

Chapter 8 Health, harm and re-offending outcomes

8.1 Introduction

The ultimate aims of *Bridging the Gap* were to improve releasees' post-release health status and reduce the likelihood of their re-offending. This chapter examines the information collected on participants' post-release health status, the risky or harmful behaviour that they engaged in, and their patterns of re-offending compared with those who did not take part in *Bridging the Gap*. The picture of health and post-release outcomes that emerges from this analysis is complex and has many gaps. The information that was collected on releasees' behaviour and experiences after release shows that this is a group who are exposed to many risks and forms of harm. It is clear that they suffer much higher levels of harm than do people in the general community. The key issue for this evaluation was how those who went through the program compared with those who were released without this form of support. Unfortunately, little is known about the status of those who were released without post-release support through the program, and in the absence of this information it is difficult to draw firm conclusions about the impact of the *Bridging the Gap* program.

Where re-offending is concerned, the outcomes of those who went through *Bridging the Gap* can be compared with those who did not. These results show that the likelihood of re-offending is strongly influenced by a large number of personal, criminal history and need variables. The main difficulty with understanding the difference in re-offending patterns is knowing what kind of comparisons can be validly made taking into account the known and unknown covariates of re-offending. Prisoners were selected for *Bridging the Gap* on the basis of that they were more disadvantaged than other prisoners in the level of support available to them in the community. In the absence of a systematic and rigorous assessment of the

release risks and needs of all prisoners, any comparisons of re-offending rates are fraught with difficulty.

8.2 Reduction of drug-related and other harm

At the end of a releasee's involvement with *Bridging the Gap*, or after 6 months on the program, workers completed a report on the participant's experiences and behaviour in relation to a range of risks and harms. There were 174 participants who had a completion or 6-month status report completed, and Table 8.1 shows the proportions who were identified by workers as having experienced risks or harms.

Type of risk/harm	Number of participants	% of completion or 6 month reports
Unsafe injecting practices	14	8%
Poly-drug use	55	32%
Overdose or drug-related medical intervention	17	10%
Injuries from accidents or other causes	29	17%
Self-injurious behaviour	15	9%
Family violence	14	8%

Table 8.1 Exposure to risk and harm in program participants

The most common drug-related risk or harm was poly-drug use, with workers reporting the use of multiple drug types (usually heroin and other drugs) in 55 cases. Workers were asked to say whether they were aware of any unsafe injecting practices by participants. In 14 cases they reported that they were aware that the participant was engaged in unsafe practices that included sharing needles, injecting alone and injecting Temazepam. In 17 reports, the worker also reported that they were aware that the participant had overdosed, with between one and four overdoses during the participant's time on the program. In interviews many

workers acknowledged that clients were reluctant to divulge this kind of information and the rates reported here are likely to under-estimate true rates of harmful drug-related behaviour.

Participants in *Bridging the Gap* were also frequently involved in other incidents involving injury or harm to themselves. Twenty-nine participants suffered some kind of injury from an external cause, most commonly as a result of a vehicle crash or an assault. Family violence was also a common source of harm, with 14 participants reported as being either victims or perpetrators (or both). There were fifteen reports where the worker was aware that the participant had injured themselves, including four cases of attempted or threatened suicide.

It is evident that the prisoners taking part in *Bridging the Gap* experienced high levels of harm from a range of sources. Exposure to these sources of harm is an integral part of the drug dependence, risk-taking and involvement in conflict that characterises the lives of serious offenders (Morgan, 1997) and these findings only confirm the marginality and uncertainty of the lives of most released prisoners. However, the issue of most direct concern to this evaluation is whether involvement in *Bridging the Gap* had a beneficial impact on exposure to these harms.

Attempting to prevent harm, or mitigating the effects of harm was an important part of the role of *Bridging the Gap* workers. The support activities delivered by the agencies included counselling participants on safe drug-using practices, mediating in family disputes, referring them to medical assistance or in some cases driving them to hospital. Many of the referrals made by support agencies were intended to assist participants to avoid harm (e.g. by undertaking anger management programs) or deal with the consequences of these events (e.g. medical appointments to treat violence or accidental injury). However, in the absence of baseline data on the prevalence of these harm-related events in the prisoner population generally, it is impossible to say whether participation in the *Bridging the Gap* program had any impact on the frequency or severity of these incidents.

The most serious form of drug-related harm is death from a drug overdose. Death rates for released prisoners are very high. There appears to be substantial variation between different jurisdictions and over time. Two estimates for released Victorian prisoners are Fleming, McDonald & Biles (1992) calculated rate of 7.5 deaths per 1,000 parolees per year for parolees released in 1987 and 1988, and Graham's (2003) calculation of 5.42 deaths per 1,000 released prisoners per year. Sattar reports death rates for prisoners released in the UK of between 3.3 and 4.1 per 1,000 (Sattar, 2001), while Singleton, Pendry, Taylor Farrell and Marsden (2003) report post-release death rates of 9 per 1,000 per year.

