



From Harm to Healing: The Role of The Miranda Project in Supporting Women at the Intersection of Violence and Criminalisation

Final Evaluation Report- June 2024

Prepared by CRC's Advocacy, Research and Policy Unit (ARPU)

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Acknowledgement of Country

The evaluation team would like to acknowledge and pay respect to the Traditional Custodians of the land on which our offices at CRC stand, to Elders past and present, and to all Aboriginal peoples within these boundaries.

CRC's Canterbury office is on the land of the Wangal, Bediagal and Gadigal peoples, our Broken Hill and Wilcannia offices are on the land of the Wiljkali and Baarkintji peoples, our co-located offices in Penrith/Nepean are on the land of the Darug and Wiradjuri peoples, and our co-located office in Newtown is on the land of the Gadigal peoples. We also have co-located offices in Coniston/Dubbo/Liverpool/Mt Druitt/Newcastle/Strawberry Hills on the lands of the Dharawal, Wiradjuri, Darug, Awabakal, Worimi and Gadigal Peoples.

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DEFINITIONS AND ACRONYMS

Definitions and Terminology

Term	Definition
Criminal justice system	The criminal justice system is any department, agency or institution that relates to criminal justice. Primarily, this refers to police, Courts, Community Corrections, and prisons.
Child ‘protection’	Child ‘protection’ refers to systems of child removal. Inverted commas are used around the word ‘protection’ to highlight how these systems often cause harm to children rather than protect them.
Desistance	Desistance relates to people ceasing offending. It is important to note that desistance journeys look different for individuals in different contexts, especially for women (Barr, 2019).
Gendered violence	Gendered violence is an umbrella term for forms of violence where gender plays a factor. This includes physical, sexual, financial, and mental harm.
Section 26	Section 26(l) of the Crimes (Administration of Sentences) Act 1999 (NSW). Section 26 allows the Commissioner of CSNSW to grant a leave permit to women with young children to serve the remainder of their sentence in the community.
First Nations	Throughout this report we have chosen primarily to use the term First Nations people to refer to Aboriginal and Torres Strait Islander people who live in so-called Australia. We use this terminology as it is considered to be more encompassing, recognising the diversity of Nation groups, as well as their sovereignty and Traditional Custodianship of the Land. At the same time, we recognise it as imperfect to encapsulate over 250 Nations, with over 800 language dialects, and their own culture, beliefs, and practices.
Women	The Miranda Project, and this report, defines women based on individuals own expression of gender identity, unrelated to gender assigned at birth.
Lived experience	Unless stated otherwise, the term lived experience in this report refers to people who have been impacted by the criminal justice system.

Acronyms

Acronym	Definition
ARG	Aboriginal Reference Group
AVO	Apprehended Violence Order
ADVO	Apprehended Domestic Violence Order
ARPU	CRC's Advocacy, Research and Policy Unit
AH&MRC	Aboriginal Health and Medical Research Council
AOD	Alcohol and other drugs
BOCSAR	Bureau of Crime Statistics and Research (NSW)
CRC	Community Restorative Centre
CSNSW	Corrective Services New South Wales
DCJ	Department of Communities and Justice (NSW)
DoCS	Department of Community Services with responsibility for child welfare, now known as the Department of Communities and Justice
EVP	Escaping Violence Payment
KPI	Key performance indicator
PWHC	Penrith Women's Health Centre
OOHC	Out of home care
TA	Temporary accommodation

EXECUTIVE SUMMARY

About the Miranda Project

The Miranda Project (Miranda) is a project of the Community Restorative Centre (CRC). It was established in 2017 to support women in contact with, or at risk of contact with the criminal justice system who have been impacted by domestic and family violence. Miranda was inspired by the expansion of Women's Centres in the United Kingdom (UK) following the Corston Report (2007) which called for a 'radically different' and 'holistic and woman-centred' approach to supporting criminalised women. Miranda works with women attending court, on community orders, and exiting prison, offering specialist, holistic, trauma-informed casework and case management, based on a long-term relational and outreach model of support.

Miranda is delivered in the Penrith and Blacktown Local Areas of Sydney and to women imprisoned in NSW Correctional Centres. It is co-located with Penrith Women's Health Centre (PWHC) which enables a safe pathway to a range of specialist women's health supports for Miranda clients, and a pathway to Miranda for other women who connect with the health service.

A core part of the service is the Miranda Hub, which is the co-located office of the Miranda Project providing drop in and scheduled access to groups, psycho-educational, and recreational activities supported by specialist criminal justice and domestic and family violence workers. The Hub provides a safe social space for women to engage and connect with each other, participate in group activities including art programs, and to access victims counselling.

Miranda caseworkers provide intensive support to around 60 clients per year, and lower-touch support to around 85 clients. At the time of interviews, the Miranda team was comprised of eight female staff, including the Program Manager, two Senior Caseworkers (one First Nations identified), four Caseworkers (one First Nations identified) and one Hub activities worker.¹ An important aspect of Miranda is its culturally safe approach to providing support to First Nations women who have experienced violence and are at risk of criminal justice contact.

About the evaluation

Project planning, administration and research began in mid-2022 and fieldwork was conducted between May and August 2023.

The aim of this evaluation is to answer the key question '**Does the Miranda Project work to reduce women's contact with the criminal justice system and support them to live safely in the community? If so, in what ways?**'. The evaluation also aims to answer 8 sub questions. These are detailed in Appendix B: Key Evaluation Questions.

¹ The Miranda Team structure changed during the evaluation period. At the time of writing this report (April 2024) the team consisted of one Program Manager, one Team Leader, one Senior Caseworker (First Nations identified), five Caseworkers (one First Nations identified) and one casual staff member.

The evaluation questions were answered through qualitative methods, comprising semi-structured, in-depth interviews with Miranda Project clients (n=17) and staff (n=8) and a literature review.

The research team comprised of Advocacy, Research and Policy Unit (ARPU) team members Lucy Phelan (Manager), Sophie Russell (Senior Researcher) and William Frazer (First Nations Researcher). All interviews with clients and staff were conducted by Lucy and Sophie, and qualitative analysis and report writing were shared amongst the research team.

The evaluation was also guided by an Aboriginal Reference Group (ARG) and received ethics approval by the Aboriginal Health & Medical Research Council (AH&MRC) and Corrective Services NSW Ethics Committees.

This qualitative evaluation will complement the concurrent quantitative evaluation of the Miranda Project. The quantitative evaluation has been conducted by an independent research agency measuring a cohort of Miranda clients' contact with the criminal justice system against a comparison cohort, using data from the NSW Bureau of Crime Statistics and Research's (BOCSAR) Reoffending Database.

Summary of thematic findings

The key thematic findings from the qualitative interviews with Miranda clients and staff reflect the centrality of client's stories in understanding the profound impact of their life histories, which ultimately drives the complexity of their support needs. These key thematic findings start by centring the client's story through the first three key themes, which is followed by six key themes which unpack how the Miranda Project has supports clients.

1. Miranda clients have survived violence and criminalisation

Experiences of violence, survival and resistance are central to the stories of Miranda clients and their involvement in the criminal justice system. The Miranda Project has specialist knowledge and skills to support women at this intersection.

2. Miranda clients have been frequently failed and harmed by systems

Clients of the Miranda project have been failed and harmed by institutions, policies, and systems over the course of their lives. As a result of these cumulative experiences, clients frequently have trauma from systems that are ostensibly there to help them.

3. The fabric of family and motherhood is destabilised by violence and criminalisation

Almost all Miranda clients are mothers but have frequently had their children removed from their care. The removal of children is traumatising and has long-lasting implications for the wellbeing of criminalised women and their children.

4. Miranda's program design enhances client engagement and positive outcomes

The Miranda Project works well to support clients due to a number of central features of the 'mechanics' of the program model including a client-centred approach to support, offering service delivery which is flexible and responsive to client needs, having a physical location including the

Miranda Hub and 'drop-in' services which provide additional opportunities for engagement, and a considered and hands-on approach to client referrals to other services in the community.

5. Clients are assisted with addressing multiple practical needs

The Miranda Project supports clients to meet their basic human needs as a fundamental starting point. Clients who have been in prison, and those escaping violent relationships, typically have little to no economic resources, and are usually facing homelessness. Miranda works with clients to address multiple practical needs such as housing, accessing brokerage and basic living necessities, financial security, addressing mental and physical health, legal and court needs, gaining identification, and supporting with the development of independent living skills.

6. Supporting clients with rich and complex histories is underpinned by staff skill and relational approach

Working with clients who have rich and complex histories and associated support needs, requires a very sensitive relational approach which is underpinned by a high level of skill, understanding and emotional intelligence. It was found that this is demonstrated through practical support being delivered by staff with a high level of care and empathy, as well as more overt relational/emotional support.

7. The Miranda Project has specialist skills to support women experiencing violence

The Miranda Project has specialist skills in working with women who have experienced violence. The team draws on practices and frameworks which support client agency, choice, and control in the decisions they make about their own lives, while also taking seriously concerns regarding individual safety.

8. The Miranda Project works sensitively and effectively with clients who have complex family relationships

The family relationships of Miranda clients are complex, but often incredibly important to women. Relationships with children are particularly important to women but have often been fractured through government systems including child 'protection'. The Miranda Project works with women to support positive family relationships with broader family members, and undertakes important work in reunification with children.

9. The Miranda Project is a culturally safe service

In recognition of the over criminalisation and imprisonment of First Nations women in criminal justice systems and the intersection with experiences of violence, services supporting First Nations women must be culturally safe. Having a culturally safe service is key to ensuring First Nations staff and clients engage with and feel supported by the service. The Program model aligns with culturally safe service provision principles and across interview cohorts, both Miranda Project clients and staff described it as a culturally safe service. The Miranda Project is committed to continuous enhancement of cultural safety practice principles.

Summary of findings to key evaluation questions

Key findings to the evaluation questions developed against the program logic domains are outlined in the table below.

Key evaluation question	Key findings
1. How does the Miranda Project engage clients?	<p>The Miranda Project engages clients in a relational, empathetic, and flexible way that is appropriate and tailored to individual client's needs, experiences, and culture. Key components to this approach include:</p> <ul style="list-style-type: none"> • Pre-release engagement: For clients who are referred from prison Miranda will first engage with a client while they are in prison to begin to build rapport. Clients are then supported into community using a throughcare model. • Client centred/ led: Clients are engaged in ways that are appropriate to their needs i.e. holistic, flexible, culturally safe and client led. This includes "moving at the speed of trust", and engaging clients in safe and comfortable settings. • Holistic 'wrap around' support: Miranda engages clients flexibility and responsively to support clients across a range of needs which change over time and does not address client needs in 'silos', but works to understand the interrelationship between them. • Positive and non-punitive: Miranda engages clients using a positive and non-punitive approach, which used positive reinforcement and strengths-based language. • Staff skill, experience, training and approach: The skills of Miranda staff are central to successful engagement, whereby staff need to be empathetic and reliable, yet also set very clear boundaries and expectations from clients. It is central that Miranda employs well trained staff, including dedicated First Nations positions, and staff with lived experience. • The Hub: The Hub model (which is co-located in PWHC) provides an alternative method of engagement for clients who may prefer group and more casual settings of engagement. • Step-up/step-down approach: Clients engage with the program on a step-up/step-down approach as their needs, confidence, and trust of the program progress.
2. How does the Miranda Project work to divert women from the criminal justice system?	<ul style="list-style-type: none"> • Miranda Project diverts women from the criminal justice system by supporting clients to holistically address drivers which may be related to their criminalisation including: <ul style="list-style-type: none"> ○ Supporting clients to stay safe from violence through helping clients to access safe accommodation, ○ Connecting clients with legal support, ○ Counselling and compensation through victim's services,

	<ul style="list-style-type: none"> ○ Support with mental health, and ○ Support with substance use ● Support from Miranda also increases motivation and confidence in clients to live safely in the community. ● Miranda staff also support clients with adhering to orders and supporting them through their legal matters.
3. How does the Miranda Project work to develop independent living skills of clients?	<ul style="list-style-type: none"> ● The Miranda Project works to develop independent living skills through both relational and practical support. <ul style="list-style-type: none"> ○ Relationally this is related to building client confidence and agency. ○ Practically this is related to upskilling clients with their literacy and numeracy, financial management, technological support, and transport skills. ○ Clients are sometimes connected to external providers to further develop these skills. ● Employment and education supports are provided when needed, but typically a lower priority for clients until basic needs are met.
4. In what ways does the Miranda Project improve access to safe and appropriate housing for clients and support clients to maintain their tenancies?	<ul style="list-style-type: none"> ● Housing was the most commonly identified need. ● Clients are assisted with housing through helping clients with housing system navigation and the processes to apply for housing, including emergency, transitional and longer-term social housing. ● Miranda advocating for clients to access housing which is appropriate to their needs ● Clients are also assisted with financial supports and brokerage to furnish and sustain accommodations. ● Clients are assisted in developing financial and independent living skills to aid in sustaining tenancies.
5. In what ways does the Miranda Project help clients to build trust, agency and confidence in accessing mainstream services?	<ul style="list-style-type: none"> ● Many services fail to meet the needs of criminalised women in a trauma-informed or culturally safe way. ● Therefore, the Miranda Project works to increase access to mainstream services through advocating to services on behalf of clients and increasing the capacity of clients to access services by: <ul style="list-style-type: none"> ○ Providing encouragement and emotional support for client to begin to access external services. ○ Where possible, only referring clients to services that Miranda staff know to be trauma-informed, culturally safe and the capacity to appropriately support criminalised women who have experienced violence. ○ Attending meetings at services with clients to provide emotional support (and providing transport to external meetings).

	<ul style="list-style-type: none"> ○ Acting as an information conduit between service providers and Miranda clients to assist client's understanding and comprehension of often deliberately bureaucratic and administrative language. ○ Advocating for clients, and generally, in a way that simultaneously educates service providers to improve their practice to better support clients who have experienced violence and criminalisation. ○ Building client's confidence and skills in self-advocacy to be able to access services themselves.
6. How does the Miranda Project enhance the safety and wellbeing of clients?	<ul style="list-style-type: none"> ● Enhancing the safety and wellbeing of Miranda clients is central to the work of the Miranda Project. This is achieved by relational support which considers the whole person and treats clients with dignity and respect. This relational support works alongside the practical supports such as support with housing. ● Other key elements to enhancing the safety and wellbeing of clients include: <ul style="list-style-type: none"> ○ Reframing resistance to violence and utilising response-based practice, ○ Assisting women to understand violence in its multiple forms, ○ Providing non-judgemental advice in the context of violence, ○ Assisting clients to create safety plans regarding their experiences of violence.
7. How does the Miranda Project align with good practice in the diversion and re/integration support for criminalised women with experiences of violence?	<ul style="list-style-type: none"> ● The Miranda Project model and practice aligns with good practice in for supporting criminalised women with experiences of violence. Aspects of good practice include: <ul style="list-style-type: none"> ○ Being trauma informed, ○ Providing holistic throughcare, ○ Providing non-judgemental relational support, ○ Have flexible, client-led service provision, ○ Being culturally safe for clients. ● Through client advocacy, demonstrating good practice and educating the sector, Miranda also improves practice within the sector.
8. Is the program sustainable and how could it be improved?	<ul style="list-style-type: none"> ● Program sustainability is underpinned by Miranda's specialisation and ethos as defined in the program logic, as well as strong leadership and management ● Program sustainability is indicated by well supported staff.

	<ul style="list-style-type: none"> • Program sustainability could be enhanced by longer-term funding. This would increase staff retention and flexibility in timeframes of support for clients. • Client outcome sustainability is indicated by increase in mainstream service access, client empowerment, and improved wellbeing of clients. • Client outcome sustainability is supported by the step-up/step-down approach of the service with the Hub and drop-in services.
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1 INTRODUCTION

1.1 Program background

The Miranda Project was established in 2017 to support women in contact, or at risk of contact with the criminal justice system who have been impacted by domestic and family violence. The Miranda Project works with women attending court, on community orders, and exiting prison. Miranda offers specialist, holistic, trauma-informed case management, based on a long-term relational and outreach model of support. The program is co-located with the Penrith Women's Health Centre (PWHC) and offers weekly group sessions through the Miranda Hub.

1.1.1 Program clients

The target client group for the Miranda Project is adult women,² who are at risk of criminal justice system contact and women leaving prison, who have been impacted by domestic and family violence. The program supports women anywhere along the criminal justice continuum including those on bail, on community orders, in custody (remand and sentenced) and women with no current orders but who are at risk of going to prison. All Miranda program participation is voluntary.

1.1.2 Program aims and objectives

The long-term goal of Miranda is for women to feel safe, free from domestic and family violence, connected to community, empowered and in control of their future³. To do this, clients need to be able to access services and support, free from discrimination and stigma. Miranda aims to deliver a range of outcomes for women at risk of violence and their families, including:

- Women feel safe, experience lower rates of violence, and access appropriate supports in response to instances of violence.
- Women remain in community instead of being taken into custody.
- Women have access to safe and stable housing.
- Women receive appropriate services to meet their mental health, alcohol and other drugs, and social and emotional wellbeing support needs.
- Women attain higher levels of education, training, and employment.
- Family relationships between parents and children are healthy.
- Women demonstrate competence and confidence in economic responsibility.
- Women access relevant mainstream services to support their lives and families.

² The Miranda Project offers support to all who identify as women or non-binary.

³ A detailed Program Logic for the Miranda Project can be found in Appendix A.

1.1.3 Program components

Women can come to Miranda through several referral pathways: most commonly from Corrective Services NSW (CSNSW) or through PWHC. Clients are also referred through other CRC programs, from other government agencies, other service providers, or through self-referral.

There are four key elements to the delivery of the Miranda Project:

- Intensive casework support
- Lower-level support 'lower-touch'
- Women's Diversion Pathways Program (WDPP)
- The Hub (physical location at PWHC to facilitate activities such as art classes)

Miranda is a flexible program, and as a result clients can be involved in all four program components. For example, a client released from prison under the WDPP may receive intensive casework support for a period of time, while engaging in Hub-related activities, before moving to lower-level support. Alternatively, women may be involved in just one component of the program such as only engaging in lower-level support. The intensity of the support required is responsive to individual needs. Generally, the support required is most intensive for the first 3 months women are in the community following their exit from prison. For clients referred from community, the first three months of program involvement is the most intense period of support.

Intensive casework support

Intensive casework support is the most common type of support provided by Miranda. In the year 2021/22, 72 clients received intensive casework support. One full-time caseworker will support a maximum of approximately 10 'intensive' casework clients at any one time. Workers aim to meet clients at least once a week, as well as have regular phone check-ins. However, the intensity and regularity of this support will vary according to client need. Intensive case-work clients are generally supported to address all their pressing needs which commonly include finding safe and appropriate housing, help accessing financial support (Centrelink), and referrals to legal, health (including mental health) and domestic violence victim's services.

Miranda supports intensive casework clients for around 12 to 15 months. For women referred from a custodial sentence, the program will generally start working with them 3 months prior to their release, and then 12 months in the community. However, as the program is voluntary and responsive to individual needs, women may decide to disengage earlier if they no longer need support. Though rare, the program may also continue to work with clients for more than 12 months in the community if necessary. There are certain circumstances in which ceasing support during a period of crisis would be considered unethical. Circumstances where support may be extended beyond 12 months include if there are upcoming court matters; unpredictable outcomes related to clients who are on bail/remand; or if a client is pregnant.

Lower-level casework support

Lower-level support is provided to women who have lower intensity of need but still benefit from receiving information, warm referrals to other services and engagement in the Miranda Hub. In the year 2021/22, 46 women received lower-level casework support. This support is provided through just a few engagements with Miranda staff. If it is identified that a woman has more complex needs than

can be met at this lower-touch level, they will be stepped up to intensive casework if the program has capacity.

Women's Diversion Pathways Program⁴

In July 2021, Miranda was selected to work in partnership with CSNSW on a new WDPP, to provide transitional support for up to 12 women and children exiting prison, with a particular focus on supporting women released under Section 26(l) of the *Crimes (Administration of Sentences) Act 1999* (NSW). Section 26 allows the Commissioner of CSNSW to grant a leave permit to women with young children to serve the remainder of their sentence in the community.

Women referred to the program have been identified by CSNSW as low to medium risk with high level of need, and most have previously had difficulty complying with parole orders. Section 26 orders are unique in that while women released under these orders are no longer in prison, they are still under sentence and technically under supervision by CSNSW Custodial Services. As a result, they are still classified as an 'inmate' and their supervision does not fall under the responsibility of Community Corrections, the organisation that usually holds responsibility for supervising all people serving sentences in the community. Due to the unique circumstances of women released under Section 26 orders, much of the supervisory and reintegration support comes through Miranda caseworkers, who work with women holistically around their reintegration needs and prepare their clients to comply with the conditions of their parole order, which begins following the expiration of their custodial sentence.

The WDPP is an innovative response to the growing number of women with caring responsibilities in prison, particularly First Nations women. There is limited empirical or scholarly literature evaluating the operation of similar schemes – in Australia or elsewhere, so the present evaluation aims to fill an importance gap in the research and understanding.

The Hub

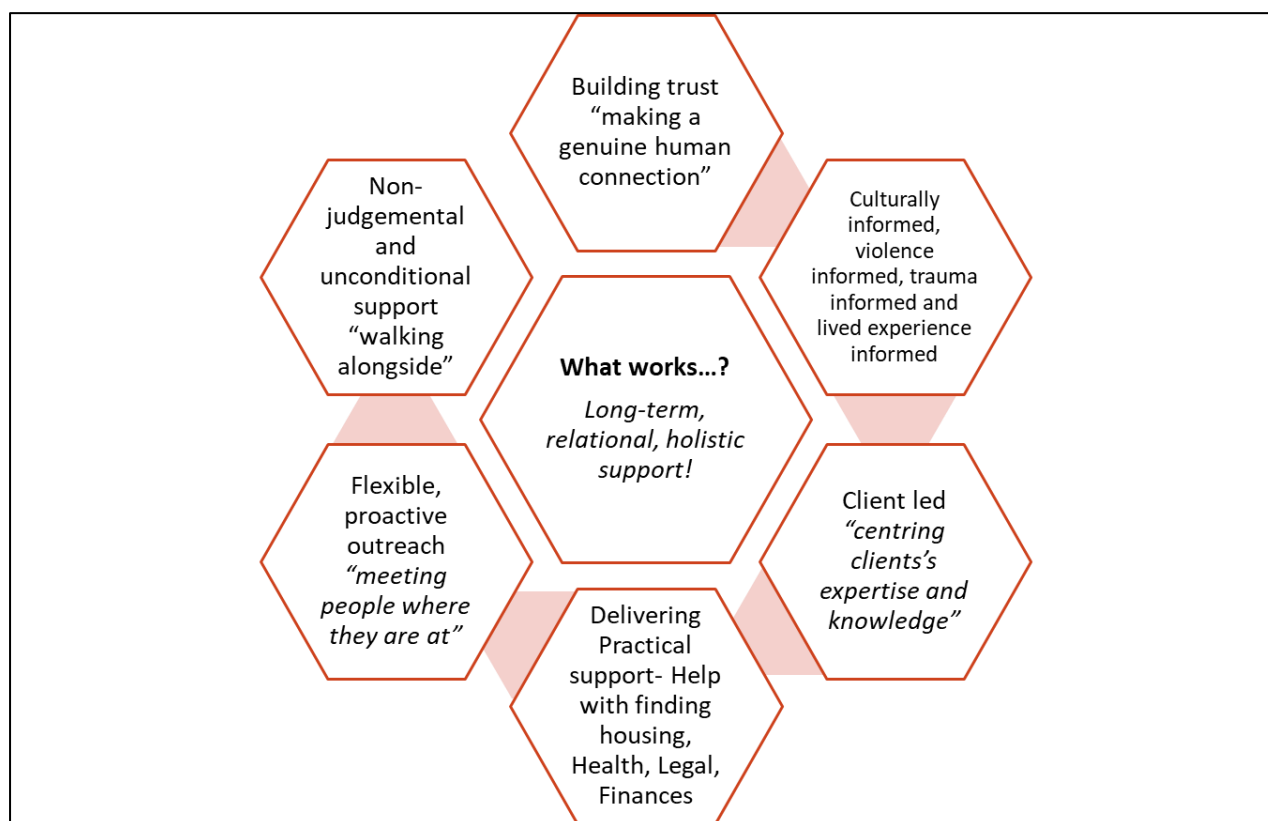
A key component of the Miranda Project model is its co-location with PWHC which enables a safe pathway to a range of specialist women's health supports for Miranda clients, and a pathway to Miranda for other women who connect with the health service. The Miranda Hub provides a safe space for women to engage and connect with each other, take part in group activities including art programs, and to access victims counselling. Caseworkers encourage program participants to participate in the Miranda Hub.

1.2 CRC's model of practice

Through previous evaluations and literature, CRC has developed a core program model that is effective in support people exiting prison:

⁴ Evaluation findings related to the WDPP are detailed in a supplementary report.

FIGURE 1: CRC'S MODEL OF PRACTICE



Source: Sotiri, M., McCausland, R., Reeve, R., Phelan, L. and Byrnes, T. (2021) "They're there to support you and help you, they're not there to judge you" *Breaking the cycle of incarceration, drug use and release: Evaluation of the Community Restorative Centre's AOD and reintegration programs*, Sydney, CRC, UNSW and NSW Government.

The Miranda Project engages in good practice by following this model and tailoring it to the needs of women who have experienced violence. As will be shown throughout the report, the Miranda Project practices each component of this model to achieve positive outcomes.

It's the approach of CRC, and I think that comes with the non-stigmatisation, no judgement. The caseworkers are warm, they, they don't make the client feel judged and un-heard. Just listening and hearing, sometimes it's just answering the phone, and listening, and validating, and allowing that client to feel heard with that concern...Client[s] say that... they just don't feel looked down on or judged by CRC. And they have felt that with a lot of other services. (Miranda Staff 4)

1.3 Policy background

The imprisonment of women in NSW

Women are a fast-growing population group in prisons in Australia and around the world (Dominey & Gelsthorpe, 2020). NSW has the second largest number of women in prison of any Australia jurisdiction, accounting for 27.5% of the total number of women imprisoned nationally (Australian Bureau of Statistics, 2023). As of 30 September 2023, there were 814 women in prison across NSW, however, this census figure does not capture the more volatile picture of how many women periodically return to prison over the course of a year. For example, over the 12-month period from October 2022 to September 2023, 2,379 women were released from NSW prisons, which is due to the fact that women in prison are often on remand or serving short sentences, cycling in and out (NSW Bureau of Crime Statistics and Research, 2023).

