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Good practice in women's prisons: A literature review

Dr Lorana Bartels
Antonette Gaffney

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Foreword

Good prison practices are essential for the wellbeing of prisoners and the wider community. Not only do they provide assistance to one of the most disadvantaged and vulnerable groups within society, but they also benefit the wider community by providing adequate support and services to a group of people who will ultimately return to the community. The purposes of incarceration not only include retribution, punishment, deterrence and incapacitation, but also rehabilitation. In order for a prison to achieve this, it is essential to have prison practice models that support reintegration, facilitate personal development and reduce recidivism rates.

Notwithstanding this imperative, prisons and prison systems are still typically organised around the needs and requirements of male prisoners. As a result, any provisions made for women prisoners are still applied within a male-oriented framework and lack the female focus needed to assist women prisoners with their rehabilitation and social reintegration. Accordingly, many prison models do not provide women prisoners with the support, services and requirements they need to achieve their rehabilitative goals.

This paper explores some of the literature on recent practical and theoretical developments that have been incorporated into women's prison models. By exploring the key initiatives that have been adopted into both Australian and international prison settings, the report outlines a holistic approach to the needs of women prisoners, what services can help address these needs in prison and what level of support is required post-release. In particular, the paper considers recent developments in corrections policies specific to female prisoners, for example, *Victoria's Better Pathways in Practice: The Women's Correctional Services Framework*, as well as women's prison system and architecture, including the use of cottage-style accommodation, where women share kitchen, bathroom and laundry facilities and are required to develop pro-social skills in cooking,

budgeting and cleaning. The paper also presents relevant prison system management practices and operational developments, such as the good practices identified by the Office of the Inspector of Custodial Services Western Australia.

The availability and evidence of the effectiveness of women's corrections programs is also discussed, as well as the need to develop programs that will be practical for women upon leaving custody and the need to evaluate programs properly. Examples discussed include the adaptation of the therapeutic community model for female prisoners and developing employment and education programs that enable women to gain skills in non-traditional areas. Consideration of security issues includes the implications of housing multiple security levels on the one site and the needs of remand prisoners. In addition, promising initiatives in relation to the physical and mental health of women prisoners are examined, including the introduction of ultrasound clinics and health promotion programs. Finally, the paper explores measures to enable female prisoners to meet their parental responsibilities. Key relevant practices in Australia include the availability of appropriately designed and maintained mother and child units and programs that model healthy family and social behaviour.

By examining these issues and building up the knowledge base on good practice models for women's prisons both in Australia and overseas, this paper highlights the need for the development of specific policies, practices and initiatives that acknowledge the gender-specific needs of female prisoners and place female rehabilitation as a central criminal justice priority in its own right and not merely as a complement to a male-centric model.

Adam Tomison
Director

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Acronyms

ABS	Australian Bureau of Statistics
ACTCS	ACT Corrective Services
ACTJCS	Australian Capital Territory Department of Justice and Community Safety
ADCQ	Anti-Discrimination Commission Queensland
AMC	Alexander Maconochie Centre
AOD	alcohol and other drugs
AWP	Adelaide Women's Prison
BPCW	Boronia Pre-release Centre for Women
CALM	Controlling Anger and Learning to Manage it program
CSAC	Corrective Services Administrators Conference
CSC	Correctional Service Canada
CSU	crisis support unit
DPFC	Dame Phyllis Frost Centre
FOTEP	Female Offender Treatment and Employment Programs
ICPS	International Centre for Prison Studies
MAAD	Mothering at a Distance
MACASHH	Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis
MBUs	mother and baby units
MCUs	mother and child units
MHWP	Mary Hutchison Women's Prison
MOMS	Maximizing Opportunities for Mothers to Succeed
NIJ	National Institute of Justice
NSWDCS	New South Wales Department of Corrective Services
OICSWA	Office of the Inspector of Custodial Services Western Australia
POISE	Personal Ownership Identity and Self Empowerment
PWTC	Parramatta Women's Transitional Centre
QCS	Queensland Corrective Services

QDCS	Queensland Department of Community Safety
RFID	Radio Frequency Identification
SADCS	South Australian Department for Correctional Services
SRSW	Security Reclassification Scale for Women
TWP	Together Women Program
UNODC & WHO	United Nations Organisation on Drugs and Crime and World Health Organisation
VACRO	Victorian Association for the Care and Resettlement of Offenders
WADCS	Western Australian Department of Corrective Services
WISP	Women's Integrated Support Program
WOCMM	Women Offender Case Management Model
WOSAP	Women Offender Substance Abuse Program

Executive summary

In this paper, the literature concerning examples of good practice in women's prison systems in Australia is reviewed. Key international developments are also considered, although it is acknowledged that the potential for transfer of such models may at times be limited.

Recent developments in corrections policies specific to female prisoners

In this section, the focus is on reviewing recent developments in Australian corrections policies, including:

- the ACT *Corrections Management (Reception and Management of Female Prisoners) Policy 2010* (ACT Government 2010b), which sets out specific guidelines on the management and operation of women's prisons and female prisoners' family responsibilities;
- the ACT *Women's Plan 2004–2009*, which provides direction for best addressing the range of challenges specifically faced by women in the criminal justice system and emphasises the multidisciplinary, collaborative approach required to ensure positive rehabilitative outcomes for female prisoners (see ACTJCS 2009);
- Queensland's *Improving Outcomes for Women Offenders: Women Offenders Policy and Action Plan 2008–2012* (QCS 2008b), which provides that female offenders will be able to access programs, services and opportunities that are responsive to their needs and that they will be provided with rehabilitative and culturally sensitive environments that acknowledge their diverse characteristics, needs and life experiences in accordance with assessed risks and needs;

- Victoria's *Better Pathways: An Integrated Response to Women's Offending and Reoffending* (Corrections Victoria 2005), which is a four year strategy to address the increase in women's imprisonment in Victoria. It includes 37 initiatives to reduce women's offending, imprisonment, reoffending and victimisation;
- Victoria's *Better Pathways in Practice: The Women's Correctional Services Framework* (Corrections Victoria 2007), which was intended to assist in meeting the aims and objectives of the Better Pathways strategy by enhancing the gender responsiveness of Victoria's correctional services system to reduce the risk of reoffending among female prisoners and offenders; and
- the West Australian *Women's Intervention Model of Service Delivery* and *Women's Way Forward: Women's Corrective Services Strategic Plan 2009–2012* (WADCS 2009b), which specifically acknowledges the needs of Indigenous females and sets out principles, outcomes of success and service strategies for prisons to contribute to a safer community through the effective management of offenders in accordance with assessed risk and need and reduce reoffending through a positive change in offender behaviour.

Key international policies are also reviewed, with specific consideration of developments in Canada, Denmark and the United States.

Women's prison systems and architecture

In this section, women's prison system designs are reviewed, as well as some of the lessons from women's prisons that have been built in recent years and developments in prison architecture and design generally are considered.

The architectural issues explored include the total number of prisoners and prisons within a system, compared with the size of its female prison population, the geographic location of prisons in relation to the ‘metropolitan area’ as well as the configuration of prisons and types of accommodation. The use of cottage-style accommodation, where women have their own room but share kitchen, bathroom and laundry facilities and are required to develop pro-social skills in cooking, budgeting and cleaning is discussed.

The section also considers issues relating to cell design and the housing needs of specific cultural groups, as well as examples of architectural good practice, such as the use of light, sound, colour, natural space and environmentally sustainable design.

Key suggestions for good architectural practice include:

- building cottage-style accommodation that enables women to replicate healthy family and community responsibilities;
- incorporating family-friendly design in dedicated ‘mother and child’ units (MCUs), as well as playgrounds and visitors’ centres;
- ensuring prison and cell design are responsive to the cultural needs of Indigenous prisoners; there may also be a need to adapt prison design for women from other culturally and linguistically diverse backgrounds;
- incorporating features known to promote wellness, with particular reference to the use of natural light, fresh air, colour, space, privacy and access to land;
- ensuring facilities are adapted/adaptable for women with disabilities; and
- promoting environmentally sustainable design.

Women’s prison system management and operations

In this section, relevant prison system management practices and operational developments are considered, including:

- provisions in the *ACT Corrections Management (Reception and Management of Female Prisoners) Policy 2010* (ACT Government 2010b);

- Queensland’s *Healthy Prisons Handbook* (QCS 2007b), which stipulates a range of measures with regards to female prisoners;
- the *Standards for the Management of Women Prisoners in Victoria* (Corrections Victoria 2009c), which were released in May 2009 and appear to constitute the most comprehensive sets of standards for female prisoners in Australia; and
- good practices identified by the Office of the Inspector of Custodial Services Western Australia at the two main women’s prisons in Western Australia—Bandyup Women’s Prison and Boronia Pre-release Centre for Women.

In addition, key international lessons in corrections management, particularly from Canada, Denmark and Scotland, are considered.

Good practice in prison management and operations should include the development of specific policies and practices that acknowledge the gender-specific needs of female prisoners, especially in the context of:

- reception;
- transportation;
- physical and mental wellbeing;
- education, employment and program treatment;
- security; and
- pregnancy and parenting.

Corrections programs

In this section, the availability and evidence of effectiveness of women’s corrections programs is discussed, as well as the need to develop programs that will be practical for women upon leaving custody. The need to properly evaluate programs is also considered, although it is acknowledged that there are, in most instances, few evaluations to empirically support the use of various corrections programs. Good practice dictates the provision of a range of custodial services (such as counselling, cognitive skills, anger management and substance abuse programs) and post-release support, as well as access to mental and physical health services and vocational, educational and recreational activities.

Some of the promising developments discussed include:

- holistic programs which address women's varied and complex needs including housing, parenting, relationships, trauma recovery, financial management, independent living, legal advice, physical and mental health issues, drug and alcohol counselling and reintegration into the community;
- the establishment of cafe facilities which are staffed by prisoners to equip them with hospitality, sales and management skills;
- the adaptation of the therapeutic community model for female prisoners;
- developing employment and education programs that enable women to gain skills in non-traditional areas, for example, building and computing;
- developing networks with the local community;
- the availability of female-orientated recreational programs, such as yoga and tai chi; and
- ensuring education, employment and treatment programs are sensitive to culture and gender.

A recent review of corrections programs in Australia found that although the needs of women are being increasingly recognised, there are currently insufficient resources allocated in this domain. International experiences, especially in Canada, the United Kingdom and the United States, point to some promising developments and principles, although they also highlight the relative paucity of research evaluating women's corrections programs.

Security issues and classification systems of female prisoners

In this section, the focus is on the implications of different security ratings on prison management. In particular, it explores specific classifications systems for women, for example, the *ACT Corrections Management (Prisoner Classification) Policy 2010* (ACT Government 2010a). In order to promote good practice, it is recommended that gender-specific classification systems be developed and implemented, taking into account the *Security Reclassification Scale for Women* developed in Canada.

Other security issues discussed include the implications of housing multiple security levels on the one site, the appropriateness of cottage-style accommodation for maximum security prisoners, the needs of remand prisoners and examples of good practice transitional facilities, such as the Parramatta Women's Transitional Centre (PWTC) in New South Wales and Harriet's House in North Carolina. These facilities provide a broad range of services, including financial management, family and parenting programs, recreational, vocational and educational training, housing, and mental health and substance abuse treatment. An internal evaluation of the outcomes of the PWTC and an assessment of Harriet's House showed low rates of recidivism.

Physical and mental health

In this section, some of the evidence relating to female prisoners' specific physical and mental health needs is presented. Relevant Australian developments include the establishment of national health indicators for Australian female prisoners, screening and other initiatives implemented by NSW Justice Health and the Western Australian *Strategic Directions Health Care for Women and Girls 2008–2012* (see OICSWA 2009). A number of good practices in the management of prisoner health at Bandyup Women's Prison and the Boronia Pre-release Centre for Women are presented, including a successful anti-smoking campaign. International developments include the *Kyiv Declaration on Women's Health in Prison* (UNODC & WHO 2009) and good practices in Canada, the United Kingdom and the United States.

Some promising initiatives in the management of women's physical and mental health are:

- the development of a national set of health indicators for Australian prisoners, including specific measures for women, such as the proportion who report being pregnant;
- the establishment of a dedicated facility in New South Wales for women with complex psychological issues;
- the provisions of timely and relevant health screening, for example, breast checks and cervical screening;

- the introduction of ultrasound clinics and dedicated drug-free units;
- measures to ensure the specific nutritional needs of pregnant and lactating women are met;
- the availability of drop-in health services and provision of a broad range of onsite medical services, including general nursing, GP, psychiatry, dental, optical, podiatry, mental health nurse and pharmacotherapy;
- health promotion programs, for example, smoking cessation, diabetes prevention and heart health, as well as the provision of information on blood-borne diseases;
- the provision of pharmacotherapy treatments for prisoners upon release;
- efforts to ensure treatment for existing health care needs are transitioned into the community and liaison with community health care networks is promoted; and
- measures that address the health needs of special groups, for example, Indigenous and older women.
- the positive evaluation of the NSW Mothering at a Distance (MAAD) program, which has received additional funding until 2014;
- innovative measures to promote women's relationships with their non-resident family, for example, by enabling teleconferencing, Skyping and reading programs;
- the option for non-resident children to stay with their mothers for extended periods, for example, weekends and school holidays;
- the provision of childcare for women with resident children to enable them to undertake education, employment and treatment programs;
- ensuring that prison staff who deal with children have undergone appropriate security checks and training;
- the development of connections with community services for women to access upon their release, for example, local parent support programs; and
- measures to address the specific parenting needs of Indigenous women.

Female prisoners' parental responsibilities

Female prisoners are more likely than their male counterparts to have parental and other carer responsibilities. This section considers the impact of such responsibilities and presents healthy models for maintaining parent-child relationships.

Key relevant practices in Australia include:

- the availability of appropriately designed and maintained MCUs and family-friendly playgrounds and visitors' areas;
- the availability of parenting programs and playgroups that model healthy family and social behaviour, and mother and child support workers; in some facilities, participation in parenting programs is compulsory for women whose children live with them;
- policies relating to women's obstetric care, pregnancy, childbirth, miscarriage, breastfeeding and childcare in the Australian Capital Territory and Queensland;
- relationship building through visitation classes;
- strong communication ties with children;
- regular child contact;
- peer support from other inmates in the same situation;
- collaboration with the primary caregiver; and
- the commitment and cooperation of corrections staff.

Some key international measures are also explored, including the development of *Children of Prisoners: Draft Framework for Decision making to Take Account of the Best Interests of the Child* (Mason-White 2010). In particular, positive developments in Denmark, Germany, New Zealand, Northern Ireland and Spain are noted and the following requirements for effective parenting-child intervention programs discussed:



Introduction

Good prison practices are essential for the wellbeing of prisoners and the wider community. The purposes of incarceration include retribution, punishment, deterrence and incapacitation. However, rehabilitation is also an intended outcome of imprisonment and in order to achieve this goal, it is necessary to have effective prison practice models in place that facilitate rehabilitation, reduce recidivism rates and support reintegration (Rubin 2001).

Coyle (2009: vii) recently noted that

prisons and prison systems tend to be organized to meet the needs and requirements of male prisoners. This applies to architecture, to security and to all other facilities. There is a recurring tendency that any special provision for women prisoners will be something that is added on to the standard provision for men. This is despite the fact that the profile of women prisoners is very different from that of male prisoners, and particular attention should be given to their special needs.

That a majority of facilities do not specifically cater for female prisoners is due, in part, to the fact that traditionally, the majority of prisoners have been male. While the programs and frameworks discussed in this paper indicate efforts have been made in prisons to cater to women's needs, more is required to effectively address the specific issues relevant to

women and ensure that correctional policies and practices applied to women are not merely an adaptation of those considered appropriate for men (Armstrong, Chartrand & Baldry 2005; see also Lawlor, Nicholls & Sanfilippo 2008).

This paper undertakes a desktop literature review, primarily from 2005 onwards, on women's prison systems around Australia and overseas, and presents a range of good practice models for women's prisons and prison management in terms of both what is currently being done and what should be done to improve women's corrections. It is acknowledged, however, that it is at times difficult to assess good practice by measures such as corrections key performance indicators (eg prison escape and assaults). Even measuring good practice against objectives such as improved rehabilitation or reduced recidivism can be fraught, given there is insufficient evaluation and reporting of these indicators.

It is not possible to provide an exhaustive review of all good practices in women's corrections in Australia and overseas as some elements (eg bail hostels) are considered to be out of scope. Rather, an assessment is made of key programs or reviews that demonstrate examples of good practice.

The information in this paper relies heavily on the annual reports and other public source information

from various departments of corrective services around Australia. Much of this paper draws on the model of the Boronia Pre-release Centre for Women (BPCW) in Western Australia, which commenced operation in May 2004 and was recently described by the Office of the Inspector of Custodial Services Western Australia (OICSWA) as 'a model for good practice, women-centred approaches to managing female offenders in custody in almost all respects' (OICSWA 2009: vi, 2007: iv).

BPCW also received the bronze medal at the 2006 Commonwealth Association of Public Administration Management Awards and the 2006 John Curtin Medal from the Curtin University of Technology for 'its values of vision, leadership and community service' (WADCS 2007: 29). Reportedly, the recidivism rate of women released from Boronia is less than one-third of the national average (Curtin University of Technology 2006). Although BPCW does not provide maximum security facilities and is only available for women in the latter stages of their sentence, the experience there is instructive for women's corrections generally.

The paper also draws heavily on the recently completed doctoral thesis of John Paget, formerly Director of Alexander Maconochie Centre (AMC) Project at the ACT Department of Justice and Community Safety (ACTJCS), Chief Executive Officer at the SA Department for Correctional Services (SADCS) and Assistant Commissioner of the NSW Department of Corrective Services (NSWDCS).

In most instances, the programs reported on here have not been independently evaluated, which is a long-standing problem for prison-based programs (Cameron 2001). Carlen (2005) has suggested that attempts to measure the outputs of many in-prison and rehabilitation projects encounter the following issues:

- there are multiple (presumably at times, competing) objectives;
- there are difficulties in specifying and understanding the relationships between intermediate outputs and output measures; and
- there is an inevitable time lag between input and impact, especially for programs where effects only become clear over decades.

In addition, Carlen (2005) argued that paper and other routine organisational outputs do not demonstrate the quality or relative importance of their audited activities in reducing recidivism in the future, or of improving the quality of life of participants and their children. In a 2008 UK Ministry of Justice report, Lart et al. (2008) suggested that the existing evidence base for programs aimed at reducing reoffending in women suffers from the following consistent methodological weaknesses:

- sample sizes were often small and all but a few studies were carried out in the United States;
- sample selection was often weak or unexplained;
- participant allocation to intervention and control groups was rarely randomised;

Good prison practices are essential for the wellbeing of prisoners and the wider community.

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- matching of comparison groups was poor in many of the comparative designs;
- very few comparison interventions were genuinely 'no treatment'. In most cases, the comparison group was receiving some kind of other intervention, thereby making it impossible to isolate the impact of the intervention under study; and
- the follow-up times for many studies were short (6 or 12 months). Where changes were found, there were limits to how long these changes could be assumed to last (see also Lawlor, Nicholls & Sanfilippo 2008).

Even where independent evaluations have been conducted, they are not necessarily available to the public. For example, the website of research firm Social Systems and Evaluation refers to reports compiled on behalf of the WA Department of Justice on the Bandyup Front Entry Improvement Project and the drug-free units at Wooroloo Prison Farm and Acacia Prison, but these are not readily available.

It should therefore be noted that the evidence base supporting the suggestions of good practice is, in some instances, lacking. Furthermore, there is evidence, both internationally and in Australia, of media and prisoner advocates' reports of poor corrections practices which contradict what appears

to be good prison practice (eg see ADCQ 2006; Frisbee 2007; Fyfe 2009; Guest 2009; ICPS 2008; Moore & Knox 2008; Sisters Inside Inc 2009). Due to the funding circumstances and stated scope underpinning the present research, these reports will not be explored in depth in the present paper, however, the existence and importance of this body of critical literature is acknowledged.

Notwithstanding these limitations, this report makes a valuable contribution to the evidence base of what appear to be good practices in women's corrections in Australia and overseas. The themes covered in the paper are, in order:

- recent developments in corrections policies specific to female prisoners;
- women's prison systems and architecture;
- women's prison system management and operations;
- corrections programs;
- security issues and classification systems of female prisoners;
- physical and mental health; and
- female prisoners' parental responsibilities.

Recent developments in corrections policies for female prisoners

In this section, an overview of key recent policies in women's corrections in Australia and selected international jurisdictions is presented. Specific aspects of the policies are also discussed in other sections below.

Key Australian corrections policies

Australian Capital Territory

ACT Corrective Services (ACTCS) has developed a policy to specifically address the needs of women in custody. Some of the key features of the *Corrections Management (Reception and Management of Female Prisoners) Policy 2010* (ACT Government 2010) are set out in the sections *Key operational developments in other Australian jurisdictions* and *Female prisoners' parental responsibilities*. In addition, in line with the *ACT Women's Plan 2004–2009* (see ACTJCS 2009), ACTCS has developed a women's plan specifically designed to serve as a guide for the development of integrated and gender-responsive approaches to female offending and for female offenders in the Australian Capital Territory. The plan

provides direction for ACTCS to best address the range of challenges specifically faced by women in the criminal justice system, and

emphasises the multi-disciplinary, collaborative approach required to ensure positive rehabilitative outcomes for female detainees at the AMC, as well as those serving probation and parole orders (ACTJCS 2009: 130).

The plan is guided by six objectives:

- acknowledging gender and its role in pathways and responses to offending behaviour;
- creating an environment based on safety, respect and dignity;
- developing policies, programs and practices that promote healthy relations and community connectedness;
- addressing criminogenic and human needs;
- providing opportunities for growth, development and empowerment; and
- establishing a system of community supervision and re-entry rooted in comprehensive collaboration with services and the broader community (ACTJCS 2009: 130).

In order to measure the effectiveness of the plan and the implementation of the procedural objectives, the plan will be evaluated in early 2011. The evaluation will measure the plan's impact on the effective management of the women's units, the rates of women returning to prison and the number of women starting and finishing programs, vocational

educational and training and other activities (ACTJCS 2009).

Queensland

In 2008, Queensland developed *Improving Outcomes for Women Offenders: Women Offenders Policy and Action Plan 2008–2012* which

provides a framework to improve the gender responsiveness of Queensland's adult corrective services system, to improve service delivery to women offenders, to sustain existing initiatives and to develop new strategies in the longer term (QCS 2008b: 4).

The plan sets out key principles, including that women offenders will be able to access programs, services and opportunities that are responsive to their needs and will be provided with rehabilitative and culturally sensitive environments that acknowledge their diverse characteristics, needs and life experiences in accordance with assessed risks and needs. In addition, corrections services for women will adopt a consistent and coordinated approach to service delivery that incorporates inter-agency collaboration and provides opportunities for support that extends beyond the period of corrections supervision.

The plan notes that Queensland Corrective Services (QCS) has developed and implemented an 'integrated transition model to better assist women prisoners' resettlement in the community' (QCS 2008b: 6). The new approach provides more flexible and efficient transition assistance by better coordinated access to a range of community-based service providers. The Transitions Program includes components to address female offenders' specific needs and places a strong emphasis on the role of most female offenders as mothers and partners (QCS 2008b).

There is a detailed action plan, with a number of strategies relating to 'facility-based containment services' (QCS 2008b: 13), including:

- ensuring that facilities offer safe and non-threatening environments to maximise opportunities for the wellbeing of staff and offenders;
- strengthening offender management processes to ensure offenders are offered an integrated and structured progression through their sentences;

- providing integrated support services for effective offender management;
- improving service delivery and outcomes for women offenders; and
- improving the health and lifestyle of women offenders and their children.

The plan sets out key actions for each strategy, including:

- striving to achieve best practice in the management of female offenders at the new Townsville Women's Correctional Centre;
- designing all new women's corrections centres to incorporate the needs of children, including incorporation of community spaces, play areas, additional emphasis placed on visiting areas and larger rooms to enable cots to be accommodated within the facility;
- designing all new women's corrections centres to create and foster an open environment inside the secure perimeter with the building layouts designed to encourage small group activities;
- conducting research to develop a profile of female offenders to inform infrastructure and management needs;
- developing and implementing a policy that will reduce the rate and prevalence of tobacco use within custodial centres, encourage and support tobacco cessation among women offenders and reduce the exposure of women offenders and their children to passive smoking within custodial centres; and
- providing specific health promotion interventions (eg pap screens, breast screening and attending Child Health, Midwifery and Sexual Health Clinic visits).

Areas of responsibility are articulated for each of the 34 actions (eg Strategic Policy and Services, Offender Programs and Services, Custodial Operations). The plan also sets out strategies, actions and responsibilities for community supervision services (which are not relevant to the present paper) and corrections intervention services, which will be discussed further in the sections *Corrections programs for women* and *Physical and mental health*.

Other changes that have taken place in Queensland to make prison policies more appropriate to women include:

- a set target of 70 percent female staffing in women's prisons;
- women are not to be classified as maximum security. The procedure on maximum security orders provides that a prisoner should not be classified maximum security if the prisoner is female; under 18 years of age; or displaying acutely suicidal or self-harming behaviour or ideation (Queensland Government 2010);
- women's prisons having greater access to forensic mental services than men's prisons; and
- the option of methadone being provided to women prisoners where it is not normally provided to men (see ICPS 2008).

