriginal people transition from prison to the community. This mixed role seemed to create a convergence in bonding, bridging and linking support. The aspects of social capital were hard to separate out in the lives of the Aboriginal participants, and as sections further below show, this was for good reason.

For example, Uncle Kurly's professional support worker role was about facilitating connections between prisoners and their family – which is essentially a form of linking social capital. However, in being able to connect a prison to their family, he created opportunities for profoundly personal dialogue about family background, Aboriginal identity, trauma and hope. Such personal support is arguably a form of bonding social capital. Despite Uncle Kurly having an explicit formal role to provide linking support, he also shared history and identity as an Aboriginal man with those he supported, again as in bonding social capital.

The unique dynamic of the mixed informal and formal support roles was itself an indicator of social capital. But social capital did not provide any additional

framework to further interrogate or understand the meaning of the mixed role. Partly this is due to the dearth of other examples of social capital studies among Aboriginal people. But also, being a grounded theory study, I was committed to exploring what the data was saying; the mixed roles were too consistently arising again, to essentially explain them away as a form of social capital. My sense was that more was occurring. That is, this mixed informal and formal role was worthy of further consideration through the stimulation of other theoretical propositions.

12.3.2 Actor-network theory and critical realism

The next most relevant concept I reviewed was actor-network theory. Individuals interacting with networks and with systems were key categories arising from across the three rounds of interviews. My task was to theorise about the interaction. This seemed to be the essence of support in the post-prison release phase, as well as in how support occurred to reduce risks for reincarceration.

Actor-network theory honed my thinking about this interaction between the individual and the network and system in providing support. It was relevant, too, to the debate about the role of individual agency compared to the influence of the social structure on the propensity for crime and risks for incarceration. Much of the commentary in relation to Aboriginal people's experiences highlights that incarceration relates to both. The issues are far more complex, however, than what such a dichotomy allows for.

The issues are so complex, in fact, that in a study such as this, the risk of being swamped by rich qualitative, interconnected data constantly looms, and some guiding beacons of light from literature and theories are justifiable and necessary, even in a grounded theory study. The important practice is not to fit the data to a theory or model but to keep actively engaging with the data, categorising and condensing it until its key elements are distilled to explain what is occurring in the data (Charmaz, 2006).

In trying to tease out the complexity between agency and structure, I appreciated the work of Elder-Vass (2008) who argued that actor-network theory "calls us to trace

the connections through which structures are constantly made and remade" (p. 455). Many such connections were found in the data, as presented in earlier chapters.

However, Elder-Vass (2008) also argued that actor-network theory is limited because of "treating human and non-human actors symmetrically" (p. 455). That is, individual agency is considered to have the same effect as the influence of the social system, and the question is to work out how the effect occurs. Actor-network theory therefore insufficiently deals with the compounding influence of social structures (Elder-Vass, 2008). This is a shortcoming of great concern when theorising about the over-incarceration of Aboriginal peoples, among whom it is particularly important to take into account the compounding impact of the colonial settler state and regular experiences of racism, intergenerational trauma and general social exclusion.

In light of the limitations of actor-network theory, Elder-Vass (2008) also usefully explored critical realism, which acknowledges the influence of social structures on human life, but does not believe that these influences are actually observable, nor therefore can any cause and effect between them theorised. Critical realism has been criticised for being too tangled in trying to interpret how people understand the nature of reality, however, rather than identifying solutions for actually improving the realities of disempowered citizens (Elder-Vass, 2008, p. 456).

Consideration of both these theories in light of each other helped me extend my own thinking further, as it did for Elder-Vass (2008) too; he proposed some type of combined theory that "sees social structures as being composed of human individuals, and as being reproduced and/or transformed by the actions of those individuals" (p. 466). This confirmed to me what I was seeing in the data.

12.3.3 Identifying mechanisms of support

The actions of the individuals in my research were often so instrumental, helpful and nurturing of others' wellbeing that they could not be left as mere descriptions of human actions. They had to be further questioned for "how did they make a difference?" In Elder-Vass's (2008) experience pushing theories further is often necessary; integrating actor-network theory and critical realism propelled him to

"*identify the mechanisms*; the kinds of relations between individuals that lead to emergent properties at the structural level" (p. 466).

It was this prompt about identifying the *mechanisms* that resonated with me – the mechanisms by which support reduced risks for reincarceration – because any actual reduction in risk for reincarceration could not be identified from this or other available data. This helped me establish further lines of inquiry of the data at hand, particularly the mixed roles in support that interviewees had, and how support was experienced across multiple levels of society.

Finding that the majority of the interviewees had the experience of both receiving and providing support was powerful. As the previous chapters showed, informal caregiving and professional service provider roles were held simultaneously, and naturally overlapped. This was beginning of seeing what seemed like a mechanism in support.

The mitigating factor in Aboriginal people's experience, particularly in a localised qualitative study such as this, is that their/our lives are often connected. While this study was undertaken in a large urban environment, the history of colonisation and settler colonialism was such that Aboriginal people were removed from vast outlying traditional lands and driven together onto a small number of reserves. Most Aboriginal people in the area can be 'placed' for who they belong to, what their ancestry and traditional country is, and who they are related to. This ability to be connected to our history, family or 'mob' and country occurs right the way around Australia. No matter where a person goes, some thread of knowledge will be able to be drawn on, to be able to place people and connect them together.

Therefore it appears extremely difficult and also inappropriate to apply the strict boundaries between an Aboriginal person's professional role and a personal role in support. What this research found, instead, was that the connection between Aboriginal people was instrumental – so much so that it became increasingly clear as the grounded theory research process went on, that it was the core concept arising from the data. This ability to connect was a key mechanism enabling support to occur

in the way it did. The following sections explore this connection and its influence on support further.

12.4 Emergent theories about how support reduces risks for reincarceration

12.4.1 Connection through The Dreaming and the definition of health

Perhaps it should have not been quite so surprising to have identified connection as the core concept occurring throughout the three rounds of data, to help explain how risks for reincarceration were addressed by the research participants. But such is the grounded theory research process, that until systematic interrogation of the data occurs and it is coded, categorised and condensed in several rounds, the researcher must remain open to all possibilities (Charmaz, 2006). But it was this concept of connection that consistently showed itself in many support interactions that tied all of the research findings together. Connection is a cultural value and experience of Aboriginal people that extends back as far as living memory can account for (Grieves, 2009).

The ultimate connection Aboriginal people experience is signified in The Dreaming, which, in the quote below, describes how Aboriginal are connected to the past, present and future, as well as to each other. This provides a deep rationale for Aboriginal people's values of belonging and attachment (Sullivan, 2011) to each other, culture and country:

> The Dreaming, as an activity, is represented as a continuing highway between ancestral superman and living man (sic), between the life-givers and the life, the countries, the totems and totem-places they give to living men (sic), between subliminal reality and immediate reality, and between the There-and-Then of the beings of all things and relevances and the Here-and-Now of their continuations. (Stanner, 1976, 1998, p. 6)

The Dreaming conjures a connection between all that is seen, so that "we are connected to all that there is" (Randall, in Hogan & Randall, 2006). Despite the destruction of colonisation and oppression, all aspects of life are still connected.

