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NEW CORRECTIONAL CENTRE AN OPPORTUNITY FOR BETTER COLLABORATION IN SOCIAL SERVICES SECTOR

A new study suggests a fresh opportunity to launch a collaborative model in a region well known for its collaboration could be the answer to increased pressures on community service providers, with the opening of the Clarence Correctional Centre.

The Clarence Correctional Centre (CCC) opened its doors on 1 July as a 1,700 bed facility for both male and female inmates. An independent study engaged 30 community services and health stakeholders in the Clarence, to gauge their readiness for an expected influx of demand from inmates being discharged from the facility as well as their families who may relocate to the area.

The independent *Assessment of the readiness of Community Service providers to respond to the potential impact of the Clarence Correctional Centre on Community Services in the Clarence Valley* found that homelessness and community housing services were identified as likely areas of concern, with some discharged inmates likely to present with complex needs, requiring a range of service supports.

The study found while there were potential gaps, many providers felt the CCC presented a real opportunity to bring a higher level of cooperation among providers to meet the extra demand.

Chief Executive Tony Davies, of community service organisation Social Futures, said many service providers already operating in the region would be well placed to form part of a collaborative model.

“Clarence Valley social service providers have a history of working together on complex issues – just look at [Our Healthy Clarence](#) as an example,” Mr Davies said.

“One of the themes that recurred throughout this consultation was a clear recognition of the benefits that collaboration between the government, the CCC and community and housing service providers will bring.

“A collaborative model will help us meet the challenges that come from supporting people leaving the Centre, and their families, and this will help us ensure we are doing the best thing possible for the Clarence Valley community.”

Mr Davies said supporting people who are coming out of incarceration required people on the ground with specialised skillsets and the opening of the new centre was a ripe opportunity to create the best possible model.

“We believe the best way to provide coordinated wrap-around services for a supported transition back into the community for inmates leaving the Correctional Centre is a collaborative model between the operators of the Centre, community service stakeholders and the government,” he said.

“It’s on all of us, as service providers, to be proactive and engaged when it comes to delivering better outcomes for both the local community and the inmates discharged from the Centre.

It’s also important to recognise the benefits that the Centre will bring to the region, both directly to the local economy and from ensuring those incarcerated are supported with the skills to reduce recidivism.”

It’s estimated the facility will provide significant benefits including 1,100 construction jobs, 600 operational jobs and an injection of \$560 million into the local economy over the next 20 years.

Three key recommendations stemming from the analysis are:

- 1) Develop a plan for a collaborative working model between the Clarence Correctional Centre operator; government; and community service providers
- 2) Establish a formal Alliance for Clarence Valley community services to enable a planned approach to support inmates as they transition into community and for community services respond to emerging needs
- 3) Identify a baseline and monitoring mechanism that captures current and future levels of community services in terms of number of clients, demand for services provided and scale and sources of funding for services

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Note to editors:

Social Futures is a community service organisation based in Northern NSW. We have more than 40 years’ experience as a regional leader, advocating with the communities we work in; working in partnership with others; and providing services that promote inclusion, fairness and social justice. Our work encompasses homelessness and housing supports, youth and family services, programs that promote genuine participation for people with disability, community sector support, professional development, and systemic advocacy.

Bulgarr Ngaru Medical Aboriginal Corporation (BNMAC) makes a difference by providing comprehensive primary health care services which include medical and dental services, chronic disease management, mental health, and health education programs covering substance use, sexual health and lifestyle management. BNMAC has clinics in the Clarence Valley and Northern Rivers regions of New South Wales.

APPENDIX of data from research findings

Clarence Correctional Centre (CCC) key numbers

- The CCC will contain 1,000 maximum security and 400 minimum security beds for male prisoners and 300 maximum security beds for female prisoners.
- It is anticipated that almost a third of all prisoners will be from Aboriginal and Torres Strait Islander communities.
- It is estimated that 204 prisoners will be released from the CCC each month (based on extrapolation from current Corrective Services NSW data¹).
- There are currently no reliable estimates of the proportion of prisoners that will remain in the Clarence Valley region, nor the number of families of prisoners that will relocate to the region.
- The NSW Government has reported that the benefits of the CCC include:
 - i. \$560m injected into the local economy over the next 20 years
 - ii. Long-term, local economic opportunities through an economic multiplier including the procurement of a range of goods and services such as estimated 1,000 individual visitors per weekend often requiring additional overnight accommodation.
 - iii. Generating 1,100 construction jobs and up to 600 operational jobs once in operation, with 60% expected to be residents of the Clarence Valley including some that were employed at the Grafton Gaol².
- There are challenges to economic growth such as housing available for employees.

Understanding increase in demand on community services:

30 community service organisations in the Clarence Valley were engaged in an independent study through workshops, interviews, online surveys and webinars from late 2019 until May 2020. All reported an expectation of significant impact on community services from the CCC.

