



Submission to the Sentencing Advisory Council's review of the Adult Parole System

Submission by

**The Research and Evaluation Unit
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The Australian Community Support Organisation acknowledges the contribution of:

- ACSO's Consumer Advisory Group
- Link Out senior staff and case managers
- Specialist Mental Health Services senior staff and outreach workers
- The Disability Program's coordinators and senior staff
- COATS senior staff

About the Australian Community Support Organisation (ACSO)

Established in 1983, ACSO is one of Victoria's leading community support organisations, with a reputation for helping some of the most marginalised members of the community; those not generally welcomed or able to be supported by other services due to their behaviour, presenting issues or offending history. Through a diverse range of programs, provided throughout Melbourne metropolitan and regional locations, ACSO strives to achieve its purpose of making a difference in the lives of disenfranchised people. ACSO delivers more than 20 programs to approximately 20,000 disadvantaged clients per annum.

Currently ACSO provides programs in the areas of; transitional services and case management support to ex-prisoners, disability support services, employment services, homelessness support programs, alcohol and other drug assessment and treatment planning and outreach support to individuals with complex mental health concerns. ACSO operates these services via ACSO operates these services via 3 divisions.

Intensive housing support services provides a "step up, step down, step out" model of care for our clients, from a range of 24/7 forensic and specialist disability houses to supported accommodation programs to community based outreach services, all designed to address behaviour change, build residents resilience, life skills and independence. These services include the state wide Francis House program for sex offenders, to dual disability houses, and post release support housing programs for offenders on release from prison.

The ACSO Clinical services team provides a therapeutic, rehabilitative environment for all of our services, including the specialist state wide forensic intake, triage and drug treatment service COATS, therapeutic, psycho social and treatment programs for our residential and community based clients, specialist behaviour change programs including for sex offenders and clinical risk management.

Complex Care services provides support for our clients living in the community (not in our care) and includes a number of outreach, case co-ordination and case management programs for clients with multiple and complex needs, including offenders, people with mental health, dual disability, forensic disability, intellectual disability, homelessness and chronic unemployment.

All ACSO services are based in Victoria.

ACSO's work with parolees

ACSO has a long history of working with people involved in all levels of the criminal justice system, with a particularly strong focus on supporting men and women leaving prison. ACSO has been providing services to ex-prisoners since 1983. The organisation commenced operation as a drop-in centre staffed largely by volunteers until 1987, when it received funding from the Supported Accommodation Assistance Program (SAAP) to set up a half-way house for ex-prisoners.

Almost all of our programs and services work with people eligible for parole or on parole orders in the community. For example since 2007 ACSO has delivered the Link Out program as the lead agency in a consortium of providers. Link Out provides transitional support and case management to ex-prisoners, in 2010 70% of clients referred to the Link Out program were released on parole orders and from 1 January 2011 to 31 July 2011 69% of clients referred to the Link Out program were on parole orders on release. ACSO is also the sole provider of the Sex Offender Support Program (SOSP) which provides pre and post release support to people found guilty of sex offences, in 2010 51% of SOSP clients that were supported in the community were on a parole order¹. These are just two of ACSO's services which support parolees in the community.

Scope

The Australian Community Support Organisation welcomes the opportunity to make this contribution to the Sentencing Advisory Committee review of the Adult Parole System. ACSO provides the following comments with consideration of the terms of reference for the review:

- whether statutory criteria are desirable to guide decision making in relation to the granting and revocation of parole, particularly in relation to violent crimes, and if so, the nature of these criteria
- the framework within which decisions are made both by Corrections Victoria and the Adult Parole Board in relation to breaches of parole and whether statutory criteria are desirable to guide decision making in relation to breaches
- whether the existing legislative and administrative framework facilitates adequate information sharing between relevant agencies for the proper management of parolees

ACSO has limited the scope of its submission to feedback about the operation of the current system and recommendations for improvements. ACSO, in developing this response, has considered the experiences of our clients and staff and consulted with our Consumer Advisory Group. Direct staff feedback was gained through a series of consultations with senior and direct service staff in areas of forensic disability and mental health, forensic drug and alcohol assessment, post release housing, post release case management and specialist sex offender case management.