In Australian policy this has been recognised since at least 1974, proposed by the National Aboriginal and Islander Health Organisation (Lutschini, 2005), and enacted through the 1989 definition of Aboriginal health documented in the National Aboriginal Health Strategy Working Party. While this was already presented in Chapter 6 it is include here too because it relates closely to the emerging theories presented below:

> Aboriginal health is not just the physical well being of an individual but is the social, emotional and cultural well being of the whole community in which each individual is able to achieve their full potential thereby bringing about the total well being of their community. It is a whole-of-life view and includes the cyclical concept of life-death-life. (National Aboriginal Health Strategy Working Party, 1989, p. x)

The Aboriginal definition of health reflects the connectedness demonstrated in description of The Dreaming above, albeit narrowed for a contemporary Australian health system context. It offers within it an impetus and a rationale for the support the Aboriginal research participants worked toward, to reduce risks for recidivism. Because they were connected they must "*never give up*" on Aboriginal people who were reincarcerated time and again (Sissy). Instead one should "*make an effort*" to share resources and be of good use to others (Uncle Kurly). Connection to other Aboriginal people, family and country constitutes one's "purpose of being" (Randall, quoted in Hogan & Randall, 2006), to ensure the survival of Aboriginal culture (NHMRC, 2003, 2006) – as occurred in pre-colonisation times, and so it must now in the neo-colonial context.

12.4.2 Connection in everyday life

Support was a mechanism that mediated between individuals, their relationships and the social system. Connection was one of the key tools. The data showed how in interpersonal relationships, connection occurred through yarning about shared history as Aboriginal people, and through identifying family and other relationships people had in common. In services, forms of connection through collaboration and partnerships were widely used. In intergenerational relationships, sharing knowledge

about Aboriginal history and practices conjured stronger connections to cultural identity and responsibilities.

As an analogy, the connections made through support were akin to the work of a carpenter. A carpenter has a set of core skills and tools that enables them to build a range of items, from small to large, for themselves or for the community. Through an apprenticeship system they build the capacity of others to also develop skills and experience.

An Aboriginal support provider can also provide support to individuals in their lives as well as with communities outside their personal network, with their core skills and tools being the ability to connect with others. The connectedness to their own sense of self as an Aboriginal person, as well as to Aboriginal history, families, and cultural values enabled them to support others wholistically, and inter-generationally. No professional training was required to do this, the role was mentored and learned through interactions with others.

12.4.3 Wellbeing at the interface of health and justice

Connection is recognised as one of the features of Aboriginal wellbeing, as well as being a spiritual principle of Aboriginal people. Wellbeing "demonstrates how those who are well exemplify Spirituality in everyday life and cultural expression" (Grieves, 2009, p. v). Wholistic support, such as that demonstrated in the findings chapters earlier, also expresses Aboriginal wellbeing (Grieves, 2009). Many examples of wellbeing, exemplified through supporting others, were seen in this data.

The field of social and emotional wellbeing has been emerging in Australia over only the last 20 years. A second national Social and Emotional Wellbeing Plan was recently released, extending until 2023 (Australian Department of Health and Ageing, 2013). The plan reflects the United Nations Declaration on the Rights of Indigenous Peoples and is linked to the Closing the Gap health framework described in Chapter 2, to improve health and its determinants among Aboriginal people. The plan asserts the need for Aboriginal culture and connection to be respected as central

to wellbeing, and that social and emotional wellbeing efforts must incorporate social justice and intergovernmental collaboration.

Wellbeing has rarely been considered in justice policies in Australia but has been strongly advocated for (Public Health Association of Australia, 2012). From this research, wellbeing appears to be the common ground between the health sector and the criminal justice sector. This reflects literature reviewed which established that health and justice have shared determinants. Further, the formal support providers generally did not operate from either a health sector framework or a criminal justice framework, and neither did the informal support providers. The locus of support appeared to emanate from a broader individual wellbeing and community wellbeing perspective.

The following figure defines wellbeing as the interface between the health and criminal justice sectors:

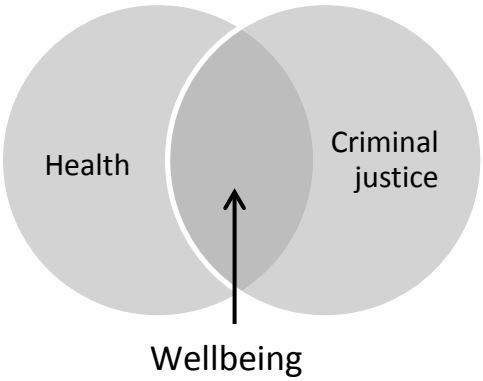

Figure 12.1: Wellbeing at the interface between health and criminal justice sectors

Acknowledging a wellbeing interface between the health and criminal justice system has important implications that are discussed further in the next chapter. This interface is important to keep in mind in relation to the material below, too, which theorises what goes on in this overlapping space.

12.4.4 Connection as the mediator between levels of an ecosocial model

This section revisits the findings that revealed how support provider research participants had mixed personal and professional roles, and that support occurred

across the different levels of an ecosocial model to promote wellbeing and reduce risks for reincarceration. In thinking about the mechanisms of support, and connection being a core concept, the following multi-dimensional figure was developed (12.2, below). It helps theorise that the mixed roles the interviewees had enabled them to work at the different levels of the social context – for and by individuals in a proximal, direct sense, as well as in families, in the community, in formal services and at the system level in a distal and indirect sense.

Their differing, mixed roles provided them with different types of connections to the issue of reincarceration, directly and indirectly, and at the different levels of an ecosocial model. The arrows represent interaction occurring between the levels of the model through the mixed roles the interviewees had:

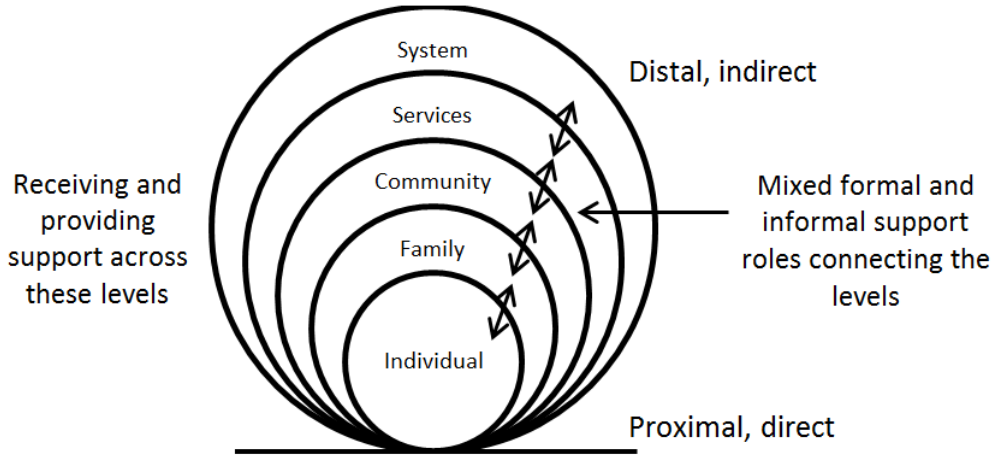

Figure 12.2: Connections across the levels of an ecosocial model

This ecosocial model also has relevance for throughcare planning. Findings from the research presented earlier showed the acceptance and implementation of throughcare in Aboriginal people's lives already, as well as in policy. This is despite the dearth of resources to support it. However, the opportunities for individuals and their families to experience effective throughcare are markedly lacking. The data showed how throughcare planning and support can and must occur at each of these levels, for an individual preparing for prison release and life in the community.

Success in throughcare requires an individual's readiness and support, as well as some engagement with and preparation of the family. Connections through men's and women's groups and sporting clubs in the community provided links to other people and information, as well as to healing and opportunities to support others. Services in the community are generally lacking but greatly required for specialist assistance with trauma recovery, addiction, grief and relationship conflicts, for example. Overall, enabling systems are required for all these throughcare aspects to occur. This includes the development of a more robust evidence base, intergovernmental agreements and systems of accountability.