In order to say whether *Bridging the Gap* was effective at preventing post-release deaths, it is necessary to estimate the number of deaths that would be expected in the population of releasees. In the period from April 2001 to September 2002 there were 354 prisoners who passed through the program. A simple calculation suggests that if Graham's average rate of 5.4 deaths per 1,000 releasees per year were to apply to the Bridging the Gap population, then around 2 deaths would be expected.

However, there are two factors that may have shifted this projected death rate up or down. On the one hand, eligibility for *Bridging the Gap* was contingent on risk factors that are known to be associated with higher rates of post-release mortality, such as drug dependence and social isolation (Singleton, Pendry, Taylor Farrell and Marsden, 2003). Thus, the projected mortality rate for participants may have been much higher – perhaps as many as 5 or 6 deaths. A second factor may have acted to push the expected mortality rate down. From mid-2001 onwards there was a heroin “drought” in Australia associated with the disruption of the heroin production and supply chain. The immediate consequence of the drought was that heroin purity levels declined and overdoses and death rates generally fell. While it appears from interview data that releasees were able to obtain heroin despite the drought, it may nevertheless be that two deaths during the course of the program might have constituted a relatively high death rate.

At the time of writing this report, the *Bridging the Gap* support agencies were aware of three deaths of individuals who had participated in program. All these deaths were the result of a drug overdoses, and in two cases the individuals involved had ceased any contact with their support agency weeks or months before their death. Given the relatively small number of persons participating in the *Bridging the Gap* program and the limited follow-up period, it is impossible to make any reliable judgment about the effectiveness of the program in preventing post-release deaths.

It must be stressed that these conclusions are mainly limited by absence of evidence, and are not evidence of absence. Even though rates of post-release death are extremely high, the number of expected deaths in any group is very low. One of two incidents makes the difference between success and failure, and these incidents are the result of many complex, interacting factors.

The evidence for the impact of *Bridging the Gap* on drug-related and other harm is thus mixed. There are a number of indicators that the program had a positive impact on participants' health and harm status. A substantial number of program participants did take up places in treatment programs after release, and workers' assessments indicate that the prevalence of drug dependency in program participants was reduced relative to pre-prison levels (see Chapter 8). Much of the direct support provided by program workers was directed at the mitigation or prevention of harm. Interviews with some participants demonstrate that some derived real benefits in terms of insight into their harm-related activity and an understanding of how to manage and reduce its impact on their lives. However, it is also clear that many *Bridging the Gap* participants continued to experience levels of harm from drug dependence, violence and accidents that are far greater than those experienced by the general population. Moreover, there is no unequivocal evidence that the program was able to reduce rates of post-release death.

8.3 Re-offending outcomes

Around one-third of those released from Victorian prisons are re-convicted and returned to prison within two years. The probability of being returned to prison is known to be influenced by a wide range of factors including the sex, age and ethnicity of the prisoner, the length and intensity of his or her criminal career, and the presence of mental disorder, drug dependence and alcohol abuse (Maltz, 1984). The key indicator of whether a program like *Bridging the Gap* is successful is whether it is able to reduce rates of re-offending in those who took part in the program relative to those who did not. The following analysis examines re-offending rates in Victorian released prisoners, the impact of some of the factors that influence re-offending rates, and the specific impact of the program.

Survival analysis and Cox regression

Estimating the probability of re-offending is difficult because unless the follow-up period is very long we cannot reliably know whether any individual will definitely re-offend. Some individuals do re-offend during the observation period, but those who do not may re-offend at some future time. All we can say is that these *censored cases* have not re-offended yet. The statistical methods used here are known as survival analysis⁶. This analysis is based on estimating the probability of future offending using a follow-up life table that subdivides the period of observation into small time intervals. For each interval, all those who have been observed at least that long are used to calculate the probability of a terminal event (re-offending) occurring in that interval. The probabilities estimated from each of the intervals are then used to estimate the overall probability of the event occurring at different time points.

⁶ The survival analysis and Cox Regression procedures applied here used the SPSS for Windows version 9.0.1

Cox Regression is a method for modelling time-to-event data in the presence of censored cases. However, Cox Regression allows the inclusion of predictor variables (covariates) in survival models. Cox Regression provides estimated coefficients for each of the covariates, allowing assessment of the impact of multiple covariates in the same model.