Research from NSW has found that the increase in the number of women in prison is not because they are committing more serious offences, but due to the fact that more women are appearing before the courts with multiple prior court appearances and are caught in cycles of imprisonment (Ooi, 2018). 72% of women in prison in NSW have been in prison before (Justice Health & Forensic Mental Health Network, 2017b) and almost half (48%) of women in prison in NSW are on remand, which means they have not yet been found guilty or are awaiting sentencing (NSW Bureau of Crime Statistics and Research, 2023). First Nations women are significantly overrepresented, and are 21 times more likely to be imprisoned in comparison to non-Indigenous women (Australian Law Reform Commission, 2017).

There are three designated women's prisons in NSW: Silverwater Women's, Dillwynia and Emu Plains, as well as female-only units at Broken Hill, Wellington, and Mid North Coast Correctional Centres, and designated beds for women at Long Bay Hospital. There is also a residential program for women with children that operates at Jacaranda Cottages at Emu Plains and two Transitional Centres (Bolwara and Parramatta) which provide support to women approaching release from prison.

1.3.1 Gaps in literature and significance of the current evaluation

Most women in prison have experienced family and domestic violence (ANROWS, 2020), and there is increasing focus on the distinct gendered experiences of criminalised women, cycling in and out of the criminal justice system (Carlton & Segrave, 2011, 2013; Dominey & Gelsthorpe, 2020). This scholarship indicates that without comprehensive support and in the absence of appropriate, community-based support, many women who are at the intersection of criminalisation and experiences of violence, are negatively impacted by the criminal justice system, with long-term intergenerational impacts for their children and families, particularly for women who are at the intersection of racialised and class-base disadvantage (Anthony et al., 2021). Alongside this, we have seen renewed interest in 'what works' in supporting women to divert them away from the criminal justice system (Martin et al., 2009; Worrall & Gelsthorpe, 2009).

There is now growing evidence of the benefits of gender-specific, holistic, community-based diversion and reintegration support which works to address the structural and systemic drivers and thereby reduce women's contact with the criminal justice system (Gelsthorpe, 2007; Worrall & Gelsthorpe,

2009). However, less rigorous evidence exists on the exact mechanisms through which this takes place. This evaluation aims to fill this gap in knowledge, paying particular attention to the program components.

2 METHODOLOGY

2.1 Theoretical underpinnings

The rationale for this evaluation is to better understand how the Miranda Project is working from a qualitative approach, which will provide greater insights (and nuance) into what is working well for clients, how the program can be improved, and to also contribute to the evidence base about ‘what works’ in supporting women involved in the criminal justice system who have experienced violence.

This evaluation is informed by critical theoretical perspectives related to decolonisation and intersectionality. These theoretical perspectives provide guidance on the research methodology as well as provide a conceptual framework through which to analyse and interpret the data.

2.1.1 Decolonial perspectives

Social and scientific research has often been used as a tool of the colonial project. Indigenous worldviews have either been marginalised, ignored or analysed ‘through a Eurocentric point of view’ in research (Hart, 2010). Decolonising methodologies are those that value Indigenous worldviews and asserts Indigenous peoples’ ‘sovereign right to determine our research agendas informed by our politics and our commitment to social justice for our people’ (Moreton-Robinson, 2013, p. 336).

Much Australian prison scholarship has relied on non-Indigenous researchers and methodologies that objectify and pathologise Indigenous peoples through quantitative measures, and which do little to contextualise and prioritise Indigenous standpoints, worldviews and experiences (Sherwood et al., 2015 p. 179). Jiman and Bundjalung scholar Judy Atkinson (2002) states that prioritising Indigenous worldviews is not just an ethical matter, but a vital research consideration. To have meaningful outcomes for First Nations communities, research projects must prioritise Indigenous perspectives and expertise.

We are informed by and align this evaluation with Sherwood and Kendall’s (2013, p. 87) features of decolonising methodologies:

- Illustrating the power differentials,
- Emphasising the ongoing maintenance of colonisation throughout all dominant organisations such as governments, health services, universities, and legislation,
- Providing and not obscuring the vital context of the issue or circumstances being investigated,
- Deconstructing old myths and revealing practices used to problematise Australian Indigenous peoples in the past and currently,
- Examining hegemonic practice and oppressive policy,
- Recognising, respecting, and utilising Indigenous ways of knowing, being and doing for every country, and
- Providing balancing stories (see also Sherwood, 2010).

In thinking about the purposes of our research and who research is for, we also reflect on Cunneen and Tauri's (2016, p. 41) argument that 'it is essential that we ensure that the knowledge about Indigenous peoples that we assemble and disseminate, reflects their experiences and has a positive impact on their lives'. We are driven by Tuhiwai Smith's (1999, p. 10) key critical questions which have been reflected on throughout this evaluation process, specifically: Who's research is it? Who owns it? Whose interests does it serve? Who will benefit from it? Who has designed its questions and framed its scope? Who will carry it out? Who will write it up? How will its results be disseminated?

Engagement of an Aboriginal Reference Group (ARG) for this study has helped us to answer these questions and to ensure that our answers to them are aligned with ethical practice in research which is concerning the experiences of First Nations people. The ARG (which we discuss in more detail in below sections) provided governance of the project and insight into the appropriate dissemination of research findings relevant to First Nations clients.

2.1.2 Intersectionality

This evaluation is also informed by the theoretical concept of intersectionality, which is an analytical framework used to understand the ways in which social structures of class, race, gender, ability, ethnicity (amongst others) intersect and combine to create compounding forms of oppression and disadvantage (or privilege). The concept was developed by Black feminist scholar Kimberlé Crenshaw, following her critique that Black women had been marginalised in western feminist thought and her analysis that the intersectional experience of both racism and sexism is greater than its sum (Crenshaw, 1989).

Intersectionality is used to expand the conceptual and practical boundaries of reintegration scholarship for women (Fader & Traylor, 2015), especially for those with multiple and complex support needs (Bunn, 2019). This evaluation is informed by the concept of intersectionality in that it seeks to highlight the intersecting forms of oppression experienced by Miranda clients and interrogates the power dynamics and social structures which drive marginalised women's criminalisation. As an analytical tool, intersectionality helps to understand the ways that the axes of disadvantage experienced by Miranda Project clients must be treated as a cumulative whole.

2.2 Evaluation design

2.2.1 Literature review

To inform the design and implementation of the evaluation, the research team conducted an in-depth review (8,000 words) of Australian and international, academic and grey literature examining gendered pathways into (and out of) prison, highlighting literature relevant to the experiences of First Nations women.

The review identified that scholarship on pathways to criminalisation, reintegration and desistance have historically been informed by understandings related to (generally white) male custodial populations. It found that while there is a slowly growing body of literature exploring the distinct pathways into and out of prison for women, there is a significant gap in the literature on the experiences of diversion of women from prison and their experiences under community sanctions,

including parole, and also the ways in which community-based reintegration programs work to support women exiting prison to live safely (and free from violence) in the community. The review also found that despite the growing number of First Nations women in prison, there is limited research on their experiences under parole supervision, engagement in post-release support services, healing approaches within post-release reintegration support, and how services can be delivered in the most culturally sensitive manner and enhance cultural safety.

2.2.2 Participatory Action Research

This research is informed by Participatory Action Research - a collaborative, and iterative approach, focused on empowering participants and creating action-focused research (Baum et al., 2006). One aim of Participatory Action Research projects 'is that they involve and have positive transformative outcomes at a *local or community level*' (Aldridge, 2015, p. 24). This research is driven by an aspiration for social and political change in that we hope to build the evidence base around 'what works' in keeping women free from oppressive structures of criminal legal systems (Aldridge, 2015, p. 24).

In drawing on this approach, we recognise that clients and staff of the Miranda project carry specific expertise and knowledge which are key to the program's improvement. Research was informed by decolonial perspectives and Indigenous methodologies require that knowledge is co-produced with those who are researched. The existence of the Aboriginal Reference Group is in line with a Participatory Action Research approach.

2.2.3 Aboriginal Reference Group

An ARG was formed to provide guidance on the proposed research approach, aims, questions, methods, output, and the communication of research findings. The ARG also provided input on evaluation findings, dissemination methods and reviewed the draft report. As CRC is a non-Indigenous organisation, the purpose of the ARG for this evaluation was to provide project governance and to ensure that the analysis is culturally relevant and meaningful for First Nations populations.

The reference group comprised of five Aboriginal women with experience and expertise of the criminal justice system and/or domestic and family violence, including an ex-client of CRC. The group met multiple times over the course of the evaluation and all members were reimbursed \$250 each per meeting for participation and preparation. Members of the ARG who are interested in co-authoring publications from the evaluation will be encouraged and supported to do so.

2.2.4 Evaluation Team and the Advocacy, Research and Policy Unit (ARPU)

The research team comprised Lucy Phelan (Manager, ARPU), Sophie Russell (Senior Researcher, ARPU) and William Frazer (First Nations Researcher, ARPU). All interviews with clients and staff were conducted by Lucy and Sophie, and qualitative analysis and report writing were shared amongst the research team.

ARPU provides the foundation for rigorous evidence-based practice that guides CRC's work from service delivery to systemic advocacy. ARPU was formed in 2014 and was formally funded in

September 2021 by the Paul Ramsay Foundation (PRF), which has provided the opportunity to strategically build and grow the unit into the future.

The ARPU exists to achieve better outcomes for people impacted by the criminal justice system on both a service delivery and systemic level through reviewing, conducting, and translating research and evidence to guide CRC's work, as well as agitate for broader policy and sector reform. The work we carry out is wide and varied and aims to be responsive to CRC's needs and the political climate. Importantly, our work is informed by the lived experience of the people with whom we work, CRC staff, the wider NGO sector, as well as academic and expert partners.

2.3 Key Evaluation Questions

The evaluation questions were designed against the Miranda Project Program Logic found in Appendix A. The overarching question this evaluation aims to answer is '**Does the Miranda Project work to reduce women's contact with the criminal justice system and support them to live safely in the community? If so, in what ways?**'. To answer this question, a range of sub-questions were formulated to specific domains. These questions are:

- How does the Miranda project engage clients?
- How does the Miranda program work to divert women from the criminal justice system?
- How does the Miranda project work to develop independent living skills of clients?
- In what ways does the Miranda project improve access to safe and appropriate housing for clients and support clients to maintain their tenancies?
- In what ways does the Miranda Project help clients to build trust, agency and confidence in accessing mainstream services?
- How does the Miranda Project enhance the safety and wellbeing of clients?
- Does the Miranda Project align with best practice in diversion and reintegration support for criminalised women with experiences of violence?
- Is the program sustainable and how could it be improved?

Further details on the evaluation questions can be found in Appendix B: Key Evaluation Questions.

2.4 Data collection

2.4.1 Qualitative interviews

To answer the evaluation questions, the evaluation undertook 25 semi-structured interviews with 17 clients and 8 staff members. Interview outlines can be found in Appendix C: Interview Questions

Client interviews

Interviews were conducted with clients at all levels of service delivery. It is also important to note that clients may have previously received other levels of service delivery during their engagement in the Miranda Project. The cohort also represents the cultural diversity of Miranda clients, with ten of the 17 interviewees identifying as First Nations.

TABLE 1 MIRANDA CLIENT INTERVIEWS

Cohort	Number of participants
Intensive casework clients (meeting with caseworker at least weekly)	11
Lower touch/Hub clients (have engaged with Miranda Project, and received some basic support, and/or attended a 'Hub' activity)	1
Women's Diversion Pathways program clients	5

This sample size was chosen based on numbers of Miranda clients. Suitable participants were identified by Miranda staff and then contacted by a member of the research team to discuss potential participation. Interviews took 45-60 minutes and were conducted over telephone, online via Microsoft Teams, and in person.

Clients were reimbursed for the time taken to participate in the interview and were given the choice of receiving a \$100 cash payment, EFT transfer or gift voucher. The reimbursement amount was decided in consultation with AH&MRC Ethics Committees and complied with the CSNSW Ethics Committee.

Staff interviews

All Miranda Project staff (n=8) were interviewed as part of the evaluation. Staff interviews took approximately 45-60 minutes and were all conducted face-to-face. Staff were not reimbursed for their participation which took place during their usual work hours.

2.5 Analysis

Interviews were transcribed using a professional transcription service, before being coded using Braun and Clarke's (2006) six stages of thematic analysis: data familiarisation; coding; generating initial themes; developing and reviewing themes; refining, defining and naming themes; and writing up. Thematic analysis was undertaken with the assistance of NVivo software. The draft thematic analysis was presented to the Aboriginal Reference Group to supply guidance and input ahead of writing the draft and final report.

2.6 Ethical considerations

Acknowledging the vulnerability of CRC clients and that criminalised populations are often over-researched, there was an aim to make the research process as least invasive as possible. The ARPU research team have significant experience conducting interviews with marginalised and vulnerable groups about their experiences of criminal justice interventions and social programs. All care was taken to ensure interviews are conducted in line with a trauma-informed approach.

ARPU conducted consultations with Miranda staff and the ARG to ensure our methods were trauma-informed and culturally safe. All interviews took place with informed consent and Interviewees were welcome to have a support person with them. First Nations participants were provided with the option

of having their interview conducted by a female First Nations researcher. All interviewers on the research team were female.

Ethics approval was approved from the AH&MRC ethics committee, and the research followed the National Statement on Ethical Conduct in Human Research and the Australian Institute of Aboriginal and Torres Strait Islander Studies Guidelines for Ethical Research in Australian Indigenous Studies.

2.7 Limitations

2.7.1 Limitations to participant cohort

The sample of clients interviewed was skewed toward clients who were contactable and willing and able to consent. It is likely these clients had gained a reasonable level of stability in their transition into the community, and therefore might report more favourable outcomes than those clients who were unable to participate. In discussing recruitment of clients with CRC staff, staff often considered that some of their clients would find it too difficult to sit through an hour-long interview for various reasons or might not be able to consent due to the influence of substances. It was also out of scope for this evaluation to interview external stakeholders and collaborators of the Miranda Project.

This contributed to only having interviewed one low touch/Hub client. However, due to the step-up and step-down approach of Miranda, many intensive casework clients have also experienced the lower touch model of support during their engagement. As such, data saturation was reached with the amount and diversity of interviews conducted.

2.7.2 Covid-19

Covid was highly disruptive of Miranda Project service delivery. For a considerable amount of time, in person service delivery could not be undertaken, meaning all casework was done over the phone. At the same time, the Hub and drop-in components of the service were not operating. As such, some clients interviewed did not experience the typical model of the Miranda Project. There is also limited insight on the operation of the Hub and drop-in service.

2.7.3 Single method evaluation

This evaluation employed a single methodology of qualitative interviews. A quantitative evaluation was completed by external consultants Soulab concurrently and should be considered with this evaluation. The in-depth literature review also supplemented the data and provided further insight into the evaluation.

3 KEY THEMATIC FINDINGS

This section of the report details the key thematic findings from the qualitative interviews with Miranda clients and staff. While the focus of the evaluation was to understand how the Miranda Project has worked to support clients across each of the domains detailed in the program logic, analysis of client and staff interviews indicated how central client's stories are in understanding the profound impact of their life histories, which ultimately drives the complexity of their support needs.

Therefore, these key thematic findings start by centring the client's story through 3 key themes:

1. Miranda clients have survived violence and criminalisation;
2. Miranda clients have been frequently failed and harmed by systems; and
3. The fabric of family and motherhood is destabilised by violence and criminalisation.

This is followed by 6 key themes which unpack how the Miranda Project has supported clients:

1. Miranda's program design enhances client engagement and positive outcomes;
2. Clients are assisted with addressing multiple practical needs;
3. Supporting clients with rich and complex histories is underpinned by staff skill and relational approach;
4. The Miranda Project has specialist skills to support women experiencing violence;
5. The Miranda Project works sensitively and effectively with clients who have complex family relationships; and
6. The Miranda Project is a culturally safe service.

3.1 Miranda client backgrounds and histories

Intersectionality as a framework for understanding the needs of Miranda project clients

As noted in the Methodology section, intersectionality has been a guiding concept drawn on throughout this evaluation. The concept provides a framework to understand the way that the various social structures of class, race, gender, and ability intersect and combine to create compounding forms of oppression and disadvantage. For example, a First Nations client who is supported by the Miranda Project does not experience disadvantage on the basis of her gender *plus* her race; but these experiences are interconnecting and reconstituting, as the impact of patriarchy and colonialism interact in complex ways (Baldry & Cunneen, 2014). In this way, the needs of women supported by the Miranda Project are not simply additive but are *multiple* and *intersectional*. As one staff member of the Miranda Project explained:

For Miranda Project clients, trauma from experiences of violence and interaction with the criminal justice system commonly leads to AOD usage, mental health needs, poverty, homelessness and further criminalisation. Miranda project clients do not experience need independently from each other leading to complex and intersecting needs. (Miranda Staff 7)

In this section, we focus primarily on the social structures of gender, class, race, and ability, to explore how these intersecting factors impact criminalised women who are supported by the Miranda project.

The intersectional contexts of Miranda Project clients

Clients of the Miranda Project have histories of gendered violence, neglect, abuse, and trauma. Often, this has taken place in the context of family and intimate partner relationships, but institutional violence and failure by systems is also a common occurrence. These experiences have frequently led to fractured and strained relationships with families, which sometimes results in criminalised women having few close supportive networks they can draw on for support.

Most women supported by the Miranda Project are mothers, but frequently have had their children removed from their care, due to poverty, homelessness, experiences of violence, substance use as a coping strategy, and a lack of access to suitable accommodation in the community. For First Nations women the threat of child removal is pervasive, and women hold genuine fears of having their children removed, which can create additional barriers to seeking support. The harm caused by contemporary and historical colonial legacies are also borne out in other experiences. First Nations women are more likely to be living in poverty, to have higher rates of mental illness, problematic AOD use, systems contact, and are also subject to systemic bias and racial targeting by the state (Sherwood, 2013).

It is now well recognised that women in prison have high rates of ‘complex support needs’, that is, they experience multiple and compounding forms of disadvantage alongside co-occurring diagnoses, including cognitive disabilities, psychosocial disabilities, and substance dependency (Baldry et al., 2013; Baldry, 2014; Baldry et al., 2015). For criminalised First Nations women, the prevalence of complex support needs is particularly high (Baldry et al., 2015). It is also recognised that complex support needs do not originate from the individual but are the result of structural factors and systemic failures of services to appropriately support people who experience social disadvantage and marginalisation (Oliver & Barnes, 1998).

Most clients of the Miranda Project live in a small number of under-resourced communities in Western Sydney. Many have grown up in circumstances of poverty, have fractured experiences with education systems, and limited employment histories due to the complexity of their need and difficulties in finding employment with a criminal record. As a result, most are receiving income support payments, which are below poverty levels (Australian Council of Social Service & University of New South Wales, 2023). The economic marginalisation experienced by clients of the Miranda Project has implications for sourcing stable and long-term accommodation, having enough money to meet their own needs, and constrains access to health-related services.

Experiences of criminalisation also have specific impacts for Miranda Project clients. While all clients of the Miranda Project have come into contact with the criminal justice system, these experiences vary among clients, in terms of the length of their histories of imprisonment or other carceral system control. What is collective amongst clients are the harmful impacts of criminalisation and imprisonment, including negative health impacts (Gueta, 2020); fractures to relationships with children and families; and the trauma of systems which reproduce gendered violence they have experienced in the community. There are also significant impacts related to being labelled an 'offender', which carries weight in terms of social stigma and bias, discrimination, and their own confidence and understandings of identity, self and motherhood.

The following case study of Kelly, a Miranda client, highlights how intersecting forms of marginalisation can play out:

Kelly: Miranda Client Profile

Kelly is a mother who lives in Western Sydney. She has five kids who are all adults now, so lives alone with her two dogs. On the weekends she like walking her dogs through the local park and watching TV. She also likes going to the gym during the week. This however is the first time Kelly has had her own safe place to live.

Kelly first entered the child 'protection' system when she was a baby and began to cycle through foster homes. Kelly also has a minor cognitive disability. Despite this, Kelly worked hard at school and began training to be a nurse.

Just after finishing school, Kelly was sexually assaulted and became pregnant. She was kicked out of her foster parent's home and had nowhere else to live except with the abusive father of her child. The constant abuse during her pregnancy created mental health issues for Kelly and she began using drugs to be able to cope with the abuse. Kelly's first child was removed by child 'protection' a week after being born.

Kelly's life became a cycle of being abused, having children removed, and negative criminal justice system interactions. After losing her children, Kelly felt little motivation in life and never had a stable address. Many of Kelly's charges were related to domestic violence whenever she would stand up for herself.

After 20 years of cycling in and out of prison, Kelly was referred to the Miranda Project when being released from prison on a short sentence. While engaged with the Miranda Project, Kelly has been supported to access social housing, professional mental health support and more. She feels the Miranda Project is the first time in her life she has received non-judgemental, appropriate, and consistent support. Since joining the program, Kelly has had her longest ever period of not being in prison.

“After at least 15, 20 years of services, I've now got my own house. I'm now can stand there and look at me and go, you know what, be a little bit proud”

Looking beyond ‘offenders’: recognising the strength and resilience of criminalised women

While the lives of women supported by the Miranda Project may be described as ‘complex’, their stories are ones of strength, resilience, and survival – of poverty, of violence and of the criminal justice system. As Amanda (Miranda Client) explained:

I don't like to consider myself as a criminal, but I mean at the same time the law looks at it like I'm a criminal. But I think that if they looked a little bit deeper a lot of it is just the result from a lot of unresolved trauma and not knowing how to deal with it. (Amanda, Miranda Client)

The findings of this evaluation draw our attention to the strengths of these women and to encourage us to look beyond the status of ‘offender’. It is through this strength and resilience that women have engaged with the Miranda Project and have accepted support to build pathways out of the criminal justice system.

3.1.1 Miranda clients have survived violence and criminalisation

Experiences of violence, survival and resistance are central to the stories of Miranda clients and their involvement in the criminal justice system. The Miranda Project has specialist knowledge and skills to support women at this intersection.

Previous research has found that the majority of women in contact with the criminal justice system have experienced high levels of gendered (domestic, family, interpersonal, sexual) violence (ANROWS, 2020; Baldry & McCausland, 2009; Carlton & Baldry, 2013; Carlton & Segrave, 2013; Stathopoulos et al., 2014). The most recent NSW custody health survey reported 71% of women in prison reported experiencing an abusive relationship, with 40% reporting they had been in more than one violent relationship (JH&FMHN, 2017b). Other studies have suggested that between 70-90% of women in custody have experienced violence (ANROWS, 2020), and that First Nations women experience gendered violence at a significantly higher rate (Australian Law Reform Commission, 2017). Of specific relevance to this evaluation is that violence particularly affects women in the post-release period, with those who are released from prison 16 times more likely to be killed from violence in comparison to other women of the same age in the general population (Willoughby et al., 2021).

The following section explores the experiences of Miranda clients in the context of gendered violence and how it relates to their criminalisation. In later sections of this report ([section 3.2.4](#)), we draw on evaluation findings to explore in more depth how the Miranda Project works specifically with women who have experienced violence.

Key findings from this section:

- Clients have experienced high levels of violence throughout their lifetimes, including domestic violence within their families of origin and formation, as well as institutional and state violence. The impact of this violence is significant and ongoing.
- There is frequently a link between experiences of intimate partner violence and criminalisation. In some cases, women are criminalised in the context of their responses and resistance to violence.
- Experiences of intimate partner violence can have significant implications for relationships with children, where relationships with children may be weaponised against women, causing significant trauma and grief.
- The experience of prison is traumatic for women, due to experiences of institutional violence occurring in prisons and the trauma associated with separation from their children.

The prevalence of domestic and family violence for Miranda Project clients

The Miranda Project is a service specifically targeted to the needs of women who are at the intersection of criminalisation and experiences of violence. Therefore, violence has been present in the lives of all clients. What was surprising, was the long period through which women had endured violence over their lifetimes; the multiple *forms* of violence experienced and survived by women; the ways that they resisted violence in their everyday lives; and how these experiences intersect with their criminalisation.

The findings from the qualitative interviews align with existing research in the field on the high level of violence experienced by criminalised women (ANROWS, 2020) and the significant impact of such violence on client's mental health and wellbeing (Trevillion et al., 2012).

Almost every woman who comes through the door is going to have been subjected to some type of violence, particularly childhood sexual abuse... that is the most common form of violence that we're going to see with the women that we support. (Miranda Project Staff 5)

Violence in childhood and adolescence

Many interviewees told us they had experienced multiple forms of violence, often beginning early in life and in the context of family relationships, including from parents and caregivers. Miranda Staff informed us that childhood sexual abuse is a common occurrence, which has a profound, negative impact on clients.

Client's experiences of violence in early childhood and adolescence connects to other experiences throughout their lives – including unstable living arrangements, intimate partner violence and institutional and state violence experienced in the context of child 'protection' and criminal justice systems.

Basically, growing up, I ended up living with my nan because it was just too conflicting with my mum. Not long after my nan took me in, she passed away. Then I was stuck with my uncles, one of my uncles used to bash me. (Nikki, Miranda Client)

In some cases, clients had received intervention and support in response to this violence, but in other cases, their distrust of service systems and the shame associated with such experiences means they hadn't previously received any other forms of support. Supporting clients with violence *and* criminalisation works hand in hand with supporting clients with trauma from childhood abuse. Miranda Staff support clients with their mental health (see [section 3.2.2](#)) and a relational approach (see [section 3.2.3](#)).

Several of the Miranda Project clients interviewed explained that experiences of violence occurring in childhood and adolescence had the effect of 'normalising' violence in their lives and this was repeated throughout their intimate relationships. As Sharni, a Miranda client, told us:

Nothing's ever been easy for me. From the age of 14 I left home... had a very dysfunctional relationship with my mother. I watched her go through domestic violence. I thought that cycle made me have poor choices in my relationships. Which ultimately resulted in me going through domestic violence, me going through that cycle thinking it was normal. (Sharni, Miranda Client)

Violence in intimate relationships

The violence experienced by Miranda clients includes physical violence and harm; sexual abuse; economic and financial abuse; stalking and harassment; exposure of violence to children in their care, as well as systems abuse, which involves manipulating the legal system in order to further control, threaten and/or harass women.