In the context of female staffing, it should be noted that a report on women prisoners in Ireland (Scraton & Moore 2007) recommended that a baseline 80 percent of management staff, prison officers and professional service providers in the unit should be female. By way of comparison, in 2006, 81.5 percent of all frontline staff in Canadian institutions were women and at the Okwimah Ochi Healing Lodge and the women's unit at the Regional Psychiatric Centre *all* frontline staff were female (CSC 2006).

Victoria

In 2005, Victoria developed *Better Pathways: An Integrated Response to Women's Offending and Reoffending* to tackle the causes of women's offending and to try and help break the cycle of their reoffending (Corrections Victoria 2005). It was a four year strategy in response to a significant growth in Victoria's female prisoner population during the previous decade. The strategy includes 37 initiatives aimed at reducing women's offending, imprisonment, reoffending and victimisation. The plan sought to reduce offending by better meeting the needs of at-risk women and gaining a greater insight into the links between offending, victimisation and mental health and substance abuse, as well as reducing the intergenerational transmission of offending behaviour. The plan aimed to reduce women's imprisonment by establishing objectives relating principally to court processes and the use of bail and non-custodial sentencing options. The key objectives were to reduce victimisation related to criminal justice practices, legal assistance and victim support services, as well as reduce family violence and sexual assault. Relevantly, the plan sought to

improve support for the children of women in prison. Future planning was to also address the needs of Vietnamese female prisoners and strengthen support for female prisoners with children living in custody.

In 2007, Corrections Victoria released *Better Pathways in Practice: The Women's Correctional Services Framework* (the framework), which provides as its mission statement Corrections Victoria's

commit[ment] to providing a progressive model of service delivery and appropriate correctional intervention that responds effectively to women's distinct needs, characteristics, life experiences and family circumstances (Corrections Victoria 2007: 5).

It incorporates a mission statement, seven guiding principles and operational objectives to address service delivery, program design, offender management, workforce development and corrections policy and planning, as well as examples of how the principles could operate in practice and a work plan which identifies 30 projects which were to have been delivered by 30 June 2009 (Corrections Victoria 2007). The framework was intended to assist in meeting the aims and objectives of the Better Pathways strategy by enhancing the gender responsivity of Victoria's corrections services system to reduce the risk of reoffending among women prisoners and offenders and was evaluated as part of the broader Better Pathways evaluation strategy. Better Pathways has been independently evaluated by PriceWaterhouseCoopers (Corrections Victoria 2009d). Although the full report is not yet available, the executive summary notes the following findings:

- Better Pathways has contributed to a reduction in the rate of imprisonment;
- the responsiveness of the corrections system to female offenders has improved;
- access to services for female offenders has improved;
- some programs should be considered as key enablers, that is, tasks that support the objectives of other programs, but which are unlikely to have easily identifiable outcomes in their own right, rather than initiatives in and of themselves;
- any correlation between Better Pathways and recidivism outcomes is unclear at this stage; and

- the range of tailored community and transitional support programs provided by Better Pathways has kept women out of prison (Corrections Victoria 2009d).

The evaluation was unable to provide an outcome analysis of the program's impact on offending/reoffending rates, which was attributed to insufficient data being available, particularly that relating to individual women's pathways through and between corrections programs. A further limitation was that the evaluation was undertaken at a relatively early stage of the strategy's implementation due to the need to inform decisions about future funding. As a number of Better Pathways initiatives were operational for less than two years prior to the evaluation, insufficient time had elapsed to determine the strategy's impact on reoffending rates (Corrections Victoria 2009d).

Western Australia

Western Australia recently developed the Women's Intervention Model of service delivery

to ensure female prisoners are offered interventions and services that meet their unique needs, particularly those of Aboriginal women. The model is based on evidenced-based knowledge and attends to women's needs in a holistic way and ensures women are offered interventions and services that focus on therapeutic interventions, skills development, personal development, education and vocational training, and employment (WADCS 2009a: 28).

In addition, in 2009, the Western Australian Department of Corrective Services (WADCS) released *Women's Way Forward: Women's Corrective Services Strategic Plan 2009–2012*, which will inform policy development and service delivery to women in custody (WADCS 2009b). The key focus of the plan is to 'positively influence offender behaviour to reduce re-offending' (WADCS 2009b: 1). The plan specifically acknowledges the needs of Indigenous women and sets out:

- *principles*—for example, recognition that the lives of women who offend, especially Aboriginal women, are often characterised by considerable disadvantage and *guidelines*—including that implementation of the strategy and continual review of current performances, practices and outcomes is captured in a reporting framework to the executive through business planning;

- outcomes of success, including:
 - a reduction in the number of women returning to custody, particularly Aboriginal women;
 - routine delivery of targeted female-centred interventions and services that are culturally relevant, designed to meet the needs of Aboriginal women and developed to reduce women's risk of reoffending;
 - an overall improvement in the health assessment indicators of women during their time in prison; and
 - an increase in the number of women in prison participating in education, employment and training programs;
- service strategies for prisons to contribute to a safer community through the effective management of offenders in accordance with assessed risk and need, including:
 - reviewing and evaluating current strategies that encourage women to engage in programs and activities that aim to reduce reoffending;
 - providing relevant information to sentencing and releasing authorities and to key stakeholders to facilitate informed decision making; and
 - making available and ensuring participation in programs designed to facilitate successful community reintegration; programs should be culturally relevant for Aboriginal women and geographically appropriate;
- service strategies for prisons to reduce reoffending through a positive change in offender behaviour including:
 - developing and resourcing services that deliver behavioural change programs unique to the needs of women in prison and the community by:
 - employing a holistic approach;
 - addressing issues of grief and loss;
 - addressing issues of anxiety, anger and resistance to participation in programs;
 - overcoming language and literacy barriers;
 - involving Aboriginal elders to reunite women with their cultural beliefs;
 - recognising the impact of violence in Aboriginal communities; and
 - strengthening women's relationships;

- delivering a structured day and gratuity model that is tailored to the social reality of women and encourages skills and personal development to gain confidence in managing life issues;
- working collaboratively with community agencies to provide the range of post-release supports necessary to assist women to integrate back into communities;
- expanding employment opportunities and training through prison-based educational and vocational training with follow-up supports;
- working with the Department for Child Protection to ensure, where appropriate, regular contact with children is maintained for women in custody whose children are in the care of the state;
- further developing case management and ensuring case officers identify and report on the unmet needs of women; and
- implementing performance measures that report on processes to address cultural/gender competence among staff and service providers.

The strategic plan includes a women's intervention model and sets out measures of success for each strategy, for example, a decrease in the overall female prisoner population in Western Australia, to be measured by:

- a reduction in the number of women returning to prison;
- a reduction in the number of women on a community supervision order who are subsequently imprisoned;
- an increase in the education levels of women during imprisonment, to be measured by the proportion of women in accredited education and training courses under the Australian Qualification Framework; and
- an increase in the number of women who participate in further education while on a community supervision order.

Finally, as previously noted, BPCW in Western Australia has been described as a best practice facility for women. Its guiding philosophy is set out in a document released by WADCS (2010a) and

there are four guiding principles underpinning its operation:

- personal responsibility and empowerment, which is achieved by steps such as having choices about education, training and employment, taking the opportunity for meaningful health and lifestyle choices, being listened to and living within an environment that emphasises cooperation over compliance;
- family responsibilities, which are enhanced by being confident that children are safe and comfortable within the centre's environment and having maximum opportunities to contact family, as well as improving care giving and relationship skills by accessing relevant programs and support;
- community responsibility, which is built, inter alia, by working with and for the community and having the opportunity to learn new skills, develop self-esteem, gain motivations and benefit from positive role models; and
- respect and integrity, which are to be developed by measures including receiving cultural and gender-appropriate services and behaving in ways that model fairness, respect and equity (WADCS 2010a).

The guiding philosophy document also states that the centre's success is measured by the reduced rate of reoffending and the improved education, training, work and health of the women.

Key international developments

In 2009, the *Kyiv Declaration on Women's Health in Prison* was finalised and stated, inter alia, that

[a]ll policies affecting women in the criminal justice system must recognize the gender-specific needs of women and the significant variation in need that can exist between different groups of women (UNODC & WHO 2009: 5).

The International Centre for Prison Studies (ICPS) recently released a report on the international profile of women's prisons, in which it made the following observations:

Women should:

- feel and be safe;
- not suffer further detriment in terms of their physical, mental and emotional health, and ideally have improved health at the end of their time in prison;
- feel their culture is respected;
- have the necessary support to survive the regime without resorting to self-harm;
- be supported in dealing with pressing domestic concerns, particularly when these involve children; and
- have adequate and appropriate contact with their children.

The prison system might aim to:

- encourage women prisoners' independence through relevant, culturally appropriate, women-centred educational, recreational, therapeutic, and work opportunities;
- encourage and promote well-functioning relationships between women prisoners and significant others, especially their children; and
- promote self-knowledge and self-esteem in women prisoners.

Some practical consequences of these policy aims are:

- different assessment and classification methods are needed for women;
- health care is a high priority and should play a central part in the provision; and
- staff working with women prisoners need special training (ICPS 2008: 7).

While this paper was in press, the Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules) were approved by the Third Committee of the General Assembly of the United Nations (2010), as a supplement to the Standard Minimum Rules for the Treatment of Prisoners (United Nations 1955). The Bangkok Rules are the first specific UN standards for the treatment of women offenders and set out 70 rules covering such issues as:

- gender-sensitive risk assessment and classification of prisoners;

- health care and treatment (including gender-specific health care, mental health and care and substance abuse treatment programs);
- the needs of juvenile female prisoners;
- pregnant women, breastfeeding mothers and mothers with children in prison;
- minorities and Indigenous people; and
- the need for research, planning, evaluation and public awareness-raising.

Canada

In 1990, the Canadian Task Force on Federally Sentenced Women released its report *Creating Choices*, which sought to

formulate a plan which would respond to the needs and risks represented by women themselves, which would respond in a way reflective of women's perceptions of, and interactions with, each other and society generally (Canadian Task Force cited in Hannah-Moffat 2004: 293).

The taskforce envisaged that the model would be characterised by five guiding principles, namely:

- empowerment;
- meaningful and responsible choices;
- respect and dignity;
- a supportive living environment; and
- shared responsibility.

It was expected that these principles would 'provide a strong direction for immediate action' and 'light the way as we walk further down the path towards our ideal' (Hannah-Moffat 2004: 293). In September 1990, the Canadian Government accepted the recommendations of the taskforce to close the Prison for Women (which was Canada's only prison for women serving sentences of more than 2 years), and in its stead, build four regional prisons and an Aboriginal healing lodge, based on a community-living environment (Watson 2001). The Okimaw Ohci Healing Lodge (discussed further in *Physical and mental health*), was established in response to the taskforce's recommendations.

Another outcome from *Creating Choices* was the development of a program strategy targeted at women's specific needs and risks, with female-

centred principles underlying all of the corrections programs delivered (Watson 2001). The *Correctional Program Strategy* for women offenders is described by Correctional Service Canada (CSC; CSC 2010c: np) as

a holistic, women-centred framework designed to provide programming consistency in the regional facilities [which] recognizes and responds to the needs of women. All programs are structured to respect women's gender and their ethnic, cultural, spiritual, and linguistic differences.

In addition, three of the four core programs for female offenders have been adapted for women; the fourth core program addresses abuse and trauma (see *Corrections programs for women*). Glube et al. (2007: 37), in an expert committee review of progress with women's corrections between 1996 and 2006, asserted that 'there is little doubt that remarkable progress has been achieved'.

Denmark

Pursuant to s 4 of the Danish *Corrections Act*, the principle of normality states that the conditions of living in prison should approximate, as far as is possible, those of living in freedom. Overcrowding of prisons is forbidden by Danish law (ICPS 2008). It should be noted that a similar model operates in Sweden.

United Kingdom

In March 2007, Baroness Jean Corston published her report, *A Review of Women with Particular Vulnerabilities in the Criminal Justice System*, commonly referred to as the Corston report (UKHO 2007). The report made 43 recommendations for improving the approaches, services and interventions for women in the criminal justice system and women at risk of offending.

In December 2007, the UK Government released its response to the Corston Report (UKMJ 2007), with the following commitments that have particular relevance to this report:

- an evaluation of the Together Women Program (TWP; discussed further in *Corrections programs for women*) would be undertaken after the program had finished at the end of 2009.

However, lessons learned along the way on providing effective multi-agency, wrap-around services for women with multiple complex needs were to be disseminated so that other areas could consider whether elements of the TWP approach might help them to deliver better community services and interventions for women;

- a project was to be established to consider the future of women's custody, examining the scope, aims and objectives of proposed new facilities, as well as taking into consideration issues around physical size and factors around resettlement, such as closeness to home;
- gender-specific standards for women in prison were to be introduced in 2008, which would cover the full range of issues for women prisoners and provide the overarching framework for forwarding the group of prison recommendations; and
- implementation of recommendations relating to meeting the health and wellbeing needs of women in the criminal justice system, or those at risk of offending, would be forwarded as part of the newly developing offender health strategy.

The former UK Government ultimately accepted 40 of the 43 recommendations, although it was also accused of stalling on implementing them (Lawlor, Nicholls & Sanfilippo 2008). In November 2009, however, the UK Government allocated £6.8m of funding for voluntary organisations to provide extra and enhanced community support for women at risk of offending (UKMJ 2009). The funding was to be used to divert women away from custody and provide services in the community to tackle the causes of offending behaviour for women who are not a danger to public, both pre- and post-conviction. The grants were part of the former Labor government's strategy following the publication of the Corston report.

In February 2010, it was announced that the Ministry of Justice and the Corston Independent Funders' Coalition had established a joint grant fund, each contributing £1m to help transform the way women are treated by the criminal justice system. This Women's Diversionary Fund will be used to provide grants to third-sector organisations to support further growth in community services for women and to contribute to building the confidence of courts in alternatives to custody. The fund will

focus on service development or continuation, filling gaps, further developing services and building organisational and sector capacity (UKMJ 2010).

United States

In 2003, Bloom, Owen and Covington (2003) released the *National Institute of Corrections Gender-Responsive Strategies: Research, Practice and Guiding Principles for Women Offenders*, which set out the following key principles for creating a gender-responsive corrections system:

- acknowledge that gender makes a difference;
- create an environment based on safety, respect and dignity;
- develop policies, practices and programs that are relational and promote healthy connections to children, family, significant others and the community;
- address substance abuse, trauma and mental health issues through comprehensive, integrated and culturally relevant services and appropriate supervision;
- provide women with opportunities to improve their socioeconomic conditions; and
- establish a system of community supervision and re-entry with comprehensive, collaborative services.

In their view,

investments in gender-responsive policy and procedures will likely produce long-term dividends for the criminal justice system and the community as well as for women offenders and their families' (2003: v; see also Bloom, Owen & Covington 2005; McCampbell 2005).

As McCampbell (2005) notes, acknowledging that gender makes a difference allows administrators to re-evaluate policies and procedures with the goal of improving the entire prison's operation by more effectively managing women inmates—a population often considered to be one of the most difficult in prison. McCampbell also identified a number of challenges to implementing the principles and means of overcoming such challenges.

Richie (2009) compiled a report based on qualitative data related to incarcerated women's re-entry experiences to enhance the knowledge and understanding of gender-related issues in the field of criminology and criminal justice literature. Through analysis of first-hand experience accounts, a review of the relevant literature and an evaluation of gender-related and culturally specific issues, a need was determined for:

- a greater number of programs/avenues to assist women exiting prison to gain access to safe, secure and affordable housing;
- greater access to child advocacy and family reunification group/services;
- increased access to educational institutions and meaningful employment; and
- effective programs to address mental health issues, general health, substance abuse and stress management.

Richie (2009: 37) found that 'the challenges that influence successful reintegration are decidedly gendered, and cultural issues play a significant role in successful engagement and program retention.'

Summary of key corrections policies

In considering the further development of gender-responsive policies, corrections agencies should note the need for such policies to continue to recognise the specific needs of female prisoners—from admission to release and beyond—and should encompass all aspects of their care, including physical and mental health, substance abuse, education, employment, parenting, finances, housing and psychological wellbeing. Personal empowerment, community connectedness and integration of services are also key features of good corrections policies designed for women.



Women's prison systems and architecture

Paget (2008: 193) has argued that

the architecture for women in prison has to respond to the realities that women are biologically different from men; they play a different role in society; the social control of women in general is qualitatively different to the social control of men, and women present more indicators of disability, disadvantage and exclusion than do men.

In recent times, corrections jurisdictions have committed to designing and implementing corrections facilities that are responsive to the needs of women offenders (CSAC 2005). Through the establishment and design of contemporary corrections facilities such as the BPCW and the Dillwynia Correctional Centre in New South Wales, it has become clear that 'correctional agencies are becoming more mindful of the complex issues and needs seemingly unique to women offenders and are responding accordingly' (CSAC 2005: 14).

According to corrective services administrators, the preferred design of a women's corrections facility will 'mirror community living', architecturally capitalise on available open spaces and use space to facilitate education and training opportunities (CSAC 2005: 15). The Victorian women's prison standards explicitly state that:

Living conditions in prison should reflect as closely as possible normal living standards in the community, and be consistent with the maintenance of a healthy environment for prisoners. The provision of appropriate living conditions for prisoners in the Women's Prisons Region underlies the importance of treating women prisoners with respect and dignity and, within the boundaries of correctional practice, empowering them to have control over their surroundings and opportunities to assume individual responsibility (Corrections Victoria 2009c: 29).

In this section, women's prison system designs are described, along with some of the lessons learned from women's prisons that have been built in recent years and developments in prison architecture and design generally.

Geographic location of prisons compared with 'metropolitan area'

Good practice may suggest that prisons should be located in metropolitan areas where possible, especially if that is where the bulk of the prisoner

population usually lives (eg BPCW is located nine kilometres from Perth). Salomone (2004) has argued that this centralised location is crucially important, as it permits access by women and their resident children to locally available education and training institutions, traineeship and employment opportunities, community-based health and welfare services, public transport and other amenities. Paget (2008) likewise commended the location of the Adelaide Remand Centre, which is accessible by public transport and therefore convenient for visitors, as well as being close to police and courts. In a report on the management of Western Australian offenders in custody, the OICSWA (2005: xxi) noted that 'both secure and minimum-security women prisoners should be able to serve their sentences close to home and family'. By contrast, Sheehan and Levine (2007: 11) have observed that:

Many women's prisons, in particular, are located in areas of geographical isolation from major cities. Issues such as distance, transport services, the cost of visiting prisons and the lack of child friendly access arrangements in the prison, make contact between children and parents difficult, and cause significant stress for all parties.

Conversely, offenders from rural areas will be disadvantaged by being housed in metropolitan areas which may be far from their homes; this may be a particular concern for Indigenous prisoners. In Germany, one of the principles of imprisonment is to imprison prisoners as close to their homes as possible (see ICPS 2008). The ICPS report also indicated that in Spain, one of the key issues for the Ombudsman was prisoners' distance from home. Therefore, the needs of women from rural or remote areas should also be borne in mind and options such as improving transport facilities considered.

In the Corston report, it was suggested that those women for whom prison is necessary would clearly benefit from being in smaller units that were either closer to home, or more easily accessible for visitors, such as in city centres (UKHO 2007). It was noted that in the United Kingdom, because of the small number of women's prisons and their geographical location, women tended to be located further from their homes than male prisoners, to the detriment of maintaining family ties, receiving visits and resettlement

back into the community. This was especially difficult for women who were dependent on statutory care agencies to bring their children to visits (UKHO 2007).

It should also be recognised that travel in rural Europe involves much shorter distances than in rural Australia. Rural population dispersion may mean that unless there are regional prison facilities, some groups are going to be disadvantaged, while the recommendations of the Royal Commission into Aboriginal Deaths in Custody called for Indigenous prisoners to be located as close as possible to their family/support networks (see Sisters Inside Inc 2009). Good practice, therefore, becomes about locating prison facilities near an urban centre that is most equitable for prisoner families, taking into account the other factors, such as access to education, family and support networks and transport.

Key issues in prison design

The predominant trend in prison design in recent years, especially for women's prisons, is a move away from the traditional institutional design of prisons, towards self-standing 'cottage' style living units (Ombudsman for the Northern Territory 2008). This has been employed in a number of facilities, including the AMC (Australian Capital Territory), Emu Plains Correctional Centre (New South Wales), the Brisbane Women's Correctional Centre and the Mary Hutchison Women's Prison (MHWP) (Tasmania). In March 2009, the WA Bandyup Women's Prison site was also upgraded, having been designed and built to 'provide facilities and routines that replicate (as near as possible) family and community responsibilities' (WADCS 2009a: 35). A key element of this design is enclosing a larger space within a very secure perimeter fence where a number of zones can be established (Tasmanian Department of Justice 2010).

The key features of a cottage-style model are that women are housed generally four to six women per cottage, where they have their own bedroom but share bathroom, kitchen and laundry facilities. They are generally required to cook their own food and make group decisions about budgeting, planning meals, rostering for household chores and so on, with supervision if required. It is suggested that such

a model 'promote[s] their ability to function independently on return to society' (CAYA Management Consulting International 2004: 42) and women doing their own laundry is said to be consistent with 'good women-centred practice in that it increases their own sense of personal responsibility and goes some way to normalising everyday life for the women' (OICSWA 2006: 32) and promotes the development of pro-social skills generally (Grant 2006). Although there is a focus on promoting social living skills, the low density of such models also recognises the importance of women's privacy needs, as they exhibit greater discomfort than men when sharing accommodation (Carp & Davis cited in Paget 2008: 12).

This philosophy also underpins BPCW, which states that its innovative design and daily activities mirror responsibilities faced by women in everyday life and support a strong community and family focus. In addition, it aims to maximise the potential for women to positively, confidently and safely reintegrate with their families and communities (Salomone 2004). It should be noted that the WA Inspector of Custodial Services recently described BPCW as

a first rate facility. Its physical facilities and its service delivery models were explicitly designed around a women-centred approach to corrections. It has purpose-built buildings and has been well planned, well funded and well resourced (OICSWA 2009: iii).

The security implications of cottage-style living are discussed further below.

In the MHWP, accommodation units for higher-security prisoners and for groups requiring separation or protection are fenced to create zones in which prisoner movement can be controlled; this is said to enhance the safety and security of the prison environment (Tasmanian Department of Justice 2010). Another feature of MHWP of note is that buildings within the 'prisoner services zone', which includes buildings for shared services, such as health, education, program activities, workshops, recreation and visitors, are located so that they can be accessed by inmates from different units within the complex. Buildings in this zone can also be accessed from outside the prison by visitors to the complex. In addition, movement in the prisoner services zone, which includes health and other

service facilities, can be controlled so that inmates can be kept apart when required. Prisoner movement is managed through the use of remotely operated electronic locks, coupled with video surveillance and/or other methods of movement control such as the use of 'smart card' technology. The shared zone is similar to the AMC's 'Town Square' area, which includes a visitor-friendly visiting centre, health building, vocational education centre and programs building. The laundry, kitchen and workshop/industry building are also nearby (Dunn 2008).

An alternative to the shared cottage-style living is at the Adelaide Women's Prison (AWP), where women live in individual transportable units that contain their own kitchen, toilets and bathroom (SADCS 2010). The women are responsible for their own domestic needs and equipment, which they can obtain from the store supplied by the prison (and run by the inmates). Four of these units are specifically dedicated for nursing mothers and consist of a bedroom for the mother, a nursery for her baby and a living area which includes a kitchen/dining room. The prison also features a Living Skills Unit, where prisoners can engage in vocational training and education programs (SADCS 2010).

Cell design

The *International Centre for Criminal Law Reform and Criminal Justice Policy* (2001) set standards for cell accommodation, which relate to cell size and basic requirements. Paget (2008: 215) has suggested that 'there is no nationally (or international) agreed standard for the size of cells'. He also considered the issue of where to place desks and toilets, noting the trend to have the latter near windows, notwithstanding the fact that this makes poor use of available sunlight. He suggested that placing desks near the window, away from the door, also permits the avoidance of cell door-eye contact, which is useful in maintaining control of personal space and the privacy of the cell environment. Clearly, issues about the placement of toilet and showering facilities within the cell will be obviated if a model is adopted where such facilities are shared by all prisoners within a cottage. The issue of the location of toilet facilities was considered in the Corston report, where it was suggested that it is humiliating

for women to have to use toilet facilities in front of others, especially during menstruation. The report also decried the presence of toilets without adequate screening in cells and dormitories (UKHO 2007). Elias (2007) also provides useful considerations for taking privacy and dignity into account, without compromising security. Decisions about cell design should naturally incorporate known best practice for minimising deaths in custody and conform with prisoner safety requirements and screening processes generally.

Housing issues for inmates from specific cultural backgrounds

Paget (2008) examined the architectural requirements for housing Indigenous prisoners in Victoria. Nevertheless, it should be noted that there is an emerging literature in relation to Indigenous prisoners and architecture (see Grant 2009, 2006; Grant & Memmott 2007–08). There are competing arguments for and against housing Indigenous prisoners separately from the main prison population. It is thought that separate housing may enable such prisoners to develop and maintain cultural links and may be particularly relevant in some remote areas, for example, in Western Australia and the Northern Territory where there may also be significant language difficulties. However, it is undesirable to create ‘ghettos’ of Indigenous prisoners (especially where it is unnecessary to reduce racial tension), such as has occurred in some NSW men’s prisons, where racial segregation has reportedly been employed (Walton & Wright 2006).