Finally, in relation to Figure 12.2, is the meaning of line that the circles rest on. It signifies the past, present and future temporal dimension across which support is required. The long duration of support must not be underestimated. Different types of supports are required at different times. While there is no one-size-fits-all solution, the collective healing options discussed below are a viable option for flexible cultural support.

This line upon which the ecosocial model rests also signifies that support is not one-dimensional, but that there are underlying, interwoven facets of support that enhance its availability and utility among urban Aboriginal people, as described below.

12.4.5 Dynamics of support

As stated earlier, the mixed roles that the interviewees had in providing and receiving support at formal and informal levels helped shape the way support was provided. The role that an interviewee had in the support interaction influenced, and was influenced by the type of support that was required at the time, and the level at which it was required.

These aspects of support were not easily separated out in the actions of the interviewees. Instead these aspects of support were each like threads, which were

intertwined – interconnected, akin to the warp and weft in strong fabric[6], such as this in Figure 12.3:

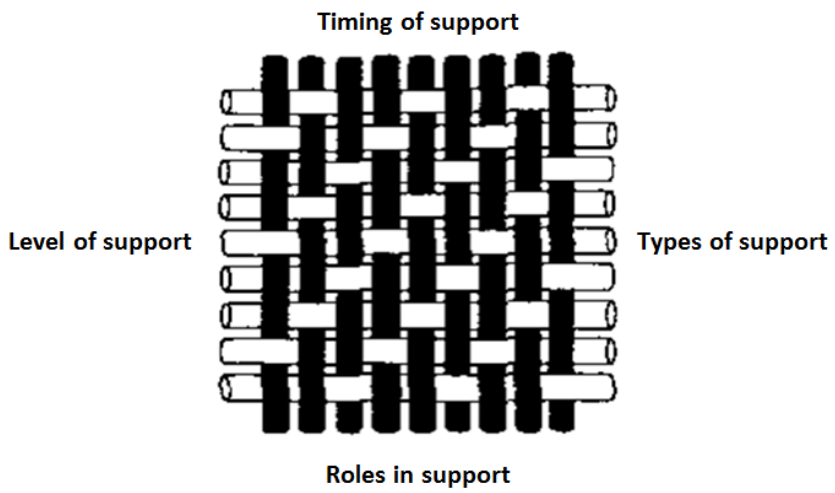

Figure 12.3: The intertwined dimensions of Aboriginal social support

A support provider could flexibly weave together and provide support depending on needs and context. Again, the core concept of connection comes into play here. It is the mechanism which determines the dimensions of support that are at play at any one time – the connection a support person has to the resources required for support, and the connection between the people in the support interaction.

12.4.6 The collective healing context

The final element of theorising about the support to reduce reincarceration is outlined in this section, concerning individual healing in the collective healing context. Such healing is also derived from the connection that individual Aboriginal people have with others. Ultimately, the notion of collective healing is reflected in The Dreaming described earlier, as well the Aboriginal definition of health. Collective healing encompasses important, generalised Aboriginal values such as Aboriginal people

Many Aboriginal people are not cognizant of these values, perhaps because they have not been so explicitly talked about with others. The collective healing journey is

[6] Picture acknowledgement: http://www.rawrdenim.com/2011/08/understanding-raw-denim-warp-weft-and-twill/

one of the important ways that Aboriginal people have come to learn about these values though, and others that make up Aboriginal knowledges and methodologies.

As stated earlier, some of the Aboriginal ex-prisoners interviewed spoke of the support they experienced through connections with others that assisted them to embark on their own trajectory – akin to a journey of healing – of learning more about themselves, the impact of their life experiences on their multiple incarcerations, their future risks for incarceration, and their vision for their future selves.

The support experienced through connections with others was a mix of informal support from peers, respected mentors and Elders, stimulating connections to more intense therapeutic support, which brought about some sense of healing. It also reinforced the need for ongoing connections with others, and ongoing personal change and growth to reduce risks for reincarceration – the immediate risks such as harmful alcohol use, as well as underlying factors in such alcohol use. That is, in the wellbeing interface or space, significant movement and healing occurred in the research participant's lives, through connections and the support of others.

However, very interestingly also, was the individual's support for others. As explored earlier, support occurred through interactions with others. Individuals drew on various threads, or dimensions, of support at any one time, to enable them to connect with others and resource them. The peer-to-peer support was frequent in the data, between Aboriginal men and women who had been incarcerated together, and were establishing or maintaining life in the community. Many of the research participants were connected to Aboriginal men's and women's groups. Some were more formal, regular, and resourced by community-based organisations than others but nonetheless had an important role in the participants' lives to keep them connected to others, learning from others, and supporting others, as they received support.

This interactive individual-collective connection is represented in the following figure, which helps theorise from the data that as people received support, so they supported others, often at informal interpersonal levels:

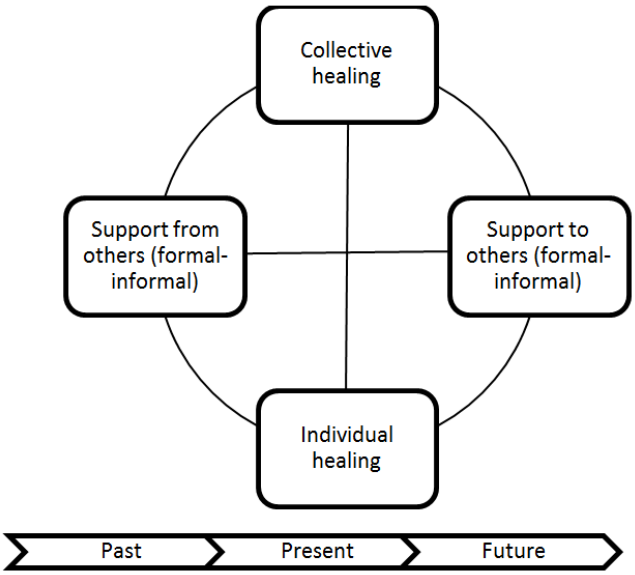

Figure 12.4: Individual healing in the collective context

This figure helps theorise that individual Aboriginal people's actions to reduce risks for reincarceration, or to heal or recover from often long-term engagement in the criminal justice system and past trauma, almost always occurred with support from others, whatever the individual trajectory may have been.

Increasingly in Aboriginal health and support services, or the wellbeing space identified earlier, individual healing in a collective context is called *collective healing*. The term trauma recovery is also emerging in the dialectic about the way forward for Aboriginal people. Indigenous people from around the world have established and documented a range of collective healing processes too, emerging from traditional cultural ways, in their contemporary cultural context. In Australia, ways of relating have often been in group contexts, including learning, ceremonies, celebrations and formal progress through life phases and have been regarded as vital to individual and community health (Bulman & Hayes, 2011; McCoy, 2008; McKendrick, Brooks, Hudson, Thorpe, & Bennett, 2012; Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation, 2013). Collective

healing is rather a type of mutual aid or peer support process, both which have been extensively researched in western social work and health sciences disciplines.

While Figure 12.4 helps theorise that the connection people experienced with others stimulated individuals, and this individual healing supported others, Figure 12.5 depicts this too, but also encompasses the support that the interviewees contributed across the levels of the ecosocial model – contribution to community organisations through paid and informal roles, the advocacy work through awareness raising, research, forums and partnerships with other organisations, and participation in the political process through parliamentary advisory committees, submissions and policy development.