Introduction

It is the Australian Community Support Organisation's position that parole is a fundamental part of the criminal justice system, and where adequately resourced and supported plays an integral role in crime prevention and community safety. It is ACSO's belief however that the parole system must balance the community's safety with the re-integration benefits of releasing a prisoner into the community with a period of supervision. A robust parole system can lead to a reduction in recidivism, post release mortality and a minimisation of the associated social and physical harms of incarceration.

The parole system's dual role of rehabilitation and supervision should be supported in any review of the adult parole system and where statutory criteria for granting parole are proposed an equal weighting should be maintained between consideration of the risk that an individual poses to the community and the potential benefits to the community that a successful re-integration supported by a parole period may engender.

It may seem obvious to state but it is worth emphasising that the harder the criteria for obtaining parole the more prisoners are released to freedom with no supervision, on straight release, with no requirements to access

¹this is not reflective of the total number of people who were released on a parole order, nor being supervised on an order whilst on the program, as some clients continue to be supported once they successfully complete their parole orders. Likewise many are also on other orders on release such as ICOs.

treatment, to maintain abstinence or to do any number of risk reduction or rehabilitative activities that are currently requirements of parole orders.

Key Recommendations:

- some flexibility remain in parole decision making particularly for highly complex prisoners and parolees but that transparent processes including; access to information prior to parole hearings for prisoners/parolees; access to decision making formulations; and access to an appeals process are supported to ensure a more consistent and fair approach to parole decisions is achieved.
- if statutory criteria for granting parole are introduced, they balance the dual concerns of parole, that of; risk management and community safety; and support and rehabilitation.
- if statutory criteria are introduced, they are balanced with transparent processes and procedural fairness
- if introduced, statutory criteria for granting, breaching and revoking parole, it is ensure that they do not disproportionately impact those living with intellectual disability, cognitive impairment or those experiencing mental illness.
- that consideration be made for having a specialised parole process for people living with intellectual disability, cognitive impairment or mental illness.

Statutory criteria in the granting and revocation of parole

The Adult Parole System

In a consultation across all levels of the organisation, all staff agreed that they had a positive relationship with the Adult Parole Board and supported the benefits of parole and supervision in the community. There was general consensus on the need to **balance risk and community safety with re-integration and support** for people leaving prison. A member of ACSO's Consumer Advisory Group noted the importance of parole in **providing stability, direction and accountability**. He also remarked that it was these things and also **flexibility** and **understanding the individual** that increased the likelihood of a successful parole period.

There was a general feeling amongst most of those consulted that there was **inconsistency in decision making** in the parole system with some noting that it was hard to predict what the outcomes were going to be in both the granting and revoking of parole.

"...the APB respond well to our inquiries, show willingness to compromise and respond in a timely manner. We have a good relationship with them and they communicate well with us as an agency. But the inconsistency around decisions has impacts for our clients." (Program manager)

However there were different suggestions as to why this inconsistency was occurring. Some staff commented that the quality or inconsistency of decision-making was not necessarily an issue of the lack of criteria, more so that each decision is limited by:

- time due to high throughput of the APB;
- the rotation of the parole board members, therefore a client with multiple sittings may be faced with a different set of people, with different understandings of the criteria and without the insight into the prisoner/parolees circumstances;
- the limited scope for review of documents and evidence due to time and resource constraints; and
- the reliance on Corrections Officers with varying skills, high case loads and high turnover.

One support worker noted:

"The APB is relying on CV [Corrections Victoria] providing the information and doing the planning, but the CO may not do it, or not know the client adequately, so perhaps some of the inconsistency or problem is not the APB but from Corrections" (Support worker)

Some staff members noted that there is particularly inconsistent decision making around high profile offenders. That this had meant some clients may be doing everything correctly but the notoriety of their offence means that they are unlikely to be released. An example of this was given:

"A high profile client who was eligible for parole, was found suitable accommodation, had done everything else required of him, but the APB knocked him back three times because they would like him to go to a specific accommodation that is being built for him, which is as yet unfinished. So the client can do all the right things but not get a positive outcome." (Support worker)

There was support for **retaining the flexibility and discretion** of the APB's decisions, particularly when dealing with prisoners and parolees with mental illness, cognitive impairment or intellectual disability. One way in which staff suggested maintaining flexibility whilst mitigating against perceived inconsistency was to undertake more ACSO Submission to the Review of the Adult Parole System September 2011

transparent processes, with decision making formulations and reports available to the offender, their support worker and able to be reviewed by an independent review process where necessary.