As part of the development of the AMC in the Australian Capital Territory, the project team consulted with Indigenous groups such as the Aboriginal Environments Research Centre, Ngannawal Elders Group, the Aboriginal Justice Advisory Committee and the Aboriginal Justice Centre, to determine how to best respect Indigenous customs and traditions within the prison context (ACTCOSS and the Aboriginal Justice Centre 2008; Corbell 2008). One of the developments from this consultation was that Indigenous prisoners were given the opportunity to ‘sleep out’, an initiative that

allowed Indigenous prisoners to sleep in secure spaces provided in the courtyards, instead of sleeping in a cell. This initiative took into consideration the cultural and spiritual needs of Indigenous prisoners.

Grant and Memmott (2007–08: 644) have argued that a best practice option for Indigenous prisoners ‘may be to establish Aboriginal living units within the prison which contain a number of individual cells and communal living areas’. In light of this suggestion and bearing in mind the general move towards cottage style accommodation in women’s prisons, it may in some circumstances be appropriate to designate some cottages specifically for Indigenous women. Such a move should not, however, stereotype Indigenous women, as there will be significant diversity in their usual living conditions.

Other architectural good practices

Hannah-Moffat (2004) referred to the *Creating Choices* report’s finding that the design of new women’s facilities should use ‘environmental factors known to promote wellness’ (CSC 1990: np), including natural light, fresh air, colour, space, privacy and access to land. An OICSWA (2007: 7) report has determined that:

The design and layout of Boronia Pre-release Centre was congruent with the operational philosophy and enabled the prison regime to reflect life in the outside community as far as practicable while still maintaining adequate security for a low-security women’s prison. This was primarily evident in the accommodation that provided for up to seventy women to live in domestic style housing in groups of up to five per house. Since the centre opened in 2004, considerable effort had been put into enhancing the facility. The work undertaken by the gardens and maintenance staff and the residents who work in these areas had resulted in pleasant gardens and well maintained houses that more closely resembled a well-kept suburban landscape than institutional setting. The living arrangements were all self-care in modest-sized houses that reflected the best of contemporary

public housing concepts. These arrangements, reinforced by the regime requirements for living at Boronia inculcated sound house-keeping and good neighbourly behaviours which were appropriate to preparing prisoners for life in the community following release.

The physical environment and infrastructure design of a corrections facility can also have a significant impact on an incarcerated mother's ability to maintain a strong parent–child relationship. In order to help facilitate the reunification of a mother with her child/ren, a prison environment must be conducive to child visitors. This issue is explored further in the section *Female prisoners' parental responsibilities*.

Some other good practice features are the need for:

- facilities to accommodate women with disabilities and visual or hearing impairments (Paget 2008). In MHWP, for example, there are two cells (1 in the maximum security and 1 in the MCU) designed for women with disabilities. The BPCW is also reported to incorporate best practice disability access standards;
- environmentally sustainable development, for example, the design of the AMC includes over two million litres of below-ground fresh water storage, grey water recycling for toilet flushing and irrigation solar hot water and high-grade building insulation. The Townsville Women's Correctional Centre also uses water harvesting and conservation measures;
- intermediate-care accommodation for women requiring temporary additional support or respite from the self-care environment, as occurs in BPCW;
- spacious design, with a clear separation between segregated areas, which are kept to a minimum (Dunn 2008); and
- taking Indigenous architectural design considerations into account.

Paget (2008) called for consideration to be given to:

- the use of neuroscience concepts and methods, that is, prisoners' perceptions of, and navigation within, space and the inclusion within the built form of environmental features which minimise negative physiological, cognitive and emotional effects;

- baths in MCUs to assist with bathing small children;
- the use and impact of different colour schemes and the adequacy of green space and sunlight;
- ensuring facilities maintain an optimal level of noise;
- the recreation needs of women prisoners, who have less need for weight training stations and anaerobic activity, but more need for outdoor spaces for walking, group conversations and private reflection are addressed; and
- fitting the entrances to ablution areas with swing doors which open in both directions or escape hinges, to ensure privacy but that a prisoner having a medical episode can be reached quickly.

Homel and Thompson (2005: 103) have argued that 'the literature generally indicates promising results for a reduction in prisoner violence where new generation architectural design and staffing models have been implemented'. Paget (2008) suggested, however, that there is an absence of evidence on this issue in Australia and that Homel and Thompson's assessment is not convincing in the absence of data. Nevertheless, the recent endorsement by OICSWA of the BPCW and the fact that the centre's architecture was a factor in its receipt of the Commonwealth Association of Public Administration and Management Award and John Curtin medal suggests that the model constitutes current architectural best practice for women's prisons.

Security issues will be discussed further in the next section, but the interaction of security and architecture should be acknowledged. An international example in this context is the *British 21st Century Prison Project*, which involves a proposal for a 396 bed prison that consists of 11 houses, each accommodating 36 prisoners (Paget 2008). The project advocates a new architecture based not on security, but rather on learning as the foundation of personal and institutional transformation. The architecture does not sacrifice security, but endeavours to reduce its costs so as to free up the financial and human resources necessary to establish and sustain a learning environment. In particular, it is suggested that the 'project assigns

to prison architecture an economic role which aspires to reverse the traditional resource allocation ratio of 80:20 for security and rehabilitation' (Paget 2008: 83).

The design of any new prison facility should make use of appropriate emerging technologies to promote and maintain a secure prison environment for both inmates and staff, as well as the public. The NSW Commissioner of Corrective Services, Rod Woodham (2005: 54), has suggested, 'in Australia today, the best prison design features a mix of towers and electronic surveillance systems.' Consideration should therefore be given to the use of technologies such as prisoner tracking systems, including Radio Frequency Identification (RFID), which is currently being trialled in AMC, body scanning, biometric systems and drug-detection technologies.

Summary of principles for architectural good practice

The building of cottage-style accommodation, where women have their own room but share kitchen, bathroom and laundry facilities has become a common recommendation in recent reviews of prison architecture. Such models enable women to develop pro-social skills in cooking, budgeting and cleaning and replicate healthy family and community responsibilities. The housing needs of specific cultural groups and the need to incorporate family-friendly design features should also be considered, given that a proportion of women will still be caring for children during incarceration. In addition, facilities should incorporate general architectural good practices in relation to the use of light, sound, colour, natural space and environmentally sustainable design.

Women's prison system management and operation

This section provides an overview of the management philosophies of women's prisons and some detailed examples of operating standards. In particular, the approach towards managing and operating women's prisons, as distinct from men's prisons, is explored, with consideration given to 'management philosophies' within women's prisons and the key operating principles that support the different needs of female prisoners.

Key Australian operational developments

Australian Capital Territory

As discussed previously (see *Recent developments in corrections policies for female prisoners*), ACTCS has developed the *Corrections Management (Reception and Management of Female Prisoners) Policy 2010* (ACT Government 2010b).

The policy states that female prisoners will have access to the same level of programs, education, recreation, medical and mental health services and admission and discharge procedures as male prisoners (ACT Government 2010b). Key aspects of the policy that relate to prison system management and operation are:

- referrals to case managers where prisoners are pregnant or the primary carer of any children;
- provision of information relating to the women's area-specific programs available to female prisoners and any other appropriate information;
- accommodation of female prisoners in the women's area in cottages, although there may, on occasion, be need to place them in the Crisis Support Unit or Management Unit;
- provisions may be made for the accommodation of infants and toddlers with their mothers, subject to the Women and Children Program Policy and Procedure;
- where practicable, all recreation, programs and education will take place within the women's area and community centre. Should specific equipment be required (where that equipment cannot be transported to the community centre), female prisoners may access the program and associated equipment on a timetabled basis;
- female and male prisoners will not generally access recreation, programs and education at the same time;
- employment opportunities will be provided within the women's area;
- female prisoners will be able to access medical services in accordance with the Access to Health Care Policy;

- female prisoners may request to be treated by a female doctor or nurse, subject to certain conditions;
- male corrections officers should not enter the cell of a female prisoner without being in the presence of another corrections officer, other than when responding to an incident. Where practicable, only female corrections officers will monitor female prisoners via camera observation in the high-needs cottage;
- male corrections officers will not be deployed as the sole escorting officer on external escorts; and
- female officers must complete all frisk and strip searches on female prisoners. No male officer may witness the strip search of a female prisoner and all male persons must be removed from any area in which a strip search of a female prisoner is taking place.

It should also be noted that in the report of the ACT Human Rights Commission (2007), the following recommendations were made:

- female detainees should not be guarded by male corrective services officers at night;
- extensive training concerning issues around women in prison and sensitivity towards female prisoners should be compulsory for all custodial officers; and
- remand centres should meet the special needs of female detainees, such as providing appropriate bras (eg with plastic supports, as underwire is prohibited) and underwear, as well as a choice of sanitary pads and tampons. A dispenser for pads and tampons should be installed.

New South Wales

NSWDCS (2010: np) explicitly recognises that:

Despite representing only a small proportion of the overall imprisoned population, women experience higher levels of substance abuse and drug-related offending than males; higher rates of infection with blood borne viruses; higher rates of mental illness and self harm; and higher reported rates of past childhood and adulthood abuse. Women also face unique needs in the

area of motherhood, often being the primary carers for their children. There is a general consensus that the needs of women in the criminal justice system are different from, greater than, and more complex than those of men.

Queensland

In 2007, QCS (2007b) released the *Healthy Prisons Handbook*, which stipulates a range of measures in respect of female prisoners, including:

- prisoners are to be escorted in safe, secure, clean and comfortable vehicles with hygiene packs for women;
- the gender ratio of staff is to be appropriate to the prisoner population;
- where female prisoners are kept in male prisons, rigorous safeguards are to be in place to ensure appropriate staffing and separation of prisoners, including separate visiting, health, education, employment and gym facilities;
- risk assessment teams for suicide prevention are not to be attended by an all-male staff in women's centres;
- physical activity facilities are to be broadly reflective of the nature of the population, including pregnant women and new mothers;
- where force is used, trained staff are to use only approved techniques with no more force and for no longer than is necessary. In particular, staff in women's centres are to be specifically trained in the control and restraint of pregnant women and in appropriate de-escalation methods;
- prisoners with approved special dietary requirements, for example, pregnant women, have meals properly prepared and served;
- where practicable, female prisoners are to see a female doctor;
- staff working with women are to be aware of the relevant post-release services;
- any offending behaviour programs delivered in women's prisons are validated for use with female offenders; and
- female prisoners are to be able to access transitional services which cater for their needs.

Victoria

The Victorian framework lists as a priority action '[r]eview[ing] and redevelop[ing] correctional standards for managing women prisoners', recognising that the women's prison system 'incorporates a distinct prisoner profile and operational environment which requires gender appropriate standards to guide procedures' (Corrections Victoria 2007: 25). In May 2009, version 1.2 of the *Standards for the Management of Women Prisoners in Victoria* was released (Corrections Victoria 2009c). It should be noted that these standards were developed against the background of a submission by the Federation of Community Legal Centres and the Victorian Council of Social Services requesting a systemic review of discrimination against women in Victorian prisons. As a result of which, the *Equal Opportunity Commission Victoria* decided to 'call upon Corrections Victoria to perform an audit of the infrastructure, policies and procedures applying to women in prison to ensure compliance with the *Equal Opportunity Act* (Vic) and to consult with the Commission in the framing and monitoring of the audit' (EOCV 2006: 3). In requesting the audit, the Commission accepted that at face value, the submission raised some allegations which may disclose breaches of the laws prohibiting discrimination on the ground of sex, parental status, disability, religious belief or race under the Act. The Commission also accepted that the alleged discrimination was of a systemic and serious nature (EOCV 2006).

The revised standards note that the Women's Prisons Region will implement an Offender Management Framework to ensure a prisoner management system that:

- maintains integrity by developing practices that will ensure that what is introduced and delivered remains as it was planned and designed so that it meets its objectives;
- manages risk and addresses need by developing practices that will accurately identify risk/needs and appropriate intensity of intervention;
- enhances self-management by developing practices that facilitate learning in an individual and subsequently lead to behaviour change; and

- provides environmental support by developing practices that ensure that the staff and setting characteristics promote, support and engage prisoners in behaviour change (Corrections Victoria 2009c: 14).

The standards also acknowledge that

a gender responsive approach to the management of women prisoners and the development and delivery of correctional programs and services therefore requires an acknowledgement and an understanding of the distinct needs, characteristics and life experiences of women (Corrections Victoria 2009c: 15)

and appear to constitute the most comprehensive sets of standards for female prisoners in Australia, covering such issues as:

- *transition into custody*—reception, classification and placement, and orientation;
- *environment*—accommodation, food, prisoner monies and the prisoner shop;
- *health and wellbeing*—health services, drug and alcohol treatment services, management of prisoners at risk of suicide or self harm, victim support services, religious, cultural and spiritual expression, and recreational activities;
- *rehabilitation*—personal development and life skills programs, vocational education and training, offender behavioural programs, children and family ties/relationships, professional visits, prison industries and structured prisoner day;
- *transition and reintegration*—temporary absence from prison, community involvement, pre-release support and discharge of prisoners;
- *specific groups*—Indigenous prisoners, prisoners with a disability, prisoners from culturally and linguistically diverse backgrounds and remand prisoners; and
- *prison administration*—safety, security, external escorts, use of force, instruments of restraint and chemical agents, disciplinary process, separation of prisoners, prisoner communications, prisoner property, deaths in prison, voluntary starvation, emergency management, contingency planning and fire safety, official prison visitors, staff selection, training and deployment, incident reporting, information systems management and prisoner records management.

Western Australia

There have been four recent reports by OICSWA on women's corrections (OICSWA 2009, 2008, 2007, 2006). In addition to numerous recommendations for improvements, which are not detailed here, some of the good-practice initiatives in relation to prison management and operation noted by the OICSWA are:

Bandyup Women's Prison

- the introduction of a structured day, which encourages a sense of safety, reliability and improved morale through order and purpose (discussed further below), and the introduction of a gratuity system, have been described as 'an outstanding example of good women-centred practice' (OICSWA 2006: 45);
- the development of a change management strategy, which resulted in almost 70 changes or initiatives;
- the availability of 24 hour medical coverage for new prisoners. In addition, health services were well managed, with a clear understanding of core business and challenges. Screening programs utilised for women's health issues represent good practice, as do the various health promotion activities undertaken;
- attempts to introduce a mentoring system for staff;
- a good level of preparedness for most emergencies;
- Bandyup Women's Prison *Drug Strategy Plan 2008–2011* was sound, a good balance of supply, demand and harm-reduction strategies. Recent drug testing results indicated a significant reduction in substance use by prisoners;
- generally, staff treated prisoners with respect and courtesy and made a good effort to address prisoner concerns;
- the peer support program was operating effectively;
- the education facilities had excellent relationships with external specialists;
- the management group demonstrated good cohesion, teamwork and mutual support; and
- almost half the staff were female (OICSWA 2008, 2006).

Boronia Pre-release Centre for Women

- appropriate processes for receiving and orienting new residents;
- allowing visitors and residents to resume a visit subsequent to using toilet facilities;
- appropriate discharge procedures, which were considered to prepare residents for successful reintegration into the community;
- the facilities for children, which were regarded as very good;
- the strong emphasis on education, with a focus on individually-tailored learning paths for each resident and access to the education centre 15 hours per day;
- that case officers checked with residents approaching release to ensure they had transport, accommodation and other necessities organised for release;
- good throughcare, with community corrections officers establishing a rapport with prisoners prior to their release;
- that re-entry services provided good support for the resident in the time leading up to the end of her sentence and in the first few months following her release;
- the extensive use of volunteers;
- the careful management, good community liaison and very gradual fill of prisoners;
- full utilisation, with occupancy levels consistently at capacity;
- the continued development and provision of a quality education and training services for residents;
- the development of a service delivery model based on strong engagement with, and support of, not-for-profit community organisations to ensure that residents have access to a range of needs-led programs;
- a reduction in the cost per resident per day rate and recidivism rates;
- good education completion rates were achieved in comparison with the results achieved in TAFE colleges across the state; and

- the fact that women understood the role and function of BPCW was seen as a good indicator of their level of engagement and of its effectiveness as a re-entry centre (OICSWA 2009, 2007).

It should be noted that a 2005 consultancy report on Bandyup Women's Prison

concluded that an examination of Bandyup Women's Prison against current theory and good practice in women's custodial services indicates that the philosophy, values and key objectives developed at Bandyup are consistent with contemporary literature (Cant cited in OICSWA 2006: 10).

However, OICSWA (2006: 10) found that the

report fail[ed] to convincingly ascertain the appropriateness and closeness of fit of Bandyup's actual, on the ground practices and processes with current theory and good practice.

A recent study of women in prison in Western Australia also reveals the following insight into prison management—the five attributes that prisoners felt made a good prison officer were being able to listen, being respectful, showing understanding, acting with professionalism at work and being non-judgemental (see ICPS 2008).

It is also important to note that the structured day strategy, which commenced at Bandyup in January 2005 (and is also in place in Brisbane Women's Correctional Centre; ICPS 2008), is underpinned by the following principles:

- women must be engaged in meaningful daily activities that contribute to their holistic wellbeing and rehabilitation;
- women must be presented with opportunities to exercise personal responsibility in decision making that address their individual needs;
- within the structured day timetable, provision must be made for women to address their physical, psychological and mental health needs via health appointments and interventions; and
- within the structured day timetable, provision must be made to facilitate visits for women so that their links with the community, family and children can be nurtured and enhanced (OICSWA 2006).

The principles upon which the structured day concept is founded are considered to be intrinsically

female-centred and embrace women's needs as the primary driver of any activity that is to be included as part of the structured day regime (OICSWA 2006).

The OICSWA report noted that Bandyup was previously notable for its idleness and the lackadaisical air that pervaded the whole regime. A structured day was regarded as feeding into everything else in the prison regime—the sense of safety, the quality of interpersonal and inter-racial relations, and the morale of both staff and prisoners (OICSWA 2006). The structured day regime sees women engaged in meaningful activity for five hours each day, split into two sessions (morning and afternoon) of two and a half hours each, five days a week. The activities that comprise the structured day include work, education, programs, official and social visits, medical appointments, recreation and personal time. A component of the structured day program is a revision of the gratuity system that rewards the women's involvement in any activities they may choose to make up their structured day.

Key international lessons in prison management

Denmark

Self-management by prisoners is a statutorily enshrined principle in Denmark (*Corrections Act* s 43), requiring prisoners to carry out daily tasks such as shopping, cooking, washing and cleaning. As a result, every institution has facilities for shopping and communal kitchens. The institution does not supply food so the prisoners buy their own groceries and prepare their own meals. Prisoners who do not have work and therefore cannot earn money are given a certain amount for self-catering purposes (ICPS 2008).

Scotland

In 2009, Her Majesty's Inspectorate of Prisons completed an inspection of the main prison for women in Cornton Vale, Scotland. Although the report was critical of the prison's management overall, it nevertheless set out a number of good practices, including:

- prisoners being given two new sets of underwear and two new pairs of socks on admission to the establishment;
- the induction arrangements—a family induction session is offered to families of newly-convicted prisoners. There are also well-produced information booklets, one for remandees and one for convicted prisoners;
- full-time Family Contact Officers whom family members can call directly, without having to go through the switchboard;
- the process whereby prisoners can receive letters by email;
- the use of Peer Tutors in education, particularly for specific training initiatives;
- the network and training events held by community agencies in the prison; and
- the information booklet given out at the end of the pre-release course (HM Inspectorate of Prisons 2009: 58).

United States

Covington and Bloom (2004) recommended the following qualities for corrections staff to provide effective services to women:

- remain consistent in caring and availability;
- be an appropriate role model for women;
- develop a treatment alliance with female clients that is mutual and collaborative, individualised and continually negotiated;
- maintain confidentiality;
- be a visible advocate for women with substance abuse issues, for stigma reduction and for treatment (within treatment teams, the community and the system);
- ensure self-care, ask for and participate in supervision; and
- stay current with their training.

Building on these principles, McCampbell (2005) has suggested that insights into the lives and characteristics of incarcerated women can give administrators, prison staff and stakeholders a data-driven foundation for more effectively reviewing their operations and managing the women in their care. In particular, the following four theories help

to explain how these factors shape the lives and behaviour of female offenders:

- *pathways perspective*—awareness of women's pathways into the justice system will help prison administrators consider how to adjust policies and procedures and how to assess and improve services to women in prison;
- *relational theory and female development* help describe the different ways in which males and females develop, ultimately affecting who they become as adults;
- *trauma theory* recognises that the cumulative impact of trauma on female inmates results in behaviours during incarceration that, if misunderstood, may be the root of the struggles between staff and inmates; and
- *addiction theory*, which supports a holistic approach to treating women in both community-based and custodial programs.

Key findings on prison management and operation

This section has examined good practice in prison management and operations in Australia and overseas. On the basis of the literature examined, Corrections Victoria should ensure that its management and operations include the development of specific policies and practices that acknowledge the gender-specific needs of female prisoners, especially in the context of:

- reception;
- transportation;
- physical and mental wellbeing;
- education, employment and program treatment;
- security; and
- pregnancy and parenting.

Other examples of good practice include the desirability of having a high ratio of female to male staff in women's prisons and ensuring staff are appropriately trained in managing female prisoners. In addition, the introduction of a structured day, as is currently operating at Bandyup Women's Prison in Western Australia and Brisbane Women's Correctional Centre, should also be considered by other corrections agencies.

Corrections programs for women

Lart et al. (2008: 2) have noted that there is a dearth of reviewed evidence as to 'what works' with women offenders, despite a wealth of studies of male offenders and the suggestion that women's criminogenic needs may not necessarily be the same.

In spite of the lack of robust evidence, it has been argued that in order to prevent the cycle of reoffending, it is imperative that corrections institutions adopt a good practice model for women's prisons that addresses the gender-specific health needs of female prisoners and makes a targeted and concerted effort to improve women prisoners' incarceration and rehabilitation experience (ABS 2008; CSAC 2007; Pate 2000).

The term 'recidivism' originates from the Latin *recidere*, which means to fall back; the term is often used interchangeably with 'repeat offending' or 'reoffending' (Payne 2007). Measures of recidivism commonly include re-arrest, a new court appearance, reconviction or re-imprisonment but can also be measured via self-report survey instruments. For example, offenders can be surveyed about their levels of reoffending once they have been released from custody. Surveys of this nature aim to capture 'genuine' levels of recidivism by asking respondents to disclose all reoffending behaviour, irrespective of whether their offending has come to the attention of

the criminal justice system; although this measure is also limited, as it relies on offenders' memories and willingness to disclose information about their offending behaviour. Cunneen and Luke (2007: 1968) have argued, in the context of juvenile justice that

measures of recidivism...appear to now outweigh all other measures when considering the impact of particular criminal justice policies, programs and other types of interventions.

It should be noted, however, that there are a number of difficulties with recidivism measures. For example, they generally do not include a control group and are limited by their reliance on the accuracy of officially recorded administrative data. In addition, changes in recidivism may be due to factors other than the intervention(s) being measured, such as changes may in criminal justice policy or practice.

A good practice model for women's prisons should facilitate rehabilitation, reduce recidivism and provide appropriate services to female prisoners at all stages of the criminal justice process (ADCQ 2006). This includes:

- diversionary pre-court programs;
- a range of custodial services (such as counselling, cognitive skills and anger management);
- substance abuse programs;
- post-release support;
- literacy and continuous learning programs;

- access to mental and physical health services; and
- vocational and recreational activities (ADCQ 2006).

The implementation of these programs is vital to address the ‘third space’ needs of women prisoners, which is the link between life in incarceration and life in the community (Peacock 2008). This period is critical for ex-prisoner rehabilitation and reintegration and ‘can determine the difference between a return to previous lifestyles of offending and homelessness, or a return to safety and stability’ (Thomson & Chudiak 2009: 43). Consequently, corrections facilities that have implemented these programs have been commended for their ability to improve rehabilitation/therapeutic outcomes, reduce recidivism rates and make the local community safer (Roberts et al. 2003).

A good practice model will also incorporate effective post-release programs, which are an invaluable mechanism for reducing recidivism and facilitating rehabilitation, as they provide ex-prisoners with vital post-release support in areas such as accommodation, employment, counselling, education and networking (Ross & Brown 2003). McIvor, Trotter and Sheehan (2009) recently conducted research on women released from Victorian prisons and found that those who desisted from crime had a greater sense of personal agency and self-efficacy, which should also be taken into account in the development of corrections programs for women.

Key Australian developments

There were a number of issues resolved at the 2005 CSAC *Working with Female Offenders Forum* to be put forward for endorsement, including:

- risk-based assessment tools need to be normed on gender-specific and culturally diverse populations;
- a commitment to the development of gender-specific programs;
- the *WARD: Assessing Gender Responsivity* framework to be adopted by state agencies to ensure appropriate service provision for women offenders; and
- corrections jurisdictions to develop strong partnerships with community agencies to ensure an understanding of the needs of transitioning women offenders and ensure post-release pathways with those agencies (CSAC 2005).