The data source used for this analysis was an extract taken from the PIMS information system giving details of any prison or CCS episodes that occurred after the prisoner's original release. Re-offending records were collected on a total of 3,569 prisoners released between May 2001 and December 2002. This extract was taken in June 2003 and represents about a follow-up period of between six months and two years. No data was available on any re-offending that did not result in a corrections sentence. A total of up to three re-offending episodes was included in this extract, although for the purposes of the following analysis only the time elapsed to the first episode has been used.

Re-offending rates in the release population

Around 60% of those released had no further episode of re-offending that had resulted in a corrections sentence during the follow-up period (Table 8.2). The majority of those who had a further corrections episode had been imprisoned under sentence – 29% of the release population. About 8% had received a Community Correction order of some type, and about 4% had been remanded in custody but not sentenced. These forms of re-offending are hierarchical – any prison sentence is counted first, then any CCS order and remand imprisonment is counted only if no corrections sentence record was present.

Re-offending outcome	Frequency	Percent
None	2148	60.2
Prison sentence	1023	28.7
CCS order only	274	7.7
Remanded only	124	3.5
Total	3569	100.0

Table 8.2 Re-offending in prisoners released between May 2001 and December 2002

Figure 8.1 shows the inverse survival function (i.e. the proportion who do re-offend) for these data, with the x-axis showing days after release, and the y-axis the proportion of those released who had re-offended. This analysis uses the survival rates for those with long follow-up periods to project re-offending rates for the whole release sample, so the total projected re-offending for the population is around 50% at the end of the follow period (770 days). Re-offending rates were highest in the period immediately after release, and then gradually slowed throughout the follow-up period. The typical re-offending curve of this type eventually levels out – long-term follow-up studies of Australian prisoners show re-offending curves that eventually stabilised (i.e. a negligible number of new re-offending episodes occurred) after about seven or eight years (Broadhurst & Maller, 1990; Ross & Guanieri, 1996). Clearly, re-offending rates for this population are likely to continue to rise for some time.

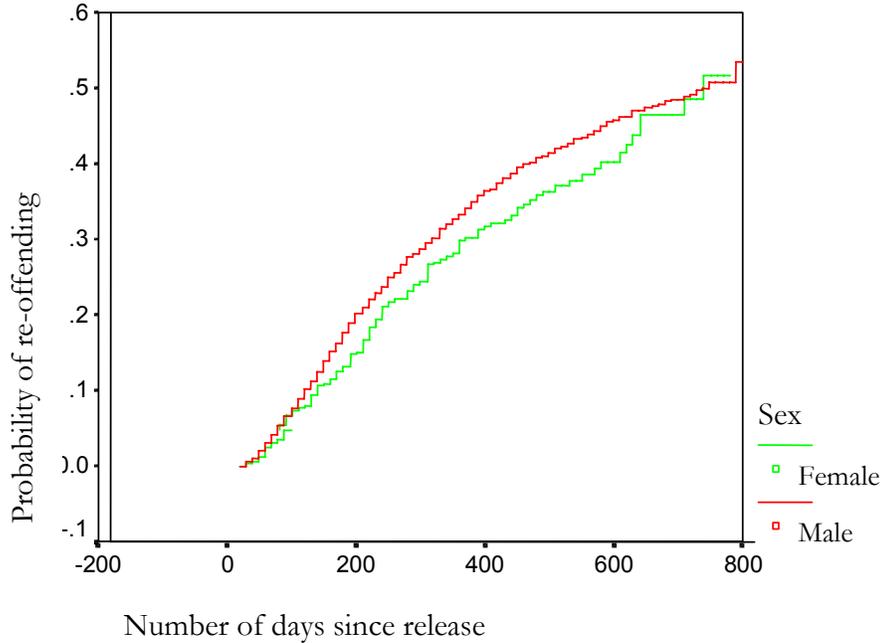


Figure 8.1 Post-release re-offending in prisoners released between May 2001 and December 2002 (Life table curve): Males and females

Figure 8.1 also shows that male and female releasees have slightly different post-release re-offending survival rates. Up to 600 days after release a greater proportion of males than females re-offend, but this gap is closed in the final 150 or so days. The relatively small difference observed in Figure 8.1 obscures a more significant difference in the consequences of male and female post-release re-offending. Males are relatively more likely than females to receive a further prison sentence (29% compared with 23%), while females are marginally more likely than males to receive a CCS order or be remanded in custody (Table 8.3). This relationship indicates that any comparison of post-release re-offending should focus on particular re-offending outcomes, and all subsequent analyses presented here are based on re-imprisonment outcomes only.