I left a domestic violence relationship with my first two children, which was really part of what shaped me to be the person I am today. That was a really big experience and a really big part of my life, but we're doing a lot better now. (Rose, Miranda Client)

The violence endured by clients of the Miranda Project is significant and, in some cases, involved threats on their life. Clients described serious assaults, experiences of hospitalisation, and murder attempts. Kay (Miranda Client) told us *'I had to escape from [home] because my ex-husband just kept going there, coming at 11 o'clock, off his head on ice, pills, heroin. It was scary'*. As explained in interviews, the impact of this violence cannot be understated and may lead to difficulties building trust and forming relationships (with partners, family, and support workers); fear and anxiety around certain situations or visiting specific areas; and in some cases, living in a state of terror about threats of further violence. As Jordan (Miranda Client) explained:

when I came out of custody, I was worried about getting bashed again, I was hiding and I had nowhere to go, I'd lost everything. I knew once I came out of custody, he'd come and try and find me. (Jordan, Miranda Client)

It was also common for those interviewed to report experiencing multiple violent intimate relationships across their lifetime, as Nikki explains:

I finally broke free from him, and I ended up in another domestic violent relationship, which ended up getting my jaw broken. I almost died from [that], I ended up with a bone infection and blood poisoning from the break. (Nikki, Miranda Client)

Experiences of violence also connected to experiences of housing instability for women during adolescence, which included intervention from 'child protection' agencies. For example, two respondents, Kelly and Nikki, explained that pregnancies occurring early in their life were linked with child 'protection' systems. For Kelly, she was kicked out of her adoptive parents' house due to falling pregnant as a teenager and Nikki fell pregnant while living in out-of-home care (OOHC):

I fell pregnant with my first child, and I wasn't allowed to live at the adoptive parents' house anymore because I was pregnant... And I think that's just where everything started to spiral out of control. I was pregnant, in a really fucked up DV relationship. (Kelly, Miranda Client)

Nikki (Miranda Client) explained, *'I ended up in DOCS care. And the home I was in, I ended up meeting my daughter's dad there, so teen pregnancy, starting domestic violence from the age of 14'*. For both women, these experiences of falling pregnant in adolescence, and of housing instability, were followed by significant interpersonal violence from their respective partners.

One of the ways that violence impacts women is in relation to their children; this is explained further in [section 3.1.3](#), motherhood is central to the stories of Miranda clients. Miranda clients are aware of the effect of exposure to family violence on their children and explained that their efforts to conceal the violence they had experienced sometimes resulted in challenges to sustaining relationships with children who had been removed from their care. As Amanda explained, if she was bearing visible markings of violence, she would not attend visits with her children in order to protect them:

I haven't seen my twins in quite a while. They actually said that they didn't want to do visits anymore because there were so many visits that I let them down and didn't show up, due to being in the relationship that I was in I was always ending up with black eyes or injuries or something like that or he'd get me in such a state before I'd leave to go to the visit, I just couldn't go... that damaged all of the relationships with my kids... they had no idea about any of it. To them it was just mum letting them down again and they just got sick of the letdowns... I can't blame them. (Amanda, Miranda Client)

Several women spoke about how children were used in the context of violence in intimate partner relationships. This included being told they were bad mothers and threats to report them to DCJ to have their children removed. Women also spoke about the violence their children had experienced at the hands of their caregivers or partners. As Sharni (Miranda Client) explained, *‘the only parent that they have in their life is me... a lot of stuff has happened, and it’s very, very, very bad to talk about, of what it was like, of what [ex-partner] did to my boy’*.

Resistance to violence and links to criminalisation

The experience of violence impacts all areas of women’s lives, including health, wellbeing, safety, and opportunity, and increases their risk of contact with the criminal justice system by perpetuating and exacerbating the cycle of victimisation, trauma, and stigma. A particular focus of this evaluation is the way that experiences of violence can be linked to processes of criminalisation, and how the Miranda Project supports women to live safely in the community. Women’s ‘pathways’ into prison are significantly shaped by experiences of violence and resistance to violence as a survival strategy alongside substance use as a coping mechanism for complex trauma (Bevis et al., 2020; Corston, 2007).

I’ve got a really high percentage of people with cognitive learning disabilities, high percentage of people with mental health diagnosis and I would say a lot of that mental health diagnosis is actually a resistance response to what they’ve experienced and how they’ve managed in their life and survived in their life. (Miranda Staff 7)

More recently, research has recognised women’s resistance to violence as a pathway from victimisation to criminalisation (ANROWS, 2020) and that women’s use of violence against partners often occurs in the context of experiences of violence and victimisation (Wilson et al., 2017). It has also been found that women (and particularly First Nations women) identified as a perpetrator of violence are often *misidentified* when looking at the full sequence of events (Nancarrow et al., 2020). Clients shared stories of these interactions taking place in relation to Apprehended Violence Orders (AVOs):

He’s just tried to get me for a breach of AVO, but I was just asking him when can I see the kids? Because I haven’t seen them for two months. He’s literally stolen the children, and I’ve sent him a message to say, when can I see the kids? And he’s tried to get me for... a breach of an AVO. (Rose, Miranda Client)

Substance use as a coping strategy

Research has consistently found a high prevalence of substance dependency amongst people in prison and those serving community-based sentences, and this aligns with findings of this evaluation (AIHW, 2019; JH&FMHN, 2017a, 2017b; Golder et al., 2014). For women, substance use is frequently a coping strategy to deal with past histories of violence and trauma (Carter-Orbke et al., 2024; Segrave & Carlton, 2010). Many clients interviewed for this evaluation characterised their substance use as a way to cope with the emotional and physical pain they have experienced across their lifetime – through interpersonal and sexual violence (in families and in relationships) and institutional violence (through the removal of their children and their experiences of criminalisation and imprisonment). As one Miranda caseworker told us, *‘most of our women are using drugs and alcohol as a way to cope or just as a way of being’* (Miranda Staff 5). Many clients could clearly draw a link between substance use as a response to violence and their trajectory into the criminal justice system. As Nikki explains, her drug use was in response to her experiences in violent relationships and the removal of her children:

I ended up with three kids to him. He was cheating on me, beating me. I finally broke free from him, ended up straight back into another domestic violent relationship, which that domestic violent relationship led to the removal of my kids. As a result of that, I ended up on the drugs trying to cope. And as a result of that, I started ending up in and out of jail. (Nikki, Miranda Client)

A strength of the Miranda Project is the way it acknowledges the cyclical link between violence, trauma, substance use and criminalisation and works with women to address underlying drivers of these cycles in a way that is non-stigmatising. Interviews with Miranda Project staff and clients highlighted that clients often feel stigmatised by other service providers due to their past or present substance use.

3.1.2 Miranda clients have been frequently failed and harmed by systems

Clients of the Miranda project have been failed and harmed by institutions, policies, and systems over the course of their lives. As a result of these cumulative experiences, clients frequently have trauma from systems that they have had interactions with.

In criminal and social justice policy, practice and research, there are often arguments made for ‘trauma-informed’ systems to adequately support criminalised women (Covington, 2022). Such arguments are made in recognition of the complex support needs of criminalised women, who almost always have very high rates of past trauma; diagnoses of PTSD; and whose contact with the criminal justice system is frequently related to untreated mental health concerns (Petrillo, 2022). Often, trauma is discussed in the context of medicalised and individualised definitions and related to experiences of individual harm such as intimate partner violence, of which we know criminalised women experience at a significantly higher rate in comparison to those in the general population. Often missing from discussions of ‘trauma’ is a critical analysis of the ways that *systems* are implicated in these experiences. Throughout this evaluation, we have been informed by the work of critical feminist scholars who challenge individualised definitions of trauma and instead locate it within the structural contexts of poverty, social marginalisation, racism, and criminalisation (Anthony et al., 2020; Carlton & Russell, 2023; Reynolds, 2020). The following sections explore the way that systems trauma, sometimes referred to ‘system’s induced trauma’, ‘institutional trauma’ or ‘institutional betrayal’ (C. P. Smith & Freyd, 2013), presents in the lives of Miranda Project clients. It explores how clients have been disempowered and dehumanised by services and systems which are ostensibly there to support them.

It is important to note that First Nations women experience systems trauma in unique ways due to the historical and contemporary impact of colonisation. The collective intergenerational trauma experienced by First Nations people as a result of the Stolen Generations is well-recognised (Human Rights and Equal Opportunity Commission, 1997). Today, First Nations communities continue to experience high levels of policing, surveillance and contact with child ‘protection’ systems (Behrendt et al., 2019). Systemic practices of child removal continue to disproportionately target First Nations children and families, thereby continuing intergenerational trauma (Australian Law Reform Commission, 2017). This is evidenced by a recent study of First Nations mothers in prison in NSW, which found that 59% had been removed from their own family as children (Sullivan et al., 2019).

Key findings from section:

- Clients of the Miranda Project have often spent their lives being ‘managed’ by systems of surveillance and control, including systems of child ‘protection’, mental health, housing, and criminal justice.
- Miranda clients spoke of feeling disempowered, dehumanised, and harmed by these systems. First Nations clients experience these harms disproportionately due to the enduring impact of colonisation.
- The experience of imprisonment is traumatising for women, particularly in circumstances where they have experienced gendered violence or exposure to traumatic events.

- These experiences can contribute to a sense of worthlessness and lack of confidence, negatively impacting client wellbeing and contributing to cycles of criminalisation, imprisonment, and reoffending.
- As a result of these experiences, women's trust in welfare systems, child 'protection' systems, and criminal justice systems is often low. There are implications for client engagement and how the Miranda Project works with women to build trust and genuine relationships.

Transcarceration, systems of control, and the criminalisation of women

Transcarceration is a concept used to describe the blurring of systems of control – particularly across the criminal justice and mental health spheres – which the majority of criminalised women are subject to (Maidment, 2005). Most clients of the Miranda Project have experienced long periods in systems of formalised control starting early in life, moving from one system to another, from child 'protection' to mental health institutions and criminal justice systems. The most prevalent systems reported in the lives of Miranda clients were community-based services (such as housing, drug and alcohol, and domestic and family violence services), child 'protection', and criminal justice systems. Being subject to multiple forms of surveillance and control can lead to institutionalisation, disempowerment and can create onerous reporting and compliance mechanisms for clients. As Margie (Miranda Client) explained:

At the moment my schedule is pretty hectic. Between drug and alcohol counselling... DV counselling, psychologist, urines twice a week, like I'm barely home. And with the contact three times a week, Sunday is the only day I get to myself. And I sleep most of the day, because my whole weeks that hectic. (Margie, Miranda client)

Processes of institutionalisation and lifetimes under surveillance systems can also make transitions to the community after imprisonment difficult and a trigger for anxiety and mental health concerns:

[after being released] ... And then being in the big open spaces after being in a confined area and a lot of people around me. I was having bad panic attacks. I'm on medication for that now. (Bree, Miranda Client)

The following sections draw on interviews with Miranda Project clients to explore how systems trauma manifests in their lives. We focus on three key areas emerging from the interviews: institutional violence and trauma; stigmatising treatment due to criminalisation; and inappropriate or absent service responses. We also pay attention to how systems trauma is shaped by the enduring impacts of colonisation as well as racial bias and discrimination experienced by First Nations women. The final section explores the impact of systems trauma for Miranda Project clients and later in [section 3.2](#) we explore in more detail what this means for how support services are provided.

Institutional violence and trauma

Miranda Project clients spoke about multiple forms of institutional violence and trauma they had experienced. This included experiences of being removed from their family as children and negative treatment in foster care and OOHHC settings; having their own children removed from their care; being ignored or not believed by police or other services when disclosing experiences of domestic violence; experiencing sexual and physical violence in prison; and being ignored when trying to seek help.

Child ‘protection’ systems

For clients of the Miranda Project, child ‘protection’ systems form a continuum of control – children are removed from their mothers’ care as a result of their imprisonment; and the removal of children also has a complicated relationship with some of the drivers *into* the justice system (related to trauma, despair, substance use and domestic violence). Child ‘protection’ interactions throughout a client’s life were highlighted as particularly traumatising experiences. Margie (Miranda client) spoke about having her children removed from her care after calling police due to domestic violence she was experiencing at home. As a neurodiverse, First Nations woman, this was an incredibly traumatising experience. Margie explained she has an ADHD diagnosis which means she can find it difficult to express herself when under stress:

I called [the police]. Well, the more I think about it, I’d done it more out of spite, like fuck you, you can’t hit me. Don’t put your fucking hands on me... And I grabbed my son and was leaving the house to get away... And as I was going down the steps, they turned up... They took him [baby son], about half an hour after the phone [call], after turning up. (Margie, Miranda client)

Our theoretical orientation of intersectionality requires us to consider how harms are experienced uniquely by women who are at the intersection of axes of marginalisation. First Nations women have higher rates of contact with institutions of surveillance and control, including child ‘protection’ and criminal justice systems. First Nations children are 8 times more likely than those who are non-Indigenous to have received child ‘protection’ services (Australian Institute of Health and Welfare, 2023a). These experiences, coupled with intergenerational trauma and continuing institutional racism within government services (Productivity Commission, 2024, p. 32) means that First Nations clients are almost universally carrying systems trauma and are commonly wary of and protective against services and institutions.

I find a lot a lot of First Nations women, which have spent a lot of time in and out of institutions, and I say institutions, not just custody, but mental health, child protection systems, all of that kind of stuff. Generally, they have had to learn to survive from a much earlier age, for a much longer period of time. So generally, their needs are much greater. We’ll have the crossover of mental health, wellbeing, AOD, criminal justice, child protection, police involvement, targeting, often a lot of prejudice from police as well... and often they’ve had a quite a very long history of victimisation. (Miranda Staff 7)

This insight from Miranda Project staff aligns with research that has found that First Nations people are more likely to experience trauma, including exposure to violence, racism and cultural loss (Gee et al., 2023). In this way, for First Nations clients, systems trauma not only comes from individual, first-hand experiences, but also through collective and intergenerational transmission of trauma across generations, as a result of colonisation (Dudgeon et al., 2021, p. v). This collective and intergenerational trauma contributes to a distrust of White, western services, fear of betrayal, shame and has negative impacts for wellbeing (Menzies, 2019). Recognising and being reflective of this is important for the Miranda Project. As one staff member told us:

Trauma for Aboriginal people is a lot different to trauma for non-Aboriginal people, because of the whole Stolen Generation... So, I think trying to understand it from a different perspective... I think that’s important for my job too. (First Nations Miranda Staff)

Criminal justice and prison systems

The experience of imprisonment is dehumanising and traumatising for women, regardless of the existence of ‘trauma-informed’ programs (Carlton & Russell, 2023). Clients interviewed for this research shared stories of being referred to by their prison MIN (Master Index Number) rather than their name while in prison and at Community Corrections offices. As Laura (Miranda client) explained: *‘You have everything taken from you, you’re treated like you are the so-called criminal’*. Incarceration involves separation from children and family, often in unsanitary conditions and in environments deemed by women themselves to be ‘unsafe’. Holly explained what it was like the first time she entered prison while heavily pregnant:

I went to [prison] first. I know that you’re not supposed to end up in a place like that... [it] is really, really bad, and I don’t think that anybody deserves to be treated like that, especially a pregnant woman. I sat in a cell with faeces and pee everywhere. It was terrible. (Holly, Miranda Client)

Miranda clients shared experiences of sexual assault, physical assault, and the pain of disconnection from family. Bree, a Miranda client, disclosed that she had been sexually assaulted while in prison, which had left her traumatised with long-term impacts to her mental health. For Bree, she found it difficult to be able to communicate with her children what she had been through and the effect it had on her:

I’ve been really depressed... I don’t know how to let [daughter] know things, things I was keeping about that officer who sexually assaulted some girls in the prison system... He’s now locked up, but I was one of his victims. But things like that that I didn’t talk about for a long time. And then my kids are wondering, what’s going on, mum? Because that’ll be something that just chews me. (Bree, Miranda Client)

Due to women’s experiences of violence, they can also be re-traumatised through standard institutional processes, such as strip-searches in prison and urine testing as conditions of community supervision or child reunification processes. Support from the Miranda Project can help to alleviate some of the trauma experienced; Miranda client Sharni told of the importance of having her Miranda Project caseworker with her when she was required to do urine testing at DCJ, which she found traumatising given her past experiences of sexual assault.

The stigmatisation of criminalised women

Interviews with Miranda clients uncovered varied experiences of stigmatising treatment from various services they come into contact with, which they viewed as related to their status as a criminalised woman. Clients expressed that they feel services have often talked down to them, misunderstood them, or have not presented information in a way that is useful or understandable to them. As Jordan (Miranda client) explained, *‘they talk down to you, Housing Commission are shocking’*. The interviews reflected that stigmatising treatment can result in women disengaging from services, or more overtly being excluded or banned from certain places (such as Centrelink or Housing offices).

Miranda client Emma shared her experience of police seeing her through the lens of being an ‘offender’. Emma felt she was targeted by police and was constantly trying to convince them that she was motivated to make change and was doing her best to stay away from the criminal justice system. Emma’s experiences with police made her feel that she wasn’t being believed or listened to, which ultimately made police interactions more difficult.

I was trying to sort my life out. And so I put myself in rehab and that was the start of my journey. It was really hard that time. I bumped into all those officers that I'd had really bad run-ins and officers that have thrown me before or that I've wrestled with... It was really hard to convince them that I'm not really that person. (Emma, Miranda Client)

For clients subject to continuing community orders that require police interaction, police bias can be a constant negative influence on their confidence, self-esteem and motivation. It can also have practical implications such as a complete distrust of contacting police when experiencing violence. When women who have experienced violence are expected to call the police for help, the negative and stigmatising treatment they receive has a lasting impact. Miranda staff confirmed in interviews that they had observed these interactions with police:

she [client] would call the police and I've been on the phone on a three way, a conference call. And she's found a place to speak to a certain officer [...] and as soon as she said her name, they've gone and then swore, and put her on hold... That was really quite rude. (Miranda Staff 4)

Clients also reported feeling judged and stigmatised by other services based on their presentation and physical appearance. Research with formerly imprisoned women has found that their dental health has been perceived by themselves as the most single noticeable physical manifestation of serving prison time, creating pre-release anxiety and post-release concerns in relation to experiencing stigma in the community and prospects of employment (Moran, 2012). One client had lost teeth as a result of poor dental care in prison – a fact she was self-conscious of when we interviewed her in person. She felt that police and child 'protection' had judged her in interactions leading to child removal:

The police just walked in and took one look at me, and assumed, from my appearance, that I was an active drug user and what not and that my child was unsafe, rah, rah, rah. And I'd already suffered previous DV in my previous relationship... I can understand where the police were coming from. But at the same time, it wasn't what they thought it was. So, they turned their opinion into fact. (Margie, Miranda Client)

Inappropriate and absent service responses

In our interviews with clients, we found various examples of inappropriate service responses for women with complex support needs, which has eroded their trust of services. Several women we interviewed spoke of the trauma of having to repeatedly tell their story and withstand constant referral to other services, resulting in 'referral fatigue'. In other cases, support periods were short which didn't allow for trust to be built, or there were no clear guidelines around what a service could or could not provide.

And there was a couple of other [services] that they were supposed to support... I think for a couple of months and that's it... But in that couple of months, you didn't hear anything from them, no support, you've got to keep ringing them. But nothing. (Jordan, Miranda Project Client).

For some women, experiences of systems trauma had begun early in life. Rose (Miranda client) told us the impact of being in foster care as a child where she 'had so many case workers coming in and out of my life':

They would come into a home visit... and they would say to you in front of your carers, are you feeling okay here? Do you feel safe? Do you have any problems? And it's like, well, as if I'm

going to tell you while she's sitting right there... And they basically would tick their boxes and then just rack off. Most of the time they were there for like half an hour, 45 minutes. So, it wasn't even like a full hour... if something was going on, I never felt safe enough to tell someone. Because there was no-one there to tell and they didn't really care. They were just there doing their job and then that was that. (Rose, Miranda Client)

Services and systems – such as housing, community corrections, mental health and AOD support – are often not designed in a way to support clients who may have complex needs and experiences of systems trauma. This can include the physical space of services, for example, the unwelcoming nature of the local housing office which features a security desk and rules mimicking custodial environments. As one staff member explained to us, inappropriate service responses may exacerbate the crises clients are facing:

All government agencies right are incredibly difficult to engage with. For lots of different reasons, housing in particular, I just find that the backgrounds of some of the workers might not meet [standards]. My understanding is, you don't need to have a welfare background, you don't need to have studied in this area at all or have had any lived experience in that area. So, I find that difficult in trying to advocate for clients, there might be a lack of understanding on the other end about what might be happening... the service is not trauma informed in any way, shape, or form. The fact you'll walk into the housing building, there'll be a security guard and a big sign that says if you swear at us, we're going to kick you out or get you arrested. That's a problem, that lack of understanding why somebody might feel distressed, why someone might feel heightened, and then having the skilled workers... able then to meet the client where they're at, de-escalate and talk about what their actual needs (Miranda Staff 5)

The location and scheduling of appointments can also be an exclusionary factor for some clients who may not have the means to transport themselves to a location for an appointment.

The impact of systems trauma

Clients reflected that the experience of repeated cycles through systems of surveillance and control can compound and negatively impact multiple areas of client's lives. The interviews uncovered impacts of systems trauma such as reducing client's sense of wellbeing, their individual agency, and capacity to create stability in their own lives. Being "managed" by systems can lead clients to feel, pathologised, demeaned, and ultimately feel they have no choice but to engage with these systems of control, which has the effect of creating anxiety for women and reducing their confidence and sense of self. One impact highlighted by interviewees was around the way that the cumulation of these experiences can make it difficult to build trust with service providers, particularly if these services are operating on a model of short-term support, which hinders the capacity to build genuine relationships. Experiences of institutional violence can also result in women fearful of authority and untrusting of complaints mechanisms and processes (Kelman et al., 2022; McCellan, 2024)

Miranda Project staff noted that clients who have experienced systems trauma often have difficulties building trust with services and as a result of these experiences may not attend scheduled appointments and may present as 'hostile' or closed off. Another expression of this systems trauma related to services failing to meet client's basic needs, or their needs are 'siloed' and no service appears to have capacity to work with them holistically. Nikki, a Miranda client who was homeless and living in poverty explained to us that a housing provider is: '*...not going to even give me so much as a food voucher. How am I meant to survive for the next week?... I'm not aggressive, I'm just upset*'.

As a result of the distrust clients have with services and systems, they may not feel comfortable or safe to be completely honest with workers in the first instance. Similarly, clients experience “referral fatigue” where they are bounced between services, which means clients may be less likely to engage with new services and may be reluctant to (re)tell their story. As we discuss in more detail in [section 3.2.3](#), building genuine trusting relationships with clients cannot be rushed, and Miranda staff move at ‘the speed of trust’, taking their time with their intake process to learn the needs and stories of clients in a way that is comfortable to them.

3.1.3 The fabric of family and motherhood is destabilised by violence and criminalisation

Almost all Miranda clients are mothers but have frequently had their children removed from their care. The removal of children is traumatising and has long-lasting implications for the health and wellbeing of criminalised women.

The family and social relationships of criminalised women are another gendered aspect which shape ‘pathways’ into and out of prison. While many women enmeshed in the criminal justice system have fractured relationships with their family, rebuilding family connections, particularly with children, is often recognised as critical to their recovery and wellbeing and aiding in their reintegration (Australian Human Rights Commission, 2020; Baldry & McCausland, 2009; McIvor et al., 2004; Shepherdson & Roberts, 2020; Uggen & Kruttschnitt, 1998; Weaver, 2016). Supportive and positive relationships for imprisoned women have been described as ‘utterly indispensable’ for women’s reintegration and desistance (Farmer, 2019, p. 4).

This section explores the way family relationships, including those with children, are destabilised by experiences of violence and criminalisation. It begins by describing the nature of family relationships between Miranda Project clients and their families and finishes by unpacking the significance of family connections, and particularly those with children, for women’s reintegration and desistance.

Key findings from this section:

- For many women, their roles as mothers are central to their identity and caring for children and being given an opportunity to be a mother to their children are critical for women’s reintegration and post-release desistance.
- There are specific considerations for First Nations women as mothers, in response to the ongoing impacts of colonisation and the high numbers of First Nations children removed from their families.
- The Miranda Project supports women to maintain custody of children or reconnect with removed children.

The family relationships of Miranda Project clients

The stories of Miranda clients are marked with fractured family relationships. This includes disrupted childhood attachment, negative or harmful relationships with parents and partners, complexities with raising their own children, and difficulties forming and sustaining friendships that they consider to be positive for their health and wellbeing. Fractured relationships are especially prevalent amongst women who have experienced violence, and for First Nations women, these relationships are

sometimes shaped through intergenerational trauma and violence (see also Bevis et al., 2020). As one Miranda worker told us, all the family relationships of their clients are: *‘... super fractured. No woman that I’m working with at the moment has a really good relationship with family. Not at all.’* (Miranda Staff 1).

Many clients shared stories of trauma beginning early in their lives, growing up in environments where parents or caregivers were absent, neglectful, abusive, or incarcerated. Poverty was often prevalent in the childhood experiences of Miranda clients. Many of those interviewed were themselves subject to the child ‘protection’ system, often growing up in unstable environments. The impact of these experiences has influenced their opportunities for safety and in some cases education and employment, whilst they navigate the effects of trauma. Some clients also lose touch or support from their families of origin over their lifetimes, which coincides with cycling through the criminal justice system and factors such as drug use or experiencing violence. As Margie (Miranda Client) explained:

I put my brother and my sister fucking through hell so many times that I’m so lucky that I’ve got them both in my life now, because they’ve seen the change in getting clean. They’ve both been through addictions themselves... they understand how hard it is... And I’m quite thankful that they haven’t just written me off as a lost cause and left me in the gutter. But they, for a while, for their own mental health and safety did turn their back on me and were like, no, we can’t deal with it. You’ve got to sort yourself out and you’ve got to do it on your own. (Margie, Miranda client)

Losing family is a common story among Miranda clients. Almost all clients have family members they no longer speak to or that have died. Clients expressed stories of hurt from not being supported by their own mothers, siblings, or extended family. In these situations, the relational support offered by Miranda has increased importance. As Jules (Miranda client) told us, *‘I’d rather go and ask [caseworker] for help than I’d ask my family... I’ve never gone to them because I’m the black sheep of the family. They call me sick because I’ve been on drugs in the past’*. Similarly, Amaya (Miranda client) explained:

She rings all the time, she always makes sure everything’s all right, and if I need her to come she’ll come... Just having her call, me is a big... Just to call and check that I’m okay. Not even my mum rings to call and check I’m okay. I had an emergency caesarean, and my mum didn’t call. (Amaya, Miranda Client)

Family relationships can also add to the complexity of client’s lives. Examples include having family members who have used violence against them, but may also include strained relationships, emotional distress and having family members or friends who they consider to be a negative influence on their life. Clients often require support in navigating these relationships. As a Miranda staff member explained:

There is a lot of complexity in their relationships with family members and loved ones, which needs support. And sometimes the loved ones are the ones that are harming them or making it more complicated... sometimes intentional harm, yes, in terms of violence, but also, they have loved ones which have also got complexities of life, which are also struggling. Those relationships are immediately strained, because it’s about, is this person helping me?... but then isn’t my responsibility to be there? And we often have women, balancing needs, responsibilities, responsibility to others, [and] needs for themselves. (Miranda Staff 7)

However, some clients do have strong relationships with their family. Some women shared stories of their mothers being there to pick them up from prison or living with their father to escape violence from their partner. As Megan (Miranda client) told us: *'I lived with one of my ex-partners' stepfather, who was like a dad to me, he brought me in and... legit helped me get clean off the drugs'*. The Miranda project works with women to reconnect with family and potentially rebuild these support networks.