All staff agreed on **the need for more transparent processes** in the granting of parole. Many noted that without adequate parole planning many parolees are being set up to fail.

Options for increasing the transparency included;

- Prisoners having access to the material submitted to the Board before the hearing particularly reports used to formulate the decision so that they have the opportunity to respond;
- making reasons for delaying, refusing, granting and revoking parole available to the prisoner/parolee;
- uniformly allowing support workers to attend parole hearings, particularly for those clients living with an intellectual disability, and clients experiencing mental illness; and
- availability of an independent review or appeals process.

“...for ages they kept saying – “it’s knocked back, it’s knocked back” and not actually giving me any opportunity to correct any of the things that were going to help him get out. As a community worker I was pulling my hair out trying to figure out why he wasn’t getting it and thinking maybe it was that the accommodation wasn’t good enough and maybe there was something I could change. Comes down to a casual conversation where a Corrections Officer says we haven’t been that impressed with his attitude lately. But then some people let you know straight away why the client has been knocked back. Then you can start to address the issues. It’s about relationships as much as anything that you as a worker have with Corrections within the prison, as to how much information you get regarding a parole knock back.” (Support worker)

Statutory Criteria

There was some support for statutory criteria in granting, breaching and revoking parole however this was balanced with a caution about being too rigid and not being able to see the individual’s circumstance. There was also concern that statutory criteria would have to necessarily privilege risk/community safety over re-integration and rehabilitation because in the current climate, due to the limitation of services and service systems, rigid support criteria are unrealistic. This is particularly the case in relation to housing, mental health and AOD support and treatment, and disability support.

“...if they were going to legislate for criteria, I would like to see consideration for social supports in place, rather than more emphasis on risk. However in the current climate, what they are being knocked back for is often inappropriate housing, there is no point legislating for this criteria as there just is a massive shortage of housing on a systemic level.” (Support worker)

The reasons for some staff members’ support of set criteria were that it:

- would enhance predictability and consistency in decision making, as inconsistency feeds the rumour mill of the prison setting if there is no uniform approach it is particularly hard for first time offenders to understand and comply;
- would ensure that the prisoner/parolee would not be in any doubt as to what they needed to do in order to be granted or to maintain their parole, and it would give them something clear to aim for;
- would lead to less discrepancy from one Community Corrections Officer to the next as to when parolees would be breached.

Many staff commented that any criteria for granting, breaching or revoking parole, whether statutory or not, **need to be supported by adequate resourcing**. An example given was that many clients are being knocked back for parole due to housing, particularly where Corrections Victoria or the APB have particular requirements for where someone can live. This means that whilst they may be eligible in every other respect they miss out on parole and of being supervised for longer in the community due to an issue that is beyond their control. Staff noted that if criteria are to

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truly reflect the dual aims of parole then there needs to be some focus on improving the opportunities for parolees to access housing, mental health and drug and alcohol support and treatment required to firstly gain parole and secondly to maintain and complete parole. The current housing shortage and the lack of formalised and prioritised avenues for accessing housing, support and treatment for ex-prisoners needs to be recognised if making stable accommodation and treatment statutory criteria for decision making around parole.

There was support for **retaining the flexibility and discretion** of parole decisions, particularly when dealing with prisoners and parolees with mental illness or disability. However some staff noted that what they saw as the *necessary* flexibility and discretion of the parole system needed to come from a place of expertise and was therefore better placed coming from the APB and not from Community Corrections.

ACSO's Consumer Advisory Group believed that there should not be statutory criteria:

"Because each case is different and should be assessed as such" (CAG member).

It is worth noting that people working with clients who were experiencing mental illness, ABI or intellectual disability were on the whole less favourable of set statutory criteria in granting or revoking parole or limiting the discretion of the APB and more supportive of reviewing the processes and criteria of Community Corrections. Whilst those with clients who were less affected by my episodic illness or multiple and complex needs were more in favour of a rigid set of criteria from which decisions could be seen to be more predictable and consistent.

Many staff noted that whether statutory criteria exist or not an independent review process should still be available but that this will be particularly necessary if rigid criteria are set.