Type of reoffence		Sex		
		Male	Female	Total
None	N	1949	199	2148
	%	59.8%	63.8%	60.2%
Prison sentence	N	952	71	1023
	%	29.2%	22.8%	28.7%
CCS order only	N	245	29	274
	%	7.5%	9.3%	7.7%
Remanded only	N	111	13	124
	%	3.4%	4.2%	3.5%
Total	N	3257	312	3569
	%	100.0%	100.0%	100.0%

Table 8.3 Re-offending in prisoners released between May 2001 and December 2002 by sex of releasee

The relatively small observed difference in male and female re-offending rates seems to contradict the almost universal research finding that males show higher rates offending rates at all ages and across all measures than females (Farrington, 1996). An earlier study of released Victorian prisoners also found that females releasees were only marginally less likely to be re-imprisoned than male releasees (Ross & Guarnieri, 1996), although studies of West Australian releasees shows substantially lower re-imprisonment rates for females than males (Broadhurst & Maller, 1990). What seems to be at work here is a selection effect. The differences between male and female offending patterns are aggregate differences across populations – on average, males are more likely to offend than females. However, these aggregate patterns are comprised of offending by individuals, and within the total population there are women who offend and re-offend with the same frequency as men. The releasee population who were eligible for *Bridging the Gap* were highly selected. To start with, the low Victorian imprisonment rate means that those who are imprisoned are highly “selected” on

the severity of their offending, the length of their criminal career, their failure to comply with community orders and parole orders, and a range of other factors associated with the probability of re-offending. Thus, men and women in Victorian prisons are more alike in these ways than men and women offenders who do not go to prison. To be eligible for *Bridging the Gap*, this population was selected again, mainly on sentence length. This may be particularly important for women, as in general women prisoners serve shorter sentences than men. So the eligibility process meant that women were being selected so that they were more like men. These selection effects are not nearly as strong in Western Australia where the imprisonment rate in 1990 was nearly four times the Victorian rate.

This digression on the difference between male and female re-offending is important because it shows how selection effects can exert a powerful influence on re-offending rates. The primary problem for understanding how participation in *Bridging the Gap* is separating out the impact of program participation from all the other individual and selection effects that influence the probability of re-offending.

8.4 Risk correlates of re-offending

There are a number of personal and criminal history factors that influence the probability of post-release re-offending. These include:

- Age: older releasees are much less likely to re-offend than young ones
- Age of first offence: offenders who commence their criminal careers when young are more likely to re-offend than those who start later in life
- The number of terms of imprisonment served
- The rate at which the offender commits offences
- A history of breaching court orders

- The offender's most recent offence – burglars and sex offenders are more likely to re-offend.
-

Actuarially-based or “static” factors risk assessment systems such as the Offender Group Reconviction Scale (OGRS) use these factors to predict the probability of future offending (Copas & Marshall, 1998; Taylor, 1999). The PIMS risk score that was used to identify releases as potentially suitable for *Bridging the Gap* was also constructed around these criminal history variables (number of prior terms of imprisonment, CCS orders, parole breaches and order breaches, and whether in Youth Training Centre custody). This relatively crude index of risk was able to discriminate between high, medium and low risk of post-release re-offending (Figure 8.2, Table 8.4). Survival analysis estimates that 17% in the low risk group will be re-sentenced to imprisonment by the end of the observation period (770 days), compared with 41% in the medium risk group and 59% in the high risk group. The selection of participants was strongly influenced by the PIMS risk score (see Chapter 4), and any analysis of re-offending needs to take into account their predicted risk.

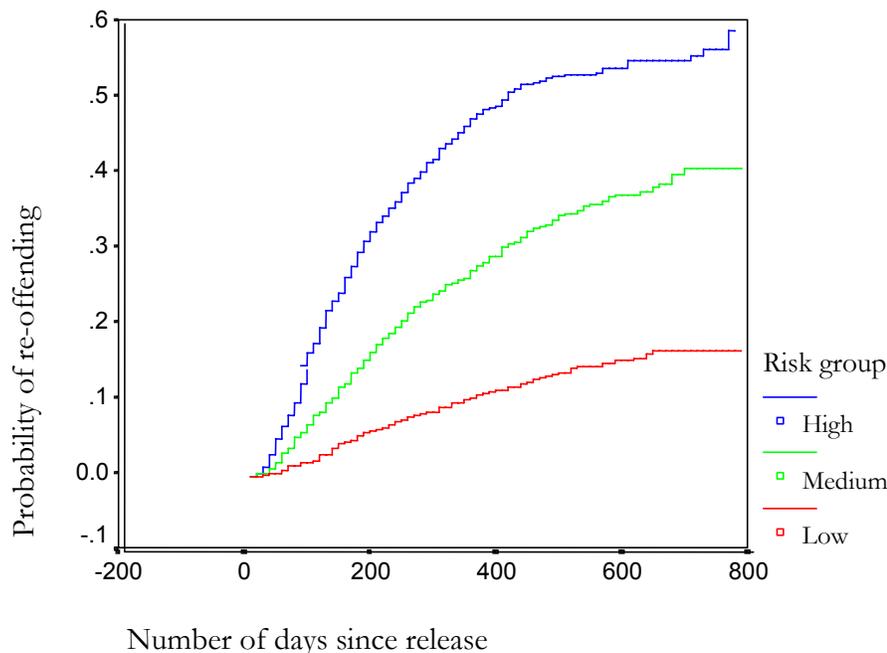


Figure 8.2 Post-release re-offending in prisoners released between May 2001 and December 2002 (Life table curve): High, medium and low risk groups