The trauma of family loss, separation, and child removal

A significant proportion (49%) of women in prison in NSW are mothers of dependent children (Justice Health & Forensic Mental Health Network, 2017a). Of the Miranda Project clients interviewed for this evaluation, all but one are mothers (n = 16), with more than half experiencing the removal of their children from their care (n=9), and some experiencing the removal of multiple children. Frequently, child removal is connected to experiences of family violence, responses to violence, poverty, homelessness, substance use and processes of criminalisation and imprisonment. As Kelly (Miranda Client) explained:

I had my daughter in July 2008, DoCS took her pretty much a week after I had her... had a baby 2005 which was another kid of rape... DoCS took him after three months... I went through a lot of shit for years, which I think probably didn't help the criminal side of shit, because I was bouncing around from place to place after losing my kids. (Kelly, Miranda Client)

The separation of mothers from their children through state intervention can have significant negative implications, particularly for First Nations women due to their high rates of criminalisation, experiences of violence, and the historical and ongoing legacy of state surveillance and intervention in their lives. The removal of children also has a significant impact on clients in relation to emotional wellbeing and can also contribute to systems trauma as previously discussed. Several women we interviewed coped with the removal of their children through substance use.

It wasn't until I went in and out of jail. And then I have a lengthy alcohol and drug history. And it wasn't until I fell pregnant, but my son passed away... That impacted my life. And I went back to addiction and pretty much ended up going to jail. (Sharni, Miranda Client)

The grief and loss associated with loss of family is profound and has a great impact on client experience, need and criminalisation. As one Miranda staff member explained, *'their children are incredibly important to them, and they love them dearly. But they also feel incredible guilt and shame about not being able to be the mother they want to be for their children'* (Miranda Staff 7).

Family separation through imprisonment

Some clients described the trauma of entering custody and the forced separation from children. Once mothers are incarcerated, children are more likely to come into contact with child 'protection' systems (Segal et al., 2023). At the same time there are limited programs for mothers while in prison, meaning they are not able to fulfil institutional requirements for 'parenting skills' that may be needed for reunification. This can prolong separation and creates barriers for mothers to reconnect with their children once released. As Miranda Client Amaya who was seeking reunification with her children explained, *'there were no programs for mum's and babies inside. It was really stressful'* (Amaya, Miranda Client).

Some clients were imprisoned in mothers and babies' units while in prisons. While some mothers are grateful to have their babies with them, these are still prisons. This highlights the importance of the

Women's Diversionary Pathways Program (explored in a supplementary report) for supporting mothers in prison to be able to raise their child in community.

Specific considerations for First Nations clients

The imprisonment of First Nations women not only impacts the individual but has extended and compounding consequences for children in their care, including to their 'identity, well-being and relationship with family, community and culture' (Anthony et al., 2021, p. 9). For First Nations clients, imprisonment continues the colonial legacy of child removals and entrenches 'cycles of disempowerment' (Cox, 2017, p. 9). At a fundamental level, Miranda staff consider the imprisonment of First Nations mothers and the removal of First Nations children from their families as a continuation of the settler colonial project. Given the importance of kin and caregiving in First Nations cultures, separation from and removal of children from mothers can cause monumental trauma, grief and loss (see also Anthony, Sentance and Behrendt, 2021).

At the present moment, no, I don't feel connected [to community] that much. I feel very ashamed. I wake up every day and I don't feel complete. I don't have my children with me. It doesn't feel like... I have to go and sit in front for accountability, I've gone to these DCJ supervised contact visits... I get shamed to go and that takes up [a lot of my time]. I would like to be more connected to my culture, but I honestly don't even have the time. (Sharni, Miranda Client)

As Sharni's experience highlights, child 'protection' systems do not centre, support or encourage First Nations cultural connection, and in fact have the effect of *separating* clients from their culture and community, by shaming parents which can drain their motivation to connect with community and culture.

3.2 How the Miranda Project supports clients

As detailed in the previous themes discussed in [section 3.1](#), Miranda clients have complex intersecting identities, backgrounds and life histories, and therefore have multiple intersecting support needs. This section will unpack how Miranda clients are supported with these needs.

The support that they give, its life changing. It's changed my life. And I could have gone the opposite way. I probably could have went back to heavy addiction and staying in domestic violence, and probably end up dead. But the support they give me has changed my life. (Sharni, Miranda Client)

3.2.1 Miranda's program design enhances client engagement and positive outcomes

The Miranda Project works well to support clients due to a number of central features of the 'mechanics' of the program model including a client-centred approach to support, offering service delivery which is flexible and responsive to client needs, having a physical location including the Miranda Hub and 'drop-in' services which provide additional opportunities to engage, and a considered and hands-on approach to client referrals to other services in the community.

Key findings from section:

- Miranda's client-centred approach builds client's confidence, empowerment, and self-advocacy.
- Miranda support is flexible and responsive to client needs.
- The Miranda Hub and 'drop in' services provide additional opportunities for engagement.
- Miranda's approach to referrals improves service access.

Miranda's client-centred approach builds client's confidence, empowerment, and self-advocacy

A key finding was that central to the work of the Miranda Project is its client led approach, which works to destabilise power dynamics and build confidence by treating clients as equals and the authority in their own lives. It was found that the Miranda Project operates in an empowered, client-centred approach through the following practices:

- Facilitating clients to have control over their process of engagement rather than being under another system of control;
- Allowing clients to choose the time and place where their engagement will take place;
- Always using language which is clear, relatable and safe for clients;
- Having simple intake processes that respects client's trauma and referral fatigue; and
- Assisting clients to navigate systems through advocacy and support.

Client led and reciprocal relationships

It was found that the Miranda Project aims to 'walk alongside' clients in their journey offering support and advice to clients along the way, and that Miranda staff will not make decisions on behalf of clients and will always follow what course of action a client wishes to take in each situation. As such, clients

are involved in each step of decision making such as what services they would like to access or what need they would like to focus on. To support clients with decision making, Miranda staff will take on an advisory role, discussing with clients the possible impacts, outcomes and challenges with any decision that is made.

We can't tell them what to do, it has to be their decision. But we can help brainstorm with them. What are the possible consequences? What's the possible impact? So they make an informed decision about what they want to do [...] we stand with them in that decision. We can give them our opinion, if, if they asked for it, we try and give them our opinion in terms of what we would see possible consequences and risk factors. And then they make the final call. (Miranda Staff 7)

It was also found that this client led dynamic changes over time, whereby clients near the beginning of engagement may require more guidance from Miranda staff and more established clients will feel more confident and informed to make decisions independently.

We try and let people speak for themselves rather than us speak over them. Because they've got their voice, they've got their ability to speak for themselves. So, really, it's about, we talk about that walk beside, walk behind. We walk beside until they want us to walk behind. So, it's really client led, but in every little practical, possible way... We don't say, 'I'll meet you on Thursday at two o'clock'. 'What time's a good time for you in a week? What works, how does this balance? Alright, that's our regular time, let's book that in'. (Miranda staff 7)

Related to this, was an intention for relationships between staff and clients to be reciprocal. Interviews reflected that relationships between Miranda staff and clients are based on mutual trust and respect, whereby staff are constantly learning from clients. There was an understanding from Miranda staff that authority and knowledge flows both ways. As one staff member (Miranda Staff 1) told us: *'[being a] successful case manager to me is like, being able to immediately rebound power, in a room. And... being able to do that consistently, and humanising every interaction you have with a client'.*

Holistic, non-siloed, client-centred service delivery is key

An important element of Miranda's client-centred approach is through tailoring support to each client and supporting them with their needs holistically. In practice, this means that client needs are not siloed, or singled out, but treated as inter-related and supported flexibility and concurrently. For example, a client's need for support with housing needs to be understood in the context of their sense of safety. Clients reflected that this holistic approach of the Miranda Project contrasts with their experiences with other services, which might only support them with a specific need. Miranda client Amanda tells of her experience with Parole treating her drug use as the main issue or 'problem' and reflects on the limitations of treating her drug use in a silo, rather than holistically.

Parole needed to take a different approach with the way that they looked at it and stopped focussing on the drug issue because that's just the icing on the cake. If I didn't go and deal with everything underneath the drug issue, how is the drug issue going to go away? (Amanda, Miranda Project)

It was found that Miranda staff on the other hand are always thinking about the underlying needs of issues that the clients are facing and try to understand how to approach addressing issues in a sustainable way.

Clients are empowered through advocacy

Another related component of how Miranda works to empower clients is through advocating for clients and teaching clients how to advocate for themselves. Advocating for clients within systems is central to this approach as it works on an individual level to show clients that they matter and deserve respect and access to services as well as empower clients to self-advocate, and also impact systems change more broadly.

[Miranda staff] stood up for her and said, you don't need to speak to her like that. She knows what she's done. We're here to talk about this child and what they're doing for this child here and now. Instead of saying, well, she's been on drugs, she's done this, she's done that, it's, like, well, she's protected this child from domestic violence. Instead of looking at the bad things let's try and find all the good things to put forward. Because DCJ often, that's all they report, is the bad things, they don't say, this woman's gone through all this domestic violence, this child's never been hurt, or whatever, and that's because the mother's protected him. Because often they'll just walk in and take the children. The poor mother, she's been bashed by the bloke, now they're taking the children. She's done nothing wrong to no one but yet she's in this horrible predicament. Yes, advocating for women and showing their strengths is a big part of our work. (Miranda Staff 2)

It was found that self-advocacy is particularly important to support women to gain skills and capacity to be able to advocate for themselves to services more broadly. Clients shared that learning how to advocate for themselves has given them a voice in systems and services that have often previously excluded and disempowered them.

She's been able to advocate for me when I wasn't able to, but she's also supported me in self-advocacy and really given me the power to speak with my own voice. And start pushing back against all these shitty people, thinking they can take me for a ride and whatever. (Rose, Miranda Client)

Miranda's client-centred approach increases confidence and motivation

Centring clients and allowing clients to lead in decision making was said to increase client confidence and overall motivation to engage with the Miranda Project, and ultimately feel more positive about the possibility of a better future. For many clients, engaging with Miranda was the first time they had felt comfortable in a service, and this increased their confidence and motivation to seek out other supports. Clients and staff shared stories of having the confidence to attend counselling, find community supports or attend doctors' appointments. It was found that through increasing confidence and empowerment to independently access and engage with services leads to more sustainable outcomes.

A lot of difference because I probably would have ended up a mess on the floor or maybe stuffing it up or... I did not have a clue about Centrelink. I was missing an appointment or something and I'd start panicking. But naturally [my Miranda caseworker] was there to help me and just to give you that boost. You can do it. If you put your mind to it, you can do it. And walk you through the steps and just taking her time to do that. That's a lot. That means so much to somebody. (Bree, Miranda Client)

A client-led approach requires carefully balancing risk and safety for clients

There were some discussions in the staff interviews about the tension between giving clients autonomy to take the lead and make their own decisions, and what staff perceived as the associated risks or

foreseeable negative consequences of specific decisions. Examples reflected on by staff included situations whereby clients refused to engage with the police on a particular matter, when a client wants to return to an unsafe living environment, or when a client is at risk of reoffending or breaching a community order. Miranda staff explained that when faced with a situation where they need to make a decision about how to manage risks, they will first talk to the client about the potential risks and outcomes of decisions in a respectful and non-forceful way. Miranda staff will try to guide clients towards a decision which they perceive will ultimately have better outcomes for the client. The below quote from a Miranda staff member explains this approach:

We will tell them if they want to go to the police, we'll come with them and support them to go and hand themselves in. When they're ready they might do that, but it's got to be their route, whatever they decide to do. We might know what's best for them, but that might not be the right thing. It's got to come from them what they want to do... we could advise them, this might not end well, but it's up to you what you want to do. And I think they respect that, that we're not, like, this is the rules, this is what you've got to do. Yes, we're not like that at all. (Miranda Staff 2)

Miranda client Sharni tells of her experience whereby she had bruises on her arms, as a result of violence, and was encouraged by her caseworker to report the violence to DCJ. Sharni explains how she was initially angry with her caseworker for encouraging her to report the violence, however in retrospect she appreciates that being honest to DCJ in this situation was the right course of action.

I had bruises on my arms and [caseworker name] one of the caseworkers, she seen them, and she encouraged me to go and report it. She ended up writing a RoSH [risk of significant harm] report on it, on the violence. And convinced me to tell DCJ about what's happened. They've always told me to be honest with the Department. I got angry with them, and I said, I mean I shouldn't have said anything... but I now appreciate their help with being honest, I guess. I felt that the time, that that part of me, they used it against me. But I understand it's better to be transparent than not. They always told me to be honest, because the Department will find out. That is true. (Sharni, Miranda Client)

Sharni's story encapsulates the complexity faced by clients and staff alike when deciding whether to involve external authorities in 'risky' situations. It also highlights the benefits of this client-led approach whereby clients are encouraged to be honest with their caseworkers and be guided (but not forced) by caseworkers to involve external authorities when it is considered to ultimately be in the client's interest. Another example detailed in the quote below from a Miranda staff member tells of the benefits of having a trusted and honest relationship with clients who have 'gone on the run' from authorities, while staff do not support or encourage clients to abscond, they do encourage them to stay in contact and ultimately stay safe.

We've had a few girls ending up going on the run or whatever, or trying to hide from DOCS, because they don't want them to take their children. [...] They usually will always check in by phone call and let us know what's happening. We don't support them going on the run or anything, but we want to keep them safe as well, especially if there are children involved. So, we just tell them, please check in, just give us a call and let us know you're okay or whatever. (Miranda Staff 2)

However, the complexity of balancing risks for clients is described below by a Miranda staff member, who discusses a situation where Miranda staff decided to notify Police about a client who was at

significant risk of violence, however involving the Police ended up making the situation more difficult for the client.

A staff member had a client which we perceived to be at risk, or, she was at significant risk of family domestic violence, but there was also a warrant out for her arrest. So, then in that instance, we're trying to navigate how we best support that person. It's about, do we then notify our concerns to police, which then puts a spotlight on her greater for the warrant. But then at the same time, should things escalate, we know that she'll get a better outcome and response, hopefully, from police, if we've been able to educate and advocate to police. But it made the situation more complex. It added greater risk to her in other ways. But we couldn't sit with the risk of knowing that she was possibly at risk of lethality and not have communicated that to someone. [...] So, it's balancing that risk of what's too much and too little. And often we try and navigate that with them, so that they can have an informed choice. But then sometimes we have to draw a line as a service provider, within the ethics that we hold, which can be very challenging. (Miranda Staff 7)

While this situation was not an ideal outcome for the client, it highlights that balancing risk for clients is complicated and requires nuance and skill on behalf of the worker, and involving external authorities is a very deliberated decision. Staff are also bound by CRC's organisational policies and procedures, as well as mandatory reporting requirements.

Miranda support is flexible and responsive to client need

The evaluation found that flexibility in service delivery and client engagement is embedded in program design of the Miranda Project. This flexibility is evident at all stages of engagement including the intake process, the types of support offered, the length of time clients are engaged, the location of client engagement, and the way staff are supported to be flexible. It was found that this flexibility in how clients are engaged and supported means staff are able to be responsive to client needs.

We don't have strict bounds, we can do what the client needs to support and help them and not a lot of other services can outside of their procedures, policies, and the rules of their employment. So I think that's really good. We can advocate for clients. (Miranda Staff 4)

Flexible intake eligibility

Staff interviews indicated that the Miranda Project aims to be flexible with some intake criteria, whereby if a client is referred to the program and is in need, the staff will try to find ways to support them whether that is through providing a brief support, intensive casework, or warm referrals to other services. One example of this flexibility around intake criteria is occasionally supporting who women who are out of area, or might be moving out of area, and in high need. The capacity to occasionally support clients out of area is important given the displacement that many clients face through prison relocations, escaping violent relationships or finding more appropriate housing.

[it] also shows the flexibility because at this time, we had just expanded for another caseworker which was myself and there was the ability to take on a client out of area, due to her needs and the risk that she was at in the community and the her vulnerability. (Miranda Staff 4)

Another innovative way the Miranda Project is being flexible in program design is through their inclusive definition of a woman. The Miranda Project eligibility includes non-binary and trans women. Women in these cohorts face even further vulnerability, especially in the criminal justice system

(Hughto et al., 2022) and are often excluded from other services that have a conservative scope in defining program eligibility.

Miranda is flexible around how it supports clients and the type of support provided

Miranda staff find practical ways to be flexible to clients which can include simply varying the type and intensity of support being given, being available through phone, and offering other communication means to clients. This is important as many clients have busy lives with conflicting appointments, reporting requirements and other priorities.

I think it was super easy and super flexible with work times and stuff as well. I was pregnant and I was working all sorts of crazy hours. I was only working casual so I was getting the work when I could, and [Miranda] has been super flexible with that sort of thing as well. She just rang me and said, hey, let's book in a time to meet. And that was that, really. It was as simple as that. Just, hey, what's your name? What's going on for you? And it was really quite a simple process. (Rose, Miranda Client)

It was found that the flexibility to work with women at multiple stages of the criminal justice system is an important component of the program because it allows the Miranda Project to appropriately support women across a continuum and address differing needs appropriately.

One other thing that makes it really unique is that we work with women on a larger continuum. So they could be women at risk of going into custody, or risk of violence, and they can just be going to court. Whereas, you know, a couple of our other programs they have to be referred three months prior, or they, you know, they have to meet certain criteria, where, as we, this is quite a lot of space there where we can work with a woman who hasn't ever been to prison. (Miranda Staff 3)

This flexibility is facilitated by the step-up and step-down approach to supporting clients. Clients can be supported via intensive, lower-touch and Hub supports all throughout their engagement with the program. Generally, this is a step-down approach where clients are moved to lower support as their needs are addressed and their autonomy grows. However, as per the flexible approach, clients can be stepped back up into more intensive casework if new needs or challenges arise.

You might be supporting somebody in a really intensive case management capacity for a period of time, but then they don't have court until next January so you're making those decisions all the time around like, okay, so what does this look like now? Can we maybe drop down to monthly up until court, but we need to be able to be like flexible and responsive to each of the client's individual need. (Miranda Staff 5)

Flexible timeframes of support

Related to the flexibility to vary the intensity of support is the flexibility around length of support, whereby the length of time a client is engaged with the Miranda Project is also flexible and based upon client need. Generally, clients are supported for up to 12 months, however if a client is still in need and at risk of violence or returning to prison Miranda will continue to support them where possible. Being able to work with clients over a longer period allows them to progress through different stages of their journey. Conversely, some clients may also be engaged for shorter amounts of time if they decide they have received the support they need and can live independently in the community.

I've got two women that have not long had babies, and they've been taken into care. And now they're dealing with grief, as well as all the complex... you know, trying to reach goals is, yeah, kids just sort of prolong that process. So, we're keeping them on longer. (Miranda Staff 3)

It was noted that while the Miranda Project provides longer term support, it is important to ensure clients do not become dependent on the support, but instead develop skills while on the program to have the confidence to manage their engagement in the community into the future.

Clients are met where they feel safe and comfortable

An important element of support provided by the Miranda Project is the flexibility to meet with clients in locations, and at a time, of their choosing so long it is safe for both client and worker. Miranda client Kelly notes that the outreach nature of Miranda has meant that she has been able to stay engaged with the service.

And I think the big difference as well that the service is made, like if I had to get my ass into the service, I don't think I would have been able to complete it like I have. So I think a lot of the big difference is that they can come to us. (Kelly, Miranda Client)

For clients referred from prison, often the first meeting between Miranda staff and clients is in a prison setting, which can be difficult to make comfortable but is an important way to build rapport and prove to clients that staff are willing to go out of their way to engage with clients. This through-care model also ensures that the transition from prison to community is more seamless and helps to reduce disengagement from the program.

Having an outside face coming in to see you and a real person, not somebody in correctives, which... Calling by your name, being able to have that normal conversation with you was empowering too, to be inspired by somebody so beautiful, that I guess sees beyond your offence and beyond your time in custody. [...] Face-to-face was yes definitely a beautiful connection and made the transitioning out of custody a little bit smoother and a bit easier for me to not I guess hold so much resentment towards myself. (Laura, Miranda Client)

While in community, Miranda staff will meet clients at locations which are most convenient and appropriate for them such their house, the Miranda Project's office, or somewhere else in the community such as a coffee shop. The Hub model and drop-in service the Miranda Project offers allows the program to be safely accessible for all clients at any time, contributing to feelings of having a trusted network.

She come to my house, usually yes, at my house. This is first time been I've here. So yes, I think it's always been at my house. Or yes, we've gone to appointments together, we've gone to doctor's appointments, we've done appointments. (Kelly, Miranda Client)

Staff are supported to have autonomy and flexibility

This flexible approach also extends to how Miranda staff are managed and supported in their roles to have a high degree of autonomy and flexibility in how they work. Staff noted they feel trusted to use their experience and knowledge to manage their work how it best suits them and their clients. This creates stronger outcomes for clients and likely contributes to the strong staff retention found in the Miranda Project.

This organisation really works for us. Like I always say to my friends, my job works for me. It works for my family situation. It just works for me being a human being. They're just so good.

We have working from home when you need to work from home, they're flexible. There's no micromanagement. It makes you love your role when you can just be left to do your job, you do your job better. And I wish a lot more organisations could adapt that approach because you get the best out of people when you let people get the best out of themselves (Miranda Staff 8)

An example of how the Miranda project is flexible to staff need is through allocation of caseloads, whereby Miranda management recognises that a caseload is more than just the number of clients being supported, but instead depends on the intensity of support clients need. Caseload might also be impacted by supporting other staff who have high need clients or if staff need to take leave. This flexibility in caseload improves the overall wellbeing of staff and the quality of service provided to clients.

So, the flexibility of not taking on more clients, CRC and [my manager] and the team, everyone supports in that. [it's not like] you need to have more clients. It's you're looking after your colleagues, clients. There's a lot happening at the moment. Just take the time to do that. And then when you have more time you can pick up more clients. (Miranda Staff 4)

The Miranda Hub and drop in services provides additional opportunities for engagement

As discussed above, Miranda staff will meet clients in locations which are most suitable and appropriate for the client, including the Miranda office 'drop-in' and the Hub located at the Penrith Women's Health Centre. It was found that having a physical location of the Miranda Project adds to the flexibility for clients to engage with the program in a different and more autonomous way compared to an outreach only model.

Miranda's drop-in service allows for clients to flexibility engage in the times they can access the service and receive support. It also provides opportunities for previous clients to drop back into the service if they need any extra support or just a chat.

This is step down process, they can come to groups they can when things are a little bit wobbly knock on the door, they can and we find this often, where they've done the intensive work, they've done really well and all of a sudden they'll just pop in for a cup of tea just because they just wanted to brainstorm an idea or they just needed to feel connected again and just pop in for a cup of tea sit in the backyard, look at the stars, look of the sky and the trees and just be. (Miranda Staff 7)

Positively, the Hub sessions were said to provide clients with the opportunity to gain group support, engage in a social activity and participate in group activities such as art. Staff noted that while not every client will engage in group activities, having a different avenue of engagement is beneficial for some clients who are still building trust with the Miranda Project or prefer engagement in a group setting.

But yes, that was something that we looked forward to also, because activities were happening there was little incentives that they would give out. And just morning tea and have a catch up and have a yarn to people, it was good, yes. [...] And yes, I didn't get to do the art, but the ladies who did do it in the centre that I was at, the two mums that were going out, they'd actually feel so uplifted, to come back and talk about what they made. Yes, so even to show me, they'd go oh, look what we did today at the Miranda Project, I was like yes but I missed out, going to

uni. It was yes, definitely beautiful, they did cultural things, they made pot plants, they even made photo frame things. And yes, so always something fun for them to look forward to. (Laura, Miranda Client)

Importantly, the Hub provides an opportunity for clients to build social connections. The Miranda Project, through Hub groups assists client to address their needs for friendship, social networks and community connections and can help build confidence. As one staff member explained: *'They've come out and they've survived. And having something like this program just encourages them to do more'* (Miranda Staff 6). The quote below shows how Hub engagement positively flowed into a client's family life

Another activity which I was really, really happy about is noughts and crosses. I had all the boards. I'd bought all the little resources, the little mover things. And I surprisingly had little bags with Aboriginal material made up. So they had a little package. And one of the ladies, she went home. She was very emotional. She loved her little noughts and crosses game. And she was able to play with it with her mother. So, those things make a difference to me because they're not only creating something, but they're using it. And if they're using it with family members, lovely. (Miranda Staff 6)

It was found that staff work to make the Hub groups as accessible as possible, whereby clients are not judged around how they engage with Hub activities or excluded from activities. Some clients reflected feeling initially apprehensive about joining Hub activities but ended up finding them a positive experience. It was also noted that staff work to assure clients that they are welcome in the space. For example, the First Nations art groups are not limited to First Nations clients and can still be a positive experience for any client that wants to take part.

To be honest, I was a little bit unsure at first, because I was, like, oh, what are the other people going to be like that are there? And then it was just fine, it was just fine. Because I was scared it's going to be all criminals there. And I'm, like, well, I did the wrong thing too, so this is just ridiculous. But I didn't know it was the wrong thing. But it was fine, yes, no, it was fun. (Holly, Miranda Client)

Connection to community is for all women. So, whether they're a First Nations woman or not, women are incredibly often disconnected and isolated. So when I say connection to culture, that's whatever culture means for them, and whatever identity means for them... Even for non-First Nations women, we find our Koori arts and crafts programs [is beneficial]. (Miranda Staff 7)

Another positive outcome of the group sessions was that they were said to allow women to test the appropriateness of the Miranda Project and begin to build trust before they might start to receive more formal support.