Heseltine, Sarre and Day (forthcoming: np) recently completed a consultancy report for the Criminology Research Council on prison-based corrections offender rehabilitation programs in Australia, where they noted that there is a ‘slow emergence of programs specifically designed for women’. They found that:

Table 1 Women-specific programs in Australian prisons in 2009

Jurisdiction	Program title	Criminogenic need	Duration	Evaluation
NSW	Out of the Dark	DV victims	12 hours	
	Personal Ownership Identity and Self Empowerment (POISE)	Substance use	120 hours	
Qld	Making Choices	General offending	100 hours	yes
Vic	Cognitive skills	Cognitive skills	60 hours	
	Intensive program (women)	Substance use	130+ hours	
	Making choices	General offending	100 hours	yes
	Out of the Dark	DV victims	12 hours	
WA	Choice, change and consequences	General offending	250 hours	yes
	Moving on from dependencies (women)	Substance use	100 hours	
	Pathways	Substance use	100 hours	yes
	Women’s anger management	Anger management	40 hours	
	Women’s substance use program	Substance use	35 hours	

Source: Heseltine, Sarre & Day (forthcoming)

The impact of cognitive skills programs with female offenders is less clear. There are a limited amount of data on the efficacy of programs with designed specifically for female offenders. Accredited and pre-accredited cognitive skills programs (designed for men and adapted for women) demonstrated no statistical differences in one- and two-year reconviction rates between female participants and matched comparisons... Given this finding, there is a need to develop and evaluate cognitive skills programs designed to meet the criminogenic needs of female offenders (forthcoming: np).

Heseltine, Sarre and Day (forthcoming) referred to the Australian programs in Table 1 for women in prison in Australia in 2009:

The key findings of Heseltine, Sarre and Day's (forthcoming: np) literature review in respect of female offenders are:

- there is increasing recognition that women offenders have distinctive areas of criminogenic need, which influence rehabilitation program efficacy and intervention strategies developed for male offenders are likely not be equally beneficial to female offenders;
- gender-responsive risk factors include dysfunctional relationships, family conflict, parental stress, child abuse and adult victimisation, and mental health issues; these factors are predictive of recidivism and institutional rule violations for women offenders;
- the strongest predictors of treatment success target interpersonal needs, victimisation and self-esteem; and
- the high level of mental health problems, substance use and co-morbidity provide treatment challenges, as these issues are best treated concurrently rather than sequentially and need to be responsive to the specific experiences of female offenders.

They also made the following points in relation to programs for women:

Assessment strategies for female offenders are broadly consistent with that of male offenders. There are arguably less well-developed program specific referral pathways, criminogenic assessment of risk and need, and pre-post

program measures of change. While staff supervision models have improved over time, the provision of training specific to the needs of female offenders is limited.

The challenge of program development and delivery for female offenders include the relatively small population with few dedicated rehabilitation staff, sentence length (with a significant number of women serving less than 6 months), co-morbid substance and mental health issues, and estrangement from children and social supports.

Nationally, there was recognition that further policy and program development needs to be underpinned by research in the specific needs of women offenders (and subgroups namely Indigenous, sexual offenders and short-stay recidivist offenders).

This section will now examine some examples of good practice in relation to women's programs in Australia and overseas, although it is acknowledged that it does not provide a comprehensive audit of all programs, education and employment opportunities currently available to female prisoners.

Australian Capital Territory

The AMC was planned as a 'healthy prison', with a broad range of treatments including therapy, education, values and skills development, with a strong emphasis on self-help and peer support (Rosenberg 2008). ACT female prisoners are housed at the AMC. It has been reported that the Alcohol and Other Drugs Therapeutic Community would commence operation at the AMC in 2009–10 and management of female prisoners would be underpinned by [therapeutic community] principles, with the view to implement the traditional [therapeutic community] model incrementally over time, subject to sentenced female numbers' (ACTJCS 2009: 44). Therapeutic communities in the prison environment are based on the concept that the substance user must be removed from the general population and placed in a separate area in which the negative influences of prison are decreased in order to create an environment that allows for positive behavioural change. In a therapeutic community model drug treatment program, substance abuse is often viewed as a symptom, rather than the cause, of dysfunctional behaviour in the person's life (NIJ 2005). Research cited by the National Institute of Justice (NIJ) in

the United States suggests that the therapeutic community model, originally designed for men, can be successful for women if modified. For example, the success of women in therapeutic community programs is increased when the atmosphere is less confrontational and when female counsellors are present (NIJ 2005).

New South Wales

NSWDCS (2010: np) has recently acknowledged that correctional systems struggle to manage [the female prison] population and have recently recognised a need for focused efforts on appropriately designed treatment programs/ interventions for this high need group.

In 2006–07, the Challenging Behaviour Management Team developed a training module for women with personality disorders and other mental health issues. A plan to create sex offender programs for women was also developed (NSWDCS 2007). In 2007–08, NSWDCS developed a specific domestic violence program for Indigenous women; known as the Walking Together program, it emphasises protecting children and the need to speak out against violence. It has also been reported that in 2009–10, the Controlling Anger and Learning to Manage (CALM) it program was to be extended to include a program specifically for female offenders (NSWDCS 2009). In 2007, the Gurnang Life Challenge program for young offenders (18 to 25 years) was adapted for women and is known as the Adventure Based Challenge course. The course provides a combination of outdoor, adventure-based activity, intensive case management including mentoring by older prisoners and experiential learning for 18–25 year old prisoners (CSAC 2009; NSWDCS nd). The program has proven effective in reducing recidivism, with a recidivism rate of 30 percent among the female graduates, compared with a recidivism rate of 57 percent for other young female offenders (CSAC 2009).

The following female-specific programs have also been offered in New South Wales:

- Personal Ownership Identity and Self Empowerment (POISE)
 - the program, which uses a cognitive behavioural approach, is delivered through group work and a combination of role play, exercises, journaling and demonstration;

- a residential program addressing alcohol and other drugs (AOD) issues for female offenders, covering addictive behaviour, the AOD and recidivism cycle and general lifestyle skills; and
- current offence to be related to AOD use and/or positive urine results relating to drug use during sentence;
- Out of the Dark—domestic violence program
 - the program aims to help offenders identify issues related to family violence and its impact on their lives;
 - it uses psycho-educational, skill-acquiring, pro-social interventions and narrative methods to improve participants' communication and relationship skills;
 - it encourages women to develop a personal 'escape from violence plan' and refers them to agencies to support them in their choices; and
 - in 2008–09, it became a standardised and approved program running in all NSW women's corrections centres and permission and a licence were given to Corrections Victoria to provide the program in Victorian corrections centres; and
- Managing emotions program, which helps offenders who are not yet ready to enter more intensive programs to increase their motivation to change and their ability to recognise and regulate their emotions (NSWDCS 2009, 2008).

Spark and Harris (2005) have argued that there is a serious paucity of research on prisoner education programs for women. The Dillwynia Women's Correctional Centre offers literacy and numeracy education, behavioural management, drug and alcohol counselling and TAFE-accredited courses (such as hospitality). In addition, in 2007–08, Dillwynia trialled an in-house television channel, known as DTV, which enabled prisoners to watch content produced locally by staff and other prisoners. The perceived benefits included the communication of information in a manner and style that is accessible and credible for the audience as well as teaching prisoners new skills for use after their release. One of the programs screened was produced by prisoners, with technical assistance from the Department of Corrective Services Multimedia Unit and taught skills in literacy, team work and project management (NSWDCS 2008).

Another noteworthy initiative is the introduction of a Gloria Jeans coffee house at Dillwynia Correctional Centre, staffed by prisoners, in what has been described as 'an Australian-first partnership aimed at getting prisoners back into work and the community' ('Coffee in the Big House' *Sydney Morning Herald* 20 April 2005) and was established to 'train inmates in sales and management skills they can use after their release' (CSAC 2005: 7). It has also been suggested that

training offenders in customer service and drink preparation gives the women a better chance of integrating into the community, as well as improving their self-esteem. By undergoing a formal selection process before employing them in the café, they are also equipped with work-readiness skills (Banfield, Barlow & Gould 2007: 149).

Finally, it was recently reported that some women prisoners in New South Wales have been undertaking data collection and telemarketing on behalf of businesses and charities, although they are not allowed to ask for, or handle, any credit card details or financial records ('NSW Prisoners Given Telemarketing Role' *Contact News* 29 September 2009).

Northern Territory

In the Northern Territory, 10 female prisoners recently took part in building the education facility in the female section at Darwin Correctional Centre, which provided the prisoners with new skills, experience and qualifications in building and construction, which will assist in their reintegration process (NTDJ 2009). An important aspect of this project is that it enabled the women to gain skills which are not in traditionally female domains. This project, which is similar to an American one discussed further below, goes some way towards overcoming what critics describe as the tendency for corrections regimes to reproduce stereotypical roles where women learn to cook, sew, clean and do other domestic tasks (Cameron 2001; Morgenstern 2005).

Another innovative development in the area of employment was the recent establishment of Job Centres, which involves members of the Australian Government's Job Network providing services to prisoners in much the same way as they might for job seekers on the outside (Ombudsman for the

Northern Territory 2008). Other recent female-specific programs run in NT prisons have included:

- a nutritional health program for female prisoners run in conjunction with the Department of Health and Community Services;
- the Voices from the Inside Literary Project for female prisoners, which focuses on giving women the skills to write and publish narratives, poetry and songs;
- a sport and fitness course delivered to female prisoners, which was designed to give women the skills to work in the sport and fitness industry, particularly in Indigenous communities in the Top End; and
- training in horticulture, delivered in partnership with Charles Darwin University (NTDJ 2007).

Queensland

The Queensland *Women Offenders Policy and Action Plan 2008–2012* sets out the following strategies in relation to corrections intervention services:

- design and implement monitoring and evaluation systems to ensure that interventions are effective and delivered efficiently;
- provide ways of addressing drug and alcohol use and misuse, including detection, treatment and interventions;
- apply a throughcare approach to offender management, assessment and intervention services to address the rehabilitation needs of individual offenders;
- develop and deliver a range of interventions appropriate to the assessed risks and needs of offenders including targeted interventions to meet cultural, gender and disability needs;
- develop community service projects that provide female offenders with a range of opportunities to gain work-related skills; and
- expand opportunities for low-security female offenders to participate in reparation to the community (QCS 2008b).

The actions for implementing the strategies include:

- implementing gender and culturally appropriate reintegration support through the Offender Reintegration Support Service delivered by funded service providers;

- establishing links and formalised arrangements with other agencies that are able to provide integrated services for women offenders in custody and in the community;
- evaluating the short-term impact and effectiveness of court-ordered parole as a strategy for managing growth in prisoner numbers;
- evaluating the longer-term impact of court-ordered parole in terms of recidivism and the impact on prisoner numbers;
- delivering the Advance 2 Work program to female offenders; and
- enhancing a coordinated approach to rehabilitation by linking prison industries with vocational training and employment opportunities for female offenders to enhance post-release outcomes.

In Queensland, a number of programs have been adapted to meet the needs of female offenders, taking into consideration the different learning styles, life experiences and criminality of such offenders. By way of example, the Making Choices Women's Program, which is a general criminogenic program, has been developed specifically for female offenders. It incorporates different approaches to developing personal insight and working towards improving life outcomes, with a focus on female-specific personal/emotional issues, such as victimisation, distress tolerance and interpersonal effectiveness (QCS 2008a, 2008b).

QCS also delivers a range of integrated vocational education and training programs and health services to maximise the opportunity for women offenders to rehabilitate. For example, Brisbane Women's Correctional Centre offers structured daily programs consisting of industry, education and vocational training to address offending behaviour and a comprehensive range of activities designed to enhance personal development and self-esteem (QDCS 2010). One notable program is the Pups in Prison foster care program at Numinbah Correctional Centre, which was launched in September 2006. Prisoners at the centre care for and train puppies from the local branch of the Animal Welfare League, giving the prisoners an opportunity to develop new levels of responsibility, compassion and self-esteem (QCS 2008b). Two other initiatives of note are the Transitions program, which ensures that the

particular needs of female and Indigenous prisoners are recognised and considered in their plans for release (QCS 2007a) and a financial literacy pilot program run at Brisbane Women's Correctional Centre and Helana Jones Community Correctional Centre, in conjunction with Soroptimist International of Brisbane Inc and Career Employment Australia (Schulter 2008).

South Australia

The SADCS Policy 7 lists as one of its strategies that to ensure the effectiveness of rehabilitation, the department will '[f]acilitate and develop specific female offender/prisoner Core programs' (see Heseltine, Sarre & Day forthcoming). According to the most recent annual report, programs and services delivered at AWP include crisis intervention and support services, prisoner assessment and sentence planning, case management, a prison industry program, including textiles, which is the principal industry, education and vocational training and core programs (SADCS 2009).

In recent years, AWP has been awarded three TEAM Excellence Awards, for Injury and Prevention Management, for its work in developing and delivering a suite of intervention strategies for reducing recidivism and for work with the Children of Prisoners Project. Programs delivered at AWP have included criminogenic-focused interventions such as the Think First program, a parenting program, the Moderate Intensity Alcohol and Other Drug Program and a domestic violence program, as well as a Dialectical Behaviour Group, to address the mental health needs of female prisoners. Training and education have included budgeting, home and car maintenance, paving, life skills, cooking and personal grooming. In addition, Edge International Church has provided two facilitators to deliver life skill-based sessions in the prison (SADCS 2008, 2007).

Tasmania

There are a range of services offered to women in prison in Tasmania, including those addressing literacy and numeracy needs as well as access to high school and university subjects. Art and music programs are also offered, as well as a limited

number of vocational education programs, usually hospitality, business and computer studies (H Allie personal communication 21 April 2010). In particular, the Key Skills for Work and Study program, which is funded by the Department of Education, is targeted at women to assist them in developing skills in personal development, résumé writing, interview skills, workplace communication and demonstration of good work habits (Halliday Wynes 2007).

Prisoners are also given the opportunity to work in various positions within the prison, including as peer support workers and tutors, cleaners (including outside of the prison), kitchen workers, grounds maintenance staff and assistant event coordinators. Other industries available to female prisoners include baking, farming, woodwork and gardening (TDJ 2009). Eligible prisoners who meet certain criteria are also given the opportunity to access external employment in businesses within the community.

The Tasmania Prison Service runs short non-criminogenic programs, which female prisoners have access to, including Getting Smart (Drug and Alcohol Course), Turning Point and Preparing for Change (basic cognitive skills course). Longer-term criminogenic programs, such as Making Choices and Pathways, are offered but due to the number of short-term prisoners at the MHWP, it is difficult to establish groups of participants for the course duration. A number of government and non-government organisations also provide assistance to prisoners generally, for example, the Red Cross peer-support program, Anglicare financial counselling services for women and the Sexual Assault Support Service (H Allie personal communication 21 April 2010).

Victoria

The provision of programs in Victorian women's prisons is underpinned by the recognition that

Women have distinct criminogenic and other needs that impact on their offending behaviour, for example, issues relating to family relationships, past victimisation and self esteem. Further, gender differences influence the way that women respond to intervention across a variety of disciplines and practices. Acknowledging women's distinct needs, characteristics and life experiences in program development and delivery is critical to ensuring successful rehabilitation outcomes.

The following principles should be incorporated in the development and delivery of programs contributing to the rehabilitation of women prisoners:

- programs should be holistic and integrated, addressing multiple need areas simultaneously;
- programs should foster the development of trusting relationships between program staff and participants;
- programs should be conducted in a safe environment, with clear boundaries and expectations;
- programs should actively encourage women to accept responsibility for their actions, and should acknowledge the centrality of women's roles as caregivers and offer practical assistance as required; and
- interventions should be multi-modal, incorporating cognitive, affective and behavioural approaches, provided in all-women group settings and utilising individual counselling as appropriate (Corrections Victoria 2009c: 47).

Victoria has also accepted that women respond best to relationship-focused and holistic responses, which address many of their needs simultaneously (Corrections Victoria 2005). In addition, all prisoners are

given opportunities to develop work skills for effective participation in the labour market, to assist them to gain meaningful employment after release, and thereby reduce the likelihood of re-offending (Corrections Victoria 2009c: 59).

It should be acknowledged, however, that prisoners on remand have limited access to programs in this area. If they choose to do so, they can work in prison industries, but they have limited access to educational/vocational programs due to the uncertain duration of their time in prison.

Caraniche and VACRO employ a continuum of care model with case conferencing as the fundamental cornerstone to the delivery of integrated and holistic programs and services to female offenders. This model is offered to ensure that the programs meet the individual needs of incarcerated women. Some of the programs available target drug and alcohol issues, offending behaviour, personal development, family issues and release preparation, as well as

psychological issues such as depression and anxiety. In addition, there are regular tai chi, yoga and art programs (Caraniche 2010).

As part of the Better Pathways initiative, Victoria developed the Women's Integrated Support Program (WISP) for women leaving prison, which offers support for a range of issues, including housing, parenting, financial management, independent living, legal, health, mental health, drug and alcohol and reintegration, as well as linkages to education, training and development, advocacy services specialist referrals and material aid. Women are assessed by a caseworker 8 to 10 weeks prior to their release and may be supported for up to 12 months following release. Some of the key features of WISP are:

- intensive pre- and post-release case management;
- it is a holistic, flexible, wellbeing based case management service that offers a planned and responsive approach to addressing women's multiple and diverse needs;
- the program supports women in addressing trauma and victimisation and integrates therapeutic responses with culturally appropriate interventions that give women the opportunity to take responsibility;
- it provides viable opportunities for improving life skills and opportunities through education, training and work options, which are of relevance to women's development and go beyond traditional female work opportunities;
- it provides practical and financial assistance to assist in reducing the economic pressures that are linked to women's offending;
- WISP provides links to positive role models and individuals who can provide support beyond standard working hours; and
- the program also assists in developing respectful relationships, which provide opportunities for women to build their coping skills and self-esteem through appropriate and relevant practical supports (Chudiak 2008; Corrections Victoria 2009b; Thomson & Chudiak 2009).

The Women 4 Work program in Victoria is a voluntary employment program to help women who are leaving prison (or on a community corrections order) to find

meaningful employment (Chudiak 2008; Thomson 2008). A recidivism study conducted by Graffam and Hardcastle (2007) on Victorian ex-prisoners and their employment status found that women who were placed in employment had a reoffending rate of 2.6 percent, compared with 6.6 percent for those who were not so placed; both of these figures were lower than for men. WISP and Women 4 Work were both awarded Australian Crime and Violence Prevention Awards in 2008. In addition, the Support to Women Exiting Prison program aims to address the lack of community connection many women experience after imprisonment (Thomson 2008; Thomson & Chudiak 2009).

Spark and Harris (2005) found that in Victoria, women were more likely to be undertaking an education centre course than their male counterparts. In addition, educational programs at Tarrengower Prison have emphasised giving women employment skills in areas where their criminal record will not prevent employment, such as hospitality, horticulture, business, computing and small business. Spark and Harris (2005) also called on government to take a more holistic approach to the provision of education and training for women in prison. In particular, they suggested the need to take the work women do as mothers into account in education and training programs for women.

It is important to note that a study on the role of vocational and educational training on recidivism in Australia found that women were keen to learn skills such as computing to help their children and they expressed a desire to be self-employed, so they wouldn't have to overcome the stigma faced by ex-prisoners when seeking employment (Callan & Gardner 2007). The combination of teaching computing and small business skills may therefore be particularly attractive.

In 2005, the Café Operations Training Program at Tarrengower Prison won a Victorian Award in the Prime Minister's Awards for Excellence in community business partnerships. The program is designed to give participants the practical employment skills and confidence to approach an employer for work following release from prison. Accredited hospitality training is conducted over a 12 week period and offered throughout the year; local business women provide ongoing mentoring for women involved in

the project and on release from Tarrenghower Prison (Halliday Wynes 2007).

Brown and Ross (2010) recently completed a review of the Women's Mentoring Program, which was established in Victoria in 2004 and is run by the Victorian Association for the Care and Resettlement of Offenders (VACRO). They found that the program may have an important role in breaking down the barriers of ignorance and fear that exist between the community in general and the minority of its members who go to prison (Brown & Ross 2010: 45).

They also found that the mentor relationship was more than merely a substitute for unavailable social relations. As the study was qualitative, not quantitative in nature, it did not present data on any reduction in reoffending, but found that the mentoring process could facilitate access to a significant untapped pool of social capital, enabling mentors to provide mentees with practical assistance, such as job or rental references, which may ultimately result in reducing reoffending.

Western Australia

The Western Australian *Women's Corrective Services Strategic Plan 2009–2012* (WADCS 2009b) includes strategies to:

- address issues relating to women's criminal offences, such as particular types of violence, in a way that does not compromise their family and community relationships, or their own safety; and
- provide specific domestic/family violence programs to women and relationship counselling services with partners to reduce further incidences of domestic violence, in particular if their partner is also in prison.

In 2007, it was reported that a review of all women's programs was being undertaken in Western Australia, a suite of programs to address the needs of both Indigenous and non-Indigenous women was being developed and that all women at BPCW were engaged in constructive work programs (WADCS 2007).

In a recent audit report of the educational facilities at BPCW, the auditor praised the facility for its response to the changes to the framework's standards in 2007

and made particular comment about the 'extremely good practice' and 'up to date learning options' (OICSWA 2009: 14). Training options at BPCW include hospitality, catering, horticulture, retail operations and supervision, and asset management. WADCS stated that BPCW offers 'meaningful rehabilitation activities and work placements... designed to address the unique needs of women prisoners and provide them with practical skills' (WADCS 2010b: np). In accordance with the centre's guiding principle that imprisonment should not only serve as punishment for crime but also 'provide an opportunity to maximise each women's potential to positively, confidently and safely reintegrate with their families and communities upon release', these programs encourage personal responsibility and empowerment, family responsibility, community responsibility, respect and integrity (WADCS 2010b: np).

At the time of the most recent OICSWA visit to BPCW, eight women were undertaking a 'hands on learning project' creating 'Pickle Park', a sensory garden for the children. The project incorporates maths and literacy into the construction process in a practical way and targets those residents who educators believe may not attend classes otherwise.

Traineeships in hospitality and horticulture are also offered at BPCW, with 11 women enrolled at the time of the most recent inspection (OICSWA 2009). Most trainees commence their traineeships at Bandyup Women's Prison, which allows them the opportunity to complete their traineeship despite short periods of residency at BPCW.

As part of the horticulture program, training is provided for the 20 residents who work in the BPCW horticulture area daily (OICSWA 2009). The women are employed to maintain the gardens, grow vegetables and can enrol in a horticulture traineeship to increase their employability on release. The women also grow a range of plants for sale on the centre's gala day—an annual fundraiser for charity (OICSWA 2007). This experience echoes that of the horticultural programs offered in some Canadian prisons, where the objectives are to foster personal development through self-knowledge and working with others, as well as fostering the acquisition of knowledge and development of autonomy. It has been suggested that horticultural knowledge and the ability to organise work increases job-readiness skills (CSC 2010d).

As noted above in this section, in New South Wales, prisoners at Dillwynia Correctional Centre run a café for visitors. There is a similar café in operation at BPCW, which caters for residents and visitors during weekend visits and staff and official visitors at other times. The café operates on the same electronic card payment system as the supermarket and canteen and visitors can buy cards for use in the café at a vending machine at the entrance to BPCW. The most recent OICSWA report noted that the 'arrangement works well as it provides residents with the opportunity of acquiring a range of job-related skills, qualifications and experience', noting that there is a commercial barista machine and residents are formally trained and certified in its use (OICSWA 2009: 30). It is of considerable importance that the training and employment skills women receive in prison should be referable to employment options post-release and there is evidence to suggest that catering experience is particularly useful upon release (see Cameron 2001).

There are also several examples where prisons have developed close links with the local community. For example, at Bandyup Women's Prison, prisoners manufacture cushions for women recovering from breast cancer surgery and Extra Edge Community Services provided financial support for the then newly established choir at BPCW to attend community functions at local aged care facilities (WADCS 2008). In addition, there are a range of recreational programs in place, for example, structured physical recreation programs at Bandyup Women's Prison include walking, high- and low-intensity aerobics, yoga and tai chi. Non-physical options include art, crafts, music and meditation classes (OICSWA 2008). Although there had been some difficulties with it in practice, the experience of the BPCW prison supermarket was also noteworthy. The supermarket has a colour-coding system in place for foodstuffs (ie green, amber and red, depending on how healthy the food is), in order to provide women with guidance for making nutritious food choices (OICSWA 2007).

The foregoing examples highlight that well-structured and comprehensive corrections programs may assist in reducing reoffending, facilitating the successful reintegration of female prisoners into society and complementing government crime-diversion schemes. Cameron (2001: 5) noted that although it is hard to

rehabilitate a person in a prison environment 'women can benefit from drug rehabilitation, vocational training and relevant employment experience' concluding, however, that 'it is unclear whether drug abuse treatment and employment and education programs for women are effective, and which ones are more effective than others'.

Almost a decade later, the position remains fairly similar. Heseltine, Sarre and Day (forthcoming: np) described as a strength the increasing recognition of the need to deliver, adapt and/or develop programs for offenders with special needs, female offenders and Indigenous offenders, but commented on the

relative stagnation of development of programs for special need groups, including female and Indigenous offenders, despite the widespread recognition of the need for these types of specific offender rehabilitation programs.