Figure 12.5 Individual and collective wellbeing

Figure 12.5 includes important ingredients in individual and collective wellbeing that were identified in Rissel's (1994) community empowerment. Rissel's model was linear, and theorised that community empowerment began with personal development in response to an empowerment deficit, followed by mutual support groups, issues-based community campaigns and coalition advocacy occurs, leading to collective political and social action for power over resources, which in turn improves health.

The trajectory seen among research participants in this study generally included a growing sense of awareness about their needs and risks for reincarceration, with informal support through dialogue and mentoring from others, then access to professional support where required. Connection to Aboriginal men's and women's groups occurred, that together helped them to maintain social networks and support but also to organise together to advocate for further healing, justice and equity for Aboriginal people. From here opportunities arose to also shape policy and the systems in which support is enabled.

This process occurred over long periods of time, but as the lines that connect the aspects of the figure together denote, the process is ongoing. This was a key difference compared to Rissel's (1994) linear model – in which empowerment started with an individual. That is, in this research that the process of individual empowerment only appeared to begin because of the supportive actions of other Aboriginal people.

Interestingly, this matched some of the 'tracks' that were identified in earlier chapters, that people were thought to follow in desisting from crime and not returning to prison. For several reasons this is not directly applicable to the lives of Aboriginal people, who may or may not still be involved in crime, and whose crime also includes breaches of state orders, having been a victim of crime many times, and layers of social and economic disadvantage and intergenerational trauma.

That said, according to Maruna et al.,'s (2004) tracks in desisting from crime (and assumedly thereby reducing risks for reincarceration) individuals needed to (1) make achievements at the individual level to avoid crime, (2) access professional support and (3) develop prosocial relationships. These were all seen to occur at various stages and extents among the ex-prisoner interviewees, but as identified in models above, this research also theorises that other tracks are relevant in the lives of Aboriginal people. A fourth track exists of connection to the community for sense of belonging and contribution. A fifth track entails indirect support to influence systems that shape legislation, policy and resource allocation – the broader social context in

which support might be available for Aboriginal people, and in which decisions about Aboriginal people's lives are made. All these tracks are also encompassed in Figure 12.5 above.

The data has shown that there must be no expectation on individual Aboriginal people released from prison to get well themselves. As this chapter has revealed, it was through connection with others that individuals began a recovery or healing process, and that over time, they were able to contribute this healing to the support of others. This occurred in a wellbeing space, between the health and criminal justice systems, that can viably be bolstered through the emerging work by healing programs that are currently occurring around Australia.

12.5 Chapter summary

This chapter established several key points about the experience of support to reduce reincarceration among Aboriginal people in an urban area. Some of the concepts from the literature review, including about 'tracks' in community reintegration, and processes for community empowerment, were seen in this data. The core concept in support, arising from the data, was theorised as connection. Connection was enabled by the mixed formal and informal support roles that the research participants had. Connection is an Aboriginal spiritual concept that precedes colonisation and survives in the neo-colonial context. Connection to others provided support, but is also stimulated a healing process at the individual level, which also enabled people to support others. This support for others occurred at several levels – in mutual support group situations, as well as through contributing to community events and organisations, and further advocating the needs of Aboriginal people at community and system levels.

Chapter 13: Conclusion and reflections

13.1 Introduction

This chapter is the conclusion to the thesis. It reflects back on the terrain traversed thus far. It especially considers the extent to which the research questions were answered, and the implications of the research for further opportunities to reduce risks of reincarceration that Aboriginal people in urban areas experience. This chapter also outlines the limitations of the research, and recommendations for future research.

13.2 Have I met my research questions adequately?

This research was designed to ask in an open-ended, deepening way about Aboriginal peoples' processes of supporting people from prison release to community living, generating hypotheses about the role of support in preventing reincarceration. This was a constructivist grounded theory study following Charmaz's (2006) procedures and informed by Glaser and Strauss (1967), the original architects of the approach, as well as later iterations by Strauss and Corbin (1990). This study privileged Aboriginal peoples' insights, to be solution-focused in addressing one of the world's highest rates of incarceration and reincarceration. The extent to which data gathered through this research process enabled me to answer the four research questions set for the study is explored below.

13.2.1 Question 1: What is the experience of support post-prison release?

The first research question was *What is the experience of support post-prison release?* The research showed that those released from prison did so with little planning or preparation, little support by formal services, and with many pressing needs. Support they did received was informal, from family, who were often themselves already carers of young children, or others in the criminal justice system. Few returned to a safe home they live in pre-incarceration; accommodation was generally not arranged or long-term. Some months after release from prison, interviewees experienced crises, which lead to urgent support access. Issues such as multiple traumas, family breakdown, multiple traumas and poverty were the norm.

Gradually as the result of informal support in the community, interviewees came to access further supports.

The experience of support was viewed from multiple, but connecting perspectives – from Aboriginal people who had previously been incarcerated, as well as Aboriginal people in professional support positions. All of these Aboriginal study participants were in informal support roles, engaging with other Aboriginal people in family and community life who had also previously been incarcerated. Three-quarters were also in formal service delivery roles but few of these were specifically funded to support people post-prison release or for throughcare. The research participants, though, had mixed roles in relation to support – both receiving and providing it, but also at formal and informal levels. Many service providers supported family informally, in the criminal justice system.

Arguably the most important type of support was cultural support, which was expressed through connections Aboriginal people had with each other, and with Elders and mentors. It encompassed emotional, spiritual, instrumental and informational support. The types of support experienced overlapped. One act of support, such as driving a person to an appointment provided practical support, but also provided the opportunity for emotional support, cultural support and instrumental support to assist a person to move from one life phase to another.

The support occurred at various levels – directly among Aboriginal people who were transitioning from prison to the community, among families, in community contexts such as Aboriginal men's and women's groups and sporting clubs, through community-based and government services, and through advocacy and other system-level actions. Support was a mechanism that enabled the research participants to work across the levels of society, as indicated by ecosocial models provided and thus influencing the context in which support was available, as well as the provision of support among individuals. This was a surprising finding – that support must and does occur beyond the individual, in this urban Aboriginal population.

13.2.2 Question 2: What role does support have in preventing reincarceration?

This research showed that the very availability and use of support was important to reduce risks of reincarceration. Many outcomes of support were identified by the research participants.

Support was rarely experienced as a one-way interaction to meet defined outcomes. Instead individual people experienced support over time that connected them to other types of support, which were instrumental in understanding and reducing risks for reincarceration and beginning a healing journey in relation to these, such as about trauma, grief, loss and its manifestations in violence and addiction. For several of the ex-prisoner interviewees, the support along this healing journey was in turn provided to others, in the spirit of giving back to the community, as well as helping them stay connected to others – an individual healing journey in the context of collective healing.

This individual-collective healing reflects other Aboriginal healing programs around Australia. The cultural support connected a person to their identity as an Aboriginal person that had often been eroded, missing or devalued. Cultural support demonstrated the respected leadership of Elders. It provided connections to mentors and asserted the responsibility to care for oneself and contribute to the lives of younger generations.

This connected, individual-collective healing somewhat represented the 'three tracks' identified by Maruna et al., (2004) in desistance from crime and community integration. Although this was not a focussed study of Maruna et al.,'s (2004) concepts, because this inquiry was about Aboriginal support processes, the tracks were nonetheless observed throughout the research. Additional tracks were found to be relevant to the lives of Aboriginal people, suggesting that reducing risks for reincarceration must occur at the individual level, as well through support for families, through community connections and with professional support and participation in services, and indirectly system levels, for Aboriginal people to have input into developments at the broader social context in which support occurs. An

ecosocial model depicting these levels was presented which also theorised that the mixed role in support enabled interaction and connection between the levels.