Not only do... the clients come in, but the staff also, I think they get a lot out of it because they're sitting in a nonthreatening environment with their clients. And I think that sets up a positive relationship between them. So I think it all fits in well together. (Miranda Staff 6)

Miranda's approach to referrals improves service access

The evaluation found that an important element of the Miranda model is broadening and embedding support for clients within the community, through referring clients to other services as per their need. Miranda workers reflected a high degree of knowledge of appropriate services for clients, and are

well-connected, and have strong relationships with these services. Clients are referred by Miranda staff to a range of services, from financial advisors, to psychologists, to AOD support. Staff also mentioned supporting clients to apply for the NDIS (National Disability Insurance Scheme), which also serves to provide clients with tailored support. Broadening support to clients helps to ensure clients are being supported from multiple angles, which means that when they have been exited from the Miranda Project, they have other supports in place if needed.

[Miranda] was really helpful in connecting me with a psychologist, a clinical psychologist. And she wrote referrals and stuff for that, which I've been ongoingly doing for the past probably eight months. She also helped me get in touch with a financial advisor, just to make sure I was really getting the most out of my money and where my money was going sort of thing. (Rose, Miranda Client)

However, considering many clients are understandably hesitant or even fearful about engaging with services, Miranda staff need to ensure this support is appropriate and with trusted service providers. Therefore, the Miranda Project works to ensure that referrals to other services as beneficial and simple for clients as possible. Practically, this means that Miranda staff vet service providers to find out if they are trauma informed and if they provide a service that will be beneficial for the client. For example, Miranda will not refer a client to a service that is at capacity or not tailored to a client needs, ensuring they are not let down.

some of the clients may not have trust in services when they come to the Miranda Project, and then we help build that network around them and they have a network of support. So, it's nice to see when a client comes and they've got no one, no support, and then they have all these services around them supporting them. (Miranda staff 4)

It was found that another important element of giving trusted referrals is Miranda staff make warm handovers during the referral process. Clients are assisted with paperwork, transport, and research to undertake a referral as this reduces the referral fatigue on a client and makes for a smoother process. At the same time, staff provide relational support and advice to assist clients in attending services, such as easing their fears around counselling or doing debriefs to see if services are the right fit.

If you've got a trusting relationship with a client, they'll trust the referrals you make to other services, you can talk to other referrals, referral services, and see their strengths (Miranda Staff 7)

Interviews with clients and staff alike indicated that referring onto other services isn't always straightforward due to complexity of need and finding the right service, exclusion of clients from services due to stigma, or simply just long-waits for services. Staff mentioned sometimes having to advocate to services to accept a referral from a Miranda client.

A lot of them might need to apply for an NDIS package but they don't know how, where to start. That's a lot of people's problem, is, they know there's things out there, but where do you go or what do you do? Whereas we can find them for them, or advocate for them or get someone else to help them from that department, or whatever it is. A lot of research on their behalf. But then we get to know these other services and know what they do. We'll know where to go, to which one to help. (Miranda Staff 2)

3.2.2 Clients are assisted with multiple practical needs

The Miranda Project supports clients to meet their basic needs as a fundamental starting point. Clients who have been in prison, and those escaping violent relationships, typically have little to no economic resources, and are usually facing homelessness. Miranda works with clients to address multiple practical needs such as housing, accessing brokerage and basic living necessities, financial security, addressing mental and physical health, legal and court needs, gaining identification, and support with the development of independent skills.

Key findings from section:

- Housing is often the most urgent priority for clients who are often facing homelessness or living in unsafe environments. Clients are supported to gain housing which is appropriate to their needs.
- Clients are often extremely financially impoverished, with little to no material or financial resources. Clients are supported to address their financial needs from urgent brokerage funds to accessing social security payments and employment.
- Clients often have numerous outstanding mental and physical health concerns. Miranda works with clients to health needs through supporting them to access medical and/or psychological support.
- Clients often have complicated legal issues and obligations. The specialist skill of Miranda Project staff supports clients to navigate the legal system and receive the legal support they need.
- Many clients, through unstable childhoods and interrupted access to education, long experiences within the criminal justice system and other forms of institutionalisation, may lack independent living skills. The Miranda Project supports clients to develop the skills required for them to live independently in the community.

Miranda works with clients to address multiple, often complex and inter-related needs

The interviews indicated that many clients have rarely had their basic needs met; clients shared how lifetimes of poverty, neglect, violence and incarceration has meant they have experienced homelessness, financial insecurity, poor health, low levels of formal education, and social and cultural isolation. The following quotes, one from a Miranda staff member, and another from a client, both reflect the urgency and complexity of needs for Miranda clients.

It looks like starting from grassroots with everything. Some of these women have never had a rental property, have never lived on their own, have never had to think about meals, what am I going to do for dinner? They've never had to really stop, think about what caring for a baby looks like. What's involved? What does my baby need? What do I need? What do I pack for the hospital? So it's like grassroots. And it's quite intensive because there's a lot involved. (Miranda Staff 8)

I was at near rock bottom, I had nowhere to live, I had nothing. I wasn't allowed to leave the relationship with any of my belongings or anything. I was thrown out in the middle of the night

in the rain with just the clothes on my back... so I knew I was in a situation pretty deep that I didn't know how I was going to crawl my way out of. (Amanda, Miranda Client)

Therefore, considering the breadth of needs, a large part of the work undertaken by Miranda staff is around identifying the most pressing needs for clients, and prioritising which needs clients should be most urgently supported with.

We will work with the client to work with the client will work out what their needs are. We just have a conversation and then they're pretty good at saying I really need housing or I need support with DCJ, and then we'll support the client to work on those goals. (Miranda Staff 4)

As per the discussion in [section 3.2.1](#) a holistic non-siloed approach to supporting client needs is crucial. Staff reflected there also needs to be careful consideration of how needs are related and addressing one need can have positive flow-on impacts. As one Miranda staff member said, 'you can't be out looking for work when you're carrying everything with you, and you probably haven't had a shower' (Miranda staff 2). Similarly, clients shared stories of how stability in their housing improved their mental health and allowed them to achieve other outcomes, such as reunifying with children and safer AOD usage.

Clients are supported to gain identification which is essential for service access

A common and immediate need shared by clients is requiring assistance in attaining official identification from Service NSW. Many clients lack identification when released from prison, often only holding their prison release certificate (which is inconsistently accepted as proof of identity). Staff stressed that identification is crucial for accessing services in the community such as housing, banking, or employment. Miranda client Jordan tells how her identification was lost while she was in prison which was a problem because she needed to prove her identity in the community but didn't have the finances to replace her identification.

I told them I had an issue, so when I came out of custody, they had my driver's licence, my Medicare card, and they supposedly lost it. And I needed that proof when I came out. I didn't have the money to get new ones. (Jordan, Miranda Client)

To assist with identification, Miranda staff can bridge the gap between the various administrative systems and clients. This may include talking to Service NSW on behalf of clients, assisting with paperwork or providing information to clients on processes. The following quote from Bree illustrates some of the challenges around identification documents upon release from prison, and how important identification is to access services.

I needed to take all this information to Centrelink which I only thought was three bits of information. Birth certificate, proof of who I am. I naturally had my prison release papers, which they were accepting but then one person would say no. So again, [my Miranda caseworker] helped me get my birth certificate and all these other things because a lot changed in the years I was in jail. That was very hard because when I was trying, I wasn't sure what I was doing. (Bree, Miranda Client)

Miranda supports clients to access appropriate housing

Housing is an often urgent need for Miranda clients

Homelessness and housing need was the most common need highlighted by Miranda clients interviewed. Most clients mentioned housing as a previous or existing need. Research has found that

a lack of suitable, safe, and stable accommodation for women leaving prison is a significant barrier to reintegration (Baldry, 2010; Baldry & McCausland, 2009; Dominey & Gelsthorpe, 2020; Salem et al., 2021). A lack of housing or inadequate housing for formerly imprisoned people can contribute to difficulties in complying with parole conditions and lead people to feel as though they have been ‘set up to fail’ (Beaufils et al., 2021). As such, recent research has found that those in unstable housing in the period following release from prison were significantly more likely to return to prison (59% compared with 22% with stable accommodation)(Australian Institute of Health and Welfare, 2023b).

The main ways that Miranda staff assist clients in housing is through supporting clients to access housing, which typically requires advocacy and system navigation, as well as assisting clients to access the resources required to live in housing such as furniture or moving assistance. Further, through brokerage, Miranda has been able to provide funds for short term motel stays or bonds for rental properties.

Things like housing needs, making sure we can go through the Department of Housing Application forms, do that advocacy, do that kind of breaking down of barriers into that connection point, making sure they can tick the boxes, they look for properties, helping them furnish properties and look for charities and things like that. (Miranda Staff 7)

Miranda supports clients to access housing at all stages of need

Clients are generally supported at all levels and types of housing including both public and private housing, and emergency, temporary, transitional, and longer-term housing. Generally, the aim is to get clients into longer term stable housing, given that temporary accommodation (TA) is often inappropriate for client needs. Many clients have noted that TA is inappropriate for their needs, complaining of harsh rules, unsafe settings, and difficulties in finding accommodation that is appropriate for women with children.

She ended up getting me a spot at the refuge, which I was there for three months, and I ended up with transitional housing. But they helped with getting me to parole, they helped with getting me to my injections, medical appointments, advocating for me with housing, popping me out with clothing. (Nikki, Miranda Client)

Advocating for clients is central to supporting them to access housing

Advocacy to assist clients with housing often looks like making phone calls to different services and housing offices, filling out forms and attending meetings with clients. Many clients find engaging with DCJ housing challenging due to difficulties navigating what are complex bureaucratic systems, and/ or feeling stigmatised by housing staff. These challenges require Miranda staff to utilise their understanding and connections to local housing offices to navigate housing systems and also advocate for their clients to housing staff. Miranda staff work as an information conduit between DCJ Housing and Miranda clients making sure clients understand how housing policy is impacting them, and making sure DCJ understands the clients. This is important to ensure clients have housing appropriate to their needs (Shepherdson & Roberts, 2020). Miranda client Amanda explains how her Miranda caseworker advocated for her and supported her to gain housing.

She was just on housing’s case every day. Now I think, oh God, they must dread when they get an email from her because she probably emailed them every day until they housed me. Just asking what was happening, where things were at, making sure that they were staying on top of their job and doing what they kept promising they were going to do [...] My case worker was

able to contact them to see if they could release some of the funds so I could use to stay in a hotel. And then what I had left they held onto that until I was housed and then they pay for all the furniture and that. (Amanda, Miranda Client)

Miranda assists clients in attaining housing which is appropriate to their needs

It was found that many clients have needs which influence the suitability of different kinds of housing, however these needs are often not properly identified by housing providers. Therefore, it is the role of Miranda workers, who have a close relationship with the clients, to hear what housing is appropriate to them and elevate that need to housing providers. Examples given by clients in interviews included:

- Accessibility: needing a house without stairs due to being in a wheelchair,
- Safety: needing to be in an area away from a violent (ex) partner,
- Location: being closer to a hospital, and
- Appropriate for family: being big enough to accommodate children to strengthen their claims for reunification in the child 'protection' system.

I was in [public housing], but then I went to hospital and I couldn't go back home because it was marked unsafe because of the stairs, because I was in a wheelchair. It took a while for the transfer, but I was in the city and it was a bit rough, and I wasn't liking it there. And then, all of a sudden, I got a phone call saying I got a transfer. And they said up to six months to two years I'll have to wait, and it was under the six months, but I think it's because I got support from [my Miranda caseworker]. They helped. (Jules, Miranda Client)

It was found that having an appropriately sized house has important implications for interactions with the DCJ child 'protection' system. Clients described a need to have a big enough house to accommodate their children and create a family home. This can prove to DCJ that Miranda clients have the capacity to care for their children and can be a contributing factor to reunification. The quote below from Kelly reflects how with the support of the Miranda Project she received housing more quickly than anticipated, and a nicer house than she has had previously, large enough to accommodate her children, and that this is contributing to her motivation to 'do good'.

Then, all of a sudden, I got a phone call saying I got a transfer. And they said up to six months to two years I'll have to wait, and it was under the six months, but I think it's because I got support from [Miranda]. They helped... it's probably the best house I've had for rental in the area. So, it's my only want right now to do good... I've always said to myself I'm going to set up a room for my kids, and that's never come true because that's broken up because I've let the wrong person in. So, this time I'm going to start doing that bedroom up and make little beds for them in there and make it a family home now. (Kelly, Miranda Client)

Miranda understands the specificities of housing for clients who have experienced violence

Appropriate, safe, secure, and stable housing is of particular importance for clients escaping violence. The Miranda Project has the specialisation to support clients with housing which is going to support them to escape violence imminently and also in the longer term, and for clients to feel safe and secure in their housing. Miranda client Kay outlines how she was supported to escape violence with children in her care through support with emergency, then temporary accommodation, with consideration of location to be in an area which was safer for her.

Oh my gosh, I wouldn't've made it through life without [my Miranda caseworker], it was just a struggle. Just trying to escape from my home with no licence, with the kids, it was really hard. And then they ended up, maybe two months, paid for motels for me, everything. Escape from home. And they filled that straightaway, got me temporary housings in other areas, because he was out looking for me. So, they ended up getting me outside of the area, just to be safe.
(Kay, Miranda Client)

Another way Miranda Project staff support women escaping violence with housing is with practical needs related to their housing and related maintenance, which may ordinarily involve engaging a tradesperson, who are typically male. As one Miranda Project staff member explained, some women who have survived men's violence are fearful or uncomfortable with bringing unknown men into their home. In these instances, Miranda Project staff will assist women with moving, or with other small jobs around the house.

Case Study: Amanda's housing assistance journey

Amanda, while on a community-based order, was made homeless while escaping domestic violence. Amanda didn't want to stay in TA, as this wasn't appropriate to her needs. She hated being locked in overnight, and late-night walks were a good way to clear her head. This meant that Amanda was sleeping on the streets.

After calling Link2Home, Amanda was referred to the Miranda Project. After being accepted into the program, she was immediately assisted with hotel accommodation while looking for longer term accommodation. This was the result of Miranda advocating for an Escaping Violence Payment (EVP) for Amanda.

Amanda's caseworker advocated daily for appropriate housing. Within a short amount of time, Amanda had been accepted for a longer-term public housing tenancy. After securing accommodation, Miranda staff took Amanda to Kmart and Harvey Norman, to pick out and transport furniture. Miranda also gave \$400 worth of vouchers so Amanda could get basic things for her housing such as plates and cups. Having secure housing was important for Amanda to be able to focus on other things in her life such as ongoing legal matters and AOD counselling.

Miranda assists clients to address their financial needs

A lack of financial security drives poverty, disadvantage and criminalisation

A key finding was that many clients lack financial security, as most clients have very few material and economic resources, and employment is rarely a viable option upon exit from prison. Miranda staff spoke about the impact the lack of financial security has on clients, whereby it is rare to have a client living above the poverty line, and that this impacts ability to afford housing, transport to appointments or simply buying groceries. The poverty Miranda clients face can further impact their health (mental and physical) and potentially drives further criminalisation (McCausland & Baldry, 2023). Further to this, it was found that clients who were escaping violence commonly lacked financial independence due to their experience of financial abuse and control.

Barriers to financial security faced by Miranda clients reflect that poverty is a core part of the structural inequality that they face, which goes beyond their individual ability or motivation to be more financial independent. Aligned with findings from a recent survey which found that 86% of women exiting prison were expecting to utilise Centrelink payments once in the community (Australian Institute of

Health and Welfare, 2023b), most Miranda clients are reliant on Centrelink payments including JobSeeker and Disability Support Pensions. This structural inequality is reflected by clients facing difficulties accessing Centrelink, for example if they are not an Australian citizen, or struggle to attend rigid appointment times or fill in applications as they navigate complex bureaucracies.

I probably would have ended up a mess on the floor or maybe stuffing it up. I didn't have a clue about Centrelink. I missed an appointment or something and I'd start panicking. But naturally, [Miranda caseworker] was there to help me and just to give you that boost. You can do it if you put your mind to it. And just walk you through the steps and just taking her time to do that. That's a lot. That means so much to somebody. (Bree, Miranda Client)

Miranda supports clients to develop greater financial security

Therefore, a crucial element of Miranda support is around development of greater financial security; Miranda staff typically assist clients in accessing Centrelink or other financial payments, such as the Escaping Violence Payment (EVP) and brokerage through other services. As outlined above in section independent living skills, Miranda staff also assist clients with managing their money to build financial security through budgeting and referrals to financial advisors.

Financially, I am struggling hard, because I was with like my son's father until just... Well, this year I was fine being on the money that I was getting, because we shared the bills and what not. But now that he's not there to help out, I've been struggling really badly. And just trying to live off what very little money I've had has been hard. But, no, there's not really... I'm guessing that's why she suggested today just to help with some cash. But she also did a referral for the EVP Program, the Escaping Violence Program. And it's been approved and all the rest of it. So, there'll be like \$1,500 in cash. And then there are \$3,500 in vouchers and stuff. So, I can pay, because I'm behind in my rent. And I can pay a bit of my electricity. (Margie, Miranda Client)

Miranda supports clients to access brokerage and basic living necessities

As discussed above, most clients exit prison with limited to no material or economic resources, therefore the Miranda project supports clients to access brokerage and basic living necessities, such as clothing, toiletries, groceries, mobile phones, and furniture and other essential items for their house. This support is improved by the co-location with PWHC who have access to safe phones as well as other products and essential items.

There was a few times where I was only working casually, I sometimes wouldn't get as much work, but I would still be earning too much to be entitled to a whole heap of money with Centrelink. I also had to pay hundreds of thousands of dollars to lawyers and stuff like that. So, there were quite a few times where the Miranda Project helped me with a Woolworths voucher or a Coles voucher and it really helped me through some tough times when I was stressing, how am I going to get lawyers paid? How am I going to this paid? What am I going to do...? The Miranda Project really was there with a food voucher or a fuel voucher or whatever I needed at that time, which was super helpful. (Rose, Miranda Client)

Basic living necessities are especially important for clients who are mothers supporting their children, often without support from the child's father. The Miranda Project supports these clients to purchase clothes, nappies and even Christmas presents for children.

Miranda will support clients to access employment when appropriate

Literature indicates that women in prison often have fractured experiences of education systems and higher levels of unemployment; people who have been in prison have the highest unemployment rates of any Australian population group (Baldry et al., 2018, p. 5). According to the latest NSW custody health survey, 45 percent non-Indigenous women and 64 percent of Aboriginal women were unemployed in the 30 days prior to their imprisonment (JH&FMHN, 2017a, 2017b).

The evaluation found that for many clients employment is often a lower priority, especially within the first few months of being released from prison. Clients often require more stability in their lives in areas such as housing, mental health and recovery from violence before exploring employment options.

For a minority of clients, support assessing employment was said to be a priority, and an important element to bolster their financial stability. Miranda staff offer support to clients wishing to gain employment through connecting them with relevant services such as job providers, appropriate employers, and courses.

[Miranda] helped to get me into courses and stuff. I've put my name down for a traffic control program that's supposed to be starting with the refuge but it just keeps getting pushed back. But right now I've not been stable enough to even begin to think. She's spoken about it but I haven't been stable enough to do anything. (Nikki, Miranda Client)

Miranda clients face discrimination in accessing employment

As a collateral consequence of being in prison, Miranda clients often face stigma and exclusion when trying to enter or re-enter the workforce. One client explained that despite having years of work experience, she was not able to receive a reference from her previous employer due to her conviction. Many employers also stigmatise against clients with criminal histories and are increasingly doing background checks on people prior to hiring. According to research by Baldry and colleagues, 'the stigma of a criminal record for an ex-prisoner job seeker is among the most intractable barriers to employment', and the stigma of a criminal record is often higher for women as employers regard women who have been imprisoned 'even more negatively than they do males' (Baldry et al., 2018, p. 5).

And mum's like, again, you'll just explain to them what happened. It's not like you're this person that's gone out and crazily went on this rampage. And I was like, yes, I know, but it's just the awkwardness of it, too, checking, the criminal checks and all those things now. That's an issue with a lot of it. (Ali, Miranda Client)

Job service providers are rarely able to support Miranda clients with complex needs

Employment outcomes are also limited by the suitability of job service providers to support people with complex needs. Some clients expressed dissatisfaction with their job service provider who may be automatically appointed to the client when exiting prison. Clients felt they were simply being used by job providers as a funding source. In these circumstances, Miranda staff have advocated for clients directly to job service providers. Staff will also ensure any courses or job service providers they refer clients to are appropriate for clients with a history of criminal justice system interactions.

I've changed job network, because the program that supposed to support them wasn't. The job service provider was just playing me for a fool, and because I came out of custody, they're

supposed to get funding for that. So [my Miranda caseworker] is trying to speak to them and go listen, she's trying to do the right thing. (Jordan, Miranda Client)

Miranda works with clients to address both physical and mental health needs

Supporting clients to address health needs is multi-faceted

The interviews reflected that Miranda clients typically have complex, inter-related health physical and mental health concerns. Miranda staff support clients to address various physical health and mental issues, typically by connecting clients with a trusted general practitioner, attending appointments with clients, and helping them navigate the health system. The interviews reflected that part of this work is supporting clients to feel comfortable seeing a health professional, as many women carry a lot of trauma and fear of medical settings, as reflected by Miranda client Elsie *'I've got to actually go to a doctor's appointment, but I just don't go. But it's not her fault. Yes, but I actually hate doctors'*.

Miranda's work in advocacy around health issues is demonstrated in the story of Bree, a Miranda client, who received an injury while in prison which required urgent surgery. Following her exit from prison, and moving between health districts, Bree had fallen off the waiting list for surgery. Miranda staff with assistance from PWHC were able to investigate and get Bree back on the waiting list at a hospital that was identified as most accessible for her.

Miranda helped me by taking me to doctors appointments, finding me doctors because with all the things that happened to me. I hurt my leg in jail. [...] I also had to go to the hospital. We were trying to chase up because I was on the hospitals waiting list for my surgery but apparently the jail took me off that list once I got released. (Bree, Miranda Client)

In addition, clients often exit prison with pressing dental needs, which have implications not only for physical health but in boosting confidence and reducing social stigma. As Miranda client Megan mentions, *'we even did the dentist, I got teeth pulled out, that got done, she [Miranda caseworker] took me there'*.

Supporting clients with their mental health needs requires addressing underlying trauma

A large proportion of women in prison have high levels of mental illness as well as experiences of complex trauma (Bevis et al., 2020). Women in prison were more likely than men to report a history of a mental health condition (65% compared with 36%) and taking medication for a mental health condition (40% compared with 21%) (AIHW, 2019, p. vi). According to ANROWS research, a key factor in women's incarceration is trauma or mental health 'precipitated by experiences of violence' (ANROWS, 2020). Indeed, the interviews reflected that client's experience of violence and abuse, and incarceration itself, has contributed to poor mental health, and many clients have mental health diagnoses.

It should be noted that the relationship between trauma and mental health is even more pronounced amongst Aboriginal people; extensive research led by Aboriginal communities in NSW and NT found that interlocking and compounding social determinants, including intergenerational trauma, institutionalised racism and dispossession, driven by colonisation has severe and ongoing consequences for First Nations peoples' mental health and wellbeing (McCausland et al., 2017). While First Nations people in contact with the criminal justice system generally have higher levels of mental illness compared to those who are non-Indigenous, they have significantly lower rates of access to appropriate health and disability support (Baldry et al., 2015).

At a fundamental level, it was found that the Miranda Project supports clients to navigate and destigmatise their mental health conditions through relational support. Many clients found benefit in having their feelings acknowledged and knowing someone understands how they feel. As Kelly (Miranda Client) explained ‘*she’s [caseworker] helped me to acknowledge what’s going on, which is a big thing. Because for someone to get through to me and for me to sit there and go, yes, okay, you’re right*’. Similarly, Jordan tells of how she has been feeling happier just through the support of the Miranda Project, simply having contact with her worker and knowing they are there for her.

No, it is real, after being through what I’d been through, my emotions were getting a little bit better and good and happier. And I could smile and they’d sit there and have a laugh with me. Even for half an hour visits and that, they were there. They never once rang and said, oh, I can’t come or something. And the days that they were busy [...] they still are on that phone and talking and they were there the next day or something. It’s nice to know that people are there for you. (Miranda client, Jordan)

In addition to relational support for mental health, Miranda clients are supported to access mental health professionals, often through Victims Services. Many clients reported having had negative experiences with mental health professionals in the past, and are therefore hesitant about engaging with psychologists, counsellors, and psychiatrists, as clearly articulated by Bree below.

[Miranda caseworker] helped me find this psychologist. So that’s helped me a lot. Because in the past I was told to go to a psychologist, and I wouldn’t go. Again, when they explained it to me and said the pros and the cons they talk about. And they just said to go and see how it is. You don’t have to go back again. And that made me, again, feel comfortable. So I did that. But I’ve been back, so it worked. (Miranda client, Bree)

Miranda staff, through an advisory role often discuss the pros and cons of mental health support letting a client make an informed choice. Miranda staff may then support a client to take an appointment by assisting in booking or even driving them to the location as detailed in the below quote:

we’ll refer them to a victim services counselling area, they’re pretty good. In Penrith, very trauma informed [...] conversations with the clients that counselling can be a scary prospect. A lot of people don’t want to talk to someone they don’t know about what they’ve been through. We have lots of conversations that you don’t need to sit down and discuss anything that you don’t want to discuss, you could start off with chatting about what’s on your mind at the moment [...] and this is why CRC is good as well, because I don’t think other people could do this in their services. I’ve been able to book out a vehicle, transport them to the counsellor, you know, wait in the car and do some work. And then when they come out, just debrief to make sure they’re feeling okay. (Miranda Staff 4)

Clients reported positive benefits of engaging in counselling in helping them to address the underlying issues and trauma, and also learn about domestic violence patterns and healthy relationships. The quote below reflects how counselling has helped Sharni to come to terms with and process issues which were driving her to self-medicate with drugs.

And I’d done 15 months jail then and in that time I linked in with a counsellor from Victim Services and she changed my life. I was addressing the problems that I needed to numb. I filled myself with drugs to numb out, I didn’t know what all these emotions were and feelings. And I

didn't want to feel all that. When I would straight up feel it, and shit would come back, when I was on drugs it wouldn't, it would numb me. (Miranda client, Sharni)

However, the challenge of service access to see mental health professionals was also highlighted. Long wait lists can be challenging for clients who have immediate support needs. Miranda client Margie explains seeing a psychologist can involve more than 4 months of waiting:

A lot of them are hard to get into. And there are massive waiting lists, especially with psychologists and DV counselling. They're massive ones. [...] I don't see the psychologist until November. And I put it in like over a month and a half ago. (Margie, Miranda Client)

Supporting clients with cognitive disabilities requires sensitivity and skill

Research has found that the needs of women with cognitive disabilities go largely unmet in prison, including, recognition/identification of cognitive disability, mental health, adaptive skills, family and community connections, cultural sensitivities and external support services (Toohey 2020, p. 153). A finding from this evaluation is that clients frequently have undiagnosed cognitive impairments, which impacts their ability to understand how to navigate and access services and also appropriate treatment and support. This is also related to a lack of access to education which has meant impairments are left undiagnosed alongside literacy problems. Miranda worker reflects on the lack of appropriate services for women with cognitive impairments.