- Three out of five (58%) of the respondents thought the likely increase in demand for their services as a result of the CCC would be over 10%, with one in four (27%) thinking the increase would be considerable (over 15%). A quarter (27%) thought the increase would be small (less than 5%).

¹ https://www.bocsar.nsw.gov.au/Documents/custody/NSW_Custody_Statistics_Dec2018.pdf

² NSW Government (Communities & Justice) (Unknown), New Clarence Correctional Centre, NSW
<<https://www.correctiveservices.justice.nsw.gov.au/Pages/CorrectiveServices/New%20Prisons/clarence.aspx>>

- 52% of stakeholders engaged believed that the use of a throughcare model is essential to successful integration of prisoners into the community, with most of the remainder (43%) considering that this is one of several models that could be utilised. Two-thirds of these stakeholders (67%) supported the use of a throughcare model in the Clarence Valley with most of the remainder (29%) stating that they may support use of such a model.

Key Findings and Impacts:

The greatest impact and need for additional resources was identified for the following community services:

- i. Homelessness and community housing
 - Housing and homelessness stakeholders agree with the assumption that one third (or 68 prisoners) exiting the CCC each month may seek homelessness services. However, it is not clear if this demand will be in the Clarence Valley or in other locations³.
 - Demand already outstrips supply for social housing in the Clarence Valley with 303 people on the general waiting list and 17 priority cases⁴. Anglicare in 2018 found that there were no affordable properties for people on Newstart in the Clarence Valley⁵. Prisoners exiting the CCC and staying in the region will struggle to find appropriate social or affordable housing.
 - Of the 8 Homelessness and Community Housing services surveyed: 4 feel they are not ready, 3 are somewhat ready and 1 fully ready for the anticipated 11% increase in demand created through the CCC.
 - The biggest constraints to meeting this demand are lack of funding (7), complexity of participant needs (5), insufficient workforce (4), and lack of appropriate infrastructure and government support (2)
 - Proposed actions by stakeholders is to provide access to transitional accommodation and social and affordable housing for prisoners exiting the CC. However, this needs to form part of a

³ AIHW. (2019). The health of Australia's prisoners 2018. Australian Government Australian Institute of Health and Welfare.

⁴ FACS. (2019). Expected waiting times. NSW Government.
<https://www.facs.nsw.gov.au/housing/help/applying-assistance/expected-waiting-times>

⁵ Anglicare Australia. (2018). RENTAL AFFORDABILITY SNAPSHOT, NSW.
 <<https://www.anglicare.asn.au/docs/default-source/default-document-library/final---rental-affordability-snapshota302da309d6962baacc1ff0000899bca.pdf?sfvrsn=4>>

broader social and affordable housing strategy for the Clarence Valley.

- Organisations providing these services believe they require additional funding between \$50-\$400k per annum to prepare for and meet the increase in demand.

ii. Aboriginal and Torres Strait Islander (medical, legal, health) services

- 6.3% of people living in the Clarence Valley identify as Aboriginal or Torres Strait Islanders, significantly higher than NSW average of 2.3%⁶.
- Aboriginal and Torres Strait Islander prison entrants were 1.5 times more likely as non-Indigenous prison entrants to report that they had been incarcerated in the previous 12 months⁷.
- Aboriginal and Torres Strait Islanders are overrepresented across all areas of disadvantage facing the prison population.
- Of the 8 Aboriginal and Torres Strait Islander services surveyed, 5 feel they are somewhat ready and 3 are not ready at all for the increase in demand created through the CCC, anticipated increase is ~6%.
- The biggest constraints to meeting this demand are lack of funding (6), insufficient infrastructure and space (5), insufficient workforce (3), and increase in demand and complexity of participants (3).
- Stakeholders surveyed recommend the re-establishment of the Aboriginal Legal Service in Grafton and further investment in the Aboriginal Medical Service and detox and rehabilitation facilities.
- Stakeholders also identified the need for pre- and post-programs which address the specific risk factors associated with Aboriginal and Torres Strait Islander recidivism and meet culturally specific needs.

iii. Mental Health Services

⁶ ABS. (2016). 2016 Census Quick Stats: Clarence Valley. ABS Census. https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/LGA11730?openDocument

⁷ AIHW. (2019). The health of Australia's prisoners 2018. Australian Government Australian Institute of Health and Welfare.