Importantly, the point was made than an individual required support to make change, and that no Aboriginal person should be expected to reintegrate into the community or avoid reincarceration without support. This is largely due to often quite extensive state intervention and incarceration, as seen in the lives of the interviewees and their families, and entrenched poverty and lack of connections with mainstream services or mainstream community supports.

Examples were provided in the research about actions taken by support people to address material disadvantage and the underlying determinants of health and recidivism, including housing, education, training and income support. Addressing these determinants from either the health or the justice systems is widely acknowledged as extremely difficult; this needs to occur from a wellbeing space with responsibility shared by the health and criminal justice sectors, in the very least.

13.2.3 Question 3: What are the barriers to and facilitators of support post-prison release?

Barriers:

Aboriginal people are often equally victims of crime and perpetrators of crime, and become stuck in a complex legal system. As Sandy's story in the introduction to this thesis showed, he had excellent support but was still reincarcerated because of further legal issues. The Recommendations of the Royal Commission into Aboriginal Deaths in Custody could have been drawn on in his case, but were not. Aboriginal people have little control over their trajectory in this system; the information and processes are complex and difficult to navigate.

Beyond this, another barrier to support and reducing risks for reincarceration was the individual's readiness to understand their situation, make necessary changes in their lives, and in Sandy's case to persevere with the progress that has been made, even if reincarcerated. All of the interviewees required support to incrementally and internally prepare for changes in their lives, which required linkage to further

support. No assumption should be made that because an Aboriginal people has been incarcerated several times, that they know how to re/connect in the community. In fact, high rates of reincarceration state the opposite. Few of the research participants who had been incarcerated reported any support to prepare for release from prison nor for life beyond prison.

The complexity of issues related to multiple reincarceration presented another barrier. Histories of intergenerational trauma, their own trauma, addiction, grief, loss and poverty were the norm, in the context of poor physical and mental health, separation from children, homelessness, debt and legal issues. Again, it was only through support that these issues were slowly addressed; no individual tackled these on their own. Among these interviewees it was only through informal support that issues were be addressed. Access to professional support was limited. Whilst informal support was timely and flexible, if invested in by formal services, bolstered and utilised, it may be even more effective.

As discussed in previous chapters, a reduction in post-prison services has occurred in recent years, and the current trajectory fuelled by neo-liberal ideology looks set to continue shifting welfare support away from government and onto the private lives of individuals. Whilst Aboriginal people's solutions to over-incarceration have been reasonably well-identified, any investment to translate these into practice has been denied. Failings in intersectoral and intergovernmental partnerships have paralysed other post-release support programs (Haswell et al., 2014) and the lack of such integrated support or throughcare was felt by these research participants. This is despite international human rights instruments, legislation and policy asserting that people have the right to throughcare, and that Aboriginal people have the right to self-determination and to strengthen culture.

From better understanding the research participants' political activism and government advisory roles, it was obvious too that there was little opportunity for recourse by Aboriginal leaders or the communities they represent to hold governments to account for failing to meet their commitments. From the research participants, I got a strong sense of how governments' "continuing subjugation of

Indigenous knowledges" and rights, and seeming irreverence served to perpetuate "racialised inferiority" (Cunneen & Rowe, 2014, p. 50). Many policies and targets have not been met, despite Aboriginal leaders having raised their concerns about this.

Overcoming barriers in the criminal justice sector requires a multi-strategy decolonising approach, to further reveal and transform such paternalistic disempowerment (Sherwood & Kendall, 2013). Even beyond decolonisation, too though, is the need to address the disadvantaged social status of Aboriginal people. Related to this is the need to rectify the ignorance and contempt that the mainstream Australian public has for Aboriginal people (Anaya, 2010). The mainstream Australian public has been complicit in its apathy to rectify several other gross human rights violations experienced by Aboriginal people. Further, some government actions increase inequities.

Instead, a "transformative political process" is required (Cunneen & Rowe, 2014, p. 50) that challenges the individualising neo-liberal agenda, and that instead enables fundamental rights and freedoms to be realised, and social models of health and wellbeing to be enacted. Such action has benefits for all citizens; unfortunately the rise in incarceration is not limited to Aboriginal people, but the trend will increasingly affect mainstream Australians as well.

The service provider interviewees could demonstrate that the demand for their services by Aboriginal people outstripped their capacity to provide services. This is the opposite to what often occurs among mainstream organisations – they often struggle to draw Aboriginal people into their services. No opportunities for adequately or proactively enhancing the services were identified. The burden on the Elders was clear; several were unwell, immobile at times and suffering the effects of stress. In turn, others worried about them, and also took on extra responsibilities, often in addition to raising a family, self-education, employment and community governance roles.

Facilitators:

Further to the important role of support to reduce reincarceration identified in 12.3.1 and 12.3.2 above, the support that the research participants contributed at the system level was not without its gains, however. Out-of-date policy documents were rectified, Aboriginal Elder representation and relationships with parliamentarians occurred and mainstream organisations sought partnerships with Aboriginal organisations.

Also, support strategies that have elsewhere been identified as cost-effective were found to be used among and favoured by these research participants. These included collective healing processes, mentoring and peer support. Growing literatures are available about these from around the world, and these also show promise in reducing health and social inequity and its consequences.

Among this research population, peers and other informal supports such as family members were instrumental in seeding the confidence within others to make and sustain changes in their lives, to enter rehabilitation or other healing processes, to connect to Aboriginal men's and women's groups and sporting clubs. These connections improved sense of self-worth and also led to access to other types of support. The mixed formal and informal role that many had provided important empathy, identification and insights into needs, types and timing of support. It provided them with a special connection to others in the community and the issues at hand, which enabled them to work across the levels of an ecosocial model to address reincarceration, from individual to structural.

13.2.4 Question 4: What is recommended for the future provision of support for Aboriginal people post-prison release, to improve wellbeing and prevent reincarceration?

Greater acknowledgement of the shared determinants of health and recidivism is recommended. Greater efforts are also required and feasible at the wellbeing interface between the health and criminal justice sectors. This shares responsibility, and recognises that underlying factors in Aboriginal people's over-representation have been poorly addressed in the justice system. New partnerships across governments and with the community are required, with accountability to meet

current legislation and policy statements as objectives for people in prison and exiting prison, including throughcare.

Whilst the deep insider-perspective of Aboriginal people and family knowledge cannot necessarily be translated into services to reduce reincarceration, related principles and strategies for wholistic support can, based on insights from research such as this. Increased training for Aboriginal and mainstream support people is required, to sustainably build the capacity of future health and human service workers as well as informal carers and family members.

Redefining social work, human and health services delivery to embrace the mixed role is recommended and possible; insights from this research revealed how Aboriginal people mitigated against possible negative impacts of overlapping personal and professional domains of support. Increasing the Aboriginal workforce numbers in both criminal justice and health is crucial; this has proven to be a key strategy to improve primary care, environmental and other health outcomes, for example Bailie (2007) and Peiris et al., (2012). Defining pathways from informal caring through training to professional employment is recommended to increase Aboriginal workforce numbers.