In conclusion, they found that although

there are few gaps in the treatment of male offenders, [f]urther resource commitment is required to address the complex needs of Indigenous, female offenders and other special need groups (Heseltine, Sarre & Day forthcoming: np).

Corrections programs for specific sub-populations

Indigenous women

Indigenous women tend not to access mainstream post-release support or education, while many justice-based and non-government organisation re-entry programs are not specifically designed to address the needs of Indigenous women (Goulding 2006). Accordingly, a significant development is the WA Breaking The Cycle program, an art program for Indigenous women which, in line with best practice, was also designed and delivered by Indigenous women in a culturally appropriate manner (Goulding 2006). The program specifically targeted urban women and was held at Bandyup Women's Prison.

Goulding (2006) found that the program was positively received by prison staff and participants. In particular, all interviewed participants reported

enjoying the program and said it had met or exceeded their expectations, as well as making them feel proud of their cultural heritage. At the time of the report, only one woman had been released, so recidivism data and any potential impact of the program on this, were unfortunately not available. Nevertheless, Goulding (2006: 40) concluded that the program was

a successful project in terms of retaining high attendance rates and enthusiasm amongst a disadvantaged socio-economic and cultural group that traditionally does not seek out educational training within the prison environment.

In addition, consistent with best practice, the program was designed to enhance notions of self-determination and foster empowerment rather than dependency, emphasise strengths rather than deficiencies, foster family and community involvement, raise social competencies, develop marketable work skills, provide training opportunities and qualifications, establish relationships with mentors and emphasise the significance of Indigenous culture. Finally and most importantly, it included meaningful, rather than tokenistic involvement of Aboriginal people (Goulding 2006).

Another important development is the Indigenous Oral History Laboratory at the Townsville Women's Correctional Centre in Queensland. The laboratory provides a library and recording area for those who wish to tell their story about their family and cultural heritage. It is suggested that the program will assist communities to preserve their cultural history and will provide an important resource to assist future studies of Indigenous culture (QDCS 2009).

Vietnamese women

At 30 June 2009, women born in Vietnam accounted for 14 percent of the female Victorian prisoner population (Corrections Victoria 2009a), suggesting a need to consider the specific educational, employment and emotional needs of a significant sub-group. It is, therefore, relevant to note that a Vietnamese volunteer has recently been providing educational support for Vietnamese prisoners in AWP (SADCS 2009). BPCW also runs part-time classes for adult literacy and numeracy, including a

new 'English as a second language' class with (mostly) Vietnamese participants (OICSWA 2009). As noted in the Corston report, women from minority groups are further disadvantaged by racial discrimination, stigma, isolation, cultural differences, language barriers and lack of employment skills. More effort is therefore needed to promote diversity in criminal justice agencies and reach minority groups of women (UKHO 2007).

International corrections programs

Canada

The *Canadian Program Strategy for Women Offenders* (2004) outlines a range of gender-informed programs, including substance abuse programs, mental health interventions, Aboriginal programs and sex offender therapy for women (CSC 2010a, 2006). The program offered for addictions in women's federal prisons in Canada is called Women Offender Substance Abuse Program (WOSAP); it was implemented in June 2003 and every women's institution offers WOSAP to women who are assessed as having a moderate to high need for substance abuse intervention. A recent evaluation of WOSAP by Matherson, Doherty and Grant (2008: 5) found that the multi-target treatment approach of the program and its combination of institutional treatment and community maintenance services was 'particularly beneficial in lowering the likelihood of a return to custody'.

A key component of WOSAP is community building. The framework for WOSAP is a strengthening of the community or 'milieu' through program integration. WOSAP involves a shift from a separate collection of programs to a systemic approach to substance abuse (CSC 2010e). WOSAP is a shift from a separate collection of programs to a systemic approach to substance abuse. Its programming components are Initial Engagement, Education & Pre Treatment, Intensive Therapeutic Cognitive/Emotive Intervention and Institutional Maintenance and Community Maintenance.

The research study *Locked In, Locked Out* (Pollack 2008) asked women about WOSAP. Some women

responded that the relapse prevention aspect of the program was helpful in identifying triggers and patterns of their drug use. But for women with longer sentences 'the program felt disconnected from their outside lives and they had few opportunities to apply the relapse prevention principles' (see ICPS 2008: 31).

Each Canadian women's prison is also required to provide a sexual abuse/past trauma counselling service. Accordingly, all women housed in regional detention facilities have access to group and individual trauma counselling by community agencies that deliver education, awareness and intervention-oriented programs (Moloney & Moller 2009). CSC (2010b) notes that treatment readiness for corrections programming targeting criminal behaviour is increased when women offenders have access to counselling to help them deal with issues of trauma, but that entering treatment to deal with issues of trauma and abuse is completely voluntary; it is therefore essential to respect each woman's need in this area. Pollack (2008: 20) found that the women greatly valued the experience, noting that:

Participants who had one-to-one counselling sessions spoke about the insight they had gained into both their addictions and other behaviours and feelings. In all regions, the sexual abuse counselling program was viewed in very positive terms and respondents felt this type of therapy had a significant impact on their post-prison lives (see also ICPS 2008).

Other programs offered to women in Canadian prisons include:

- accredited or certified programs which meet women's identified education needs to assist them to reintegrate into the community as law-abiding citizens;
- a gender-specific violence prevention program for women that targets thinking and behaviours directly linked to violence and decision making that can lead to victimisation;
- the Mother-Child Program, which aims to provide a supportive environment to foster and promote stability for the mother-child relationship;
- parenting programs, which encourage women to establish positive attachments to their children; and
- the Social Integration Program for Women, which is a short pre-release program to increase women's readiness and preparedness for their (re)integration into the community (CSC 2010d).

Canada has also developed an employment skills program for Indigenous women, which has been described as a 'best practice example' (Glube et al. 2007: 21). Glube et al. (2007: 26) commented in an independent review of Canada's corrections services that

an impressive array of institutional programs are now offered across several areas of need, [having] done a good job over the past ten years in developing the gender-based programs for women that are linked to their needs.

Italy

The ICPS (2008) recently reported that the introduction of experimental projects designed to educate the prisoners (such as running a pottery workshop, the cultivation of gardens producing vegetables, fruit and flowers, and a laundry service, which should soon be expanded to take on work from outside) had produced excellent results, creating an atmosphere of cooperation and solidarity.

New Zealand

The ICPS report referred to a number of recent New Zealand initiatives designed for women, including the development and pilot of a program tailored to the multiple needs of female offenders, the ongoing effects of abuse, the social and cultural context of female offenders and the relationship between rehabilitation and reintegration issues. In addition, better measures were introduced to assess and address the cultural needs of Māori female prisoners, including the continuation of the Specialist Māori Cultural Assessment pilot, which provides a greater depth of cultural information for sentence planning and the Cultural Supervision pilot, which provides a support function to enable staff involved in sentence planning to reflect on and enhance their interactions with Māori offenders (ICPS 2008).

United Kingdom

The Social Market Foundation recently published a report on tackling recidivism (Mulheir, Gough & Menne 2010), summarising the key research findings in relation to the effectiveness of corrections interventions, although their findings were not

generalisable to women. They referred to two Home Office evaluations of two employment programs that worked with offenders under probation supervision. The results showed the impact of combining education, training and employment support, with recidivism 13 percent lower for the participant group than the control group, although it was acknowledged that this could have been due in part to a selection effect (Mulheirn, Gough & Menne 2010). The authors also referred to the findings of a meta-analysis of 66 experimental and quasi-experimental studies that found that drug treatment programs reduced the average rate of reoffending by seven percent. The analysis found that those interventions that focused on the multiple aspects of substance abuse, such as therapeutic communities, were the most effective.

The United Kingdom has experienced a similar rise in drug-related incarcerations to the United States, with the number of female prisoners rising by 223 percent between 1991 and 2001, compared with a 74 percent increase for men over the same period (see Godin & Kendall 2009). In endeavouring to develop rehabilitative interventions for this growing female prison population, programs that have proved successful for male prisoners have been re-focused on the female cohort. However, critics of this approach have argued that ‘women’s pathways to crime and program needs are different than those of men’ (Godin & Kendall 2009: 63). In other words, there needs to be ‘a shift from “what works” to “what works with women”’ (Godin & Kendall 2009: 63). That is, rehabilitative programs for female prisoners need to be gender-specific and recognise the different characteristics of female prisoners.

In attempting to ascertain the types of interventions that are most effective for female prisoners, Clarke (2004) examined a program operating in Glasgow, Scotland, called *218 The Alternative*. The 218 program offers a range of different services and activities for female prisoners including counselling, group meditation, detoxification, acupuncture and chill-out areas (which include music and oil burners). All of these initiatives are designed to create a wholly-inclusive and therapeutic environment where female prisoners can focus on overcoming substance and/or alcohol problems associated with their offending, develop and sustain positive relationships and build the cognitive and behavioural skills required to maintain a more positive lifestyle. While some critics of this program have argued

that it is a ‘soft option’, Cathy Jamison, Scotland’s Justice Minister asserted

it is a rigorous...alternative to which the courts and other services can refer women. It will challenge behaviour and attitudes as well as offer help (Clarke 2004: 28).

The key to this type of therapeutic treatment is to provide support in overcoming negative behaviours, such as substance abuse and to reinforce good behaviours and encourage female offenders to build more positive relationships. There are four main features of this program which are considered to have contributed to its success:

- Women are Primarily Relational—suggesting that taking time to form safe working relationships with women in key work, consistently being positive and open in manner.
- Model Non-blaming/Non-judgemental Language—to encourage women to be more compassionate and helpful towards themselves be careful to demonstrate this yourself, use accountable language and statements that are person centred.
- Daily/Weekly Goal Sheets—being responsive to when the woman needs a more intensive service, when things are going badly wrong see more of her, talk more and set tiny goals over short periods.
- Beginnings, Middles and Ends—Endings very powerful, for example preparing to leave the unit. Talk about it before it happens, plan how she would like it to be (Clarke 2004: 27).

An independent evaluation of the 218 program in February 2006 for the Scottish Executive Justice Department (which recognised that the centre had not been operating for sufficient time to provide meaningful reconviction data), referred to quantitative and qualitative data indicating that women who had engaged in services at 218 had been actively involved in offending and that they fit the profile of female offenders in custody. It was therefore concluded that it was likely that women who engaged with services at 218 were avoiding custody in the short and longer term (see UKHO 2007). More recently, Lawlor, Nicholls and Sanfilippo (2008) found that for every pound invested in support-focused alternatives to prison such as the 218 program, £14 worth of social value was generated to women and their children, victims and society generally over 10 years. In addition, interviews with participants in the 218 program

indicated that 82 percent of women reported an increase in self-esteem and confidence, while 64 percent reported a decrease in anxiety and depression.

The 218 program formed the basis for Together Women Program (TWP), which began operating in late 2006. TWP draws together various services in the community that provide interventions for issues key to women's wellbeing such as physical and mental health, drug and alcohol misuse, physical, sexual and emotional abuse, family support, housing, education and training, employment and financial advice, as well as programs to address attitudes, thinking and behaviour, legal advice, counselling and therapy (UKHO 2007; see also Lawlor, Nicholls & Sanfilippo 2008; Moloney & Moller 2009). The Corston report has called for more funding to be made available 'immediately to extend the network of centres across the country' (UKHO 2007: 63).

Each TWP centre arranges for service providers to hold surgeries covering a range of issues (such as accessing benefits or housing) but also functions as a drop-in centre (Hedderman et al. 2008). Where suitable provision exists, TWP attempts to tap into it; where there is a gap in provision, it commissions another provider or delivers it in-house. In this way, TWP seeks to link up and extend local services without duplicating them. A key element of the TWP approach is that the level and range of services a woman receives are determined by an assessment of need. The resulting support plan is intended to be holistic. Involving service users in the design and review of such plans is expected to be empowering which is seen as an important step in getting women to take control of their lives (Hedderman et al. 2008).

According to the Together Women website, there are currently three TWP centres, as well as two outreach centres, one of which is based at a prison. In addition, TWP is currently in the process of setting up one-stop shop centres in both Hull and Sheffield with local partner agencies. TWP delivers intensive support to female offenders and women aged 18 years or over at risk of offending and aims to:

- support women to tackle triggers for offending behaviour so they can break the cycle of offending many women become trapped in;
- divert women from custody (where appropriate);
- prevent family breakdown and reduce social exclusion; and
- ultimately help vulnerable women to turn their lives around (Together Women 2010).

As discussed above, TWP was due to finish at the end of 2009 and the UK Government undertook an evaluation of the program after its completion.

Another promising initiative in the United Kingdom is the Evolve Project, which was initially run by the WomenCentre and funded to run for two years and aimed to provide integrated individualised packages of support and intervention for female offenders and women at risk of offending in who lived in Calderdale and Kirklees. In adopting the one-stop-shop approach, Evolve aimed to reduce the likelihood of reoffending and to achieve positive outcomes for women (NACRO 2009).

An independent evaluation of the project involved 23 interviews with women who had accessed the project; 22 of these had criminal convictions, 19 had served a community order and three had served a prison sentence. Nearly half (n=11) said they had experienced and/or witnessed abuse as a child before the age of 12 years; 18 of the women had children and another was pregnant. The women reported a number of physical, mental health and financial problems.

The key findings of the evaluation were:

- women accessing Evolve services had significantly improved in terms of their vulnerabilities to domestic abuse and dependencies, and improved their parenting abilities, mental health and emotional wellbeing, economic and housing situation, skills and employability, and changes in offending behaviour; the majority of women had made improvements in their personal, domestic and socioeconomic circumstances;
- the organisational vision and ethos of the WomenCentre provided a safe and conducive environment for operating and delivering Evolve services to women offenders;
- the holistic, one-stop-shop approach with a variety of services available under one roof made Evolve more accessible to women and they felt safe and supported within that environment;
- Evolve staff expressed a clear commitment to delivering a service with long-lasting solutions and the project demonstrated good strategic leadership. The project was able to link national strategic objectives in relation to female offenders to deliver practical support to women at a local level. By linking into existing activities and structures, Evolve demonstrated effective management and use of project resources; and

- a collaborative participatory approach to the evaluation allowed early identification of new areas for collecting robust data.

Ultimately, the evaluation found that the model worked for women and was effective in:

- enhancing their skills to make decisions and be in control of their lives;
- strengthening positive relationships with their children and families;
- improving individual self-esteem and positive attitudes;
- increasing partnership[s by] working with statutory and voluntary organisations; and
- reducing the likelihood of reoffending through holistic support to address offending behaviour (NACRO 2009).

The Corston report discussed two other initiatives which are also relevant in this context. The Award Scheme Development and Accreditation Network is an internationally recognised awarding body and the report suggested that a number of its programs would be appropriate in the prison setting. One in particular, the Certificate in Life Skills, is a qualification, comprising six units—citizenship, community, home management, information and communication technology, personal care and preparation for working life.

In addition, Designs From Inside is a project that was started at Holloway Prison by the charity Business in Prisons, where ex-prisoners and serving prisoners nearing their release date work together to set up small businesses, within which they learn and practice entrepreneurial skills. Businesses, which all require basic, easily-learned and cheap-to-operate equipment, so far include dye-sublimation printing, silk-screen printing, floristry and dressmaking. The women learn about invoicing, costing, tax calculations, customer service, marketing, stock control and general business skills. With guidance from the project manager in producing a basic business plan and cash-flow forecast, the women are then able to launch out on their own (UKHO 2007).

Another key development in this context is the recommendation in the Corston report that

There must also be an investment in more rigorous training and ongoing support and supervision for all those charged with meeting

the complex needs of women. This training, which should include gender awareness and how community sentences can meet the needs of female offenders, should be extended to include all staff within the criminal justice system in contact with women, particularly those who make sentencing and bail decisions (UKHO 2007: 78).

United States

In 1998, the NIJ conducted a survey of female prisoner programs in state-level prisons and jails across the United States. Departmental staff, corrections administrators, program administrators, program staff and participants identified the following key elements in the success of programs for women:

- *program staff*—staff are dedicated/caring/qualified; ex-substance users or ex-offenders are on staff and women staff members serve as role models;
- *meeting of specific and multiple needs*—program has a comprehensive or multifaceted focus, addresses rudimentary or basic needs and establishes a continuum of care;
- *program participation*—participants like the program, inmate participation is high or self-initiated and participants help run the program;
- *peer influence*—other participants provide positive peer influence, provide pressure (eg to be a good mother) and support;
- *individualised, structured*—clear, measurable goals are established, treatment plans and programming are individualised, program is intensive and of appropriate duration and appropriate screening and assessment are provided;
- *technology, resources*—equipment, money, adequate space and other resources are available;
- *acquisition of skills*—marketable job skills can be acquired, parenting, anger management and life skills are taught, education addresses thinking and reasoning;
- *program environment*—atmosphere is ‘homey’, climate is conducive to visits, communications are open, confidentiality is kept, rapport with other participants is good, participants are separated from the general population and program enrolment is small;

- *victimisation issues*—program addresses self-esteem, self-sufficiency, empowerment and domestic violence, women are treated like human beings;
- *administrative and staff interaction*—administrative support and communication are good, management style is non-aggressive and security staff are understanding and supportive; and
- *assistance from outside the facility*—outside private-public partnerships and interagency coordination exist and some staff come from outside the Department of Corrections (see Ombudsman for the Northern Territory 2008).

Covington and Bloom (2004) suggested that creating effective gender-responsive services must include creating an environment through site selection, staff selection and program development that reflects an understanding of the realities of the lives of women in criminal justice settings and addresses their specific issues. They nominate the following specific issues for programs:

Structural elements

- contemporary theoretical perspectives on women's particular pathways into the criminal justice system are used to create the foundation for women's services;
- services for mental health and substance abuse are integrated;
- treatment and services are based on women's competencies and strengths and promote self-reliance;
- female-only groups are used, especially for primary treatment (eg trauma, substance abuse);
- gender-responsive screening and assessment tools are utilised, with appropriate treatment matched to the identified needs and assets of each client;
- treatment planning needs to be individualised;
- staff members reflect the client population in terms of gender, race/ethnicity, sexual orientation, language (bilingual) and ex-offender and recovery status;
- female role models and mentors are provided who reflect the racial/ethnic/cultural backgrounds of the clients;
- cultural awareness and sensitivity are promoted using the resources and strengths available in various communities; and

- transitional programs are included as part of gender-responsive practices, with a particular focus on building long-term community support networks for women.

Content and contextual/environmental elements

- services need to be comprehensive and address the realities of women's lives;
- the development of effective gender-responsive services needs to include the creation of a therapeutic environment;
- in order to fully address the needs of women, programs need to use a variety of interventions with behavioural, cognitive, affective/dynamic and systems perspectives;
- services/treatments address women's practical needs such as housing, transportation, child care and vocational training and job placement;
- participants receive opportunities to develop skills in a range of educational and vocational (including non-traditional) areas;
- there is an emphasis on parenting education, child development and relationship/reunification with children; and
- the environment is child friendly, with age-appropriate activities designed for children.

Almost as important as ensuring effective management and rehabilitative treatment for female prisoners while incarcerated is the need to provide a range of services prior to release. The transition from prison life into the community can often be difficult and is a process that requires targeted support. In conducting a review of the types of female prisoners in the United States, Richie (2009: 24) found that a significant proportion had committed 'non-violent, drug-related offences that account for the largest source of the total growth among female inmates (38% nationally)'.

Findings from this study suggest that the enforcement of drug laws in the United States has produced a significant increase in the number of women incarcerated, particularly those from the lower socioeconomic groups. Female prisoners typically...come from communities where rates of homelessness have increased substantially...[with] at least 60% of women in state prisons report[ing] a history of physical or sexual abuse (Richie 2009: 24–25).

With histories of substance abuse problems, combined with experiences of violence, female prisoners in the United States face a variety of challenges when attempting to reintegrate back into their communities when released from prison. This study shows that reintegration services could play a critical role in decreasing women's recidivism and increasing their successful re-entry into their communities (Richie 2009). Providing ongoing post-release services such as drug and alcohol treatment, counselling for post-traumatic stress associated with past violence, as well as educational and employment services are just some of the positive interventions that can produce reductions in recidivism.

McC Campbell (2005) has observed that in prison, opportunities to participate in educational programs, job training, basic life skills training and other activities connected to the real-life needs of women offenders may positively affect their opportunity for success after release, with such programs realistically within the mission and grasp of many prisons.

A recidivism analysis in Maine (King 2009) found that employment was a protective factor against recidivism. A recent review of programs for women in prison in Santa Clara County in the United States found that the programs the women perceived as most important to help them transition back into the community were:

- job skills and employment;
- housing (including shelter for domestic violence); and
- social supports such as emergency assistance, food, childcare, counselling programs and support groups for themselves and their children, especially older children (Santa Clara County Department of Corrections 2008).

Other issues raised included:

- the need to provide information and resources for women with special needs at booking, such as pregnant inmates or inmates who are victims of domestic violence, given their special needs and involvement in time-sensitive court proceedings;
- initiating partnerships with external providers to secure information and resources to support women's rehabilitation and transition back into the community;

- installing bookshelves in the women's living quarters and providing new reading material on women's health, self-help and parenting;
- developing a computer training course for women; and
- exploring contracting possibilities with domestic violence agencies for direct services to female inmates.

Gehring and Bauman (2007) described some positive developments in relation to gender-responsive programming. In particular, they referred to the then pilot Women Offender Case Management Model (WOCMM), which is a model developed for women in the criminal justice system that focuses on reducing and stabilising women in their communities. The four-stage model is designed to develop social capital by building on strengths and developing a system of supportive resources. WOCMM can be started with women at any stage in the criminal justice system and ends with their being fully integrated and stabilised within their communities (King 2009).

Gehring and Bauman (2007) also described the Moving On program, which was developed for women in the criminal justice system and incorporates cognitive-behavioural techniques with social learning, ecological and relational theories. The primary goal of the program is to provide women with crime-free alternatives and choices by assisting them to recognise and mobilise both personal and community resources. The program deals with a series of topics that move from a broad understanding of what influences behaviour (eg culture, society, family, relationships) to the more personal topics of individual self-change strategies. The program is intended to:

- help female offenders identify negative self-talk and substitute it with positive cognitions;
- teach them valuable decision-making, problem-solving, social, self-management, stress-relief and management skills; and
- assist them with reintegration into the community.

The following are further examples of innovative corrections programs in the United States:

- a 'mock job fair', where prisoners undertake job-search training, make enquiries about employment opportunities and undergo job interviews (see Cameron 2001);

- peer networks developed as part of two HIV prison-based peer groups in two New York State prisons. Most of the women were not HIV positive but they were trained to provide counselling and educational workshops and facilitate support groups (Collica 2010);
- the Habitat for Humanity project, where women work eight hours a day, three days a week to build a house. They receive basic construction courses, including carpentry, plumbing and electrical work. The women can undertake further courses at a nearby college towards a builder's licence (ICPS 2008);
- an evaluation of a college education program suggested that three years after release, only eight percent of the intervention group had returned to custody, compared with 30 percent of the comparison group, although the program has since been abolished (see Torre & Fine cited in Lart et al. 2008);
- the Moving On program implemented by the Iowa Department of Corrections to address the gender-specific issues experienced by female offenders, with the primary goal being to provide opportunities for women to mobilise and enhance existing strengths and to access personal and community resources. Program completers demonstrated significantly reduced recidivism rates compared with the comparison group (matched probationers; see Heseltine, Sarre & Day forthcoming);
- the Female Offender Treatment and Employment Program (FOTEP), which is a residential program that aims to assist in the successful reintegration of female parolees into the community, particularly with regard to employment, substance use, criminal involvement and parenting. Preliminary findings of an ongoing evaluation indicated that longer time in the program reduced the likelihood of a return to prison by about half and that individuals who completed the treatment were significantly less likely to return to prison compared with individuals in the comparison group. In addition to this, FOTEP participants had lower rates of drug and alcohol use, higher rates of employment and were more likely to live with their children (Gehring & Bauman 2007); and

- the Forever Free Program in California, which is a voluntary, intensive, residential treatment program for women inmates with substance abuse problems. The residential program is followed by voluntary community residential treatment during parole. An evaluation of the program indicated reduced reoffending (40% rearrested/reconvicted, compared with 60% in the control group) and drug use (51% vs 77%) and participants also performed better in terms of employment, psychological functioning and family relationships (see NIJ 2005).

Another significant finding of the Forever Free study was the importance of treatment after release from custody; women who attended community residential treatment were much more likely to be employed at follow up. In light of this evidence, it was suggested that criminal justice system policymakers may consider encouraging community residential aftercare for women participating in prison-based treatment programs for substance abuse (NIJ 2005; Wells & Bright 2005).

Key examples of good practice in corrections programs

In summary, promising developments in corrections programs include:

- the development of holistic programs which address women's varied and complex needs including housing, parenting, relationships, trauma, financial management, independent living, legal, physical and mental health, drug and alcohol, and reintegration;
- the establishment of café facilities which are staffed by prisoners and equip them with hospitality, sales and people-management skills;
- developing employment and education programs that enable women to gain skills in non-traditional areas, for example, building and computing;
- developing networks with the local community;
- the availability of female-centric recreational programs, such as yoga and tai chi; and
- ensuring programs are sensitive to culture and gender.