I think almost all of the clients that I've seen have either had a significant mental health diagnosis or some sort of cognitive impairment. Often undiagnosed, and then linking in with appropriate treatments for that can almost feel impossible even as a worker, obviously, we're able to use the Justice Advocacy Service. But again, that is still difficult. There is a lack of services and understanding around how women might present with those [...] intersecting issues. (Miranda Staff 5)

Miranda client Jules highlights the importance of Miranda support in the context of her brain injury.

Because I've got a brain injury, so I always forget things, so [my Miranda caseworker] has always been on the ball. She just got all my appointments in order and really helps coordinate my stuff for me. (Jules, Miranda Client)

Supporting clients with their substance use requires understanding how use relates to their experience of violence and trauma

It was found that the Miranda Project supports women who want help with their substance use by supporting them on an emotional level to understand and address the drivers of their substance use while also supporting clients practically to access specific AOD health supports including medication (such as pharmacotherapy) and other forms of intensive AOD treatment, such as detox and residential rehabilitation. The specific types of practical support provided includes transport to medical appointments and clinics, as well as applications and advocacy to residential services, and support throughout the residential stay. As detailed in the quote below, Nikki explains how her Miranda worker advocated for her to have her Suboxone injection in a timely manner due to her risk of withdrawing.

she's [Miranda caseworker] done a lot of advocacy. So my Suboxone injection, there was one time they were going to try and make me go without it. I was due for it and the script hadn't been done yet by the doctor. And I had to go and see my kids on that weekend, and they were trying to tell me that I had to wait until the next week to have this injection. So I'm like, so

you're going to make me go all the way to Newcastle on withdrawal. You can't do that, make me go there withdrawing. (Nikki, Miranda client).

In supporting women post-release who have substance use problems, Miranda staff highlighted the importance of pre-release support and throughcare grounded in harm reduction approaches to ensure women stay safe following their release as their tolerance for substances has usually decreased while they have been in prison.

Supporting women around trying to refrain from using [...] my experiences working with women, the moment that they pick up a substance when they come out its very high risk. We sometimes don't see them for about two weeks after they have gotten out and by that time, things aren't looking great, they're not feeling too great about themselves. (Miranda Staff 3)

Miranda supports clients with legal needs

Miranda supports clients to understand and navigate the legal system

Interviews with staff and clients alike highlighted the importance of the specialist skill of Miranda Project staff in understanding the complexities of navigating the legal system. This includes helping clients to understand their various legal conditions and obligations related to parole, community orders, bail and matters relating to ADVOS. The quote below from a Miranda staff member clearly explains that many clients receive conditions which they don't fully understand, and therefore Miranda helps clients to decipher their legal obligations and requirements, and what this means for them practically.

For a lot of women that I work with, they might be handed, some bail conditions, didn't even have that bit of paper. They might not even know what a bail condition is, and I think it's that element of just taking things really, really slowly with somebody and having someone you trust to bounce that off. Because who else are you going to get that information from? You're not going to go back to the cops to ask them about your bail conditions, you're not going to go into the court, the most triggering place in the universe to ask them 'Oh, can you please explain what it means to have a non-association with somebody?'. (Miranda Staff 5)

Miranda staff help clients connects clients with lawyers and supports them in legal meetings

Another important element of the legal support provided by Miranda staff is through connecting clients with lawyers if they don't have one, and then attending meetings with their clients and their lawyers, especially early in their engagement with the Miranda Project. As per discussion above, it was found that having a trusted ally in legal meetings who understands service jargon is important for clients to understand and retain information given to them in appointments. For example, if a client is being given information from their lawyers, Miranda staff can translate or remind clients of important information. Miranda staff also attend meetings to hold other service providers to their word such as following through with supports for the clients.

She does the lawyer talk and that, so she knows what she's talking about there. So, that's been a big help too. I've rung her and been like the lawyer said this, and I don't understand. I don't want it to bite me in the arse. And she's like, no, this is how it's supposed to be. (Mergie, Miranda Client)

Miranda staff provide relational support to attend court and advocate for clients to the legal system

Another central element to the legal support provided by Miranda staff is the provision of relational and advocacy support during legal proceedings. Relational and advocacy support to attend court is especially important for court appearances related child ‘protection’, AVO/ADVOs or family law, as these matters are said to be particularly fraught. Miranda client Holly tells of how she found reassurance in her Miranda worker attending court with her, and how this support was positively acknowledged in the legal proceedings too.

I actually asked her if she would be able to come, just so I had a bit of extra support [...] and it was brought up in the court proceedings that she was there so that was good too. (Holly, Miranda Client)

Miranda staff will formally advocate for clients within court settings as required. This may include information translation and legal education along with advocating for clients’ stories in the legal system. Miranda staff may assist with Affidavits, applications for AVOs, acting as a witness, and/or providing letters of support to the court to highlight the strengths of clients to a magistrate. The positive impact of a Miranda worker acting as witness in court is described by client Holly in the quote below.

[My Miranda Caseworker] actually got up to the stand and spoke for me as a witness for what I’ve been doing in the last three months. It actually helped in my favour when the judge made a decision. (Jules, Miranda Client)

Miranda staff help clients develop independent living skills

It was found that the Miranda Project commonly assists clients with developing independent living skills. Many clients, through unstable childhoods and interrupted access to education, long histories of contact with the criminal justice system and other forms of institutionalisation and may lack basic skills required for them to live independently in the community, such as literacy and numeracy skills, technological skills, financial management, or using public transport.

Miranda staff provide direct assistance to clients to develop independent living skills. For example, they may take clients to the shops or bank, travel with them on public transport, or talk to them about budgeting or parenting. Miranda will refer clients to external programs or courses for more specific skill development. Miranda client Kay explains so clearly how a traumatic experience at school as a child interrupted her education and means she now struggles with literacy but is being supported by Miranda to undertake a literacy and numeracy course.

I had this thing happen to me when I was in Public School. I didn’t want to go to school no more, because I didn’t feel safe in the school. So, I didn’t learn how to read and write. [My Miranda caseworker] is a wonderful lady, she put something up on the computer, whatever she did... These two rich ladies are donating for me to learn how to read and write.... Because it went right through my family, because I couldn’t read and write, my boys missed out on it too. But now, [caseworker], through the Miranda Project, has got us this funding to do the literacy numeracy course. (Kay, Miranda Client)

Development of basic skills underpins broader outcomes and service access

Miranda staff highlighted the importance of developing basic skills in underpinning broader outcomes for clients. Staff highlighted that a lack of basic skills makes living in the community difficult and can limit access to services and therefore impact the sustainability of change made during time in the Miranda Project. This is supported by literature which found that building life skills can reduce recidivism; a recent NSW study found that improving adult literacy for First Nations people resulted in a 50% reduction in reported serious offences (Beetson et al., 2022). This study suggested that increasing literacy may mean clients can better navigate the criminal justice system, greater degrees of agency and self-control and building support networks through classes.

This particular client, I guess, I'm really trying to build skills around her ability to self-reflect, and then put those, what she's what she's learning into her like kind of everyday. Really basic stuff, like, how to navigate a system, how to like how to navigate housing, how to, like entity have all those things in place, so you're not going back to those people. (Miranda Staff 1)

Improving technological skills or literacy skills for clients improves their ability to contact, apply for and self-manage their relationships with services such as Centrelink or job providers. At the same time, improving client's ability to take public transport through supplying transport cards or teaching them transport skills allows them to attend appointments. This builds empowerment in confidence in clients contributing to sustainable outcomes for the program.

We can help them with food or food vouchers we can get for them. But you can't just do that every week. You've got to teach them to, not stand on their own two feet, but understand how life is. (Miranda Staff 2)

The identification of which skills need to be developed is nuanced and time-consuming

Staff interviews indicated that assisting clients with independent living skills can be a time-consuming process in both identification where skills need to be developed and supporting clients with these. Staff noted that many clients may face shame in admitting they need help with independent living skills or may not be able to identify what skills they need. This was also evident in client interviews, whereby only one client shared their need of assistance in independent living skills despite almost all Miranda staff stating they commonly helped clients in this area. Staff mentioned that simply building the trust to talk about, and assist clients to develop living skills, is very time-consuming and can span throughout engagement in the program.

It does depend, again, that relationship, how far someone's willing to go with you around what they may be able to do and what they're not able to do, and that I find happens less over the 12 months, I feel like if we were able to continue working with people, those things might come about, because there's obviously huge amounts of shame attached to perhaps not being able to do some of what we would call the basic skills. (Miranda Staff 5)

3.2.3 Supporting clients with rich and complex histories is underpinned by staff skill and relational approach

Working with clients who have rich and complex histories, and associated support needs, requires a very sensitive relational approach, which is underpinned by a high level of skill, understanding, emotional intelligence and appropriate boundaries. It was found that this is demonstrated through practical support being delivered by staff with a high level of care and empathy, as well as more overt relational and emotional support.

Research has found that those working with criminalised people and those leaving prison who demonstrate empathy, reliability, honesty, care and who work collaboratively are more likely to engage clients and support them effectively (Beaufils et al., 2021; Day et al., 2018; Dominey & Gelsthorpe, 2020; Griffiths et al., 2017; Kendall et al., 2018; Trotter et al., 2012). This finding was also evidenced in the evaluation of CRC's transitional programs which highlighted the importance of relationships between clients and staff, as 'relational, person-centred, non-judgemental, caring, consistent and veers away from an overly clinical or rigid structured approach' (Sotiri et al., 2021, p. 33).

Key findings from section:

- Miranda staff build relationships with clients through being relational, empathetic, and non-judgemental.
- Miranda staff employ positive reinforcement and a strengths-based approach which boosts clients' confidence and sense of agency and optimism.
- Developing trust between worker and client is central to positive client engagement.
- Relational support helps with the social isolation many clients face when rebuilding their lives in the community.

Staff are relational, empathetic, and non-judgemental

The evaluation found that the relational skill, empathic and non-judgemental approach of Miranda Project staff is key to building safe and trusting relationships with Miranda Project clients, which ultimately leads to better engagement and outcomes for clients. The interviews reflected that relational support is key for those who have entrenched criminal justice system involvement, and especially those who have fractured or strained relationships with family, because this community-based support can fill an important gap for these clients.

How this works in practice, and how clients experience this relational approach, is by way of the connection between the client and the worker, which feels relatable and sincere. Clients reported that Miranda staff were genuine in their desire to support them, indeed some clients expressed that engaging with the Miranda Project was one of the first times a service has treated them as 'a human'. This was notable for clients who have been managed by various bureaucratic social systems for most of their lives. Simply put, clients reflected that the Miranda Project's warm, friendly engagement demonstrate to clients that the Miranda Project can be trusted and that there is hope and optimism for their future. The below quote from Rose encapsulates the importance of having a relationship with her caseworker which is multi-dimensional and responsive; it is at once empathetic, relatable, and friendly, while supporting clients with serious issues.

She's so empathetic and sympathetic as well. She's just a beautiful soul and she has the capability to make you laugh, even when you just want to scream. And she's so fun to have a joke with and muck around with when you really need it. She is so good at knowing exactly what her clients need, whether it be, let's have a bit of a serious chat about what supports we can do and then let's have a laugh about how shit the system is. She's just really in tune with what her clients need. (Rose, Miranda Client)

The importance of being kind, open and genuinely listening and responding to clients was also highlighted by Miranda Project staff. The below quote from a Miranda staff member reflects the importance of listening and taking seriously what a client is saying. Related to this, staff also reflected that client engagement with Miranda should not feel like a box ticking or mandated exercise, because that can risk mirroring many of the other negative service experience clients have had in their lives and ultimately not convey a feeling of genuine care.

Being kind and open to listening to them, really taking on what they're telling you. Because often people go, I've had domestic violence, and you go, all right, yes, and they just move onward. We would acknowledge that and say, that's not good, do you want to talk more about that [...] Also just showing people that someone cares. It's a really big thing. (Miranda Staff 2)

Non-judgemental support is central to building rapport

A central element of staff's relational approach was through providing non-judgmental support, which works to enhance trust and honesty between clients and workers. As per the quote below, Miranda clients clearly articulate the benefits of a non-judgemental approach including feeling supported while working towards a future and feeling comfortable to discuss issues with their caseworker.

Just the way she speaks to you. She tells you she doesn't judge you [...] What's in the past is in the past. She's here to help you build your future. It's nice to hear. (Amaya, Miranda Client)

There's stuff that I've sat there and said to [caseworkers] that I've never felt comfortable talking about in my life. And I don't know if it's them or it's the training they have done, but there's something that just, you don't get that, you just don't get that. And you're not treated like a number, you're treated like a person, which makes a big fucking difference. (Kelly, Miranda Client)

Non-judgemental service provision is a core component of the Miranda Project model and is particularly important when working with women who have experiences of violence. Miranda caseworkers adopt a client-centred approach to working with women and supporting the decisions they make regarding their safety and relationships. Caseworkers will work with clients to navigate their relationships and provide options to them, with non-judgemental support. As Elsie (Miranda Client) told us: *'They've given me options, they supported me whether I stood with him or left him... they still gave me options of both'*. Similarly, one staff member told us:

I'm not here to tell anyone to leave any relationship. It's not my job. Who am I to say that? And I think [manager] really backs that. Because when and if the time is right, if somebody does want to, it's cool, we can do that too. But we're not here to tell anybody what to do. (Miranda Staff 5).

Providing non-judgemental and client-centred support preserves trust within relationships between caseworkers and clients. However, staff note that navigating the risks of violence for clients can be *'extremely complex'* (Miranda Staff 5):

[It is] extremely complex work. I've got a couple of women at the moment who are still living in the home with the perpetrator. And that just takes a lot of consultation with other staff. That takes a lot of talking to our manager. That takes a lot of external supervision to figure out what model... Because there isn't a lot out there on how to work best that's going to keep the client safe enough and be able to provide service. It's really [expletive] complicated. (Miranda Staff 5).

It was found that this relational approach is underpinned by both the skill and passion of Miranda workers. All Miranda staff hold at least one qualification in an area (typically counselling, social work and community services) which has provided them with the hard skills to approach their work with skill and professionalism. However, the interviews also reflected the importance of soft skills, and emotional intelligence in connecting with and supporting clients.

I think for me, what's in my, I would say social worker, because I'm a social worker, in my toolbox, is humaneness. Being able to connect on a one-on-one level and treating that woman not like your client, but as another woman, human being. Just being real, I guess, and not treating your person you're supporting as a number and as a job. [...] the humaneness has a lot to do with how I approach supporting these women. Just giving them their due diligence in terms of human rights. (Miranda Staff 8)

Further, staff with criminal justice lived experience and First Nations staff hold a deep understanding of the histories and traumas that many clients have and as such understand safe and appropriate ways to engage with clients. This includes being aware of verbal and nonverbal communication and the power dynamic between themselves and clients. Staff suggested that they were also supported to be relational with clients due to program design through low caseloads.

Staff employ positive reinforcement and a strengths-based approach

Staff and clients of the Miranda Project identified positive reinforcement and strengths-based language as a key part of building trust. Often, clients do not have what they describe as positive and supportive relationships in their lives, therefore having a caseworker who truly believes in them and their strengths, builds a strong trusting bond between clients and workers. Further, interviews reflected that many clients have a fear of failure and disappointing people, which means that positive reinforcement is important to reduce disengagement with the program.

It's very heightened in terms of anxiety, and not that they don't want the opportunity, but just imagine a history of repeated child protection involvement. For them, it's a big step, it's a different life. They're not used to this side of things. Not that they don't want it, but they've never walked this road before. So it's very new, it's very scary, very scary. And yes, I guess they worry about failing as well and disappointing you who's also supporting them. (Miranda Project Staff 8)

Miranda staff reported that the use of positive reinforcement begins during intake of clients, whereby staff use language which highlights the support the program can offer and how this can be positive for the client.

I felt that really comfortable warm welcome, and they explained to me the services that [Miranda provides] and what support I could have. And it made me feel a bit positive, thinking, okay, I'm going to have a bit of support, I'm not going to do this on my own. (Jules, Miranda Client)

Miranda staff also recognise the challenges that clients have been through validating their past experiences:

I just got off an AVL with a woman in custody who's coming out very soon, and just sort of talking to her about, you know, how are you going, how are you feeling? And then she's, like, you know, I'm really nervous, and really normalising that, and, and then sort of letting her know that I've been there too [...] we're going to support you [...] [all] you have to do is just meet us halfway. (Miranda Staff 7)

Miranda staff continue positive reinforcement throughout the length of program engagement. Staff celebrate meeting milestones, building a positive relationship, and boosting the client's confidence. Clients have expressed how this positive reinforcement gives incentive to meeting goals and builds a strong trust with their caseworker, 'She will tell me when I'm doing good. And it does give me that bit of incentive' (Kelly, Miranda Client).

Developing trust is central to positive client engagement

A key finding related to the importance of building trust with clients for successful engagement with the program, which is underpinned by reliability, working with clients at their own pace, reassuring them engagement is voluntary and only providing trusted referrals to other services. The interviews indicated that clients are often starting from a position of deep distrust of systems and services, due to having been frequently harmed and failed by systems throughout their lives as discussed in [section 3.1.2](#). Indeed, it could be considered that Miranda clients' distrust of services has served to keep them safe in some circumstances. The interviews indicated that building trust is particularly important for clients who have previously been failed by services. This is supported by research which found that developing trust is essential when working with formerly imprisoned people with complex support needs who have frequently been excluded from other mainstream services (Schwartz & Terare, 2020). The importance of building trust in the Miranda Project (in the first instance) helps to restore some trust in people and systems, which can increase a client's confidence to access other services in the community.

some of the women we've supported have never received this opportunity before. And it's like, "wow, I have seven kids in care, you're telling me this baby in my womb actually has a chance of being raised by me? How? That's never worked for me, systems are always against me. I've had kids in custody, and they've been taken off me". But this is a whole new, I guess, journey for them. They've never done that. They've not had people that can trust they've not had people they can rely on, they've not had services, which actually deliver what they say. So all of those little instances are healing. (Miranda Project Staff 7)

Reliability of support boosts trust

It was found that reliability of support is important to prove to clients that the Miranda Project can be trusted. Clients of the Miranda Project expressed that reliability, and therefore trust, is built by action. The importance of reliability is heightened in the context of clients having previously experienced being let down by systems throughout their lives. One example of a practical demonstration of reliability is by way of Miranda staff picking clients up from prison, often also bringing clothes and other necessities. The below quotes highlight how the simple act of being picked up from prison began a trusting relationship between client and worker:

She's like, right, "so, when you come out, I'm going to make sure when you come out that I'll be here to support you". And she did, she actually, really held her word. I thought she was lying, I thought [...] I've heard this all before. When you need it, call these support people, they're going to help you, like, yes, right. And it was true, because no-one has. But she really stuck by her gun and really helped. (Jordan, Miranda Client)

Effective engagement requires 'moving at the speed of trust'

Staff reported that building trust, especially with women who have a long history of trauma, can be a necessarily slow process. It was noted that this process cannot be rushed, as trying to force a relationship before getting to know the person may be harmful to the client and result in a lack of trust, misunderstanding of client's needs, or disengagement from the program.

At first, because it's a really sensitive, delicate process. Like, you know, a lot of the women feel judged, and already have a lot of distrust for services and people in general. (Miranda Staff 3)

Miranda staff indicated that they are mindful to 'move at the speed of trust' with their clients. In practice, this means Miranda staff will not have formal discussions with clients around their needs during their first meeting and will instead have casual conversations to build trust and rapport. Miranda staff also commonly remind client's that engagement in the program is voluntary and client-led, meaning whenever the client is ready for help, Miranda staff will be available for them. The Hub model and drop-in services also provide a way for clients to begin engagement at their own pace.

They might not tell us anything about what they're doing. But it just gives them that reminder [...] just to keep to there, that they're doing the right thing, or that they're on what they need to be doing, or that they can survive this or they're okay as well as coming in and going, Hey, I just this is happening for this, or this is happening for my friend, can you help me? (Miranda Project Staff 7)

The longer-term model of support of the Miranda Project facilitates the gradual building of trust with clients. It was found that since there is a longer time of engagement, caseworkers have the time and flexibility to take months to begin to build trust with clients, and positively being engaged with the one service for a long period of time decreases the referral fatigue of changing services frequently.

They don't need to retell their story again, to other services, maybe for that year. That's very beneficial. I didn't need to build a rapport with another person for that time, even though they are they still are. But I don't know. There's something about being there with them for that duration. (Miranda Project Staff 4)

I'm grateful I've got [Miranda caseworker] there. She offers to help. They offer to help with a lot more, but I'm slowly letting people help me. (Amaya, Miranda Client)

Relational support helps with social isolation

Social marginalisation is prevalent amongst women released from prison (Carlton & Segrave, 2011), and in the absence of supportive relationships, formerly imprisoned women are likely to experience exclusion and social isolation (Fortune et al., 2020). Indeed, Miranda clients commonly described feelings of social isolation and loneliness. This is particularly the case for some clients who's previous friendships and social networks were intertwined with problematic substance use and offending:

I haven't got a friend, I lost them all on drugs. And then I had junkie friends, and then, yes, no thanks. So [...] I'm trying to start everything back fresh. It's hard. (Jordan, Miranda Client)

For some clients their community is embedded in a lifestyle related to drug use, and therefore shifting away from that community can be socially isolating.

There's some people who will just flat out say that they don't have anybody in their lives... the community that people surround them with themselves with and the community that they feel most comfortable with can just be problematic, most of our women are using drugs and alcohol as a way to cope or just as a way of being, and that's totally fine, and we're not holding any judgment there, and that's a community that they've built around themselves over time so when organisations step in and say, well, you have to be abstinent, "okay, so I'm going to lose my whole community, because you're telling me that my life's going to be better if I'm abstinent?" I don't think so, why would I drop absolutely everything that I know, everything that I know is safe, everything that I know is predictable in my life because some organisation is telling me that I should go to rehab? (Miranda Staff 5)

Therefore, addressing social isolation and building positive relationships was found to be an important part of the work undertaken by the Miranda Project. Miranda workers support clients with social interactions and community-based supports, which might initially just be with the worker themselves, and gradually working on building positive relationships with friends and family, and then the broader community. Miranda staff do this by linking clients with community-based supports, and social or activity groups such as those operated in the Miranda Hub. Rose tells of how with the help of Miranda she has connected with broader community-based supports and reconnected with friends.

I have a lot of community-based support. So, the people from parent's group and mum's group and that sort of thing. And I think those connections and those relationships are something that I've been able to gain. Like going to parent's group and stuff, I've been able to gain that confidence through the Miranda Project. Because before I would have been like, no, that's not my vibe, I'm not doing it. But [Miranda caseworker] has really encouraged me to get out there and get that community support because I do have a pretty big lack of family support. A lot of my relationships have really strengthened because [Miranda caseworker] has really encouraged me to reach out to friends who I haven't seen for a while or really lean on people for support and that it's okay to do that... I've reconnected with a lot of friends that I lost touch with for a little while and I've really engaged in local services to help really continue that support. (Rose, Miranda Client)

It was also found that community and cultural connections are especially important for First Nations clients. Therefore, Miranda staff will work closely with First Nations clients to connect them with culture where possible and appropriate.

Well, I'm Wiradjuri, so that's out Dubbo way [...] but I try my best to stay in touch up here and what not and get involved in [the community] So, the way I put it is like I'm a black person raised by a white woman. So, I didn't really get the chance much as a kid to know much about my culture. It wasn't until I was older, and jail and rehab, I got to actually reach out, and really get a chance to know, and learn about my background. (Margie, Miranda Client)

3.2.4 The Miranda Project has specialist skills to support women experiencing violence

The Miranda Project has specialist skills in working with women who have experienced violence. The team draws on practices and frameworks which support client agency, choice, and control in the decisions they make about their own lives, while also taking seriously concerns regarding individual safety and the safety of children.

Key findings from section:

- The Miranda Project supports women to understand violence and its multiple forms.
- The work of Miranda Project caseworkers is informed by response based practice and the importance of reframing women's resistance to violence in a way that empowers clients.
- Client-led safety planning is a core part of the work for Miranda Project staff.

Miranda specialises in supporting clients who have experienced violence in a range of different ways. Core components of the Miranda Project model, such as providing practical and relational support (see sections 3.2.2 and 3.2.3) are particularly important. Alongside these core ways of working Miranda staff work with women to understand violence and its multiple forms; by using response-based practice approaches and reframing women's resistance to violence; and through co-creating client-led safety plans.

Understanding violence and its multiple forms

One way the Miranda Project supports women who have experiences of violence is through developing an understanding of violence and its multiple forms, particularly in relation to financial and economic abuse, psychological abuse, and coercive control. By providing clients with information about different forms of violence and offering support to develop client-led strategies for managing it, women are empowered to make their own informed decisions. As Kelly (Miranda Client) explained:

[Caseworkers] helped me understand a lot of shit. I never really understood the psychological side of it. I always thought DV was just physical... and [caseworker]'s opened up my mind a lot to what's acceptable and what's not acceptable from people... [she] helped me to see all of that. (Kelly, Miranda Client)

Part of the work the Miranda Project does is to support clients around how to foster healthy relationships. Part of this involves modelling healthy relationships and methods of conflict resolution, while upholding strong professional boundaries. As one Miranda Project worker explained:

We might work with a client to work on positive relationships and what they may look like, modelling that in our communication with them... just with healthy relationships, just the way that I speak to the client, I try and model that. So, if she becomes quite dysregulated during a phone call, I keep calm and validate that I can hear that this is very frustrating and your feelings are valid... but I'm not raising my voice and I really want to support you, but I can't do that whilst you're raising your voice at me. Just modelling that I guess. And can we just try and work together so I can best support you. I think in time, modelling that, the client has that respect to, where possible, model that back to us. (Miranda Staff 4)

For some clients, support in understanding different forms of interpersonal violence can build their sense of self, confidence, and agency.