"The Parole Board should be answerable to someone, perhaps an independent ombudsman." (Program coordinator)

Options for Criteria for granting parole

ACSO staff members were supportive of the current list of factors that influence the Board's decision making, listed below (APB Annual report 2009/10)

- Nature and circumstances of the offence(s).
- Comments made by the sentencing court.
- Prior criminal history.
- Previous history of supervision in the community.
- Assessment of the potential risk to the community if the offender is released from custody.
- Release plans and whether suitable accommodation is available.
- Assessments and recommendations made by appropriate professionals, including psychiatrists, psychologists, and Community Corrections Officers.
- Submissions made by the offender, the offender's family, friends and potential employers, or any other relevant individual.
- Written submissions made by the victim(s) or by persons related to the victim(s).
- The conduct of the offender while in custody and whether any positive drug tests have been recorded.
- Willingness to participate in relevant programs and courses while in custody.

It was felt that these factors took into consideration both the risk that the prisoner posed to the community and their needs in the community. However there was concern that some of these factors posed specific risks if they were relied on rigidly, as criteria, to formulate decisions. Examples of concerns raised are listed below.

Previous history of supervision in the community

There was concern, particularly from ACSO's forensic mental health senior staff that reliance on previous parole history in formulating decisions may unfairly disadvantage people with mental illness. Particularly if the level of support that the individual had received or their access to treatment on their previous parole attempt was not taken into consideration. The discretion of the APB to consider what circumstances may have changed for the offender, particularly around levels of support and treatment, should remain and be strengthened.

Release plans

There was feedback that parole plans and reports are inconsistent and often not done in a timely fashion. There was concern that planning is not always undertaken by Corrections Officers with the requisite skills, experience or rapport with the offender necessary to perform an adequate assessment of their risks and needs post-release. There was also concern that the APB are taking these reports at face value. Particular comments relating to this are listed below:

"There is a huge discrepancy – all our clients are very different but they have key factors that are the same – mental health issues, lack of support, but the discrepancy between who gets let out with a really good plan and really well supported and who just gets chucked out the door and we have to catch them, is never the same from one client to the next; different in every prison, even within the same prison. It comes down to personality and CV worker values and that is not fair." (Support worker)

"I can't remember a time when I have had a client that has been released on their EED (Earliest Eligibility Date) because the prison just can't get it together to do the discharge planning." (Support worker)

"You could bring in this change [set criteria] but unless it's supported whole heartedly by the prison system it's just going to end up having people in prison longer because more things just have to be in place." (Support worker)

Participation in programs

Some staff believed that participation in prison programs should be encouraged for people who commit violent offences however where participation in a program is a criteria for granting parole there needs also to be **clear outcomes from participation**. There was also concern that there needs to be **increased access to programs** in prisons as there is currently inconsistent access to programs across prison locations, and for certain groups.

"If they legislate or have statutory criteria that all violent offenders have to do anger management for example, how are they going to support that? Marngoneet is not big, you can't have everyone in there, so not everyone is getting the programs, and therefore can't get parole and might go straight into the community with no supports in place, having not had the opportunity to do the programs in the first place... if there is statutory criteria then these things *have* to be available to *all* prisoners." (Support worker)

Granting Parole

Many ACSO staff noted the **lack of timeliness of parole hearings** and the difficulty of planning for re-integration with the uncertainty of release dates. All staff agreed that it is important for the prisoner and their worker to be made aware of the reasons for the delay or refusal of parole.

“...what is the impact on the offender? They’ve been referred to our program because they are up for their earliest eligibility date, and the parole board delays it for a month, and then another month, and then waits another few days until they come out to that prison, and then they say the client needs to do a program first, so that by the time they do a program they only have one month of sentence left...” (Support worker)

Some noted that those prisoners awaiting suitable housing for parole to be granted, particularly those requiring Environmental-scans, are often **released within days of their hearing** once suitable accommodation is found. This makes release preparations more difficult than when a better lead up time is available, particularly impacting on Centrelink payments, access to mental health and drug and alcohol treatment. More consideration needs to be made in release plans and the granting of parole to the time between notification of a decision and release, particularly for high-risk offenders. Ideally a length of time adequate to ensure that all referrals to treatment or services that are conditions of a parole order can be made by Corrections Officers prior to release.