Risk group	Type of re-offence				Total	
		None	Prison sentence	CCS order only		Remanded only
Low	N	894	131	75	29	1129
	%	79.2%	11.6%	6.6%	2.6%	100.0%
Medium	N	635	302	100	34	1071
	%	59.3%	28.2%	9.3%	3.2%	100.0%
High	N	618	590	99	61	1368
	%	45.2%	43.1%	7.2%	4.5%	100.0%
	N	2147	1023	274	124	3568
	%	60.2%	28.7%	7.7%	3.5%	100.0%

Table 8.4 Re-offending in prisoners released between May 2001 and December 2002 by type of re-offence and risk group

8.4 Intermediate program outcomes and re-offending

The probability of re-offending is also influenced by a variety of life-style, family and social factors. May (1999) used data on re-convictions of 7,000 UK probation offenders to estimate the effect of a range of personal and social variables on subsequent offending. He found that drug use, employment, accommodation problems, peer group pressure, relationship problems and being a past victim of violence were significantly related to the likelihood of re-conviction. Reconviction also had a weak relationship with alcohol use and financial problems. The impact of these social problems was cumulative: offenders with multiple problems were more likely to be reconvicted than those with only one or two problems. Similarly, Bonta, La Prairie and Wallace-Capretta (1997) found that employment, peer relationships, the number of address changes, financial problems, family & marital

problems and alcohol and drug problems were predictors of re-offending by Canadian offenders. While there is substantial variation in the strength of these relationships across these and other studies, it is clear that the probability of re-offending is significantly influenced by the strength of an individual's social and family ties and the extent of their drug dependence.

A key issue for the success of the *Bridging the Gap* post-release model was whether there was a relationship between the intermediate outcomes for the program (better social integration, engagement in drug treatment and ultimately lower rates of drug dependence) and post-release offending. While there was no comparative data available on releasees who did and did not participate in *Bridging the Gap*, it was possible to compare the relative rates of post-release offending for those who showed higher or lower degrees of success in relation to these intermediate goals.

Drug dependence status		Any re-offending episode		Any re-imprisonment		Total
		no	yes	no	yes	
Unknown	N	10	16	15	11	26
	%	38.5%	61.5%	57.7%	42.3%	100.0%
Dependence	N	7	24	13	18	31
	%	22.6%	77.4%	41.9%	58.1%	100.0%
Abuse	N	3	32	13	22	35
	%	8.6%	91.4%	37.1%	62.9%	100.0%
Use	N	17	21	24	14	38
	%	44.7%	55.3%	63.2%	36.8%	100.0%
Not current	N	33	20	40	13	53
	%	62.3%	37.7%	75.5%	24.5%	100.0%
<i>Total</i>	N	70	113	105	78	183
	%	38.3%	61.7%	57.4%	42.6%	100.0%

Table 8.5 Drug dependence status by post-release offending (End-of-program reports)

The most striking finding was the very strong relationship between workers' end-of-program judgements about participants' drug dependence status and their post-release offending (Table 8.5). Over 80% of those who were judged to be dependent or abusing drugs (the most severe levels of dependence) were much more likely to re-offend or to be re-imprisoned than those who were judged to be using drugs, and this group was in turn much more likely to re-offend or be re-imprisoned than those who were judged not to have any current drug use. This relationship was highly statistically significant (drug status by re-offending, L.R.=32.7, df=4, $p<0.001$; drug status by re-imprisonment, L.R.=16.9, df=4, $p<0.01$).

The strong relationship between drug dependence status and re-offending was supported by a significant relationship between undertaking and completing a drug treatment program and re-imprisonment (Table 8.6). Those who had completed a treatment program by the end of their program involvement were much less likely to re-offend or be re-imprisoned than those who had commenced but not completed a treatment program, and this group in turn were less likely to re-offend or be re-imprisoned than those who had not engaged with a drug treatment program at all. Even though treatment program involvement shows a negative relationship with re-offending and re-imprisonment, only the re-imprisonment relationship was statistically significant (L.R.=8.8, df=3, $p<0.05$).