I genuinely have seen unbelievable the progress that [client] has made to be able to, she's self-reflecting now... and saying things to me like 'that was that was not okay, that was really disrespectful how I spoke to you'... I'm not really reacting... but in my head, I'm like, 'oh my god, she is getting it'. (Miranda Staff 1)

Response based practice and reframing resistance to violence

Response based practice and reframing are one psycho-social technique the Miranda Project draws on to work with clients who have experienced violence. Response based practice is a model of therapy developed in Canada the early 1990s to work with survivors and perpetrators of violence and their families. It's focus is on how individuals respond to and resist violence, and is based on the premise that by paying close attention to these responses, we can reveal and uncover capacities, skills, strength and resilience of those who are subject to violence, which challenges assumptions of them as 'passive' and 'vulnerable' and of perpetrators as 'out of control' (Insight Exchange, 2018). These frameworks provide a model for Miranda staff to work with clients in a way that is genuinely strengths-based and encourages clients to consider all the actions they have taken in order to keep themselves and their children safe, as well as to critically understand the link between resistance to violence and their own criminalisation. All Miranda staff have undertaken training in response-based practice and the skills developed in these trainings are frequently drawn on to guide their work and practice. As one Miranda Project staff member told us, it is about '*really identifying someone's resistance and their protective factors, rather than making assumptions on their choices*' (Miranda Staff 7). As staff highlighted, clients who have experienced violence have often spent years strategising the best ways to keep themselves and their children safe, and that it is '*a constant balancing act of which [option] creates less harm*' (Miranda Staff 7). As staff members explained:

what's really important, though, is acknowledging that women know how to keep themselves safe. And sometimes that doesn't align with what... the police and health and whatever may think... some women know that to be safe, they do need to stay in a relationship and that doesn't make sense [to others]. That's not safety to some people. And I think that's really important to acknowledge that these women have kept themselves alive. (Miranda Staff 1)

A lot of the clients that we support are constantly navigating, which is the least violent situation? And that is a really challenging space for a client and challenging space for a worker. What is the least violent option? Do I stay with this partner who uses violence against me but I have a home over my head and this violence is tolerable? And I know what it is, when it is what it is, and how to manage it? Do I leave and then put myself quite at risk in other ways? Do I stand up and protect myself in this circumstance? But then I have the community retribution... if I go to police and ask for assistance, do I actually get assistance? Or do I get judgment and disbelieved? And then it increases my risk, because now, I'm not safe because police haven't believed me and implemented any strategies but [now] it's known that I've gone to police, so the person using harm is going to respond to me... do I sacrifice short term safety for long term safety? Or do I aim for long term safety and increased risk right now? (Miranda Staff 7)

The importance of supporting and empowering clients in their own decision-making around intimate partner relationships was also frequently mentioned by Miranda Project workers. This means Miranda

staff will work with women who choose to stay with a partner who has been violent or will support them if they choose to leave. In both scenarios, client-led safety planning is a core part of working with clients.

Client-led safety planning

Clients of the Miranda Project have often spent their lives managing the risk of violence and keeping themselves and their children safe. For all services working with women who have experienced violence, safety planning is an important component of holistic support. Miranda caseworkers work with clients to develop individual plans which are guided by the DV West Safety Planning Handbooks⁵ which provide detailed toolkits for safety planning for women who remain in relationships with people who use violence and for women who have recently left a violent relationship. Safety planning can be broad and involve things such as planning what to do when in immediate danger, including where to go; friends and neighbours to contact; 'code words' to share with friends, family, and support workers; packing checklists; and how to involve children in safety plans. Developing plans can help clients remain physically safe but also help with feelings of anxiety regarding their abuser. As Rose (Miranda Client) explained:

She's helped me put safety plans in place so that the risk of violence at changeover [with children] isn't as high and what can we do if he's going to start being violent... What can you do? What are your options? (Rose, Miranda Client)

For the Miranda Project, all safety planning is client led and supported collectively by the Miranda Project team. After plans are developed with clients, caseworkers will discuss the plan with the broader Miranda Project team to ensure that no important details have been overlooked and that all Miranda staff are across the details of the plan for each client.

Providing safety for clients can also mean referral to other DV-specific services, such as counselling. Like all referrals, these are 'vetted' by Miranda workers. Staff will only refer to services they are confident will be able to meet their needs and will be safe and trauma-informed for their clients as criminalised women.

⁵ The safety planning handbooks used by Miranda staff are available here:
<https://www.dvwest.org.au/publications-resources/>

3.2.5 The Miranda Project works sensitively and effectively with clients who have complex family relationships

The family relationships of Miranda Project clients are complex, but often incredibly important to them. Relationships with children are particularly important but have often been fractured through government systems, including child ‘protection’ and criminal legal systems. The Miranda Project works with women to support positive family relationships with broader family members, and also undertakes important work in reunification with children if that is a clients’ goal.

Key findings from section:

- Women have complex relationships with their family with many women experiencing violence and abuse in the context of family relationships, including in childhood and adolescence.
- However, existing family relationships are often incredibly important. The Miranda Project works with women to support positive family relationships, particularly with siblings, parents, and children.
- Most women supported by the Miranda Project are mothers but frequently their children have been removed from their care.
- Miranda Project staff provide critical, individual-advocacy with child ‘protection’ systems and work with women to support their connection with and care for their children.
- Given the significance of motherhood for Miranda Project clients, having a mother-centred and family-friendly model of support is critical.

Supporting positive relationships with family

Despite the complexities of relationships between Miranda Clients and their families (see [section 3.1.3](#)), several interviewees spoke to the significance of their relationships with family members, including with siblings and parents. Miranda Project staff told us that often after they have spent some time working with women on their individual needs, rebuilding relationships with family is a common goal:

Progress that I've seen is that when the women are doing well, for a certain amount of time on the program, that's when they feel proud to be able to go back to their families and say, 'hey, I know I did this and I hurt you, hurt my family for so long, look at all this stuff that I've done', and I think that's a really exciting part of that role, to see that family relationships can come together because of the work that we've done together with the woman, to rebuild what she thinks of herself in the world, to be able to say, no, I deserve my family. (Miranda Staff 1)

When women are ready and it is safe to rekindle relationships with family, the Miranda Project assists clients in engaging their families through advice and relational support. Staff may encourage a client to write a letter or make phone contact with family members or transport them to visit. As one Miranda Project worker explained, support to reconnect with family can be varied depending on client needs:

It could be anything from a phone call, if they're not brave enough to make that first phone call or providing transport to go and visit or to meet up with that family member. Or you just

explaining to the family member from a trauma informed lens what this person has been through, why things have happened the way they've happened, why they've behaved possibly the way they're behaving. And their involvement in the criminal justice phase, because I think sometimes family and friends don't understand, and society. They just put everyone, I guess, under... one lens of you're a criminal, that's why you keep going in and out of jail. But yes, so sometimes it's just trying to advocate for them and explain to the family members what exactly has happened, from that trauma informed lens. (Miranda Staff 8)

Several Miranda Project clients spoke about the way the Miranda Project has supported them in contacting their children:

I sat down and wrote a letter to them a couple of weeks ago. The first letter I've ever written to them. It was probably the hardest letter I've ever written but yes, I did it and sent it to them and I just wait and just keep trying to reach out to them. I mean I have to earn their trust again. (Amanda, Miranda Client)

She's helped me, as I said, yes, got me in contact with my daughter the day that I got out, she's taken me to my daughter before. She's invited my daughter for things, she's given me advice where my son's concerned. (Nikki, Miranda Client)

Staff may also engage with adult family members of clients directly. This may include speaking with families to explain their situation, the potential benefits of the relationship, and how they can be involved in their life. Staff noted the importance of having these relationships as another way to ensure the wellbeing of clients who are living in the community:

Often, we if we visit someone, they will bring their family members along with them. Sometimes they bring their family members to the Centre for an appointment. So then we get to know that family member... But that also then means that family member will call us 'hey, such and such isn't doing so good at the moment. I'm worried, or I haven't heard from them in a couple of days, are they okay?' And the same can happen vice versa, 'I haven't spoken to this person, we can't get a hold of them' before we go to a police welfare check. (Miranda Staff 7)

In some cases, engaging with family members can involve more direct support, including referrals to services which may be suitable to support them:

I have worked with partners of women that makes up the family unit, and I guess, carefully... offering them support as well. You know, she's in distress. I know you're in distress. So is there anything that we can [help you with] ... I've referred a guy to one of our other services, or another service that works with men. (Miranda Staff 3)

Miranda staff noted that having strong, supportive networks and families around them can have positive impacts on clients. However, this can be a difficult balance as Miranda is not funded to work directly with the family members of clients, and resourcing and staffing constraints prohibit any intensive family work which may be viewed beneficial to the client.

Individual advocacy with child 'protection' systems

The Miranda Project provides client advocacy specifically around the needs of mothers. This can involve individual advocacy and support in hospitals during a woman's pregnancy; with housing systems to ensure clients have housing appropriate to their family needs; and supporting women in contact with child 'protection' agencies. The latter is particularly important. Given the significant trauma that comes with child 'protection', clients explained they are often distressed from their

dealings with the system. Clients noted the positive benefits of having Miranda Project workers attend meetings with them. As Amaya and Emma explained:

Actually having her there with DoCS [DCJ]. That's been a big thing because I'm fiery, I just want to rip their heads off. And [caseworker] keeps me... from firing off [...] She tells me there's no point getting angry, getting rowdy will get you nowhere. (Amaya, Miranda Client)

They've been there the whole way. They came to meetings because at the start I don't have a good history with FACS [DCJ]. I hate them, I don't trust them, so I needed that support. They were there to support me through that. (Emma, Miranda Client)

Staff also shared that it is important to be in these meetings to act as an information conduit between DCJ and the client. Often information from DCJ is not easily understood by clients and was described by Miranda Project workers as being purposefully ambiguous:

I was able to explain to her, they're telling her, they're having a care pathway, she has no idea what that means. But I was able to say to her, this is not a good thing, this is not a good thing, like care pathways means that they're thinking about bringing a baby into care, it's really important time for you right now to be doing everything that you can [to keep baby] ... otherwise, she would have no idea what care pathways meant... [it] sounds good. (Staff interview 4, Miranda Client)

Working in a mother-centred way which recognises the significance of children for family, community and connection to culture is also a culturally safe way of working with First Nations mothers. The confluence of racial and gendered disadvantage and discrimination occurring as a result of colonialism means large numbers of First Nations children are removed from their families. Having First Nations workers advocating for the rights of First Nations mothers to live in the community and remain carers for their children is critical, and individual advocacy provided by the Miranda Project was described as making a difference:

[First Nations worker] and I were supporting an Aboriginal family, and she had an older child taken off her, and then years later she's had a little boy with a different person. And DCJ kept coming around and you could tell straight away that they just wanted to take the child. And, luckily, [First Nations worker] has been there a couple of times, because she's advocated for her and said, well, they're not doing drugs anymore, they're doing drug tests, this, that and the other. And really advocated for her. And he didn't take the little boy. (Miranda Staff 2)

The importance of providing mother-centred support

Reconnecting women with their children is often central to the work of the Miranda Project and in supporting women to build a pathway out of the criminal justice system. Research on women's desistance has highlighted the significance of children and the role of families for supporting women's reintegration (Rodermond et al., 2016). Ensuring that women are supported as mothers is important, as one Miranda staff member told us:

The children are incredibly important to them... and they love them dearly. But they also feel incredible guilt and shame about not being able to be the mother they want to be to their children. (Miranda Staff 7)

One First Nations Miranda Project worker spoke of the importance of family and mothering for First Nations clients and that this can be a driving force behind their engagement with Miranda and is part

of working with women in a culturally supportive way: *'[I tell them] our children need us.... and they start getting really emotional, because it starts to connect them with what they've been missing'* (Miranda Staff 3). There is overwhelming evidence that suggests keeping First Nations mothers in the community, while responding to the needs of their families supports 'the social, cultural, emotional and physical well-being of First Nations women and their children' (Anthony et al., 2021, p. 16).

Many women we interviewed also described having their children in their care as giving them purpose and were the reason they wanted to stay out of prison. Miranda Project client Amaya had been in and out of prison consistently for the last 15 years *'since I lost my kids'*, with the longest period she had remained in the community during that time being only one month *'if that'*. However, she described that since having the *'hands on'* support of the Miranda Project and *'since having my daughter it's been a different ball game'*. As Amaya explained:

It's [the Miranda Project] just give me the chance, the opportunity with baby... If it wasn't for that, I'd probably be still in the same hole I was. If I didn't get the chance with baby, I don't think it'd have changed. (Amaya, Miranda Client)

Miranda supports several women who are pregnant or with young babies and children in their care. For many clients, pregnancies can signal a fresh start and an opportunity to break cycles of criminal justice system contact. Amaya was approached to be involved in the WDPP and told us how being pregnant became a catalyst to engage with the Miranda Project:

When [Corrective Services staff] came to me inside and told me about the project... I wasn't too keen at first... Just because all the programs they offer you... I don't know, you just opt for jail. Just do jail, don't worry about the programs. Get jail time and get out. But being pregnant I think it was different. (Amaya, Miranda Client)

While the significance of motherhood is recognised by all Miranda Project staff, at the same time it is acknowledged that motherhood alone should not simply be seen as a 'script for reform' (Barr, 2019) for women who have extensive histories of criminal justice system contact. Instead, focus is placed on the necessity of supporting women as mothers, while simultaneously supporting them to address factors related to poverty and social marginalisation, such as having a stable income to meet their basic needs and a safe place to live.

In providing support to clients, the Miranda Project ensures it creates a family-friendly environment that is responsive to the needs of mothers. This is not only about the physical environment created at the Miranda Project office and Hub but also extends to the way workers engage and interact with clients while undertaking outreach support. As Nikki told us:

my daughter's free to come along to anything that we do... she helped me heaps, even with clothing, if there's clothes there, I can take them for my kids... And yes, when it comes to my son and stuff, I've gotten advice out of her about my son's situations. (Nikki, Miranda Client)

The physical environment of the Miranda Project is family friendly, breast-feeding friendly service, offering change tables in the bathrooms; bottles and microwaves to warm up formula and milk; as well as toys for babies and children to play with. The presence of babies and children is both welcomed and celebrated amongst staff. There are a range of other practical ways the Miranda Project provides a family-friendly and mother-centred model of support, including:

- Visiting new mothers in hospitals

- Providing nappies and formula for babies
- Providing flexible service delivery, especially for new mothers managing multiple appointments and challenges leaving the house
- Supporting plans for reunification with children, and
- Helping to establish a safe place for children to come home to.

Creating a family friendly environment also includes the way staff with caring responsibilities are treated, which can have an impact on service delivery. Almost all staff of the Miranda Project are mothers themselves, and the caring and community responsibilities that come alongside care giving are acknowledged and respected by management. Miranda leadership understands this as a key strength of the team and supports staff to balance their roles as staff and carers for their family:

There's never any shame or guilt attached to needing to have a sick day, needing to have a day off. Everyone in the team is a parent, besides me. So it's having that space to be able to balance your caring responsibilities and community responsibilities. That's something that we talk about a lot and that's something that management has really embedded into the team.
(Miranda Staff 5)

3.2.6 The Miranda Project is a culturally safe service

In recognition of the over criminalisation and imprisonment of First Nations women and the intersection with experiences of violence, services supporting First Nations women must be culturally safe. Having a culturally safe service is key to ensuring First Nations staff and clients engage with and feel supported by the service. The Program model aligns with culturally safe service provision principles and across interview cohorts, both Miranda Project clients and staff described it as a culturally safe service. The Miranda Project is committed to continuous enhancement of cultural safety practice principles.

Key findings from section:

- Cultural safety was highlighted in interviews as important to both Miranda Project clients and staff.
- The Miranda Project supports cultural safety for clients through everyday practices and interactions; ongoing staff training and reflection; cultural Arts and Crafts programs; and by ensuring that referrals to external services are culturally safe.
- The cultural safety of the Miranda Project is supported at CRC's broader organisational level, and cultural supervision is provided to all First Nations staff. However, cultural safety may be further embedded across the service through extending cultural supervision to all staff who support First Nations women.
- Having First Nations identified positions is critical to ensuring program cultural safety.
- The knowledge and expertise of First Nations staff is highly valued, but balancing the cultural load can be challenging.

As we noted in [section 3.1.2](#), First Nations clients experience systems trauma in unique ways due to the historical and contemporary impact of colonisation and ongoing racial discrimination and targeting (Australian Law Reform Commission, 2017; Kendall et al., 2020). As a result, many government systems and community-based services alike can be considered harmful spaces for First Nations people, especially if they have been used as agents of surveillance and control. The concept of cultural safety⁶, originally developed in Aotearoa/New Zealand in the context of healthcare provision, emphasises creating an environment where individuals feel safe, respected, and valued, regardless of cultural background. It has been defined as:

An environment that is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning, living and working together with dignity and truly listening. (Williams, 1999, p. 213)

⁶ We acknowledge the concept of Cultural Security which has been described as subtly different from cultural safety in that it 'imposes a stronger obligation on those that work with Aboriginal and Torres Strait Islander peoples' (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2011, p. 125) to ensure organisational practices and policies support feelings of safety for First Nations clients and staff. Throughout this evaluation, we use the term cultural safety for consistency in terminology used in interviews and across CRC documentation and policies but in doing so, we reflect on the ways that cultural safety has been embedded into organisational policies and practices.

Cultural safety has been recognised as critical for programs and services which support First Nations people (Australian Law Reform Commission, 2017; Kendall et al., 2020). Existing research has established the following factors as contributing to culturally safe programs for First Nations women in contact with the criminal justice system, though these principles are also relevant to criminalised First Nations men:

- Being designed and delivered by First Nations organisations where possible,
- Using trauma-informed models of service delivery,
- Focusing on holistic and wrap-around practical assistance to women such as housing, employment, family, and cultural support,
- Centreing, understanding and respecting culture, community and Country at all levels of service delivery,
- Valuing and elevating the voice of First Nations people and staff,
- Privileging First Nations knowledges and ways of knowing, being and doing,
- Reflective practice at both an individual and systemic level,
- Addressing unconscious bias and discrimination at an individual and systemic level, and
- Being accountable to creating a culturally safe service through ongoing monitoring and evaluation (Australian Law Reform Commission, 2017; Kendall et al., 2020).

It is also recognised that cultural safety can only be determined by the person receiving the care, not by the caregiver or service provider. As such, in the following sections we highlight Miranda Project client and staff understandings and experiences of cultural safety that emerged from interviews. Opportunities for improving cultural safety are also discussed.

How the Miranda Project demonstrates cultural safety

Simple practices demonstrate cultural safety to clients

Clients shared that the Miranda staff demonstrated cultural safety by making small practical efforts to signal respect and understanding of Aboriginal and Torres Strait Islander culture to clients. Examples include not using colonised jargon with clients, removing a lanyard when in the community with a client, or taking paperwork off the desk when having a conversation. These relational ways of working with people can shift power dynamics and imbalances inherent between service users and organisations. One client described the simple act of hugging their caseworker showed great empathy and cultural understanding:

I will cuddle somebody and say hello. So, when I first met [my Miranda Caseworker] it was my first cuddle in so long, because whenever I see my friends or I meet somebody, I always give them a cuddle and say hello. So that was just beautiful too, to know that somebody was on my level and understood me and my culture. (Laura, Miranda Client)

The Miranda Project model promotes cultural safety

Core components of the Miranda Project model – that it is client led, trauma-informed, flexible, and responsive to client needs – all contribute to feelings of cultural safety for clients. For example, working with families, something the Miranda Project does for all clients, has particular importance for First Nations clients, where family and culture are interrelated. As such, recognising the cultural importance of families for First Nations clients can contribute to culture safety.

Being trustworthy, reliable, and building trusting relationships over time is especially critical when working with First Nations clients, as one staff member explained:

Some of the Aboriginal women that I've met with, being a white worker as well, it could take months, really months to gain somebody's trust. You have to be really responsive around clients. For example, if they haven't been able to meet me at the time we've decided on, but they're at the plaza and they want to have a coffee now, then I'm packing up my stuff and I'm getting there to have that coffee. (Miranda Staff 5)

Koori Arts and Crafts program

The Miranda Project staff coordinate fortnightly arts and crafts groups at the Hub which are run by a First Nations artist. The art groups are inclusive of First Nations and non-Indigenous clients and have an emphasis on celebrating First Nations culture and learning the truth of First Nations history. One First Nations client we interviewed shared with us:

It was always something that they always embedded was to make sure it was culturally safe and make sure that... I was not feeling uncomfortable or not out of place, it was yes, definitely good, just having an Auntie onboard is good and she's there to have a yarn to and open arms, and that opens arms is always good to have around and have that environment a part of the project is good. (Laura, Miranda Client)

Many First Nations clients we interviewed shared feelings of disconnection from culture and a lifetime of interacting with services that did not understand the importance of culture to their wellbeing. The arts and craft groups are informed by evidence of the positive impact of the celebration of cultural identity. For example, research has found that for First Nations people, positive cultural identities have been linked to increased resilience and resistance, as well as improvements to health, wellbeing and some criminal justice outcomes (Shepherd et al., 2017; Verbunt et al., 2021).

Ensuring referrals are culturally safe

As the Miranda Project is not an Aboriginal community-controlled organisation, it is particularly important to have good relationships and strong referral pathways to local Aboriginal community-run organisations and to ensure First Nations people are supported by other culturally safe services. Miranda Project staff are knowledgeable about local Aboriginal-specific services and make efforts to ensure any non-Indigenous service they are referring to is safe for clients and able to provide effective and appropriate service to criminalised First Nations women who have experienced violence. It takes time to build these service relationships and assess the appropriateness of external services but is essential to make sure clients are in culturally safe environment and not exposed to further systems trauma:

Sometimes not all the services that we think are appropriate, are. That service down the road, we might think, oh, I know that they do these things. And then we go there and they're really culturally unsafe. And rather than the client having to go to Parole on their own and saying, oh, you told me to go here, we're also there to say no, we were there at the initial meeting [and] that's culturally unsafe. What else do you have? That just would not happen without Miranda. (Miranda Staff 1)

As the above quote highlights, on occasion, clients may be exposed to services that lack cultural safety due to referrals from DCJ or because there are no alternatives. In these cases, First Nations Miranda staff may attend meetings with the client, provide them with a cultural debrief, or simply ensure an

Acknowledgement of Country is done by services when meeting with clients. Not only does this mitigate some of the impacts of culturally unsafe practice clients face with many services, but it also begins to create systems change and improve the cultural awareness of other organisations.

[With referrals] we will try and be as culturally appropriate as we can, and the clients really enjoy that. I have a client that I'm thinking of [...] she was declined an Aboriginal caseworker through DCJ. She was just told you can't have that, there's no capacity, and we can't support you in that. She asked, and she asked, and she asked. We made sure a First Nations Caseworker goes to her meetings; we will make sure that we would provide that support. And holding DCJ to account that they're not providing that support. Even in the end, they were saying Acknowledgements to Country before meetings, they wouldn't do that in the very beginning. They weren't providing any support. Then at the end of the work it was the client that was saying the Acknowledgement to Country. (Miranda Staff 4)

The stuff that [my Miranda Caseworker] says and that, she's very culturally informed and trauma informed, they are. In the way that they approach things and say things. There's actually an Aboriginal worker, she's come and been taken place in meetings that DCJ haven't been able to have an Aboriginal worker there, to be culturally appropriate. (Sharni, Miranda Client)

Cultural safety is underpinned by training and reflection

Interviews showed that staff frequently undertake cultural training such as Good Grief workshops or attend conferences and community events which contributes to an understanding of culturally safe practices. In addition to undertaking training, Miranda staff are often reflecting and learning from their First Nations colleagues and clients. Staff are critical of their actions and own experiences and addressing their own unconscious biases, demonstrating great commitment by staff to undertake their work in a culturally safe way:

There's always going to be challenges and complications as a white person in this role. But I think you need to be holding that in the forefront of your mind at the time, and if you're not, if you're not worried about it, or you're not thinking about it, that's probably a problem. Again, really lucky to have the consultation of [First Nations colleagues]. That is vital in the team, we cannot not have identified positions, and then having a broader team, that's really culturally aware that's really diverse, helps hold me accountable. And obviously ensuring that I do my due diligence, right, what am I reading? Who am I reading? What am I watching? How am I engaging with critical content? How am I participating in the local community? All of those types of things, I think, are incredibly important. Getting it right all the time? No. Am I very lucky to have a team that will hold me accountable? Yes. (Miranda Staff 5)

The cultural safety of the Miranda Project is supported at the organisational level

Cultural safety within the Miranda Project is supported by CRC and Miranda Project management. Organisational practices undertaken by CRC that support cultural safety include committing to a Reconciliation Action Plan⁷, facilitating identified positions, providing cultural leave and flexibility around Sorry Business, and providing cultural supervision to Miranda Project management and all First Nations staff. This sends a message to all staff that First Nations values and voices are important and

⁷ See CRC's RAP at www.crcnsw.org.au/about-us/reconciliation-action-plan/

should be considered in everyday work. Importantly, this means that First Nations staff are well supported by the organisation and have the autonomy to undertake work in culturally safe ways:

From a cultural sense, this space really feels really culturally safe to me, because, you know, [CRC management], I spent some time with them [when] I went over to Perth and did the conference... all organisations have a [Reconciliation Action Plan] ... But for me, CRC... they genuinely believe the expertise of Aboriginal people and Blak employees, they really do want to employ a voice in a genuine way... not tokenistic. (First Nations Miranda Staff)

Miranda Project staff described the program model and the way their colleagues work as culturally safe:

our workers, for start, are very culturally safe and informed. You have to be informed, you have to have that lens on that you're working with diversity. You need to be respectful. We are a team that prioritise cultural awareness and cultural safety as well. We do regular training. We talk about it a lot. And having the experience of working with those ladies, you're forced to be equipped with those skills, I guess. And all of us in this team come from backgrounds where we have been exposed to working with clientele that are First Nations and CALD clients as well. (Miranda Staff 8).