There was also evidence that the **lack of coordinated responses and communication** prior to EED and parole hearing dates impacted on prisoners;

“A client who was in prison for 3 months, was raised to be heard by the APB, the APB decided they needed a psychological report before they would meet, which delayed the process, the delay meant that the woman lost her hold on public housing which was only being held for 3 months, the loss of public housing meant that she fell through on parole because her housing was a prerequisite for release. It was not coordinated. Psych issues would have been flagged from the start, and assessments could have been organised prior to her EED.” (Program manager)

Many noted a **lack of formalised and consistent information sharing between** the APB and Corrections with prisoners and their support workers, making planning for the transition period difficult and support in the community reliant on the attitudes and beliefs of individual Corrections Officers.

Breaches & Revoking parole

Some staff noted that the management of parolees suffers from a **shortage of experienced staff** within Community Corrections who have the **knowledge and skills required to work with people with multiple and complex needs**. Some staff were concerned that this has led, in some instances, to a failure to recognise and distinguish between crisis and non-compliance and resulted in vulnerable clients being breached for minor issues.

ACSO staff and consumers all mentioned the negative impact of **large caseloads** and **frequent staff turnover** of Community Corrections Officers.

“The problem with parole is that the workers leave so often, there needs to be stability for the client. I have had over 8 different workers in the last 12 months”(CAG member)

Many staff noted that if accessing treatment in the community is to be a condition of parole, then there needs to be better understanding of the limitations of the service system and how that impacts on the parolee and their management in the community.

There was also some concern that clients are not understanding the conditions on their parole orders which makes it harder for them to comply or to be motivated to comply. Some staff suggested **specific guidelines for managing**

and supervision of people with complex needs, and/or a particular parole process for people living with mental illness or disability.

Many staff noted that Corrections Victoria's guidelines for decision making around breaches was well known with some staff mentioning the "three strikes" rule when it comes to breaches. But that it was the inconsistency with which it was applied that was the issue. Many staff noted positive relationships with particular Corrections staff and particular offices which led to more understanding around the needs/and or issues facing parolees with multiple and complex needs.

Compliance with appointment dates was a particular cause for concern for people working with clients living with intellectual disability or experiencing mental illness. Several staff mentioned clients who had been breached for failing to attend appointments, or failing to notify of an address changes due to hospitalisation or illness. In one instance an example was given of a client being taken into custody on release from a psychiatric facility for failing to notify of an address change whilst in hospital.

"If I am able to have a reasonable relationship with our Corrections Officer, then I am able to have to have effect on whether that person gets breached and I can talk to the Corrections Officer and I can explain why they didn't make their appointment, it is purely down to our relationship. I have had the opposite experience the other week a client missed their parole appointment because they had a mental health appointment, the clinic wrote a letter, he got an unexplained absence where another client wouldn't. It is totally up to the discretion of the Corrections Officer. There are probably hundreds of stories and it sometimes works in our favour and sometimes it doesn't. It's good that people can recognise that there are different circumstances for different people, and are able to and allowed to use their discretion but it's just not equitable in many ways." (Support worker)

The current capacity for flexibility needs to be retained, particularly for parolees with mental health issues who have lots of compliance issues related to their illness. Many staff noted that the APB seems to have a better understanding (than Community Corrections) of circumstances that lead to people not complying with their conditions.

Staff mentioned that parolee management needed to take into consideration crisis situations and that the manifestation of crisis and relapse should not be considered to be reason enough, in and of themselves, for a return to prison. There was concern that set criteria run the risk of not taking in to consideration individual circumstances and that a lack of flexibility would lead to an increase in breaches and an increase in the number of people returning to prison for breaching their parole.

It was generally accepted that compliance with treatment conditions of parole and appointment attendance should not be grounds in and of themselves for the cancellation of parole particularly for highly complex clients, those living with intellectual disability, or experiencing mental illness.

Case Study 1.- Lack of communication and transfer of information required to make appropriate decisions

Matt has significant history of mental illness including paranoid schizophrenia, he has a history of poly-substance use, poor treatment compliance, and was suspected of having an acquired brain injury from a past head injury. Matt was up for parole, and no one including his family member, believed he would be granted it. Matt had served more than a year when he was granted twelve months' parole. The Parole Board sat on the Wednesday, and the family member was notified of the decision on the Thursday afternoon before the Easter long weekend. Matt was being released to his family members address despite written notification on previous occasion to his Corrections Officer that this should never occur due to his past history of bullying her. On two previous occasions Matt had been released without appropriate housing, without support, without his medication and without Centrelink organised. On a prior occasion both ACSO and Forensicare had written to Corrections to recommend that he never be released under these circumstances again.