Treatment program status			Any re-offending episode		Any re-imprisonment		Total
			no	yes	no	yes	
Unknown	N		4	12	7	9	16
	%		25.0%	75.0%	43.8%	56.3%	100.0%
No program involvement	N		30	58	43	45	88
	%		34.1%	65.9%	48.9%	51.1%	100.0%
Incomplete program	N		22	30	36	16	27
	%		42.3%	57.7%	69.2%	30.8%	100.0%
Completed program	N		14	13	19	8	52
	%		51.9%	48.1%	70.4%	29.6%	100.0%
<i>Total</i>	N		70	113	105	78	183
	%		38.3%	61.7%	57.4%	42.6%	100.0%

Table 8.6 Drug treatment program engagement status by post-release offending (End-of-program reports)

Stability of accommodation was also related to positive post-release offending outcomes. Program participants who were reported to be in stable accommodation were more likely to not re-offend and not be re-imprisoned than those who were not in stable accommodation (Table 8.7).

Stable accommodation?			Any re-offending episode		Any re-imprisonment		Total
			no	yes	no	yes	
No	N		23	78	43	58	16
	%		22.8%	77.2%	42.6%	57.4%	100.0%
Yes	N		47	35	62	20	88
	%		57.3%	42.7%	75.6%	24.4%	100.0%
<i>Total</i>	N		70	113	105	78	183
	%		38.3%	61.7%	57.4%	42.6%	100.0%

Table 8.7 Accommodation stability by post-release offending (End-of-program reports)

8.6 *The impact of program involvement on post-release offending*

These relationships between social integration and drug use factors and the probability of re-offending pose a real problem for evaluating the impact of the *Bridging the Gap* program. The selection of releasees for participation in the program was based on their capacity to demonstrate that they had problems with drug dependence and that they were disadvantaged relative to other prisoners in social and family support they were likely to receive. Thus, we would expect that, all other things being equal, those selected for the program will have a higher probability of re-offending than releasees who were eligible for the program. This relationship can be tested by examining the re-offending rates of those who were assessed for *Bridging the Gap* but rejected the offer of a place, and those who were never assessed.

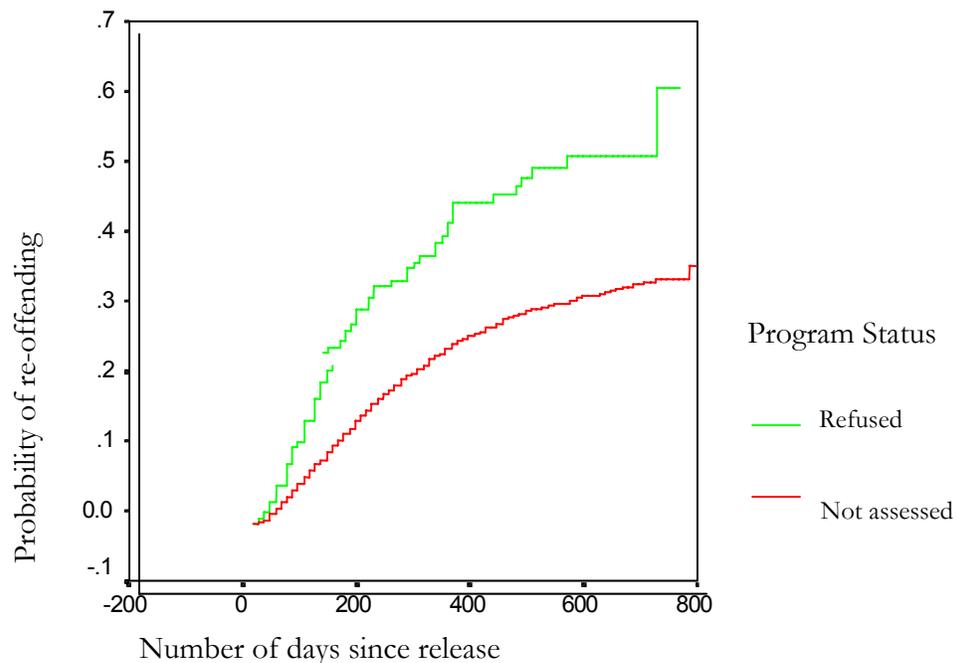


Figure 8.3 Post-release re-offending in prisoners released between May 2001 and December 2002 (Life table curve): Not assessed versus assessed but refused

It is evident from Figure 8.3 that those who were selected for assessment by the support agencies were substantially more likely to re-offend than those who were not assessed. At 700 days after release⁷ an estimated 35% of those in the Not Assessed group will have been re-imprisoned under sentence, compared with an estimated 51% of those in the Refused group.

One basis for comparison is between those who participated in *Bridging the Gap* and those who were offered and accepted a place but did not make any post-release contact. This comparison ignores any potential effects of the pre-release component alone, but should indicate whether post-release involvement with a support agency had an impact.