- 40% of prisoners in Australia have a mental health disorder including drug and alcohol misuse with 25% of these having very high levels of psychological distress⁸.
- The CCC health service is expected to have both mental health specialist and drug and alcohol services. However, accessing these services is more challenging upon release. The Clarence Valley has a very low rate of locally residing psychologists, 0.6 per 1000 people compared to 2.66 in NSW⁹. Grafton Hospital does not provide inpatient mental health services.
- Of the 11 mental health services surveyed, 8 feel they are somewhat ready and 3 are not ready at all for the increase in demand created through the CCC, anticipated increase is ~5%.
- The biggest constraints to meeting this demand are lack of funding (8), insufficient workforce (7), insufficient infrastructure and space (5) and lack of government support (3).
- Mental health services for both adults and children are view by stakeholders as already oversubscribed in the Clarence Valley. The increased demand from prisoners on release will present significant challenges and investment is required in existing and new mental health services and facilities.
- The 11 mental health service providers surveyed believe that additional funding between (\$50,000-\$2m per annum) will support additional staff and services.

iv. General Health Services

- 4 in every 5 prisoners have a health-related discharge summary on file and half have referrals or appointments scheduled with health professionals or health service provider at release¹⁰.
- 30% of prisoners in Australia attend a medical appointment outside the prison with 10% being admitted to a general or psychiatric hospital and 12% to emergency¹¹.

⁸ AIHW. (2019). The health of Australia's prisoners 2018. Australian Government Australian Institute of Health and Welfare.

⁹ NCPHN. (2017). Clarence Valley Local Government Area Health Check. North Coast Primary Health Network.

¹⁰ AIHW. (2019). The health of Australia's prisoners 2018. Australian Government Australian Institute of Health and Welfare

¹¹ AIHW. (2019). The health of Australia's prisoners 2018. Australian Government Australian Institute of Health and Welfare

- Of the 8 general health services surveyed, 3 feel somewhat ready and 5 are not ready for the increase in demand created through the CCC, anticipated increase is ~6%.
- The biggest constraints to meeting this demand are lack of funding (5), insufficient workforce (3) and insufficient infrastructure and space (3).
- There is a shortage of GPs in the Clarence Valley with 1FTE GP per 1,000 people verses 1.06 per 1,000 across NSW, which if not addressed will have additional effects on the health system¹².

v. Drug and Alcohol Services

- 65% of prison entrants report using illicit drugs during the previous 12 months, compared to just 16% of the general population¹³.
- Illicit drug use is more common in female prison entrants (74%) compared to males (64%)¹⁴.
- Of the 7 drug and alcohol services surveyed, 5 feel they are somewhat ready and 2 are not ready at all. for the increase in demand created through the CCC, anticipated increase is ~5-15%.
- The biggest constraints to meeting this demand are lack of funding (5), insufficient infrastructure and space (5) and lack of government support (2).
- Drug and Alcohol service providers are operating at full capacity and there is a lack of appropriate facilities in the Clarence Valley to accommodate and increase in demand and would require additional funding or for existing services outside the area to expand.

vi. Domestic and Family Violence and Women's Services

¹² Department of Health. (2008). REPORT ON THE AUDIT OF HEALTH WORKFORCE IN RURAL AND REGIONAL AUSTRALIA. <https://www1.health.gov.au/internet/publications/publishing.nsf/Content/work-res-ruraud-toc~work-res-ruraud-2~work-res-ruraud-2-3~work-res-ruraud-2-3-med~work-res-ruraud-2-3-med-gen>

¹³ AIHW. (2019). The health of Australia's prisoners 2018. Australian Government Australian Institute of Health and Welfare.

¹⁴ AIHW. (2019). The health of Australia's prisoners 2018. Australian Government Australian Institute of Health and Welfare

- 1 in 4 NSW prisoners in 2016 were identified as perpetrators of family and domestic violence¹⁵. Aboriginal and Torres Strait Islander men are overrepresented among domestic violence offenders¹⁶.
- 20.3% are likely to commit another domestic violence offence within 12 months¹⁷.
- Of the 6 domestic and family violence and women's services surveyed, 3 feel they are fully ready, 2 somewhat ready and 1 is not ready for the increase in demand created through the CCC, anticipated increase is ~6-16%.
- The biggest constraints to meeting this demand are lack of funding (6), insufficient workforce (4), insufficient infrastructure and space (4) and complexity of participant need (3).
- There is a need for targeted interventions as domestic violence reoffending appears to be higher in more socio-economically disadvantaged communities.
- The criminogenic profile of women prisoners differs significantly to men with 89% having been victims of family violence, and 85% of Aboriginal and Torres Strait Islander women in prison have been victims of sexual abuse¹⁸.
- Female ex-prisoners require assistance with accommodation, finances, employment, family reunification. They are at high risk of poor mental and physical health¹⁹.
- There is a lack of services dedicated to the specific needs of women in prison and at release in the Clarence Valley.

¹⁵ ABS. (2019). Prisoners in Australia. <https://www.abs.gov.au/ausstats/abs@.nsf/mf/4517.0>

¹⁶ AIHW. (2019). The health of Australia's prisoners 2018. Australian Government Australian Institute of Health and Welfare.

¹⁷ OCSAR. (2016). Does a prison sentence affect future domestic violence reoffending? NSW Bureau of Crime Statistics and Research.

¹⁸ Kilroy, D. (2016). Women in Prison in Australia. National Judicial College of Australia and the ANU College of Law.

¹⁹ Kilroy, D. (2016). Women in Prison in Australia. National Judicial College of Australia and the ANU College of Law.