For throughcare, and any other type of integrated care for those exiting prisons, infrastructure enhancements are required, well beyond the current brokerage between the limited mainstream services. Additional therapeutic services for mental health issues, trauma, addiction and institutionalisation are urgently needed. This research also indicated that Aboriginal men's and women's groups are ideally placed to provide and/or assist with throughcare. Throughcare planning must involve the family, be revisited over time, and evaluated. Other types of informal support programs can feasibly be attached to throughcare, including volunteer and mentor roles, as well as bolstering the role of families to provide support. As this research showed, all of the interviewees provided support informally – strategies to enhance their care may well quickly yield excellent results.

Wholistic wellbeing strategies such as collective healing programs and healing centres are recommended. Quality evidence from Aboriginal services is available about these, indicating that such programs are cost-effective and have an important role in reducing incarceration rates (Aboriginal and Torres Strait Islander Healing Foundation, 2014; Native Counselling Services of Alberta, 2010; Whiteside et al., 2014). This research recommended the framing of care for Aboriginal people exiting custody occurring in the social and emotional wellbeing space, with shared responsibility between the criminal justice and health sectors. This is to acknowledge that incarceration is not entirely a criminal nor a health issue but one that demands intersectoral, coordinated responses, ably led by Aboriginal people.

In light of these points, from a decade of implementation and evaluation, the Aboriginal-led Family Wellbeing program has already shown its effect on improving individual and community level empowerment (Tsey et al., 2010; Whiteside et al., 2014). A trial has previously been developed and in-part initiated in a correctional facility, with excellent feedback from staff and participants, although hindered by implementation difficulties between the community and correctional organisations (M. Haswell, personal communication, 26 February, 2013). Further Family Wellbeing program trials are recommended.

Other programs recommended and urgently required are parenting education and parenting support programs; relationship education, counselling and support; psychology and psychiatric services and other therapeutic care for trauma and addiction; driver licencing; legal education; and literacy and numeracy.

13.3 What are the limitations of the research?

The research was conducted in an urban area among Aboriginal people and thus findings are relevant to this context.

This research was based on retrospective self-report, asking viewpoints about past experiences. Problems with inaccuracy in memory recall of past events, and distortions of relevant facts over time were possible (Pierce et al., 1992; Riley & Hawe, 2005; Silverman, 2007). Persons with high perceived support have been found

to have a better memory for support, and are more generous in reporting support received than those with low perceived support; the concern for this research is the variability in interviewee responses (Lakey, McCabe, Segastiano, Fisicaro, & Drew, 1996; Pierce et al. 1992). It is possible too that interviewees might have rewritten their own history (Garfinkel, 1967); "like all of us when faced with an outcome …. they would document their past in a way which fits it, highlighting certain features and downplaying others" (Silverman; 2007, p. 39).

The extent to which this occurs can be ascertained by a skilled interviewer eliciting a detailed story from interviewee, checking for consistency and making queries and clarifications during the interview. I drew on several years' experience as a researcher and interviewer, kept comprehensive notes about the research journey, and accessed professional supervision to gain clarity about my role and the issues at hand.

This study was not entirely constrained by its reliance on interviews to gather necessary details to answer research questions (Silverman, 2007). I was a community member supported to undertake this research. I maintained my engagement in the field and with colleagues, and drew on multiple forms of data including observations, yarning with others and service delivery documents.

There are so many variables to truly account for the critical transition out of prison, community integration, and the process of desistance from crime in reducing risks for incarceration. In establishing this research as strengths-based, it was my responsibility not to be searching for the possible good ending or definable outcomes but identifying movement – progress people made toward understanding themselves, reducing risks for reincarceration and healing post-prison release – through making connections with others.

The focus of support in this research meant that I did not necessarily take into account other criminal justice system processes and their possible influences on recidivism including length on parole or sentencing procedures. Some studies have indicated that people mature out of crime, and their risks for reincarceration reduce

over time (Bushway, Brame, & Paternoster, 2004); this may have been occurring among this research population however was not ascertained.

Also, this was not a study of the quality of support, but rather its types, timing and possible role in preventing reincarceration. Further research on quality and effectiveness of support is required. This research did little to investigate the interviewees' connections with the mainstream community or mainstream services, and therefore can offer few insights into this area. Nor have I provided any particular analysis on the causes of individuals' arrest, sentencing and incarceration, or the impact of social exclusion. I committed instead to focus on privileging Aboriginal people's methods of support their own, and on offering a detailed study into this area.

13.4 Recommendations for future research

Firstly, adoption of the NHMRC guidelines for ethical conduct in research is critical for quality research to be shaped by the worldviews and methodologies of Indigenous peoples. Further to this is the importance of developing the Aboriginal workforce to lead and influence research in the future.

Much more information about Aboriginal people in the criminal justice system is required, including demographic and health status details. There is a dearth of research about multiple reincarcerations, its causes and effects or transgenerational incarceration, and the relationship to Stolen Generations. Such research is required to ascertain more nuanced responses to crime, reincarceration and trauma, for example.

Developing an evidence base for the effectiveness of parole for Aboriginal people is urgently required, given this is the major correctional system strategy for supporting people after release. This must include Aboriginal people's qualitative experience of parole, as well as analysis of networks that parole agencies use in their supervision of Aboriginal people to understand how to strengthen these.

While throughcare has been committed to in policy and practice, little nuanced targeting of services nor evaluative research, informed by Aboriginal scholars and

leaders has occurred or been published. Increased service provision and evaluation s is urgently required. Economic and social 'return on investment' studies into throughcare are recommended, as part of assessing for their efficacy, along with service auditing and network mapping to clarify gaps and needs.

Research to clarify organisational barriers to the implementation of rehabilitation, throughcare and other support options for Aboriginal people in the criminal justice system is required, and how these can be overcome. Research on alternatives to incarceration are an imperative, including restorative justice processes and trials, Elder involvement in court and sentencing, Justice Reinvestment and rehabilitation options.

Intervention-based research on Aboriginal collective healing programs in prison and community settings is recommended, in part to understand their processes and effectiveness but also to contribute to the evidence base about why collective rather than individualising approaches are an imperative for Aboriginal people. This includes supportive effects of Aboriginal men's and women's groups, their processes and types of support provided, as well as cost-effectiveness. The Growth and Empowerment Measure has shown to be a sensitive tool for use among Aboriginal populations in relation to support, and beneficial for use among Aboriginal people in alcohol and drug rehabilitation and prison settings (Haswell, et al., 2010; M. Haswell, personal communication, August 21, 2014).

Further research on the mixed formal and informal role of Aboriginal support providers will reveal insights for the education, training and support of service providers, and for reducing possible risks to service providers such as burnout.

An historical and political analysis of the rise in incarceration among Aboriginal people, from Aboriginal people's perspectives is required, similar to that conducted by Farrall and Hay (2010) in the UK. Lessons learned internationally about progress in social inclusion of Indigenous peoples will usefully inform allies and proponents of Aboriginal people's rights to self-determination and to strengthen culture. Collaboration with 'third sector' not-for-profit researchers will assist in

understanding strategic directions for the growth of Aboriginal community organisations, processes for collaboration and other new opportunities for the future.

Further, a scoping study for the national coordination of efforts to reduce reincarceration is urgently required. This is best emanating from the wellbeing space, and the shared, intersectoral responsibilities that government departments have, in partnership with Aboriginal community services and other local 'invisible infrastructure'.

13.5 Conclusion

Reducing numbers of Aboriginal people who are reincarcerated will reduce the overall incarceration rate, which will also reduce numbers of people in prison and the economic and social costs associated with this.