His imminent release caused his family member significant distress and she contacted our service late on a Thursday afternoon before a long weekend. Matt hadn't been referred to our service by the prison mental health service as he had been transferred to a non-psychiatric unit prior to his release however he had been a previous client and was known to us. One of ACSO's staff members promised Matt's family member that they would collect him, take him to Centrelink and take him to her home.

Matt was released on the Wednesday following the long weekend.

When arriving at Centrelink the worker was told by the Centrelink staff member that she doubted that Matt had been released from prison, as he had no ID and no prison release papers and that "we get people from jail in here all the time, they always have ID". The worker explained that for mainstream prisoners this may be the case, however for people with significant mental health issues it was more frequent that they get released without these things in place. The worker called the Office of the State Trustees who had administrative order for Matt. They were also unable to provide any forms of ID. The worker, found a copy of Matt's birth Certificate in his previous client file, and this along with the 'Questions for Persons with Insufficient POI' form was taken to be sufficient ID to process his claim. However the Centrelink worker notified them that due to Matt's administration order, they were unable to pay him directly, and would have to pay the State Trustees. And because Matt didn't have a bank account he would have to attend the State Trustees to collect the money (which would not be available until the following day).

The worker, growing frustrated himself, pointed to the fact that Matt had no appropriate clothes, had holes in shoes and had a habit of leaning on his family member for money when he had none, putting her under pressure. Finally it was negotiated that a payment of \$100 in an EBT card would be given by Centrelink, with the rest to be paid to the State Trustees until Matt had a bank account. By this time Matt was agitated and clearly over the process, at one point telling his worker "here we go again". Matt refused a lift home and did not want to engage with the worker. The worker found out later he went straight for the nearest pub. The worker reflected later that "here was a man who relied heavily on the system to compensate for his disadvantage but he was depending on a system that was undependable. He thought "if they don't give a shit, I don't give a shit"". Within a week he was chaotic, missing appointments and behaving erratically. Because of this it took two weeks for a bank account to be arranged and he had to pick up money from the State Trustees in \$20 instalments every day. This process frustrated him to the point where he made a threat "might as well steal my mum's TV and hock it" which he ended up doing. He was found crisis accommodation, in which he lasted an hour before returning to sleeping rough. His paranoia returned and he refused to engage with his support worker or remain in treatment. Within five weeks of being released Matt was back in prison.

Case Study 2. - Lack of understanding of referral pathways and service system challenges

Adam was referred to SOSp by the Sex offender Program at the Department of Justice.

Adam offended when he was under twenty and was sentenced to prison when two years later. He served a sentence of 7 years. Adam is believed to have offended whilst off their medication. Adam was receiving in-patient treatment for schizophrenia at a psychiatric unit prior to release he had also spent 2.5 years of his sentence at Thomas Embling Hospital. Adam was considered extremely high risk of re-offending.

Adam was in prison for multiple sex offences, including child and adult victims and due to this mixed target group it was difficult to get e-scans specific approved. All e-scans had been rejected including supported accommodation. Therefore Adam had been a SOSp's client for 18 months prior to release.

Prior to release, after securing appropriate housing in the community for the Adam, the case-worker liaised with the psychiatric nurse and case manager who made a referral to two mental health services, who had agreed to co-case manage the Adam's treatment within 2 days of release.

Adam was released from the psychiatric unit. The SOSp case worker was provided with the details for the referral and contact details for both the mental health services. Upon contacting one of the mental health services the SOSp worker was informed that the information he had received was incorrect, and that they could not assist Adam without a referral from the area mental health service who were refusing to co-case manage Adam. Whilst it wasn't directly stated it was inferred that the nature and severity of the Adam's offending was the reason they were refusing to take him as a client.

The Adult Parole Board had made a condition of Adam's parole that he immediately access intensive psychiatric treatment with a forensic mental health service immediately upon release, with this to taper off as he became stable in the community, Adam was also to attend AOD counselling as a part of his parole.

It was only after some forceful negotiation that the services agreed to co-case manage Adam and organise his medication to be administered. The time and resources taken up in having to negotiate services that were unwilling to take Adam as well as the stress to Adam during this time, where they thought that he was going to be in breach of his parole, should have been able to be avoided. If conditions are proposed for a parolee it should be the responsibility of the justice system to ensure that they are able to be met.