Security issues and classification systems of female prisoners

In this section, the implications of different security ratings on prison management and good practice are considered, with specific consideration given to the impact of facilities that house remand prisoners, sentenced prisoners and/or soon to be released prisoners. It is generally accepted that female prisoners have usually committed fewer and less serious crimes than male prisoners, are more likely to be convicted of crimes involving property or drugs which have been motivated by poverty, gambling and/or substance abuse (Corrections Victoria 2005). Prison management systems should therefore reflect their generally lower security risk and higher need for health and welfare services.

As Paget (2008: 197) noted recently, in general, female prisoners are not inclined to escape and tend not to attack structures, suggesting that 'less robust buildings will be adequate for securely accommodating women prisoners', without the need for the more oppressive symbols of incarceration. This also suggests that some traditional measures for key performance indicators for prisons, such as number of escapes and prison assaults, are of less relevance to female prisoners.

The *Standard Guidelines for Corrections in Australia*, which were revised in 2004 and have been endorsed by all corrective service agencies, stipulate that

the management and placement of female prisoners should reflect their generally lower security needs but their higher needs for health and welfare services and for contact with their children (Conference for Correctional Administrators 2004: [1.41]).

This section provides a brief overview of key developments in relation to the classification of female prisoners in Australia.

Key Australian classification systems

Australian Capital Territory

The ACT Government recently released its *Corrections Management (Prisoner Classification) Policy 2010*, which states in respect of prisoners generally:

Placement options include cells for men (single, buddy and double) and cottages with individual rooms for both men and women.

Where possible, prisoners will be assigned to accommodation with a security category consistent with their individual security classification. Every effort will be made to place the prisoner in the appropriate accommodation however, if this is not possible, the prisoner must be assigned to accommodation with a higher security category (ACT Government 2010a: 3).

The policy sets out that female prisoners should be placed in cottage accommodation unless there is evidence that a more restrictive level of accommodation is necessary. Women should be placed on the basis of needs and obvious behaviour as follows:

- Challenging behaviour—High Needs Cottage;
- General conformance—Cottage accommodation;
- Crisis Support Unit (CSU)—Risk of self-harm (ACT Government 2010a: 4).

In addition, female remand prisoners will initially be placed in general cottage accommodation, unless there is evidence that they need to be placed in the High Needs Cottage (ACT Government 2010a). This approach is in contradistinction to un-sentenced male prisoners, who are initially to be placed in the maximum security area unless there is evidence that a less restrictive level of accommodation is warranted. This approach embraces a recommendation of the Anti-Discrimination Commission Queensland (ADCQ) that female prisoners on remand should not automatically be classified as maximum security prisoners (ADCQ 2006: Recommendations 3 and 4; see ACT Human Rights Commission 2007 for discussion).

Queensland

In 2006, the ADCQ (2006: 5) found that there were 'legitimate concerns that classification instruments and procedures may result in over-classification of women prisoners'. The ADCQ was of the view that the present classification system has the potential to discriminate against female prisoners generally, but particularly against prisoners who are Indigenous and those with a mental illness.

Victoria

The Victorian Framework sets as a priority action the development and implementation of a gender-specific classification system for the Women's Prisons Region, noting that

Classification systems that fail to take into account the lower security risk posed by women tend to over-classify them. This can have implications for their placement in the prison as well as access to certain programs, such as pre-release programs (Corrections Victoria 2007: 23).

The Victorian framework also calls for the development of specific security review modules for use by the Security and Emergency Services Group, acknowledging that '[a]s a result of women's distinct risk/need profile, the operational environment of women's prisons differs substantially from that of men's prisons' (Corrections Victoria 2007: 26). Classification of prisoners in Victoria is also subject to the recent changes to the Corrections Regulation 2009 (Vic) (Corrections Victoria 2009b) and the Victorian women's standards (Corrections Victoria 2009c).

Western Australia

The Western Australian *Women's Corrective Services Strategic Plan 2009–2012* (WADCS 2009b: 5) includes as one of its strategies 'review[ing] the existing security rating and placement checklist in collaboration with Sentence Management to ensure it is gender sensitive'. A literature review by OICSWA (2005) of the classification of female prisoners found that the management and placement tools tend to over-classify women in relation to seriousness of offence and offence history, history of escapes/attempts, stability factors, disciplinary convictions and the severity of such convictions. The report therefore recommended that 'consideration should be given to the security assessment instrument for women prisoners being reviewed' (OICSWA 2005: 134).

International classification systems

Canada

In 2005, Canada implemented the *Security Reclassification Scale for Women* (SRSW), a gender-informed instrument employing actuarial tools and used in reviews of women offenders' security classification nationally. An analysis of 443 consecutive security reviews completed between the instrument's June 2005 implementation and February 2007 found that the SRSW was of considerable utility in assisting to make security review decisions (Gobeil 2007).

The scale was determined to reliably measure what it purported to measure, as well as to differentiate women according to institutional adjustment and risk.

Women recommended to lower security classifications by the SRSW were better adjusted (as indicated by lower frequencies of incidents, lower need ratings and higher reintegration potential) and lower risk (as demonstrated by lower risk ratings and higher frequencies of discretionary release) than their counterparts recommended to higher security classifications (Gobeil 2007). In addition, the scale was validated for use on Indigenous women (Glube et al. 2007).

There were, however, high rates of inconsistency between SRSW and caseworker recommendations, even after accounting for the use of the scale's built-in discretionary range. SRSW recommendations were found to be more predictive of both institutional misconduct and the granting of discretionary release than were caseworker recommendations (Gobeil 2007).

The SRSW includes nine variables:

- progress against corrections plan/offender's motivation during review period;
- pro-social/positive family contact during review period;
- serious disciplinary offences during review period;
- number of recorded incidents during review period;
- current institutional pay level;
- involuntary segregation due to being a danger to others or to the institution during review period;
- number of successful escorted temporary absences during review period;
- history of having been unlawfully at large from a temporary absence, work release, or supervision; and
- Custody Rating Scale incident history.

Gobeil (2007) noted that the use of the same instruments for both men and women is of concern because research indicates that classification systems developed for male offenders, even if purportedly gender-neutral, can result in misclassification—often over-classification—of women offenders. The Canadian experience should therefore be considered when developing and implementing Victoria's classification system for female prisoners.

United States

The National Institute of Corrections has acknowledged that

correctional classification systems have not provided necessary information about women offenders, were not adapted to women, and were not useful in matching women to appropriate custody levels or programming (Hardyman & van Vorhuis 2004: vii).

As a result of work the institute participated in, the following recommendations were made to establish the basis for the effective classification of female offenders, these were to:

- ensure the validity of classification systems for female offenders;
- avoid over-classifying female offenders;
- modify current risk factors and/or scale cut-points to reflect differences between women and men;
- develop comprehensive classification systems that assign women to meaningful programs;
- develop objective and reliable needs assessment processes;
- focus on criminogenic needs to increase the utility of needs assessments; and
- include gender-specific needs in screening and assessment.

McC Campbell (2005) has suggested that correctly classifying women based on valid data and moving women to less restrictive housing may provide benefits in terms of staffing ratios, fewer disruptions, availability of higher-level custody beds for male offenders and increased access to programming for women. Combining appropriate classification with improved programming for women may result in an improved and safer working environment for staff and better institutional and post-release outcomes for women. McC Campbell endorses the following eight steps for designing classification systems appropriate for female prisoners:

- obtain institutional support and commitment;
- establish an implementation team of key stakeholders;
- establish performance requirements, goals and purposes;

- finalise a provisional technical design, including specifying the classification goals, purposes and organising principles and selecting risk and needs factors and a classification scoring system;
- conduct a pilot test and validation study;
- finalise the classification system;
- implement the classification system; and
- evaluate, monitor and revise the system (Brennan & Austin cited in McCampbell 2005).

Housing multiple security levels on one site

Table 2 sets out the security classifications for each dedicated women’s facility in Australia. As can be seen, it is not uncommon to have different security levels housed at the one site and this occurs at eight out of 11 centres.

One benefit of having all classification levels housed at the one site is that it reduces the need for prisoner transport, especially for medical treatment. The ADCQ (2006) found in an inquiry into women in prison that some inmates in lower-security settings were refusing medical treatment because of their concerns about being moved to a more secure facility where they would be subject to strip-searching. In addition, the Tasmanian Department

of Justice (2010) suggests that having a range of accommodation options within the complex also provides an incentive for inmates to move to areas where they can take more direct responsibility for their units. Furthermore, while inmates may be classified as maximum security because of the length of time they still have to serve, their behaviour may warrant them moving to the type of accommodation where they can be somewhat more independent and prison design and facilities should allow for this to occur (Tasmanian Department of Justice 2010).

Although it may be assumed that cottage-style living arrangements are more appropriate for women classified as low security, the women’s facilities in AMC in the Australian Capital Territory demonstrate that such a model can work across all security classification levels. This also occurs in Canada, where there are ‘pods’ of four to six cells, program areas, kitchen and staff offices for maximum security prisoners and areas for those with mental health problems (CSC 2006).

Another example of the use of cottages across different security levels is that of the MHPW in Tasmania, which opened in May 2006. It accommodates women of all security classifications and has a capacity for 46 inmates, including one buddy cell which can accommodate two people. The key design features of the prison are set out in Table 3.

Table 2 Security classification levels at women’s corrections facilities in Australia		
Jurisdiction	Corrections centre	Security classifications housed
NSW	Berrima Correctional Centre	Minimum/medium
	Dillwynia Women’s Correctional Centre	Minimum/medium
	Emu Plains Correctional Centre	Minimum
	Silverwater Women’s Correctional Centre	Minimum/medium/maximum
Vic	Dame Phyllis Frost Centre	Minimum/medium/maximum
	Tarrengower Prison	Minimum
Qld	Brisbane Women’s/Helena Jones Correctional Centre	Minimum/medium/maximum
	Townsville Women’s Correctional Centre	Minimum/medium
SA	Adelaide Women’s Prison	Minimum/medium/maximum
WA	Bandyup Women’s Prison	Minimum/medium/maximum
	Boronia Pre-release Centre for Women	Minimum
Tas	Mary Hutchinson Women’s Prison	Minimum/medium/maximum

Table 3 Design of MHWP (Tasmania)

Maximum security	Medium security	Minimum security
<ul style="list-style-type: none"> • 15 cell beds (6 bed unit + 9 bed unit) • Cells on ground floor around a common 'day' area, including lounge and dining facilities. Cells have shower, toilet, bed, desk and television • Access to attached mesh-enclosed exercise yard 	<ul style="list-style-type: none"> • 12 cell beds in one unit • Individual bedrooms with toilets in cells and common lounge, dining and shower facilities • Access to most of outdoor grounds in medium security section 	<ul style="list-style-type: none"> • 19 cell beds (1 x 12 bed unit, 1 x 7 bed MCU) • Individual bedrooms and common lounge, dining, toilet and shower facilities • Access to most of the outdoor grounds in the minimum security section

Source: Tasmanian Department of Justice 2010

Remand prisoners

Little has been written about the implications of housing women on remand in the same facility as sentenced prisoners. Sarre, King and Bamford (2006) have noted that in most Australian jurisdictions, women are more likely to be remanded in custody than men, which echoes recent findings in the United Kingdom (UKHO 2007). In addition, because women also serve slightly shorter periods on remand, the reception rate for women is higher than that for men (Sarre, King & Bamford 2006). Paget (2008) has suggested that human rights issues may arise when remand and sentenced prisoners are housed together, although circumstances may dictate that female remandees are sometimes housed with sentenced prisoners. This is especially likely to occur in a small jurisdiction such as the Australian Capital Territory, where there is only one facility for housing female prisoners, of whom there were 14 at 30 June 2009.

The *Standard Guidelines for Corrections in Australia* (Conference of Correctional Administrators 2004) state that where practicable, remand prisoners should not be put in contact with convicted prisoners against their will. By way of comparison, the Victorian women's standards stipulate that remand prisoners who are not also serving a sentence for imprisonment must be kept separate from sentenced prisoners (where possible), although the ability to separate remanded from sentenced prisoners is subject to restrictions associated with the physical infrastructure of the Women's Prisons Region (Corrections Victoria 2009c). The standards also require that

Remand prisoners, who are not also serving a sentence of imprisonment, are treated without restrictions other than those necessary to maintain the good order, security and management of the prison and the safety of the prisoner.

The additional stress associated with the uncertainty of being remanded in prison, particularly for women separated from their children, is taken into account in the provision of support services to these women (Corrections Victoria 2009c: 77).

Transitional facilities

As discussed elsewhere in this report, the BPCW, which caters only to women shortly before their release, is regarded as a best practice model. The PWTC, which is not counted as a gazetted corrections centre but functions as a pre-release halfway house, operates on a similar basis. It was established in 1996 as a result of the NSW Women's action plan and is entirely staffed by women. It provides a minimum security, community-based facility for up to 21 women to prepare them for their post-release responsibilities in a safe, drug and alcohol free environment (Lynch 2000).

The PWTC is, in effect, a pre-release halfway house for female inmates, from which they go into the community for counselling, education, employment and recreation. As at 2000, there were six permanent non-uniformed staff working rotating shifts. The composition of the staff reflects a range of disciplines, including welfare workers, social workers, occupational therapists, psychologists and alcohol and other drug workers. In order to live at PWTC, which also houses children, prisoners must:

- be minimum security;
- be serving the last three to 18 months of their sentence;
- not be on appeal;

- be committed to case goals;
- have a suitable medical assessment;
- not have active drug and alcohol problems, or an order to be removed from the country or transferred interstate; and
- be assessed by the Mothers' and Children's Program Committee as suitable to live with children.

Other aspects of PWTC's operation include:

- perimeter alarms for the protection of both staff and residents;
- urinalysis, breath tests, room, bag and pat searches and field checks in the community;
- participatory management, including resident representatives on the management committee;
- a case management and dynamic security philosophy;
- a focus on education and employment, as well as vocational skills;
- financial management training, including developing a post-release budget with a financial counsellor;
- general living skills, such as shopping, which is tied to the awarding of privileges;
- family and parenting programs;
- provision of welfare and counselling services; and
- community work and recreation, for example, creative writing courses.

On site programs include home maintenance, presentation skills, first aid, job seeking skills, a meditation course and Wyse-Up, which is a program developed by women in prison for women in prison in conjunction with a health worker (Lynch 2000). At the time Lynch (2000) reported on the centre, 99 women had been accommodated, of whom:

- 68 had been released to parole;
- one had returned to custody in the NSW system;
- seven had been returned to the mainstream prison system for breaches, two because of management problems and two because of incorrect assessment;
- 28 had had their children living with them;
- 70 had gained employment, including 17 out of 20 then current residents;
- 49 had been actively engaged in education/ vocational training, including seven current residents; and

- Indigenous women had accounted for 14 percent and women with English as a second language for 28 percent of residents.

Lynch (2000: 12) noted that evaluation of PWTC was still being conducted, but 'what we do know anecdotally is that the women benefit noticeably from this transitional period'. An evaluation was completed by NSWDCS in 2001 and appears to have used the same data cited by Lynch but has not been released publicly. The evaluation, a copy of which was provided to the AIC by NSWDCS, found that the PWTC was efficient, effective and appropriate. In particular, it had a lower inmate cost per day than mainstream corrections and only one out of 99 participants who had, by that stage, lived at PWTC had been returned to custody within two years (NSWDCS 2001). The evaluation made a number of recommendations relating to program entry, programs, pre- and post-release, staffing and lessons for future projects. One recommendation was to consider developing a similar program for women deemed unsuitable to live with children (or who do not wish to do so) or women perceived to be at risk of not complying with their case plans.

One promising international development in this context should be noted. Harriet's House, in North Carolina, was established to provide transitional housing and re-entry services to female ex-offenders and their children. The 24 month program provides comprehensive, progressive services including intensive, wraparound case management, parenting classes and vocational and educational training, as well as mental health and substance abuse counselling and assistance with budgeting, credit and debt management and savings. Permanent housing assistance, including referrals and rental subsidies, is available (North Carolina Department of Crime Control and Public Safety nd). The program operates in four phases after the pre-release intake assessment:

- supervised living lasts approximately six months, where participants live in supervised housing and share quarters with a roommate while they acclimate to living in the community. They participate in substance abuse or mental health sessions and attend skills training classes. During this phase, they are referred to employment. Mothers and their children also have supervised visitation;

- transitional living lasts six to 12 months, where women are moved into a transitional living unit with their children to continue the reunification process;
- community living, where families and women without children move into permanent housing. This phase usually lasts approximately six months. Services continue to be provided but are gradually decreased based on the participant's needs; and
- aftercare, which continues for an additional six months. Case workers monitor the progress of each woman and provide assistance when needed. Participants must show that they can manage their finances, use good parenting skills, stay sober and drug-free and maintain employment.

The program results indicate that 32 women (21 mothers and 11 single women) and 53 children have participated. For the two year grant period, there was a three percent re-arrest rate, but none of the arrests led to reconvictions. There were 27 women employed, having established budgets and maintained escrow accounts. Of the 26 women with substance abuse problems, 24 had remained clean and sober for at least six months to one year. To date, 14 women had obtained housing.

The program has received the Outstanding Criminal Justice Program Award from the National Criminal Justice Association for its work in reducing recidivism and helping women to obtain and maintain permanent, safe, affordable housing as well as the Annie E Casey Foundation 'Families Count: Family Strengthening Award'. It has also been recognised by the National Congress of Community Economic Development and the US Department of Justice's Office of Community Capacity Building as an example program for re-entry. It is currently being replicated to use as a national prototype for re-entry programs for female ex-offenders across the country (North Carolina Department of Crime Control and Public Safety nd).

The Corston report also advocated the development of residential women's centres for women either on bail, or being released from prison, who have no suitable accommodation. It was suggested that such centres would be suitable for women who would otherwise be remanded to custody due to a lack of fixed address or drug treatment or mental

health needs, who were awaiting trial or sentence for low to medium risk offences or who had been given sentences of up to two years (where not otherwise dangerous or serious). It was suggested that the key features of such centres would include:

- staffing by women (this is both for women who require women-only settings for cultural reasons and for women who feel safer in such settings due to having experience of past violent and abusive relationships with men);
- ability to take babies and maybe children;
- ensuring high staffing levels to enable intensive support and building of relationships;
- providing a safe environment and confidential service;
- being supportive and non-stigmatising or labelling and having a holistic approach to a woman's wellbeing;
- training staff and volunteers appropriately [for example] gender awareness, violence and abuse, substance use, self-harm, mental health and the interlinking nature of these issues with offending;
- being accessible to all women by taking account of diverse needs of race, culture, religion, age, disability, sexual orientation and their caring responsibilities; and
- providing access to a range of support services as those offered by women's day centres (UKHO 2007).

Key findings on security issues

There is a need to develop specific corrections classifications systems for women, such as has been developed in the ACT *Corrections Management (Prisoner Classification) Policy 2009* (ACT Government 2010a). Good security practices also include responding to the needs of remand prisoners and developing transitional facilities that provide a broad range of services, including financial management, family and parenting programs, recreational, vocational and educational training, housing and mental health and substance abuse treatment.



Physical and mental health

In this section, issues relating to the physical, mental and general health needs of female prisoners are examined. The paper reviews some physical and mental health and substance abuse treatment service models used within women's prisons nationally and internationally.

It is widely recognised that female prisoners tend to have more complex substance abuse, physical and mental health issues and needs than the male prison population and the general female population and that women's drug use is more closely related to their offending than it is for men (Corrections Victoria 2005; NSWDCS 2010).

Specifically, studies have found that:

- mortality rates are much higher among post-release female prisoners than for both post-release male prisoners and the general population (Graham 2003; Karaminia et al. 2007; Larney & Martire 2009);
- women are more likely to have committed their offence(s) while under the influence of substances or to support their drug use (Johnson 2004);
- the estimated prevalence of hepatitis C infection among female inmates in Australia is higher than for male prisoners and much higher than the general population (50–70% vs 1%; MACASHH 2008);
- female prisoners report a higher incidence of continued intravenous drug use while in prison than do males, thereby leading to continued risk of exposure to blood-borne viruses, such as hepatitis C (Dolan 2001, 2000);
- the incidence of asthma among female prisoners (43%) is much higher than the general population (10%) and higher than among male prisoners (25%; Kraemer, Gately & Kessell 2009);
- incarcerated Indigenous females are over 11 times more likely (and non-Indigenous women 8 times more likely), to experience severe psychosocial distress than the general population. The figures for male prisoners were four times and three times respectively (Kraemer, Gately & Kessell 2009); these findings were consistent with earlier results indicating higher rates of mental illness for Indigenous women than non-Indigenous women (Butler et al. 2007);
- after adjusting for age, post-release female prisoners had rates of hospitalisation over three times greater than in the general population (Hobbs et al. 2006); and
- female prisoners generally report a higher incidence of mental health problems than males (Butler & Milner 2003), with one study finding that 84 percent of female prisoners interviewed met the criteria for a mental disorder (including substance harmful use/dependence) in the year prior to interview (Tye & Mullen 2006);

- female prisoners had much higher rates of intellectual disability than their male counterparts (Cashin et al. 2007); and
- two-thirds of female inmates in a NSW study reported that their offences were drug-related. On reception, just under half were suffering drug withdrawal syndrome (Kevin 2005).

Forsythe and Adams (2009) recently found that female detainees were more likely than men to use 'hard' drugs and there was a stronger relationship between experiences of mental illness, drug use and arrest. They suggested that mental health care be considered as a measure to reduce recidivism and that programs designed for male offenders may not be suitable for addressing female offenders' needs, which tend to be more complex.

Key Australian developments

In 2008, MACASHH released the *Hepatitis C Prevention, Treatment and Care: Guidelines for Australian Custodial Settings*, which have been endorsed by all Australian Health and Corrections Ministers (Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis 2008). In 2009, the Australian Institute of Health and Welfare released a document detailing the first national set of health indicators for Australian prisoners (AIHW 2009). There are 63 indicators and many of the generic indicators will be of relevance to female prisoners. In addition, the specific measures and justifications for the women's health indicators in Table 4 should be noted.

The following section presents some examples of recent good practice health initiatives for women in Australian prisons. In this context, the issues Cameron (2001) raised remain apposite, namely:

- Are women's reasons for drug abuse different to men's and does this have policy implications for program design?
- Are programs being developed taking into consideration the needs of Indigenous women?
- Should programs address underlying issues, such as victimisation?

New South Wales

There have been relevant health developments in New South Wales. In particular, in 2007–08, a mental health screening unit was established at the Silverwater Women's Correctional Centre in New South Wales through a joint management plan (NSWDCS 2008). In June 2009, NSWDCS opened the Mum Shirl Unit at Silverwater Women's Correctional Centre in order to provide intensive treatment and support for up to 19 women with complex personality disorders, as well as developmental, psychological and/or psychiatric issues (Robertson 2009).

The unit is staffed by a multi-disciplinary team providing individual and group psychological interventions, education and life-skills programs (NSWDCS 2009). The unit will reportedly enable more effective treatment and management of high-risk female inmates with complex psychological histories and mental and physical health problems. It is split into two areas, one eight bed facility designed

Table 4 Women's health indicators

Measure	Justification
Proportion of prisoners who are pregnant in custody	Imprisonment may place pregnant women and their unborn child at increased health risk due to prison-related stressors. Alternatively, it may enhance pregnancy outcomes for women from disadvantaged backgrounds as it provides shelter, regular meals and medical care
Proportion of female prison entrants who report that they have ever been pregnant.	There are numerous health, psychological and socioeconomic consequences of early, unplanned or unwanted pregnancies. The long-term health implications of becoming pregnant during the teenage years include pelvic inflammatory disease, infertility, cervical cancer and susceptibility to HIV infection. For women aged under 15 years, pregnancy is associated with a higher risk for gestational hypertension, anaemia, poor nutritional status, pre-term delivery and both maternal and neonatal mortality. Teenage parenthood has been linked to lower levels of completed education, poverty, welfare dependence, domestic violence and poor partner relationships
Mean/median age at first pregnancy for female prison entrants	
Proportion of female prison entrants who report that they have had a pap smear in the last two years	Early detection and treatment of cervical cancer leads to a reduction of morbidity and mortality due to the disease. It is recommended that women aged 18–70 years, who have ever been sexually active, have a pap smear every two years

Source: AIHW 2009: Table 1.3

to provide crisis support and psychiatric assessment and stabilisation for female offenders in the short term and an 11 bed unit equipped to provide long-term therapeutic support for women in chronic crisis and with ongoing complex treatment needs. All women in the unit will have structured therapeutic treatment plans, including daily risk assessments to monitor changes in behaviour and mental wellbeing. All cells are safe cells with 24 hour observation capabilities. Placement in the unit is available across the prison system (ie remandees, new and long-term prisoners; Robertson 2009).