⁷ The substantial step increase in the survival function after 710 days is an artefact produced by a single terminal event in the Refused group when the number of survivors in the group was very small. Similar artefacts are evident in the survival distributions of other sub-groups. In order to avoid the distortions produced by these “late failures”, this and all subsequent estimates of the total proportion returning to prison are based on the proportion failing at 700 days.

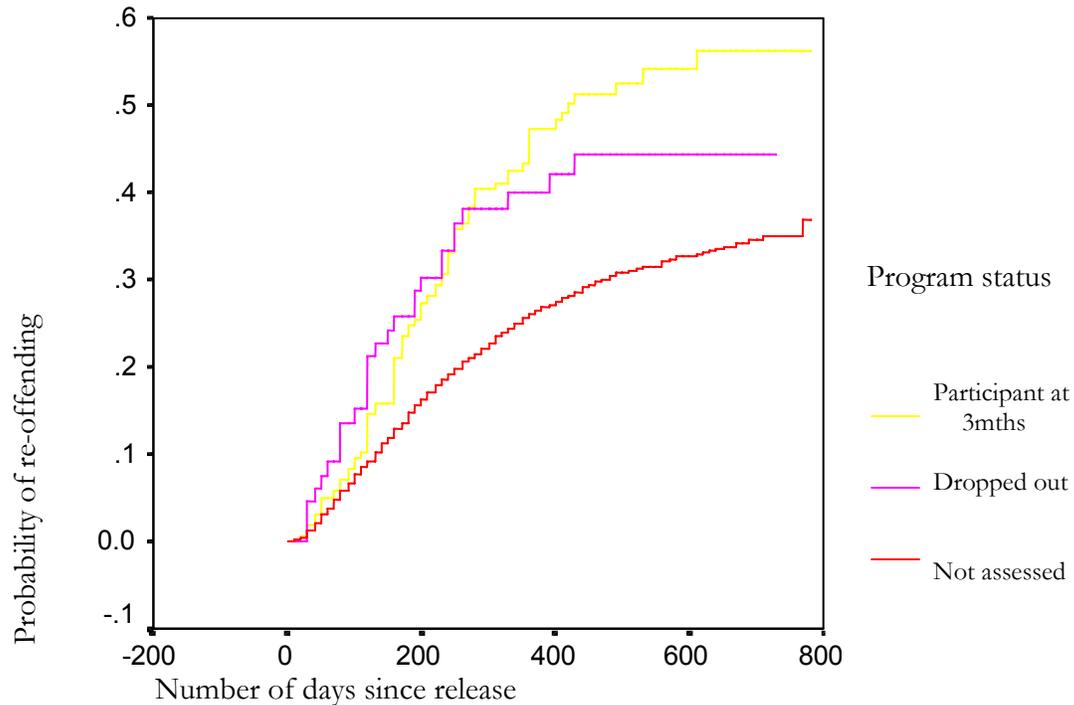


Figure 8.4 Post-release re-offending in prisoners released between May 2001 and December 2002 (Life table curve): Engaged more than one month after release versus Dropped out, and Not assessed

Figure 8.4 shows the post-release re-offending curves for those who were engaged with the program more than one month after release and those who had accepted the offer of a place but made no post-release contact.⁸ The Not Assessed curve is included to serve as a comparison. The actual data points for selected periods after release are shown in Table 8.5.

⁸ Releasees who made contact in the first month after release but not after this are excluded from this analysis. In order to estimate the effect of post-release program engagement there needs to have been a significant level of post-release contact between the releasees and his or her support agency.

Days after release	Proportion of releasees surviving			
	Engaged with BtG (N=157)	Dropped out (N=66)	Refused a place (N=128)	Not assessed (N=2518)
60	94.3	90.9	89.1	95.3
90	90.4	84.9	85.1	92.3
120	84.1	77.3	78.1	89.8
150	79.0	74.2	76.5	87.1
200	72.0	69.7	71.0	82.9
300	59.0	61.9	63.5	76.4
500	47.4	55.6 ⁹	51.0	68.9
700	43.7	55.6	49.3	65.0

Table 8.5 Proportion of releasees surviving by period after release and nature of program engagement

Initially, participation in *Bridging the Gap* seems to have had a strong “protective” effect. For the first 120 days after release, *Bridging the Gap* participants had a lower rate of return to prison than those who dropped out after release, or those who were offered a place but refused. At this stage, 16% of participants had returned to prison, compared with 23% of drop-outs and 22% of refusers. However, this protective effect appears to dissipate over time. One hundred and fifty days after release, participants have essentially the same probability of being returned to prison as refusers, and by 300 days after release they are on a par with drop-outs. From 300 days after release onwards, the participants do worse than any of the other groups.