This study focussed on Aboriginal people's processes and types of support to reduce risk of reincarceration. This was in response to many research articles indicating that 'people need more support'. It was also motivated by the powerful invisible infrastructure that exists in Aboriginal communities, that is supportive and appropriate – illuminating this may mean it can be enhanced, to make progress on meeting stated legislation and policy commitments. The current mainstream strategies are clearly not working, and this research highlights feasible options to invest in to rectify this.

It is not my intention to suggest that the business of reducing reincarceration is entirely governments' responsibility, because support from all levels of society is clearly required. The current political era is not conducive to greater expenditure on social programs in Australia. Further, the issues are not just about lack of knowledge of Aboriginal people's cultural ways of reintegrating into the community or supportive processes to reduce reincarceration. While the evidence is scant, it is enough to help successfully implement programs, particularly in the context of already well-developed networks of Aboriginal organisations.

The role of governments is however, to be accountable to legislation and policy commitments. It is also the role of governments to refrain from being obstructive when intersectoral collaborations are devised, and to instead enable communication between systems, especially in relation to addressing shared determinants of health and recidivism, and when they literally hold the key to the lives of so many Aboriginal people.

The solutions identified in this research are arguably applicable to supporting all people released from the criminal justice system. When this sharing of solutions between Aboriginal people and others in Australia is further appreciated and realised, it is my hope, and that of some of the research participants, that a range of community and government resources will then become more available to develop the public infrastructure that is so required – specialist supports, accommodation, healing centres and opportunities for education and training pre-employment.

In reflection on this research, I am grateful to have had the opportunity to make known some of the 'invisible infrastructure' that is so valuable to informing wholistic care for people exiting prisons, and in preventing reincarceration. All Australians can benefit, not only Aboriginal people.

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Appendices

Appendix 1: Participant information sheet and consent form

[UQ letterhead]

Participant Information Sheet - Passports to Advantage Interview

What is the interview for?
The purpose of the interview is to find out how people have coped after release from prison, and the things that have helped them to stay out of prison. The interviews are a chance to hear some positive stories of change, to help guide a booklet about people's lives after prison, and shape future policies and programs for supporting people when they get out of prison.

University of Queensland contacts
Megan Williams, Indigenous Health Unit, School of Population Health - phone 07 3365 5557 and 0400 073 358.
Associate Professor Fran Boyle, Division of Health Systems, School of Population Health and Passports to Advantage Project – phone 3346 4681.

Voluntary
Your participation in an interview is voluntary. It is up to you whether you are involved or not. It is important you understand that we need to record the interview in order to make an accurate account of things you have said. Your agreement to participate includes agreement for the interview to be sound-recorded.

Confidentiality
We will not be taking any names or other identifying information about you during the interview. Any information collected will not be able to be linked to any participants personally. We will not include your name or contact details on the sound recording file; we will use an ID number. Any information relating to the interview will be stored in password-protected electronic files and locked filing cabinets at The University of Queensland. Information will not be available to anyone except the researchers listed above. We therefore believe there are no foreseeable risks to being involved in the interview. You are free to talk to the researchers about any aspect of your involvement. There are no foreseeable risks involved in participating in this study.

What does participation involve?
If you decide to participate, you will be asked to take part in a one-on-one interview conducted by Megan Williams, a staff member at the Indigenous Health Unit, School of Population Health. Megan has training and experience interviewing people in the community about personal issues. To repay you for your time, you will receive $30 after the interview is complete.

How will information be used?
Sound recordings will be used to make a word-for-word typed version of the interview. Content from this will be used in the Passports to Advantage booklet and research. No names or personally identifying information will be included. We hope the booklet information will encourage ex-prisoners to get in touch with services and support.

When, where and how?
Suitable interview times and location will be agreed on between the interviewee and interviewer. Interviews are to occur in a quiet, private and safe place and will go for about one hour. The Interviewer, Megan Williams, Indigenous Health Unit, The University of Queensland, has experience with interviewing people in the community.

Withdrawal
You are free to withdraw from being interviewed at any time, for any reason. If you choose to stop being involved, data collected from things you have said will be destroyed and not used. There are no penalties for withdrawing your participation.

Access to results
We will be putting together a report on results of the research. This report will not have any details about anyone individually. Copies will be available by contacting the researchers.

If you agree to be involved…
If you agree to be interviewed, we would ask you to read (or be read) and sign a Consent Form attached. Megan Williams will also sign this Consent Form to witness that you have voluntarily agreed to participate.

Thank you for your time and we look forward to hearing your story.

"This study has been cleared by one of the human ethics committees of the University of Queensland in accordance with the National Health and Medical Research Council's guidelines. You are of course, free to discuss your participation in this study with project staff (Megan Williams, contactable on 07 3365 5557 and Associate Professor Fran Boyle, Division of Health Systems, School of Population Health and Passports to Advantage Project – phone 3346 4681). If you would like to speak to an officer of the University not involved in the study, you may contact the Ethics Officer on 07 3365 3924."

[UQ letterhead]

Passports to Advantage Interview - Consent Form

I (print name), _____ agree to be interviewed for the Passports to Advantage study.

I have read both sides of the Information Sheet (or it has been read to me). I understand the purpose of the interview, and what is required of me.

I understand that I am free to withdraw from the interview at any time, and for any reason, and that there are no penalties for withdrawing.

I understand that all information collected during the interview will be digitally sound-recorded and treated in total confidence, and that information I give will not be linked to me personally. Only members of the research team will have access to information from the interview.

I understand that I can contact University of Queensland staff if I have any questions - Megan Williams from the Indigenous Health Unit on 07 3365 5557, and Associate Professor Fran Boyle, Division of Health Systems, School of Population Health and Passports to Advantage Project – phone 3346 4681.

Signed: _____

Full name: _____

Date: _____

Witness: _____

Full name: _____

Date: _____

Appendix 2: Qualitative interview guides

Interviews: People released from prison

Topic areas	Themes	***Areas for further questioning and follow-up, as needed***
A bit about you…	*I would like to start the interview by asking about your background, to find out a bit more about you.* *Tell me a bit about yourself, where you are from, your family and school.* *What about your life now, where do you live and who with?*	• Where were you born? • What is the main language you speak at home? • What is the highest level of education you have completed? • What sort of place is it that you live now? • How many people do you live with? • Who are the people you live with? • Are you a parent, or carer of anyone else – helping with aspects of every day living?
Pre-prison	*It would be great to hear about where you were at in life before you went to prison the first time. This will help me to understand where you are coming from.*	• Where were you living before you went to prison the first time? • Who were you living with? • What sort of employment or training were you doing, if any? • What other sorts of things were going on in life before you went to prison the first time, such as with family and friends. *Clarify if necessary between different times a participant has been to prison.*
Prison experience	*Because people's experience with prison can differ so much, we would like to know what your experience was*	• What took you to prison in the first place? • How were you classified as a prisoner? • What sorts of changes did you go through in the prison system eg moving prisons, spending a long time on remand? • How many times have you been in

	like. *What was your experience of being in prison?* [Clarify for which period of incarceration.]	prison? • How long all up have you served? • How was the prison experience for you? • Were there things about the prison experience which may have helped you or which you think were turning points? • When you look back, how do you think you coped when you were in prison?
Prison release	*I would like to hear about how you fared when you were released from prison, and the kinds of things you found helpful to settle back into community life.* [Clarify for which release time.]	• How long ago was it that you were released from prison the last time? • How much preparation for your release and the post-release period were you able to do while imprisoned? • What things assisted you the most? • What other things helped? • To what extent did these things assist you? • How were you feeling at the time of release? [Clarify for which release time.] • Was there anything about the experience which may have helped some?
Immediately post-release	*How did you re-establish your life in the community when you were first released from prison?*	• Where did you go, and how did you get there? • What were the first things that you did? • Who did you see and spend time with? Were any of these people involved in the crime that led you to being in prison; who; how many? • What about drinking, using drugs – did your use of these start to increase again, after getting out of prison? • To what extent were you worried about increasing drug and alcohol use? • What things did you have to put in place, to keep it in check? • What sort of arrangements for accommodation did you have? What was your experience of this? • What was your general health like as you were leaving prison? How much attention did you give your health after release from prison? What type