To complement this program, Silverwater Women's Correctional Centre also houses the Mental Health Step Down Unit to provide ongoing support and services for detainees with mental health issues, through a comprehensive and collaborative model of care. Other recent initiatives in relation to the care of female prisoners in New South Wales include:

- implementation of cervical screening and breast checks at all metropolitan corrections centres with female populations, as well as a colposcopy service at Silverwater Women's Correctional Centre for women with an abnormal pap smear result;
- all new patients coming into prisons are maintained on existing pharmacotherapy treatment regimes unless clinically contraindicated;
- prisoners who are eligible had pharmacotherapy care arranged in the community;
- review of clinical redesign and models of care at each of the female centres;
- commencement of Indigenous vascular health clinics in all female centres, with a focus on screening and referral for health problems;
- educational sessions for patients at each women's centre designed to improve access to women's health services;
- improved case management of chronic and complex female patients;
- the development of the framework for pregnant women in custody for staff training (NSWJH 2008);
- the introduction of drug-free units at Dillwynia Correctional Centre;
- all females aged 14 years and over are offered a pregnancy test within 24 hours of reception into custody;
- structured smoking cessation programs were conducted for eligible patients at several women's facilities;
- a pilot of two ultrasound clinics at Emu Plains and Dillwynia women's prisons was carried out to improve access;
- the range of services provided by Public Health and Sexual Health Nurses was expanded; and
- a review of Hepatitis Services was conducted (ICPS 2008; NSWDCS 2007).

Queensland

The *Queensland Women Offenders Policy and Action Plan 2008–2012* acknowledges the specific health needs of women, especially in the context of nutrition and substance abuse (QCS 2008b). As set out in the section on *Women's prison system management and operation*, the *Queensland Healthy Prisons Handbook* also makes specific reference to the nutritional requirements of pregnant and lactating women, provides that female prisoners are, where practicable, to see a female doctor and that risk assessment teams for suicide prevention in women's prisons are not to be attended by an all-male staff (QCS 2007b).

Queensland Corrective Services (QCS), as it was formerly known, trialled a Drug Free Incentive Scheme at Brisbane Women's Correctional Centre in June 2007 (QCS 2007a). Unfortunately, there does not appear to be any readily available evaluation of this trial.

Victoria

Caraniche, which operates in the Dame Phyllis Frost Centre (DPFC) and Tarrengower Prison, provides physical and psychological treatment to female prisoners through targeted drug and alcohol assessments and programs, prison-related harm reduction and adjustment to prison interventions, individual counselling services and prisoner peer programs (Caraniche 2010). Caraniche and VACRO act in partnership to deliver the Out of Prison Understanding Self Project at Tarrengower Prison, which is a holistic service model that incorporates psychological intervention, drug treatment and other related services (Caraniche 2010).

At DPFC, Caraniche delivers a variety of drug and alcohol treatment services that incorporate individual counselling; group-based orientation programs; harm-reduction programs; psycho-educational programs; semi-intensive (closed and open) programs; intensive 130 hour programs and intravenous drug use review processes. The range of programs available to the women is similar to those offered in the men's system with content that is tailored to the individual needs of the women and based on best-practice trends in the literature for treating female offenders. Caraniche also provides long-term intensive treatment in the Intensive Residential Drug Treatment Unit, where women are offered intensive group and individual therapy in a special residential unit following assessment for suitability. This program consists of a weekly psychotherapeutic group, a moderate-intensity focus group, a psycho-educational skill-based groups, individual counselling and community meetings. Women typically remain in this program for a minimum of four months (Caraniche 2010). It has been reported that the programs delivered by Caraniche in the Drug Treatment Unit at DPFC were found to have a significant and positive treatment effect for women and addressed areas of criminogenic drug and alcohol behaviour, although it was acknowledged that the data collected were based on the participants' self-reporting (Thorpe nd).

In addition, the Marmak Mental Health Unit at the DPFC offers a 20 bed specialised treatment service for women prisoners who experience mental illness. It is a major initiative of the Victorian Government's Better Pathways strategy to improve facilities at DPFC and provide enhanced programs to rehabilitate women prisoners and offenders. The Marmak Integrated Mental Health Service includes the establishment of a specialist mental health in-patient unit, as well as out-patient, outreach, consultancy and training services at DPFC (Corrections Victoria 2010).

Western Australia

The Western Australian *Women's Corrective Services Plan 2009–2012* includes strategies to:

- develop a comprehensive physical and mental health care strategy with attention to programs and services aligned to the specific needs of women in prison; and
- implement a best practice women's health service provision with screening/assessment, treatment and referral for all health and mental health needs. Throughcare health action plans are to be implemented in partnership with local health services (WADCS 2009).

In 2008, the WADCS health services directorate issued a progressive document, *Strategic Directions Health Care for Women and Girls 2008–2012* (see OICSWA 2009). This document laid out the department's plans for an integrated, culturally appropriate, holistic, social model of health care delivery for female prisoners and their children. The OICSWA (2009: 28) found that the plan 'reflects a sound and progressive understanding of a women-centred approach to a continuum of health care, both in custody and in preparation for re-entry'. However, the OICSWA concluded in its recent review of BPCW that health services are not currently being delivered in line with the standards set out in the strategic directions paper and fall short in meeting all the needs of the patients (OICSWA 2009).

Moloney and Moller (2009: 432) commended the BPCW model, although they noted it was 'yet to be extended throughout the state or across other Australian prison jurisdictions'. Moloney and Moller (2009: 432) argued that trauma-informed policy and programming are an integral component of best-practice models, as are

the delivery of needs-based programmes that target the complexity of the mental health, substance use, familial and socio-economic needs of women in a holistic, integrated manner.

In its 2007 report on BPCW, OICSWA (2007: 15) found that the health centre was

a model of good practice for the provision of health services in a custodial environment, and services were comprehensive, in relation to primary health care as well as health promotion and education.

The anti-smoking campaign discussed further below was described as a 'commendable initiative' (OICSWA 2007: 15). The following are other examples of good practice in responding to female prisoners' health needs in the two main women's prisons in Western Australia, Bandyup Women's Prison and BPCW:

- the availability of drop-in services, which some regard as essential if women—the vast majority of whom have been victims of physical and sexual violence—are to develop trust in the service and feel comfortable in opening up and addressing their extensive physical and mental health needs (OICSWA 2009);
- medical staff at BPCW undertake a pre-discharge interview with residents, at which arrangements can be made for post-release medical appointments in the community (OICSWA 2009);
- health services and the Prisoner Counselling Service at Bandyup contribute positively to management of prisoners at risk of self-harm and suicide or with mental health issues (OICSWA 2008);
- screening programs at Bandyup for women's health issues represent good practice, as do the various health promotion activities (eg heart health, diabetes prevention, smoking cessation) undertaken (OICSWA 2008);
- on-site medical services included general nursing, GP, psychiatry, dental, optical, podiatry, mental health nurse and pharmacotherapy, as well as diabetic management and prevention;
- medication management, diet management, health promotion and pregnancy/nursery care (OICSWA 2008);
- the availability of a drug-free unit at Bandyup, which was described as a 'useful adjunct to other demand reduction strategies within Bandyup' (OICSWA 2006: 76);
- the routine provision of information at Bandyup on blood-borne diseases. This occurs upon admission after a health screening. There is compulsory attendance at a course on blood-borne diseases, which is held weekly, shortly after admission (OICSWA 2008);
- the provision of mental health care by the health centre through psychiatry and the mental health nurse, together with the Prisoner Counselling Service; locating this within the health centre facilitates good communication (OICSWA 2008);
- medical staff at Bandyup provide on-site health services to children in their mother's care, unless the child needs to be hospitalised offsite (OICSWA 2006); and

- tele-medicine is used at Bandyup to enable some specialist consultations to be undertaken remotely (OICSWA 2008).

In light of the praise that the BPCW health services have received, it is worth replicating the details of the service from the OICSWA reports:

The Health Centre was located in a modern and well designed building that was sufficiently spacious and had wheelchair access. The facility was well-equipped with appropriate and good quality equipment. The inspection team's GP found that health services were of an excellent standard. The facility and equipment were well maintained, relations between staff and residents were discreet and cordial, and the necessary recordkeeping and dispensing procedures were consistent with good community practice...

The range of the health services that were provided was excellent. Not only were services comprehensive, they were also specifically women-centred, and many had a health promotion focus. This was consistent with the guiding philosophy that emphasised personal responsibility. Apart from the basic health services, the following services were also available for residents at Boronia:

- A child health nurse ran a regular clinic at the centre and provided routine health checks and vaccinations for residents' children as well as assisting with parenting issues;
- Once a month a Gastroenterologist attended to run a Hepatitis C clinic. This provided access to the latest treatment options (at the time of the inspection there were six residents receiving treatment for Hepatitis C). The Nurse Manager had liaised with these residents' workplaces to have Mondays off due to the side effects of treatment, and this had not affected their gratuity;
- A masseuse attended weekly when required (residents pay for this);
- The Mental Health Nurse...from Bandyup attended one afternoon per week providing continuity of care for those residents transferred from Bandyup. Residents could access the psychiatrists at Bandyup, and there was provision for postnatal psychiatric care through King Edward Memorial Hospital;

- An extensive education and health promotion program that was well supported by management and well received by both staff and residents; and
- Appointments with external specialist health care service providers were organised when necessary and included: podiatrists, dentists, physiotherapists, optometrists, as well as X-rays and pathology tests (OICSWA 2007: 24).

It was also noted that there were comprehensive preparations for discharge, which were considered to be 'good practice in preparing residents for successful reintegration into the community' (OICSWA 2007: 24). In particular, residents left with a week's supply of essential medication and appointments were scheduled for community services, such as family planning and mental health services. Where appropriate, specialist letters and health summaries are provided to the resident.

One of the specific health promotion programs in place in BPCW which the OICSWA reports have commented extensively on is the Anti-Smoking Campaign, with BPCW the first non-smoking custodial facility in Western Australia for both staff and residents. All prisoners and staff were encouraged to give up smoking and nicotine patches and 'Quit packs' were made available for free from the health centre. The centre also ran information sessions on the detrimental effects of smoking and strategies for dealing with giving up and the associated effects, such as weight gain. The supermarket also limited the amount of cigarettes a resident could buy each week. It was noted that the health centre was

cognizant of the need for a balance to be maintained between limiting the [residents'] choices and staying true to the guiding principle of 'personal responsibility' that places the onus on the residents to make their own choices, where practicable (OICSWA 2007: 25).

General good practice in managing the health of prisoners in Australia

This section has focused on health and mental health needs specific to women but there are obviously also good-practice health measures that

can be adopted from the corrections system more generally. By way of example, the Ombudsman for the Northern Territory (2008) has detailed suicide-prevention strategies, while the ACT Community Coalition on Corrections (2008) has commented on the mental health regime in the new ACT prison. It should also be noted that there is a developing literature (eg ACT Community Coalition on Corrections 2008; ADCQ 2006; ICPS 2008; Scraton & Moore 2007; UKHO 2007) about the adverse impact of strip-searching on women prisoners, many of whom have been victims of sexual abuse. It is beyond the scope of this paper to examine this issue fully, but any women's prison should ensure its use of strip-searching is consistent with good practice and does not unnecessarily re-traumatise prisoners.

Specific health needs

Indigenous women

Kinner and Williams (2006) have suggested that, generally, inadequate attention is given to tailoring service delivery to specific sub-groups, such as Indigenous prisoners or women, and it is recognised that the needs of Indigenous women are particularly complex. In this context, the experience with the Derbarl Yerrigan Health Service at BPCW is of interest. The program was, at the time of the most recent OICSWA inspection, only in its planning stage but the program enables Indigenous women and their children to visit the health service on a weekly basis for a series of education/information sessions. The objective of the program is that upon release, the women will feel comfortable continuing to attend because of an established connection and familiarity with the services available. The program will reinforce the connection already made with the child health nurse from Derbarl Yerrigan, who provides services to Indigenous children at BPCW on a regular basis (OICSWA 2009).

It is also important to acknowledge the best practice model developed by Poroch (2007) for the management of Indigenous offenders in the ACT prison. Although this was not developed specifically with women in mind, it covers key issues of relevance to women, including identity, spiritual and cultural needs in prison, primary health care (including specific programs for women's and maternal health), prison environment and safety and the psychological effects of prison.

Older women

UNODC and WHO (2009) have noted that the special needs of older women in prison are rarely considered separately. However, older prisoners may need greater and often more specific health care than younger prisoners. For some older women, the effects of menopause may particularly affect their health-care needs and they may also have different personal-care needs. In addition, they may have special requirements related to physical problems and limitations. These good practice elements are of particular relevance where there is an ageing prisoner population.

Key international developments and good practices

The *Kyiv Declaration on Women's Health in Prison* was finalised in 2009 (UNODC & WHO 2009) and sets out key principles in relation to the health needs and treatment of female prisoners, including:

- as women in prison are frequently victims of physical and sexual abuse, prison authorities and custodial staff should promote their dignity and safety and protect women in prison from bullying and abuse of any type. Male custodial officers should not be responsible for the direct supervision of women. They should never have routine physical contact with them, or have access to living and bathroom areas;
- the prison environment does not always take into account the specific needs of women, including the need for adequate nutrition, health and exercise for pregnant women. There are also greater hygiene requirements due to menstruation such as the availability of regular showers and sanitary items that are free of charge and may be disposed of properly;
- gender-sensitive training and training on the specific health needs of women in prison should be widely available in all systems;
- the provision of an effective system of prison inspection and oversight carried out by an independent body and with a confidential complaint system is essential in preventing violence and abuse within the prison;
- continuity of care (throughcare) upon release is of utmost importance and should be the collective responsibility of prison staff, health care staff and social-care authorities in the community;
- health service provision and programming should specifically address mental illness, in particular, substance use disorders and post-traumatic stress disorder;
- health service provision in prison must recognise women's gender-specific health care needs and should be individualised, framed and delivered in a holistic and humane manner; and
- key services to be provided should include:
 - comprehensive and detailed screening when first admitted to prison and regularly throughout their stay; this should cover socioeconomic and educational background, health and trauma histories, current health status and an assessment of skills held or required;
 - an individualised care, treatment and development plan, to be prepared jointly between different health care providers and all other staff likely to be involved in care and custody and in consultation with the women themselves;
 - primary health care services provided in the prison, which are outlined during the induction period, including her rights to access (eg emergency access), confidentiality, privacy and to health information and promotion activities. These should be made clear, preferably by means of an easily understandable written pamphlet;
 - specialist health care, which is readily provided and adjusted to meet individual needs such as for mental health (including help with legacies of abuse and post-traumatic stress disorder), chronic health conditions, HIV and AIDS (including counselling and support), hepatitis, tuberculosis and other infectious diseases; drug and alcohol dependence; learning disabilities; and reproductive health, with access to specialist health care being explained to the woman in prison when discussing her individual care plan; and

- pre-release preparations that are adequately planned and provided in order to ensure continuity of care and access to health and other services after release. Health and social care cannot be provided in isolation from community services; just as health and nursing staff must maintain professional contacts with their peer groups, so must all services within prisons have good links to the equivalent services in the community.

In relation to the issue of continuity of care upon release back into the community, McCampbell (2005) has observed that female inmates are potential consumers of a wide range of community services after incarceration. Accordingly, helping a female offender establish or maintain ties with community services or individuals in her community who are available to help following her release (eg mental health centres, substance abuse programs, vocational and employment services and health care professionals), while not traditionally the responsibility of prison staff, ‘does make sense’ (McCampbell 2005: 11).

In addition, the Kyiv Declaration calls for an acceptance that:

- the criminal justice system be seen to be serving the interests of women in their care, so that gender-specific health and other needs are readily met and easily accessed;
- every prison that is required to house women prisoners has a written policy showing that the practices in that prison are sensitive to the special needs of women and that the staff have undergone gender-sensitive training; and
- where and whenever children are involved, their needs and best interests be clearly seen as the first and main consideration in what is provided for them.

Canada

Moloney and Moller (2009) have provided examples of good practice for women prisoners’ mental health internationally. They referred to the Canadian initiative to establish programs for survivors of abuse and

trauma in all federal women’s prisons. The Okimaw Okhi Healing Lodge was also developed to address the specific needs of Indigenous women and involves a structured program which adopts culturally derived individual and interpersonal healing practices. Opened in 1995, it houses minimum and medium security Aboriginal women in 28 shared accommodation beds. The programs are focused on healing and presented in a manner that is culture and gender sensitive. Elders and the traditional teachings are the foundation on which all programs are based (ICPS 2008).

There is also an Intensive Healing Program at the Regional Psychiatric Centre (Prairies) in Saskatoon for women experiencing difficulties such as self-injurious and assaultive behaviour. It is a community-accredited mental health facility that treats only those inmates/patients who consent to treatment. Since 2004, women with intensive mental health needs may also be referred to the treatment unit for women at Institut Philippe Pinel de Montréal, which is a provincial psychiatric facility with designated bed space and services to federal female offenders requiring intensive mental health intervention (CSC 2006).

United Kingdom

In 2005, Butler and Kousoulou (2005) developed best practice guidelines for the management of mental health issues for women in contact with the judicial system. Although many of the recommendations relate specifically to the operation of the UK’s health and justice systems, some of the guidelines include the need to:

- link women, with their agreement, into community services in preparation for their return from custody;
- support the families and in particular, the children, of women in custody;
- have in place clear agreed criteria and protocols for transfer of women to forensic services; and
- promote cooperation with prisons by identification of a single [telephone] number where staff are trained to deal with requests from prisons, for example, in primary care registration, drugs, housing etc.

Summary of good health practices

In order to inform the development of best practice in addressing female prisoners' specific physical and mental health needs, a number of good practices have been described. The management of prisoner health at Bandyup Women's Prison and BPCW in Western Australia, which includes a successful anti-smoking campaign, have been presented as examples of good practice. Some other promising initiatives in the management of women's physical and mental health are:

- the development of a national set of health indicators for Australian prisoners, including specific measures for women, such as the proportion reporting pregnancy;
- the establishment of a dedicated facility in New South Wales for women with complex psychological issues;
- the provisions of timely and relevant health screening, for example, breast checks and cervical screening;
- the introduction of ultrasound clinics and dedicated drug-free units;
- measures to ensure the specific nutritional needs of pregnant and lactating women are met;
- the availability of drop-in health services and provision of a broad range of on-site medical services, including general nursing, GP, psychiatry, dental, optical, podiatry, mental health nurse and pharmacotherapy;
- health promotion programs, for example, smoking cessation, diabetes prevention and heart health, as well as the provision of information on blood-borne diseases;
- the provision of pharmacotherapy for prisoners upon release;
- efforts to ensure transition for health care into the community and promote liaison with community health care networks; and
- measures that address the health needs of special groups, for example, Indigenous and older women.



Female prisoners' parental responsibilities

Female prisoners are more likely than their male counterparts to have parental and other carer responsibilities. This section considers the impact of such responsibilities and presents healthy models for maintaining parent–child relationships. It is argued that one of the key steps to improving outcomes for female prisoners is to facilitate the development of positive relationships, such as with family members and children. Providing a safe women's-only space in prison where inmates can receive visits from their children and family can build self-esteem and propel many female prisoners to turn their life around. Supporting this position, a recent study has indicated that prisoners who are visited by family or friends are less likely to reoffend than those who do not receive visits (52% vs 70%: see Mulhein, Gough & Menne 2010). This section also includes discussion of approaches and facilities, including infrastructure design for children residing in prisons with their mothers and parenting education.

Key Australian developments

Australian Capital Territory

The ACT *Corrections Management (Reception and Management of Female Prisoners) Policy* 2010 provides that if, during the initial interview, a female prisoner indicates that she is the primary caregiver

of any children, the prisoner's case manager must interview the prisoner within 24 hours of induction or, in the case of a weekend reception, on the next working day (ACT Government 2010). If a prisoner indicates that she is pregnant, this information will be reported to Corrections Health and the case manager (ACT Government 2010). The policy also includes the following provisions in relation to pregnant and breastfeeding prisoners:

Gynaecological and obstetric services

Gynaecological and obstetric services will be made available following a referral from the medical officer.

Pregnancy and childbirth

Female prisoners will be taken under escort to a hospital in order to give birth to a child.

Where it is not possible (for any reason) for a pregnant woman to be taken to hospital to give birth, ACTCS will take steps to ensure that the AMC is not listed as the place of birth.

Arrangements will be made for the prisoner to contact her family or the baby's father following the onset of labour and again following the birth of the child. Where the prisoner is not able to contact their relevant support person, the area CO2 will make the contact on her behalf.

Following a security assessment, consideration will be given to allowing a support person to be with the prisoner during the birth.

Cultural considerations

Where a pregnant woman is held in custody, full consideration will be given to any cultural issues surrounding childbirth.

Miscarriage

In the event of a miscarriage, Corrections Health and ACTCS are responsible for ensuring adequate emotional, cultural and/or religious support is given to the prisoner.

The case manager will review the prisoner at least fortnightly in the last two months of the pregnancy to evaluate any additional needs of the mother. These reviews will continue after the birth of the child until no longer required.

Breastfeeding

Corrections Health will be advised if a prisoner is received who is a breastfeeding mother. Provision will be made for prisoners who are breastfeeding to feed the child at AMC and/or to express milk. Arrangements for this will be made in consultation with the prisoner and will be based on the best interests of the child, the welfare of the prisoner and operational requirements. Flexible feeding times and the location of the feeding will also be considered (ACT Government 2010: 2–3).

New South Wales

The NSWDCS Mothers' and Children's Program, which first commenced in 1997 and is based at Emu Plains, offers both occasional residency (eg on weekend and during school holidays) and full-time residency programs for children with incarcerated mothers (CSAC 2005); this model is similar to a prison in Sweden where non-resident children can stay overnight with their mothers (ICPS 2008). The program also provides mothers with education on standards of child care and protection (the Kidsafe Program), support with maintaining family contacts and creating a structured and supportive environment to address social, emotional, physical, family and legal issues to support the mother and her child(ren) (Loy 2000).

More recently, the NSW State Government opened the 'Visits Centre' at the Silverwater Women's Correctional Centre. The new centre provides a purpose-built area for scheduled visits by family members and friends, allowing inmates to maintain

their family bonds in a secure environment (NSW Government 2010). The centre includes two separate contact visit rooms handling up to 35 visitors for 12 inmates, a separate non-contact visit area for up to eight visitors for four inmates, an outdoor children's play area, a mother's feeding/sitting area and nappy changing room.

Although evaluations of parenting programs are restricted in number and have methodological limitations (Perry et al. 2009), child welfare organisations have commended initiatives such as these for their consideration of the welfare of the child and acknowledgement that 'the relationship between primary carer and child is of great importance to the child's emotional, intellectual and social development' (Loy 2000: 2). As a result, these programs are generally seen as an effective method of promoting healthy interaction between mothers in prison and their children. As they are specifically developed for the prison environment, these intervention programs provide relevant and practical support for mothers trying to foster healthy relationships with their children within the context of incarceration.

The MAAD program, which was developed jointly by NSWDCS and Tresillian Family Care Centres, has been the subject of evaluation, although it was considered to be a preliminary study only and it was suggested that a longitudinal study would be required to determine whether the objective of reducing the cycle of crime had been met (Perry et al. 2009).

The MAAD program aims to break the inter-generational cycle of crime by providing early parenting education and support intervention to incarcerated mothers and to reduce the impact of enforced separations on the mother/child relationship. The 10 week program includes a mothers' group and a playgroup, addresses child mental health, social and behavioural problems, development and learning difficulties and the impact of inter-generational cycles of crime (NSWDCS 2009, 2008; Perry et al. 2009). The pilot program concluded in 2008–09. The key findings of the evaluation were that self-reported outcomes were positive for participants and facilitators and that the program was successful in helping some women to:

- recognise their child as an individual;
- manage their feelings of guilt and loss resulting from separation from their child;

- recognise their strengths and weaknesses in relation to parenting;
- enhance and maintain their relationship with their children through improved communication;
- increase their confidence in looking after their children;
- increase their awareness about their needs and their children's needs; and
- increase their feeling of worth as a parent (Perry et al. 2009: i).

Of the 110 women who enrolled in the program in the evaluation period, 68 percent completed the program; 10 percent withdrew from the program voluntarily and a further 10 percent withdrew involuntarily (Perry et al. 2009). The report made a number of recommendations for the improvement of the program, which it suggested should be continued and expanded (Perry et al. 2009: iii). It was suggested that the preliminary results 'suggest that MAAD may have significant benefits for all those involved, including future generations and the community as a whole' (Perry et al. 2009: 46). In June 2009, it was announced that funding for the program would continue for a further five years (NSW Government 2009). Finally, another good practice initiative in New South Wales is the availability of video conferencing facilities, which enables women to help their children with homework and read to them (NSWDCS 2007). In this context, it is important to note the draft framework for the children of prisoners (Mason-White 2010; see discussion below), which raises the prospect of internet calls, such as Skype, so that the parent and child can see each other.