⁹ There were only three terminal events after 250 days post-release in the survival distribution of the “dropped out” group. The survival estimates for this group at 500 and 700 days may not be reliable.

These results have important implications for post-release programs. They show that participation in *Bridging the Gap* has direct benefits for participants while they remain in contact with the support agencies. The assistance and support that they receive is instrumental in reducing their offending rate and slowing their return to prison. However, these direct benefits do not seem to translate into long-term changes. It appears that in the medium and long-term the life problems that characterise this group eventually re-assert themselves, they re-offend and end up back in prison. There is a larger issue embedded in this finding. The material problems relating to housing, income, employment and health are symptoms of more fundamental issues about prisoners. Dealing with these symptoms helps in an immediate sense but this kind of support cannot influence the basic mechanisms that lie behind offending.

8.7 Individual patterns of post-release success and failure

These results show some of the factors that influence aggregate patterns of post-release success and failure. What this kind of analysis cannot do is to show why some individuals were able to change and others were not. In our interviews with participants and workers it was apparent that different factors were important for different individuals.

A strong theme from the interviews was the importance of dealing with drug dependency. Participants and workers frequently said that failure to deal with drug dependency was the direct cause of post-release offending.

(Interviewer) How did being released this time compare with being released before?

(SEADS client) This time I managed to stay off the drugs longer. And I managed to stay out of jail longer. ... which is good. I usually only lasted one month.

(Interviewer) Were there things that you learned that helped you this time?

(MCM client) Yeh... this time I decided I'd like to change as well.

I've wanted to change, but the problem is just getting over the hurdle of the drugs.

For some offenders, the critical element in the transitional process is the decision to deal with their drug dependence. If they can control their dependence, all of the other post-release goals are achievable. If they remain dependent, any material or other supports are of little value. One participant said simply, "it all falls apart, when I'm on the pills" (SEADS client). Many workers saw a willingness to tackle drug dependence as a measure of the participant's commitment:

I said to him that given the problems that we'd had with him last time –we had problems with him coming into the office off his face and out of control – you've

really only got one chance here, and this isn't about punishment, this is about you being ready. So if there's another incident in prison or another dirty urine, it's a sign to us that you're actually not ready so we'll leave it alone until you are. And he remained drug free for the two months. He used once while he was out but still, that's drug free for him and he's just absolutely astounded that he could achieve that. (VACRO worker)

Dealing successfully with drug dependency was in turn partly a matter of stage of life. Some participants referred to the sense of their "life passing by", the fear that they will die from an overdose, or their concern that they were getting "too old for gaol".

I know that if I keep using and thieving, the only answer is I'll end up in jail for the rest of my life or end up od'ing or end up being 40 or 50 with nothing except arms that are worth millions of dollars and basically there's nothing to show for it is there? I want to have a normal life and have things to show for it. I want a family. (Brosnan client)

The program workers were conscious of the importance of releasees being "ready" to tackle the process of changing their lives. This was partly about maturation, although being older was no guarantee of post-release success. In a sense, workers were trying to identify those who were at the right stage in their life.

(Interviewer): What do you think makes someone likely to re-offend after release?

(MCM worker): I hate to say this, but young. If I have to think of the few that have gone off the rails they have been young, under 23 ...I think maturity has something to do with it. Motivation, commitment. A wild streak, the party girl thing is often a bit of a key. Impulse control, a key factor in the support, are things that come with age.

The guys that seem to be the most successful on the program are the ones that we've caught at the right time in their life. You work with some blokes and you know that they've got a bit more time left in them. (VACRO worker)

Sometimes post-release success was attributed to some special set of circumstances that gave the participant the motivation or an opportunity to change.

My girlfriend of 4 years broke up with me in jail the last time and this got me thinking. I'd lost a lot because of drugs – all my stuff, houses, jobs – she was all I had left, the only constant. So when I lost her everything was gone, I was pretty dirty on her for breaking up with me so I sorta used that for motivation. I started doing well as a sort of revenge on her. I knew she took off with another friend who was a junkie.... It was to piss her off and to get her back in a way, but once I started doing really well I realized I didn't need her back, I don't want her back. (Brosnan client)

But the fact that I've got some help with tools, a car, it's given me hope. I would've gone back to crime if I didn't have the avenue to get the tools. (ACSO client)

These accounts by workers and participants do not constitute an explanation as to the circumstances or events that resulted in success or failure. However, they do show that there are important elements of personal agency in the way that releasees go about the process of changing their lives. A program like *Bridging the Gap* may be able to solve problems that would otherwise be beyond the resources or capacities of the releasee. But the process of change is not a mechanical or automatic one where external support is all that is required. Ultimately, the process of transition from prison to the community is a process in which prisoners and their families are centrally involved in seeking to reshape their own lives, and all we can do is to offer assistance and encouragement.