		of health services did you make contact with? What type of things did you need to look after yourself eg medication, hospitalisation, specialist care? • Which health and welfare services were you in touch with? • What did you do for money to live? • How did you go about getting back to work (if relevant)? • What was it like reconnecting with family and children (if relevant)? • What things assisted you the most? • What other things helped? For example, religion, art, music, sport or relying on other particular skills and interests you might have had, that enabled you to feel more self-confident and active. • How were you feeling at the time? [Clarify for which release time.] • Was there anything about the experience which may have helped some? • What things did you find the most difficult? • How did you overcome these hardships? • What special things do you think you did, related to your own way of coping or taking more control of your life? • What role did others play to help overcome hardships at this point in time? • What things do you look back and think would have helped you at the time?
Community integration: Exploration of this notion	*There is an expectation that people are able to fit back into the community after they are released from prison. But we also know that many people who go to prison are already not very well off in terms of income, unstable housing, family breakdown and*	• What did it mean to you to be out of prison and able to be back in the community? • Was there a point at which you started to “settle in” to life outside prison? • What were the key things that helped this happen, or hindered this?

	drug and alcohol misuse. *We are keen to hear what it was like getting out of prison and going back into the community, and what processes you had to go through.*	
Community integration: Contact with friends/peers	*We are keen to know about what happened with your friendships and also acquaintances.*	• Who did you come to spend much of your time with in the year or so, after you were released the last time – after the initial few weeks and months after you got out? • How much contact did you have with people from prison? • How much contact did you have with people who were involved in crime that lead to your incarceration? • Was there a sense that some people stuck by you? • How did your "old" friends receive you? How many of these did you get in contact with? How long had it been that you had been in touch? • What sorts of pressures were there from old mates who were involved in crime, drugs and drinking? • What were your levels of drinking and drug use?
Community integration: Income	*We know from the experience of others that stable income plays an important part in re-establishing oneself in the general community. How was it that you were able to establish income, and how sufficient was this to assist with community*	• Did you work when you were in prison? • Are you currently employed? How much – is that full time, part time or casual? • How did you get regular income re-established? • More specifically, how was employment was re-established, and what was the period of time this took? • What were barriers and facilitating factors, services accessed, and role of family, friends and other community members? • What about income family members may have received as carers of children during and after prison release, or money provided by friends or family?

	reintegration?	
Community integration: Contact with family	*We know from the experience of others that connecting with family plays an important part in re-establishing oneself in the general community. What was your experience of reconnecting with family, and how did this assist with community reintegration?*	• What sort of contact did you have with family? How much, how often, how did you regard this contact? • How well did you think the contact you had with family while you were in prison prepared you or helped you when you got out? • Explore barriers, facilitators, timing, regularity, role family played in reintegration and social determinants of health (eg employment, education), care of children, conflict, healing.
Community integration: Contact with community services providers	*What was your experience of using community services, and how did this assist you to settle back into life in the community?*	• What sort of contact did you have with services that are in the general community eg health education or Centrelink, or prisoner support [name services in local area]? How much, how often, how did you regard this contact? • How well did you think the contact you had with community services while you were in prison prepared you or helped you when you got out? • What things do you think would have helped you while you were in prison, so that you could settle into mainstream life?
Community integration: Accommodation – short, medium and long-term	*There is very much a concern about difficulties accessing and maintaining secure housing for the post-prison release time. What was your experience of finding a place to live and how have you established some stability?*	• Did you return to accommodation you had in the pre-prison time? • What sort of place did you go to when you were released? • How many times did you move around - where was this and who were you with? • Was there a time when you were able to “settle in” somewhere, and if so, how did this affect other areas of your life?
Community	*Many prisoners are*	• How has your general health been?

integration: Health	*thought to have health concerns. What was your health like and how much of a concern was looking after your health in the post-prison release time?*	• What type of health services did you been in contact with? • To what extent do they know you were in prison? • What type of things did you need to look after yourself eg medication, hospitalisation, specialist care?
Community integration: Wellbeing	*Each person works through the prison-release time differently - what things that you had in your life were able to help you - things that made a difference?*	• How would you say your general wellbeing has been in the time since you were released from prison? • What sorts of changes have there been over time? • What sorts of responses have you made to your feelings? • To what extent have issues about identity regarding your prison experience been an issue, in relation to others and perception of self. • What sort of strategies have you had to use to re-orient yourself to family, work and community (formal and informal)? • What sort of personal skills do you think served you well? • What sort of religious, artistic or other outlets did you feel were important? • What about alcohol and drug use - what sort of strategies did you have to control your intake, if any?
Staying out of jail	*What things do you think helped you so stay out of jail?*	• What helped you to break the cycle? • Was anything/ anyone /any situation most useful? • What expectations have you got about staying out of prison over your lifetime?
Supporting others	*What things would you like to tell others, to encourage them in settling back into family, work and community life?*	• Looking back on the experience you had? • Your wishes for the future?

Interviews: Formal support post-prison release

Prompt questions:

What things have you been involved with in supporting Aboriginal and Torres Strait Islander people after they have been released from prison?

- Not hear-say about what they know others have done. BUT, identification of issues others have experienced.

Risks for reincarceration that you see? Debt, drug and alcohol, lack of stable accommodation… try to uncover other

Types of support: For each ask about timing, level/how much, changes over time, positives and negatives:

- Emotional including identity, cultural
- Instrumental eg linkages to health services, other services
- Practical eg transport, finances
- Informational
- Community eg sport
- Spiritual

Important fields:

- Childcare
- Court/legal
- Health - mental health, alcohol and drugs, physical health
- Accommodation, homelessness, famly resettlement
- Reconnection with family - children and grandchildren, partners
- Money
- Work
- Transport including driver licence

Aboriginal culture – areas for development, areas missing, tricky issues…

Issues for Elders – overwork, burnout, stress, violence

Types of services you think are needed? (Specifically role of health services?)

Reflection in terminology - reintegration?

Interviews: Aboriginal people with mixed support roles

Prompt questions:

- How long ago was it that you supported someone - over what time period? How does it continue on now?
- Tell story of your loved one going in to prison and getting out including multiple incarcerations
    - Things that happened when the person went into prison, that impacted on time coming out eg children being removed, children changing schools and imprisoned parent not being able to be involved at the new school, alienated

- What sort of help have you provided?
    - What roles have you been in to do this?

- Preparation for release fro prison
- What were the needs of people - place to go… employment

- Types of support you received from formal services eg Centrelink and community organisations
- Types of support you got from other people eg family, friends, who…

- Ways the incarcerated parent had changed that were positive and that were hard, and helpful supports
- Pressures on the person in the context of the family after release from prison eg getting a job

- Times of feeling strong and resilient and coping… how did these come about, who helped or was involved, what resources supported eg yarnin, books, counselling, services?
- Transformative assistance or key moments
- Outcomes you have seen
- Surprises you have had

- Risks for reincarceration.