Queensland

The Queensland *Healthy Prisons Handbook* sets out the following standards in respect of pregnant women, mothers and babies:

- appropriate vehicles are to be used to transport prisoners with special needs, such as pregnant women or women with babies, in a dignified manner;
- pregnant women or women with babies are to receive priority treatment upon admission;
- care planning is to start from the earliest knowledge of pregnancy or following the mother's admission to custody. Initial planning meetings and review meetings are to be attended by the mother;

- the need for appropriate treatment and support for pregnant women with substance dependency is acknowledged;
- ante-natal services are to be equivalent to those provided in the community;
- provision is to be made for co-parents to be involved in the birth of the child; and ongoing training for staff is to include relevant training, such as emergency childbirth in women's facilities and an emergency childbirth kit is to be available in all prisons that hold women;
- mother and baby units (MBUs) are to provide a comfortable, safe and stimulating environment suitable to the ages and stages of development of the children;
- mattresses, bedding, clothing and all other equipment provided for the accommodation of children are to be checked to ensure they are in appropriate condition;
- planning and review meetings will focus on the child's needs and how the mother can best be helped and supported to meet them. The mother's offender management plan is to complement and support the child's care plan;
- mothers are able to exercise parental responsibility through informed choices;
- provision of care for the mother and baby is to be consistent with the standards and procedures provided in the community;
- there is a clear, effective and fair admissions policy. Women will have access to easily understood information about the MBU, its statement of purpose and function and written procedures and documentation for application, admission and separation;
- admission, review and separation policies and childcare and protection arrangements are to be agreed with the Department of Child Safety;
- children will have opportunities to experience community activities and are prepared to leave the prison in accordance with their development needs and best interests;
- where a child is separated from its mother before the mother's discharge date, the mother is to be fully supported both emotionally and practically in making the arrangements for separation;
- childcare plans and support plans are to be provided for mothers whose applications for mother and baby places are unsuccessful to ensure proper contact between mother and child is maintained and the mother supported;

- all staff working with children are to have undergone specific recognised training including child protection issues and infant resuscitation; and
- pregnant women, nursing mothers and children in the MBU are to receive appropriate extra food supplies (QCS 2007b).

The *Healthy Prisons Handbook* also stipulates that mothers and babies are to be provided with a safe, supportive and comfortable environment which prioritises the care and development of the child and pregnant women are to receive appropriate support (QCS 2007b).

The Brisbane Women's Correctional Centre has a purpose-built area to accommodate mothers with children so that approved women can have their children reside with them while in custody. The centre also facilitates a number of programs, activities, events and services to support these mothers in their role as primary carers (QDCS 2010). There appear to be significant differences in age of children who can be accommodated in Qld prisons. At the Helena Jones Community Correctional Centre, children up to the age of five can be accommodated, whereas at Townsville Women's Correctional Centre, only babies can be accommodated. At Townsville Women's Correctional Centre, there is room for up to eight babies in two units with four oversized bedrooms in each. There will obviously also be differences in the standards of the facilities available. In 2006, the ADCQ (2006: [6.4.3]) commented on the facilities for mothers and babies at the Helena Jones Correctional Centre as follows:

While there is an outside play area, amenities for children over the age of two are extremely limited. The only indoor play area is a TV room that is used by all women in the centre. Children's television viewing clashes with centre rules, which only allow the TV to be watched in the evening. The limited space for children to play indoors must be shared with all adult residents of the centre. Parenting of young children in such crowded conditions is a very difficult task, which is made more difficult because the women's parenting styles and skills are constantly under close scrutiny by both staff and other inmates.

Good practice should therefore dictate that there be sufficient space (indoors and outdoors) for children to play and that they have (limited) access to appropriate television programming. There are also a number of initiatives in Queensland, including weekend

and school holiday visits, to enable children who live in the community to spend dedicated time with their female primary care giver and parenting programs (eg a weekly Happy Healthy Children Group and Playgroup Program, a 10 week long Sing and Grow Music Therapy Project and a 14 session parenting program; QCS 2008b). It reported in 2008 that about 800 women had attended the Playgroup Program Playgroup since its inception in 1997. The program allows mothers to build appropriate parenting skills and learn how to respond appropriately towards children. A Queensland Health child health professional attends the group fortnightly and monitors the health and development of children living in corrections facilities (QCS 2008b).

Tasmania

There are several MCUs in the new women's prison in Tasmania. There is also a program currently in place at Risdon prison known as *Reading Together*, where prisoners read books onto CDs to send to their children (O'Dwyer 2010), although it is not clear whether it is also available for women. It was recently reported that 52 inmates and 64 families are involved in the program (State Library of Tasmania 2010). The program is based on a program in England called *Storybook Dads*, which has been adapted for women, known as *Storybook Mums* (see Bailey 2009).

Victoria

A 2006 report by the Equal Opportunity Commission Victoria (2006) found that approximately 70 percent of female prisoners in Victoria have dependent children, reinforcing the importance of effective parenting programs for incarcerated parents that encourage and facilitate the development of strong parent-child relationships within the prison context.

The Better Pathways strategy identified the need for more research on the impact of a mother's incarceration on her children. The Victorian framework, which was released in August 2007, called for research to identify the proportion of mothers and/or primary carers of dependent children among those received into custody. It listed as a priority action the need to develop a precinct at the DPFC incorporating appropriate accommodation for Mothers and Children Program participants, noting that at the time there was no dedicated accommodation for participants of the program at DPFC (Corrections

Victoria 2007). According to more recent information, however, the ability of mothers in prison to care for their pre-school aged children while serving custodial sentences has reportedly been a component of Victoria's corrections system for more than 20 years (Corrections Victoria 2009b). A dedicated MCU was opened at DPFC in April 2008; in addition, there are other cottage-style accommodation units at DPFC that can accommodate a mother and children, if needed, in MCUs. There is also a dedicated MCU at Tarrengower Prison and mothers and their children can live in other cottage-style accommodation if required and assessed as being suitable. In addition, the Victorian women's standards stipulate that

women prisoners who are the primary carers of dependent children are permitted to care for their young children in prison where it is in the best interests of the child and where the management, good order and security of the prison is not threatened (Corrections Victoria 2009c: 54).

There are also a number of services and staff in Victorian women's prisons dedicated to working with and supporting mothers and their children while living in custody, including:

- a dedicated Mother and Child Support Worker for the Women's Prisons Region, who performs a number of roles, including providing support to pregnant women and mothers in custody and families affected by imprisonment of a parent, developing, implementing and evaluating programs and services relating to parental roles and early childhood development and administering the Mothers and Children Program;
- Tweedle Child and Family Services, which is an early parenting service for families. All women with children in custody are expected to attend a program they run, which provides support and information in relation to children's development, being a parent, understanding behaviour, babies' and young children's nutrition and sleep; and
- a family support service, which provides assistance for mothers in custody to manage issues relating to their children and families who are living in the community, as well as liaison, support, resources, encouragement, education, information, referral and practical assistance for the women to deal with legal issues, maintaining contact with children and linking women with key services (A Henry personal communication 20 April 2010).

The role of post-release programs is also vital for women prisoners who have the added responsibility of caring for dependent children or trying to re-establish the family unit upon release. One such support network is Flat Out, which is a women's support service agency. A large component of Flat Out's support service involves reuniting mothers with their children through the drafting of custody applications, seeking visitation permission, finding suitable housing to accommodate children and referring them to appropriate family networks (Flat Out 2007).

Western Australia

There are three MCUs at BPCW, each accommodating up to two women and children up to the age of four. As at June 2009, there were seven children living at BPCW (OICSWA 2009). At Bandyup Women's Prison, there are eight pre-natal and/or MCU facilities for children up to the age of one; prior to an upgrade completed in March 2009, there were four such units (WADCS 2009a). At BPCW, by contrast, OICSWA (2007: 35) described the facilities as 'very good', adding that

[o]ne of the residential houses (house three) was designated as a family and children centre and from this centre opportunities were provided for children to attend playgroups and have access to toys and equipment from the toy library. The houses in which the children reside were clean and tidy and suitable for babies and children. The emotional climate in the houses visited was positive and children were being attended to in responsive and appropriate ways.

There have been a number of other good practice developments in relation to women's parental role in Western Australia, including:

- the appointment of a child protection officer from the Department for Community Development, who works three days per week at BPCW and Bandyup Women's Prison. The officer liaises with prison staff to assist prisoners in making applications for their children for day stays, overnight stays or to live at the prison with their mother;
- the requirement that women who apply to have a child live with them attend parenting programs provided by a qualified volunteer;

- the engagement of a social worker and child educator from Ngala Early Parenting Centre, creation of a nursery portfolio among the health centre nursing team and appointment of a uniformed officer to a pregnancy in prison portfolio at Bandyup;
- the provision of art 'theraplay' programs for mothers and children;
- the visits area at BPCW has a spacious layout, relaxed atmosphere and well-used, safe and enclosed children's playground;
- the family-friendly focus of visits at BPCW is enhanced and emphasised by the presence of a childcare worker who actively engages with the children, undertaking various arts and craft activities; a service was also planned for older children;
- the development of the Family Linking Youth program, which aims to maintain connections between mothers and their adolescent children to limit the risk of inter-generational offending; and
- unlimited children per resident are permitted at visit sessions at BPCW, helping to reinforce the importance of maintaining contact, particularly for those women who have larger families (OICSWA 2009, 2008, 2007, 2006; WADCS 2007).

In 2006, Bandyup Women's Prison and the national charitable organisation Good Beginnings were jointly awarded a Certificate of Merit at the Australian Crime and Violence Prevention Awards for the Prisoners and Their Families program (WADCS 2007). The Good Beginnings program provides parenting skills education to prisoners and all mothers with babies residing in the nursery must undertake the program. In addition, the program provides transport for (some) children to visit their mothers at Bandyup, runs the day visits facility at Bandyup and provides up to three months' service for Bandyup prisoners released on parole or home detention, including individual counselling. The primary responsibility of the program is the needs and wellbeing of the children (OICSWA 2006; see Bower & Alessandrini 2000 for an earlier evaluation of the Good Beginnings program for men).

An OICSWA (2007: 35) report on BPCW found that

all of the mothers with resident children who were interviewed had been engaged in some form of education or work program. Women with young babies attended a range of educational classes and provision had been made in the education centre for these women to take their babies with them when attending courses or any other activity in the centre. Women with older toddlers and preschool children used the local childcare centre three days a week while they were working and/or studying. These women reported that they enjoyed the two days free from child care responsibilities during the week and that it meant that their time with their children became 'quality time'. The use of the local child care centre for respite and work related care was a positive initiative, and some of the women indicated that they would continue to use the same child care centre upon release. This would ensure continuity of care for the children and ongoing parenting support for the women.

One of the principal criticisms made was the inadequate level of funding, resulting in occasional lapses in the provision of programs. It is therefore essential that any programs established have sufficient ongoing funding to ensure continuity of service. It was also recommended that, in keeping with the principle of reflecting life in the community as far as practicable, mothers with resident children should have greater opportunity to access informal, community-based child and parent support programs, such as facilitated playgroups, kindergarten programs and childcare and activity centres. In addition, there was a need for a 'community in-reach' service whereby community-based parent support programs are able to work with the women while they are still at BPCW. This would mean that prior to a woman's release, she could be connected to an appropriate agency near her home. Ideally, a volunteer from such an agency should initiate contact with the woman while she is still in BPCW, thus establishing a supportive relationship with the resident that is more likely to be continued upon her release (OICSWA 2007).

The parenting needs of Indigenous women

A sub-group that is more disadvantaged than women prisoners is Indigenous women prisoners. Behrendt, Cunneen and Liebesman (2009) asserted that while approximately 80 percent of Indigenous female prisoners are mothers, they do not appear able to readily access MCUs. A key recent development in this context was the announcement in November 2009 of a NSW pilot project to provide greater support to Indigenous women with dependent children leaving prison.

The Aboriginal Women with Dependent Children Leaving Prison Program will provide local accommodation to the women and their children for 12 months following their release from custody, as well as intensive support from Indigenous caseworkers regarding employment, counselling and drug and/or alcohol rehabilitation services. The caseworkers will also work with the children to provide necessary support (Burney 2009). The local Indigenous community was canvassed in 2006 to gain support and to establish a Reference Group which reaffirmed the project's intent. Penrith Women's Refuge was successful in its application to operate and manage the project; the refuge had already been working in partnership with Dillwynia and Emu Plains prisons to develop a case management plan for all interested women prior to their release from custody. The program is already operational and has been funded for two years. It is managed by two Indigenous caseworkers, with a consultant engaged to conduct an evaluation throughout the program's progression. All participants in the program will be required to commit to a case plan/case management model with the Indigenous case managers (see Bartels 2010).

Key international developments

Morgenstern (2005) has asserted that pregnant women should only be imprisoned in exceptional circumstances. In addition, women should, as a matter of principle, have the opportunity to give birth in a hospital outside prison. This is not only desirable from a medical point of view, but also because this

would save the mother and child the traumatic and stigmatising experience of giving birth in prison. The prison as a place of birth should not be recognisable on the birth certificate.

It is estimated that, in Europe, around 10,000 babies and children under the age of two are affected by their mother's imprisonment. Currently, Norway is the only European country that totally prohibits children from staying with their mother in prison (UNODC & WHO 2009). The United Nations General Assembly 2003 resolution A/RES/58/183 on human rights in the administration of justice invited

governments, relevant international and regional bodies, national human rights institutions and non-governmental organizations to devote increased attention to the issue of women in prison, including the children of women in prison, with a view to identifying the key problems and ways in which they can be addressed (UNODC & WHO 2009: 17).

The *Kyiv Declaration on Women's Health in Prison* states that

If children are involved, the best interest of the children must be the main and determining factor in decisions regarding women's imprisonment, including putting the needs of the children first when considering whether and for how long the children should stay with their mother in prison (UNODC & WHO 2009: 5).

As Bastick and Townhend (2008) have noted, however, both allowing children to live in prison and separating children from their mother pose difficult problems and dilemmas. It has also been suggested that the child's preferences should always be considered and prison policies should promote and facilitate the participation of children in the decision making, duly considering their age (Alejos 2005). The *Children of Prisoners: A Draft Framework for Decision making to Take Account of the Best Interests of the Child* (Mason-White 2010) is currently under review, with submissions due on 31 May 2010.

The draft framework considers issues throughout the criminal justice process, including arrest, decisions on remanding a parent in custody or employing non-custodial measures pending trial, pre-trial detention and the trial and sentencing.

The section on imprisonment includes a number of considerations to be borne in mind where the children live with the parent in custody, for example, does the child go into prison when the parent does, or do they join the parent later? Is this different if the parent has been in pre-trial custody? Issues relating to the physical environment, emotional health and development, food and nutrition, education, play and development, safety and security, possessions and contact also need to be borne in mind.

The framework also notes that an important conceptual issue in this context is the question of to whom visits 'belong'. The framework refers to a report by Scotland's Commission for Children and Young People (Marshall 2008) which critiques the present practice of regarding family visits as 'belonging' to the prisoner, which therefore can be taken away from the prisoner as a punishment. Marshall (2008: 31) recommended that a paradigm shift needs to occur and that

where children are involved (the visits) 'belong' also to the child who has a basic human right to contact with their parent, where that is in the child's interests, taking account of the child's views.

A cross-comparison of effective parenting intervention strategies conducted by Loper and Tuerk (2006) found that while there is no single program model that will work in all situations, the following program components are typical of effective parent-child intervention programs:

- relationship-building through visitation classes;
- strong communication ties with children;
- regular child contact;
- peer support from other inmates in the same situation;
- collaboration with the children's primary caretaker; and
- the commitment and cooperation of corrections staff.

While it is very difficult to determine the 'success' of these intervention programs due to the 'pragmatic difficulties of assessing inmate-child relationships,' researchers and welfare workers alike consider these factors important for improving the relationship between women in prison and their children (Loper

& Tuerk 2006: 410). In particular, regular and consistent access to children is critical for mothers to form meaningful attachments to their children (and vice versa).

Therefore, it is imperative that mothers are instructed how best to communicate with their children within the prison context, whether through direct visits, regular phone calls or letter communication. Peer support training programs are also seen as beneficial for establishing a positive peer culture among prison inmate parents. The mutual support and education that these group-based training programs provide can help relieve the emotional burden on women prisoners, help them better handle the stress of separation and allow them to support and assist one another (Loper & Tuerk 2006).

In addition, an effective training program will also focus on building the relationship between the incarcerated mother and the child's primary caretaker. This is because 'virtually every aspect of inmates' relationships with their children relates to the quality of the relationship between the inmate and caregiver' (Loper & Tuerk 2006: 420). Consequently, parenting training for inmates should include learning how to 'partner parent' with a caretaker and practice open communication and relationship building (Stanley & Byrne 2000). However most importantly, the successful implementation of parenting interventions in prisons relies on institutional factors, such as the right facilities and resources, program training and the cooperation of institutional officials. This requires strong communication between corrective institutions and departments, staff training and an adequate instructional environment if the program is to be valued and successfully implemented by the corrections facility (Loper & Tuerk 2006).

Canada

CSC has developed a mother-child program to foster positive relationships between mothers and their children. This program is in place in all regional institutions (CSC 2006) and it enables children to stay with their mothers while incarcerated, provided that the program is considered to serve the best interests of the child (including physical, emotional, and spiritual wellbeing; CSC 2010b). Approval to stay with the mother is subject to approval by the local ministry of social/children's services (CSC 2006).

Denmark

In Denmark, the decision about whether to have children living in prison with their mother is not made by the prison; if the local authorities say that the mother is fit to look after her child then it is the mother's decision whether to have her child with her or not. All efforts are made to ensure mother and children are not separated when the child reaches their third birthday. One interesting aspect is that couples who are both in prison are allowed to stay in a unit together. If one half of a couple is placed in a low-security prison he or she can choose to serve his or her time in a high-security prison to be with his or her partner (ICPS 2008). In addition, the right to have a child living with an incarcerated parent is couched in gender-neutral terms and children may therefore also live with their fathers in custody (Zolondek 2005).

Germany

The ICPS study (2008: 4) described a prison in Germany where 16 mothers live with their children up to the age of six in self-contained flats with balconies and the staff do not wear prison uniforms as 'the most child-centred system we found'. Key aspects of this facility at Frondenberg are that each mother and her children live in their own flat with a balcony. Women are never punished in front of their children, as that would undermine their authority. Generally, in the mornings, the children over the age of two go to the kindergarten while their mothers work. In the afternoons the mothers play with their children and in the evening women can watch TV (though no TVs are allowed in the rooms). In addition, women are allowed 21 days of holiday per year. If a woman commits an offence while she is in prison she immediately gets transferred to a closed prison and she is separated from her child, but over the previous 11 years, only eight women had been transferred to a closed prison, although the report did not state how many women had been imprisoned in that time; only 10 percent of the women had been reconvicted (ICPS 2008).

New Zealand

At the 2009 CSAC conference, there was a report on a program currently in place in New Zealand where the Family Help Trust (a non-government organisation that delivers early intervention services to

vulnerable families), has been delivering an intensive early intervention mothers and babies program for the Christchurch Women's Prison. The program will follow through with participant families until the child reaches school age, with five women engaged in the program to date (CSAC 2009).

Northern Ireland

A report of the Northern Ireland Human Rights Commission on women in prison (Scruton & Moore 2007) set out a number of recommendations relating to the issue of parenting, including:

- community-based dispositions should be developed for mothers of young children as an alternative to imprisonment;
- custody for pregnant women and mothers of young children should be used as a last resort for women who have committed the most serious offences and who 'represent a danger to the community';
- in exceptional circumstances where a mother is imprisoned with her baby, the age limit for children held with mothers should be raised to three years;
- there should be adequate crèche and nursery provision for young babies, including links with crèches in the community; and
- family-friendly policies should be developed and visiting arrangements introduced to maximise children's contact with their mothers. This should include extended child-centred visits in the privacy of family rooms.

Spain

Mason-White (2010) described the proposal to remove all children from prisons in Spain by 2012, following the construction of External Mother Units, which are facilities designed specifically for incarcerated women and their young children to live apart from prisons, as 'a pioneer initiative in Europe' (Mason-White 2010: 19). There are currently two such units in operation, with a further three or four planned. The children living there attend preschools and schools in the community. Public transportation will be available from the units and in most cases, the mothers will be allowed to take their children to school, the doctor, parks and community activities.

United States

The circumstances of the children of incarcerated parents in the United States were recently explored in depth by Eddy and Poehlman (2010). According to surveys by the Bureau of Justice Statistics, 27 percent of mothers in prison participate in parenting or child rearing classes; by way of comparison, only 11 percent of incarcerated fathers do so (Maruschak, Glaze & Mumola 2010). The Maximizing Opportunities for Mothers to Succeed (MOMS) program, which is run in Alameda County's Santa Rita Jail, is dedicated to promoting the healthy development of children by increasing the capacity of their mothers for self-sufficiency and parent-child bonding. The services offered as part of the program, both in and out of prison, include intensive individual and group case management, commitment to a continuum of care, community-based post-release services and attention to program staffing both for officers and civilian staff. The program includes educational training for offenders and provides a bridge to community-based services and individualised action plans. Of the 214 MOMS participants in 2002, only 23 clients (11%) were re-arrested or returned to custody (McC Campbell 2005). More recently, Loper and Novero (2010) summarised the findings of 25 empirically-based evaluations of parenting programs in the United States (including 12 involving women), most of which demonstrated improvements in parenting skills and/or attitudes, although any beneficial impact on recidivism was less clear. The limitation of parenting intervention research were also considered.

Summary of good practices regarding women's parental responsibilities

When considering the role of women prisoners as parents, international research suggests that the

following elements are required for effective parent-child intervention programs:

- relationship-building through visitation classes;
- strong communication ties with children;
- regular child contact;
- peer support from other inmates in the same situation;
- collaboration with the children's primary caregiver; and
- the commitment and cooperation of corrections staff.

This is congruent with key practices in Australia, which should be maintained and enhanced, including:

- the availability of appropriately designed and maintained MCUs and family-friendly playground and visitors' areas;
- the availability of parenting programs and playgroups, which model healthy family and social behaviour, and mother and child support workers;
- policies relating to women's obstetric care, pregnancy, childbirth, miscarriage, breastfeeding and childcare;
- innovative measures to promote women's relationships with their non-resident family, for example, by enabling teleconferencing, Skyping and reading programs.
- the option for non-resident children to stay with their mothers for extended periods, for example, weekends and school holidays;
- the provision of childcare for women with resident children to enable them to undertake education, employment and treatment programs;
- ensuring that prison staff who deal with children have undergone appropriate security checks and training; and
- the development of connections with community services for women to access upon their release, for example, local parent support programs.

Conclusion

Good practice in prison management and operations should include the development of specific policies and practices which acknowledge the gender-specific needs of female prisoners, for example, in the context of physical and mental health, as well as education, employment and program treatment.

Through the examination of corrections programs, it is clear that for effective prisoner rehabilitation and post-release reintegration, there is a need for a range of custodial services, including mental and physical health services, substance abuse and literacy programs, post-release support programs, literacy and vocational and recreational activities. This report has established that an effective practice model for women's prison systems—based on key programs currently offered in Australia and internationally—should include:

- the development of holistic programs which address women's varied and complex needs, including housing, parenting, relationships, trauma, financial management, independent living, legal, physical and mental health, drug and alcohol and reintegration;
- ensuring education, employment and treatment programs are culturally and gender-sensitive;
- building cottage-style accommodation to enable women to replicate healthy family and community responsibilities and the need to incorporate family-friendly design in dedicated MCUs, as well as playgrounds and visitors' centres;

- the establishment of café facilities which are staffed by prisoners and equip them with hospitality, sales and people-management skills; and
- the introduction of a structured day, which ensures that women are engaged in meaningful activity throughout the day.

This report has also established the importance of post-release transitional support, from the custodial to the community setting. Two key examples of good practice transitional facilities discussed were PWTC in New South Wales and Harriet's House in North Carolina, which provide a broad range of services, including financial management, family and parenting programs, recreational, vocational and educational training, housing, and mental health and substance abuse treatment.

Furthermore, a review of the research and literature surrounding the health needs of female prisoners confirmed that addressing the physical and mental health needs of women prisoners is essential for improving rehabilitative and therapeutic outcomes. In order to respond to these health needs, a number of considerations must be taken into account, including:

- the development of a national set of health indicators for Australian prisoners, including specific measures for women, such as the proportion reporting pregnancy;

- the provisions of timely and relevant health screening, for example, breast checks and cervical screening;
- the availability of drop-in health services and provision of a broad range of on-site medical services, including general nursing, GP, psychiatry, dental, optical, podiatry, mental health nurse and pharmacotherapy;
- health promotion programs, for example, smoking cessation, diabetes prevention and heart health, as well as the provision of information on blood-borne diseases;
- efforts to ensure transition for health care into the community and promote liaison with community health care networks; and
- measures that address the health needs of special groups, for example, Indigenous and older women.

Finally, the paper's review of female prisoners' parental responsibilities reinforced the need for good practice measures for mothers and children, including:

- parent-child intervention programs focusing on relationship-building, regular visitations and peer-support networks between inmates;
- the availability of appropriately designed and maintained MCUs and family-friendly playground and visitors' areas;
- the availability of parenting programs and playgroups, which model healthy family and social behaviour, and mother and child support workers;

- innovative measures to promote women's relationships with their non-resident family, for example, by enabling teleconferencing, Skyping and reading programs;
- the provision of childcare for women with resident children to enable them to undertake education, employment and treatment programs; and
- ensuring that prison staff who deal with children have undergone appropriate security checks and training.

In the absence of much rigorous evaluation of programs and practices, it is acknowledged that, at times, what appears to be good practice is merely a subjective assessment, especially in light of the overwhelming dearth of rigorous evaluation evidence. As Carlen (2005: 119) has noted,

the quality of life in prison is not reducible to a quantitative audit which can assess the claims of programs to reduce recidivism. Instead, the ways in which prisons are run should initially be evaluated according to a penal probity which will *sometimes have to make moral decisions that certain ways of treating prisoners are 'good in themselves'* (emphasis in original).

Notwithstanding this limitation, the development of Australian corrections services for women should include adequate resourcing for independent evaluation of programs, policies and practices, in order to ensure not only conformity with key performance indicators but to promote good practice in women's corrections in the future.

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