Cultural supervision is key to having culturally safe staff

Cultural supervision is a practical way that the Miranda Project builds cultural safety. All First Nations staff have regular cultural supervision with an external cultural supervisor. In addition, the Miranda Project manager receives cultural supervision through CRC and the Miranda Project Team Leader also engages their own external cultural supervision, which is not currently funded by CRC. Cultural supervision provides a safe space to ask questions and seek guidance on their practice with First Nations people and have external cultural oversight on their work. The importance of cultural supervision for organisations working with First Nations people has been recognised (Western Sydney Aboriginal Women's Leadership Program, 2013). Staff noted that cultural safety could be further embedded in the service by providing all staff with access to cultural supervision, given the large number of First Nations women they support:

Cultural supervision, incredibly important, need to have as much of that as possible and as needed, and I do think that it would be essential...I don't know what that framework would look like, but for white workers to be able to have space to [...] have that type of supervision as well, but where it's critical of whiteness, and how that might be playing out in your work, and how are you challenging those things about yourself? (Miranda Staff 5)

Having identified positions for First Nations staff is critical to cultural safety

First Nations clients feel more comfortable engaging with First Nations staff

The Miranda Project employs three First Nations staff in identified positions. First Nations staff bring a wealth of cultural knowledge to their work with clients through a deep understanding of the intergenerational trauma that First Nations people possess. They also have a personal understanding of culture, language, and safe ways of working with First Nations clients. First Nations clients shared that they felt more comfortable working with First Nations staff:

I love the fact that I've got an Indigenous worker. I think they have the understanding, I've connected really well with [caseworker]. I've met all the other girls, I like them too, but I don't

know, I've got this connection to [caseworker]. I don't see [caseworker] so much as my support worker, I see her as a friend. (Nikki, Miranda Client)

However, due to the large proportion of First Nations clients and only three First Nations caseworkers, not every First Nations client is able to have an Identified caseworker, which is not always the preference for some First Nations clients. This is mitigated by First Nations caseworkers engaging with First Nations clients on an ad hoc basis and supporting other staff to work in a culturally safe way:

Some Koori girls like to just work with their own kind because they feel their own kind can understand. It's not a racial thing, it's to do with the understanding of their background and culture and some things some people don't understand. (Bree, Miranda Client)

First Nations staff support all staff in cultural safety

First Nations staff assist their non-Indigenous colleagues with cultural advice or guidance when working with First Nations clients. They are trusted and valued within the team to provide this guidance and support. This raises the cultural safety of the whole team and ensures that clients are supported when the First Nations staff are on leave or at capacity.

Support can be simple conversations or questions in the office relating to cultural safety, for example, asking questions around how they can best support their First Nations colleagues and clients' and asking what they could be missing as a non-Indigenous worker. Insight from staff interviews showed that these questions come from a genuine place of seeking to properly understand and centre culture in their work. This aim of a practical understanding and respect of culture, and the critical lens non-Indigenous staff have on their practice, highlights how staff are seeking to improve their cultural safety and not merely cultural awareness:

The [other Miranda staff] constantly consult with us, but not in a way that is like, teach me how to work with Aboriginal people. It's like, I want to do this justice and find out if I'm doing something wrong? Or can you come out for the first visit with me? So this client knows that they have access to you if they need it? or I'm bringing a client into the office, can you just be around so they know that you're here? (Miranda Staff 1)

Due to the support provided by First Nations workers and the core Miranda Project model following culturally safe practices, many First Nations clients expressed that they felt the service was culturally safe:

Everyone I found that I've spoken to from the Miranda Project, they have been so positive and understanding. And when [First Nations Miranda worker] has been on holidays or been off sick, I have had somebody else. That's why I said they're so amazing. It's like they all come from under the same umbrella, so to speak. It's like everyone's been through certain things in life and so they do understand. You can tell by talking to someone. (Bree, Miranda Client)

Managing cultural load is a challenge

One of the biggest challenges to cultural safety identified in this evaluation was the cultural load on First Nations staff. First Nations staff are relied on to be community experts, connect with certain clients, speak and advocate at conferences and events and answer everyday questions from their colleagues. Cultural load can increase vicarious trauma, create burnout, and generally increase stress (Ryder et al., 2023). The Miranda Project recognises the impact cultural load can have on staff and has strategies in place to mitigate it. This includes providing autonomy and flexibility in working times and

locations for staff, providing external cultural supervision, and providing external formal training to staff to increase cultural understanding and reduce the burden on First Nations staff to be the primary source of knowledge on cultural issues. However, a great load is still placed on First Nations staff and this needs to be continually considered.

4 KEY FINDINGS TO EVALUATION QUESTIONS

This section summarises findings against the evaluation questions, which were developed in relation to the program logic. Please refer to Appendix B for the evaluation questions.

Definition of success

It is important to reflect on what success is defined as within the Miranda Project when assessing the outcomes of the program; staff stressed that success is subjective, and for Miranda clients with complex lives and long histories of trauma and criminalisation, seemingly “small” wins are actually a considerable success. For example, clients who have faced a lifetime of systems trauma, simply beginning to engage with a service can be a monumental step. Redefining success means that there is more flexibility to work with clients at their own pace, and indeed clients not meeting every goal or making mistakes is reasonable and understandable, and should not be seen as a failure of the program or the clients. It is therefore important to move beyond measures which are bluntly focused on criminal justice outcomes such as ‘reducing recidivism’, but to instead look at the overall impact of the program for women’s health and wellbeing and community and family connection.

The fact that someone might even meet with me once might be successful case management... what we can see as achievement and goals and success are going to look really different to what a funder is. Our funders want to know that we're ticking things off, and that women are never going to be connected with the criminal justice system ever again, in their whole lives. That aint going to happen. (Miranda Staff 5)

If the client has had no success with mainstream services and no trust in services, when they are referred to the Miranda Project, and then they leave with a trust in services again, and being linked in with a network of service, that's really successful, it doesn't need to be ticking off every goal on every case plan. But if they're taking one step further... with each month that goes by that could begin by firstly, trusting a service like the Miranda project, and then maybe secondly, going into another service. (Miranda Staff 4)

4.1 How does the Miranda Project engage clients?

The Miranda Project engages clients in a relational, empathetic, and flexible way that is appropriate and tailored to individual client’s needs, experiences, and culture. Key components to this approach include:

- **Pre-release engagement:** For clients who are referred from prison Miranda will first engage with a client while they are in prison to begin to build rapport. Clients are then supported into community using a throughcare model.
- **Client centred/ led:** Clients are engaged in ways that are appropriate to their needs i.e. holistic, flexible, culturally safe and client led. This includes “moving at the speed of trust”, and engaging clients in safe and comfortable settings.
- **Holistic “wrap around” support:** Miranda engages clients flexibly and responsively to support clients across a range of needs which change over time, and does not address client needs in “silos”, but works to understand the interrelationship between them.
- **Positive and non-punitive:** Miranda engages clients using a positive and non-punitive approach, which used positive reinforcement and strengths-based language.

- **Staff skill, experience, training and approach:** The skills of Miranda staff are central to successful engagement, whereby staff need to be empathetic and reliable, yet also set very clear boundaries and expectations from clients. It is central that Miranda employs well trained staff, including dedicated First Nations positions, and staff with lived experience.
- **The Hub:** The Hub model (which is co-located in PWHC) provides an alternative method of engagement for clients who may prefer group and more casual settings of engagement.
- **Step-up/step-down approach:** Clients engage with the program on a step-up/step-down approach as their needs, confidence, and trust of the program progress. Clients often step down to lower touch support or visit the Hub once their immediate needs are addressed. Some clients continue to stay in contact or might re-engage with the program after their support period has ended.

It should be noted that client engagement can sometimes be difficult for clients who have historic distrust of services, or where Miranda is unable to support the client adequately due to systems challenges outside of the control of the Miranda Project.

4.2 How does the Miranda Project work to divert women from the criminal justice system?

The evaluation found that support from the Miranda Project diverts women from the criminal justice system. Practically this diversion works by supporting clients to holistically address drivers which may be related to their criminalisation. These drivers are diverse and individual, but central to the Miranda project specialisation is supporting clients to **stay safe from violence** through helping clients to **access safe accommodation**, connecting clients with **legal support** related to violence, and other supports such as **counselling** and compensation through **victims services**, and mental health/ psychological support. Support with **substance use** is another notable support provided by the Miranda Project which addresses a driver of criminalisation.

Miranda also contributes to diversion from the criminal justice system by increasing **motivation and confidence in clients to live safely in the community**. This is especially the case in supporting clients as mothers and in their relationships with children. Many clients said that working on **reunification with children or parenting**, as supported by Miranda, was a key motivation for addressing drivers of criminalisation.

Miranda staff also support clients with **adhering to orders** and supporting them through their **legal matters**, leading to a reduction in days in custody for clients. Examples include providing **support letters to courts** or helping clients in meeting **reporting requirements** for orders they may be on.

4.3 How does the Miranda project work to develop independent living skills of clients?

The Miranda Project works to develop independent living skills through both relational and practical support. Relationally this support is primarily related to **building client confidence** and agency, through encouragement and conversations about how to build up independent living skills and why they are important. Practical support related to building independent living skills is primarily given in

regards to upskilling clients with their **literacy and numeracy, financial management, technological support, and transport skills**. Clients are sometimes connected to external providers to further develop these skills. These practical independent living skills are often central to accessing other services and as such, are key to achieving other outcomes. Assistance in relation to **education and employment** was provided to a lesser extent. Many clients expressed that they would not be able to begin employment until they had other basic needs addressed, such as housing and health. Assistance in employment is generally provided through referrals and supporting clients in access appropriate job service providers. First Nations clients are always referred to culturally appropriate services where available.

4.4 In what ways does the Miranda project improve access to safe and appropriate housing for clients and support clients to maintain their tenancies?

The evaluation found that support with housing was the most commonly identified need. The primary way clients are assisted with housing is through helping clients with **housing system navigation** and the **processes to apply for housing**, including emergency, transitional and longer-term social housing. To achieve this, Miranda staff have close and frequent contact with housing offices to make sure Miranda clients have access to any housing opportunities available.

A central element to support with housing is through **advocating for clients to access housing which is appropriate** to their needs, for example housing which has enough bedrooms for clients looking to have their children stay with them, or being in a particular area closer to supports or children and moving to escape violence or areas clients feel unsafe.

Clients are also assisted with **financial supports and brokerage** to furnish and sustain accommodations. Clients are also assisted with independent living skills and financial skills and budgeting which can assist in maintaining tenancies.

4.5 In what ways does the Miranda Project help clients to build trust, agency and confidence in accessing mainstream services?

Miranda clients are frequently required to engage with a number of mainstream services, such as housing, Centrelink, child 'protection', AOD support and various health services. However, accessing, and/or engaging with mainstream services can be difficult for clients because **many services fail to meet the needs of criminalised women** in a trauma-informed or culturally safe way. As discussed previously, many clients have an **understandable distrust in services and systems**, and have experienced systems trauma. The Miranda Project works to increase access to mainstream services through **advocating to services on behalf of clients** and also **increasing the capacity of clients to access services** by:

- Providing **encouragement and emotional support** for client to begin to access external services.

- Where possible, only referring clients to services that Miranda staff know to be **trauma-informed, culturally safe** and the capacity to appropriately support criminalised women who have experienced violence.
- **Attending meetings** at services with clients to provide emotional support (and also providing transport to external meetings).
- **Acting as an information conduit** between service providers and Miranda clients to assist client's understanding and comprehension of often deliberately bureaucratic and administrative language.
- **Advocating for clients**, and generally, in a way that simultaneously educates service providers to improve their practice to better support clients who have experienced violence and criminalisation.
- Building **client's confidence and skills in self-advocacy** to be able to access services themselves.

4.6 How does the Miranda Project enhance the safety and wellbeing of clients?

Enhancing the **safety and wellbeing** of Miranda clients is **central** to the work of the Miranda Project. As discussed throughout this report, Miranda clients have survived significant violence throughout their lives, which has a range of often compounding negative impacts on clients, including their criminalisation, fractured family relationships, distrust of services, and trauma-induced mental health conditions and substance use as a coping strategy.

Miranda supports clients in enhancing their safety and well-being in a range of different ways. Most fundamentally, the Miranda Project considers the whole person and offers **relational support** to clients. Through relational support client's social and emotional wellbeing is improved, with many clients reflecting that this is the first time in their lives they have had a service treat them with dignity and respect, and truly believe in them to have agency and make decisions about their lives. This relational support works alongside the **practical supports** as discussed throughout this report, such as support to find appropriate and safe housing. Other key elements to enhancing the safety and wellbeing of clients include:

- Reframing **resistance to violence** and utilising **response-based practice**;
- Assisting women to **understand violence** in its multiple forms;
- Providing **non-judgemental advice** in the context of violence; and
- Assisting **clients to create safety plans** regarding their experiences of violence.

Another central element in enhancing client well-being is **supporting clients as mothers**, from advocating to child 'protection', to increasing the stability in clients lives and providing practical assistance to care for children.

4.7 Does the Miranda Project align with good practice in diversion and reintegration support for criminalised women with experiences of violence?

The Miranda Project model and practice aligns with good practice in for supporting criminalised women with experiences of violence. Aspects of good practice recognised in the literature include:

- Being **trauma informed**;
- Providing **holistic throughcare**;
- Providing **non-judgemental relational support**;
- Have flexible, **client-led service provision**; and
- Being **culturally safe** for clients (Australian Law Reform Commission, 2017; Edwards et al., 2022).

Through client advocacy, education and collaboration, the Miranda improves good practice across the sector. Clients and staff shared stories of DCJ workers, police and local health staff changing practices and policies to better support the needs of Miranda Project clients.

4.8 Is the program sustainable and how could it be improved?

The evaluation found that the Miranda Project model is largely sustainable (outside the impact of funding challenges). Program sustainability is underpinned by Miranda's specialisation and ethos as defined in the program logic, as well as strong leadership and management, which ensures staff are well supported and receive adequate training, supervision, and support. Miranda was also found to be a culturally safe and family friendly workplace which is important for First Nations staff and those who are parents. Miranda's credible reputation amongst clients and more broadly other service providers also contributes towards program sustainability.

There are however a range of organisational and system challenges that could negatively impact program sustainability. These are explored in [section 5](#) and relate to funding and the impact on staffing, system challenges, the office space at PWHC, and managing risks for staff burn out. Insights have been drawn out into recommendations in [section 6](#) below.

Sustainability related to client engagement and outcomes is reflected by the increase in mainstream service access, client empowerment, and improved wellbeing of clients. The Hub and drop-in services, combined with the step-up/step-down approach of the program also supports client outcomes sustainability as it allows clients to receive further support if they need after their engagement with the program has ended.

5 ORGANISATIONAL AND SYSTEMS STRENGTHS, CHALLENGES AND OPPORTUNITIES

5.1 Strengths

5.1.1 Specialisation

A key strength of the Miranda Project is that it is a specialist service with capacity to appropriately support a group of women who have rarely been supported in the community. The Miranda Project was designed *by women for women*, with careful consideration to the unique needs of women who have experienced violence and criminalisation. All Miranda Project staff have specialist skills in working with this client group. This includes staff with advanced tertiary qualifications which are highly valued but also staff with a diverse range of lived experiences – including criminalisation, domestic and family violence, child removal, substance use, and homelessness. This lived experience is highly valued by the team and clients. The cultural knowledge by First Nations staff is also an integral component of the program and is critical to its success and capacity for successful engagement of First Nations women.

5.1.2 Physical Hub and drop-in service

Another strength of the program relates to the physical space of the program. The majority of support provided by the Miranda Project is on an outreach basis, which aligns with CRC's broader evidence-based and good-practice approach for working with people with complex support needs leaving prison. However, having the option to access the physical location of the Miranda Project provides clients with more flexibility to engage in the program in a different way in comparison to outreach-only models. While conducting fieldwork for this evaluation, the research team observed how clients utilised the drop-in service. Several clients dropped in to the service at times they required additional support, or just to have a cup of tea and a chat with a caseworker. The service is a safe place for women, who may feel isolated in the community.

While there are some challenges related to the co-location model, there are also various benefits. It provides a safe referral pathway to women who otherwise may find it challenging accessing services through a women's health service and provides more efficient access to a broader range of DV-specific resources, such as safe phones for Miranda clients.

5.1.3 Client led approach

The genuine, client-led approach is another strength of the program. As noted in earlier sections of this report, clients of the Miranda Project have often been subject to modes of control and surveillance and paternalistic service provision across their lives. The support provided through the Miranda Project provides a clear departure from this approach, centring the client as the expert of their own life. Alongside client-led casework, Miranda Project staff and management are responsive to client input into the overall program model and eager to implement feedback on components of the program which they feel could be improved.

5.1.4 Credible reputation

The Miranda Project, and CRC more broadly, has a credible reputation amongst women in prison, community-based service providers and government organisations. Clients we interviewed reported that they had heard of positive views from trusted family and friends about the Miranda Project helping women in the community. Several women engaged in the program were referred by family and friends, some of whom were current clients and could endorse the appropriateness and effectiveness of the Miranda Project. One important impact of the Miranda Project's credible reputation in the community is that it can assist in helping to build trust with clients at the point of engagement.

5.1.5 Creating systems change in other organisations

Through external advocacy, education, and collaboration with other government and non-government services, the Miranda Project challenges stereotypes, stigma and assumptions about criminalised women. In some cases, this involves providing a historical context of clients' lives to help services understand where a client is coming from, and in other cases it involves sharing statistics and data on women's imprisonment and its disproportionate impact on women who are at the axes of gender, class-based and racialised disadvantage. It also includes other forms of education and advocacy, such as representing the Miranda Project at sector roundtables, on working groups and presenting at conferences.

5.2 Challenges

5.2.1 Funding and staffing

Almost all Miranda staff identified funding as a major challenge for the program sustainability. The key challenges related to community sector funding are enduring and have been highlighted in previous research as primarily related to short-funding cycles and inadequate funding amounts to meet service delivery demands (Clancey & Westcott, 2017; Schwartz et al., 2020). There are various negative implications for service delivery as a result of short funding cycles. One of the most critical for a specialist service like the Miranda Project is that staff rarely have employment stability. As a result, staff may move to more stable, long-term positions, which can lead to the service being understaffed and lead to losing valuable, specialist expertise. This has clear negative impacts on program delivery. Short-term funding cycles are also incongruent with the long-term support the Miranda Project aims to provide. Staff suggested that minimum 2-year funding cycles would be an improvement. The Miranda Project is the only program of its kind in the state and there is a need for the Project to be able to support women outside of its current catchment area.

5.2.2 Limits to program design in supporting families

Miranda staff frequently noted the importance of supporting the family members of clients and the positive impact this can have on client wellbeing and outcomes. This is especially important for First Nations clients where family and culture are interrelated and necessary for wellbeing. As such, staff

are commonly supporting the family members of clients through referrals and ad-hoc emotional support. However, the Miranda Project model and funding is not reflective of the importance of working with family. This means that clients may miss out on a key support, or staff are going above and beyond their capacity to be able to support families.

As such, any future program design or expansion should consider the importance of supporting client's families in service delivery, alongside adequate training related to the needs of families. One suggestion highlighted in the staff interviews was for a dedicated family worker within the program.

5.2.3 System challenges

This report has highlighted the multiple system challenges faced by Miranda clients. Miranda staff expressed frustration from having to work in and around a system that frequently fails, stigmatises, or harms clients. This can be disheartening for staff who have been advocating about these issues for years. External government and community-based services (such as clinical psychological services and public housing) are often at capacity which can leave clients on long waiting lists which can stretch many years, without support for complex issues. This can be detrimental to the overall wellbeing of clients.

5.2.4 Office space and co-location

While there are benefits to the location and co-location model, staff raised some issues with the current location and co-location relationship. Issues identified in the evaluation include:

- Inaccessible service delivery from PWHC including not taking referrals and having intimidating entry doors;
- Poor internet connectivity; and
- Limited space and privacy for clients and activities.

Some of these issues have been mitigated by the Miranda Project now having its own cottage space, where the Miranda project can make their own decisions around what reception looks like and the walk-in process.

There is no dedicated drop-in worker at the Miranda Project. As such, staff in the office may need to respond to drop ins at any point. Due to the workloads and staffing levels Miranda staff face, it can also be difficult to have time to attend to clients who do drop in.

5.2.5 Staff burnout

Given the complexity of the work that Miranda staff manage, there is an understandable risk for staff burnout which needs to be carefully managed. There are specific factors which might contribute towards staff burnout, such as having to take on additional clients when co-workers are on leave. This burnout can be pronounced for staff with lived experience or First Nations staff who carry an extra load in the program as experts and are sometimes relied on for activities such as speaking engagements and supporting other staff. Encouragingly, staff burnout is somewhat mitigated by lower caseloads and clinical supervision and is constantly monitored by Miranda Project management.

However, staff did suggest further engagement and support from CRC's HR could further support and address staff burnout.

5.2.6 COVID-19

COVID-19 significantly disrupted service delivery for the Miranda Project. During the pandemic, face to face service delivery was halted and caseworkers began using exclusively telephone to contact their clients. Given the importance of relational support to the Miranda Project this impacted on the quality of service delivery that could be given. COVID-19 also disrupted the Hub programs for a long period of time removing the benefits described in [section 3.2.1](#). Findings in this evaluation should take into account the disruptive impact COVID-19 had on the Miranda Project.

6 RECOMMENDATIONS

Category	Recommendation
Funding and expansion	1. Expand funding, staffing and locations of the Miranda Project to meet program demand
	2. Advocate for funding in longer term blocks to provide greater certainty of support and employment
	3. Extend and expand the Women's Diversion Pathways Program (WDPP), with consideration of strengths and challenges
	4. Consider expanding the program design to incorporate dedicated family support
	5. Maintain the Hub model of support and investigate ways to enhance the model
	6. Investigate the potential for in house psychology or co-located sessions with a trusted provider
Relationships	7. Continue to build the community reputation of the Miranda Project and develop trusted relationships with other service providers, especially amongst First Nations organisations
	8. Increase collaboration with and input from local Aboriginal community members and organisations
	9. Expand relationships with appropriate service employment providers
Program design	10. Formalise reflection practices for unsuccessful program exits, that captures potential practice improvements and builds organisational knowledge
	11. Improve communication around the program to potential clients and stakeholders. For example, develop clear program guidelines in a format accessible to clients and stakeholders not yet engaged with the program.
	12. Further investigation into ways to improve the co-location model
	13. More formalised cultural safety practices
	14. Continue to implement CRC's RAP
Staff support	15. Consider expanding cultural supervision to all staff

	16. Check in with/recognise cultural load on First Nations staff. Encourage other staff to be proactive on cultural components.
Client empowerment	17. Create more feedback processes for clients
	18. Formally elevate client voice in program design and delivery, supported by CRC processes.

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APPENDIX A: MIRANDA PROJECT PROGRAM LOGIC

SERVICE OUTCOMES	OUTCOMES	
Engagement with Miranda Project	Short to medium	<ul style="list-style-type: none"> • Women in contact with, or at risk of contact, with the criminal justice system who have also experienced domestic violence are referred to the Miranda Project • Clients maintain regular and positive engagement with Miranda Project • Clients engage with the Miranda Project through case work, women's diversion program, and/or the "Hub" • Clients receive a "freedom pack" and if needed are given new clothing • Caseworkers have built safety, trust and rapport with clients
	Longer term	<ul style="list-style-type: none"> • Clients maintain contact with the Miranda Project as needed • Clients achieve increased independence requiring less intense support from Miranda • Caseworkers are confident their client is ready to be exited from the program and create an "exit plan" with clients
Diversion from CJS	Short to medium	<ul style="list-style-type: none"> • Clients are diverted at the earliest possible point of their involvement with the criminal justice system • Clients are supported to identify and address drivers of criminal justice system involvement • Clients remain in the community and not return to custody by way of: <ul style="list-style-type: none"> ○ Support with compliance with Community Based Orders ○ Support with charges and court appearances
	Longer term	<ul style="list-style-type: none"> • Clients have reduced contact with the criminal justice system including: <ul style="list-style-type: none"> ○ Interactions with Police ○ Avoiding new charges ○ Returning to custody (remand and/or sentenced) • Clients are provided with ongoing support to address drivers of criminal justice system involvement • Clients have remained in community for a period of 9 months +

		<ul style="list-style-type: none"> • Clients have maintained compliance with Community Based Orders for a period of 9 months +
Independent life-skills	Short to medium	<ul style="list-style-type: none"> • Clients are provided with support to develop independent living skills such as financial literacy, transport services, IT, cooking etc. • Client are provided with information around future life pathways and opportunities such as education, and employment • Clients are provided with necessities/resources required to meet their needs
	Longer term	<ul style="list-style-type: none"> • Clients know how to access different pathways that support the development of independent life-skills • Clients have further developed independent living skills such as financial literacy, transport services, IT, cooking etc.
Housing	Short to medium	<ul style="list-style-type: none"> • Client's housing needs are identified (access to safe and secure housing is a priority) • Clients are supported to access to TA/ crisis housing if needed • Clients are provided with support to access housing (short/ medium/ longer) • Clients are supported to obtain furniture/ white goods and other essentials for housing • Housing is suitable for client's needs (location, design, affordability, cultural appropriateness)
	Longer term	<ul style="list-style-type: none"> • Clients have access to long-term safe and appropriate (including child appropriate) housing and housing stability in both private rentals and public housing. • Clients maintain successful tenancies
Connection to services	Short to medium	<ul style="list-style-type: none"> • Clients are supported to access the services they need to meet their primary health, mental health, social, emotional and wellbeing needs, as well as legal, education, employment and alcohol and other drug support services, as required. • Clients are empowered to choose services appropriate to meet specific needs (including for culturally diverse clients) • Clients are empowered to access mainstream services and can negotiate barriers to seeking support

	Longer term	<ul style="list-style-type: none"> • Clients are increasingly able to independently access the services they need to meet their primary health, mental health, social, emotional and wellbeing needs, as well as legal, education, employment and alcohol and other drug support services, as required. • Clients are empowered to choose services appropriate to meet specific needs (including for culturally diverse clients) • Miranda helps build capacity of mainstream services to support clients
Safety, pro-social relationships and well-being	Short to medium	<ul style="list-style-type: none"> • Factors pertaining to client's safety and well-being are identified • Clients are supported to access housing that is safe and free of violence • Clients are provided with opportunities for pro-social engagement and connection • Clients are supported to care for children and maintain custody • Clients are supported to imagine alternative life pathways outside the CJS • Clients feel safe, experience lower rates of violence, and access appropriate supports in response to instances of violence/receive education in reducing the impacts of violence on self and children
	Longer term	<ul style="list-style-type: none"> • Clients experience healthier relationships overall, including strengthened relationships between parents and children • Clients are supported to gain access to and/or custody of their children • Clients feel that they belong and are connected to their community • Clients feel that they are developing a sense of self and identity outside the CJS • Clients are supported to how understand systemic disadvantage and how this intersects with their lived experience
Program and structural reform	Short to medium	<ul style="list-style-type: none"> • The program is founded on best practice evidence. • The program continues to build the evidence-base of what works in meeting the needs of clients and building a life outside the CJS.

	Longer term	<ul style="list-style-type: none"> • The program plays a role in replacing punitive and exclusionary policies and practices and shifts narratives across the sector towards more empathetic and non-judgemental attitudes to women who have contact with criminal justice system and have experienced violence • The program builds knowledge and drives policy change to better serve women who have experienced violence and are impacted by the criminal justice system.
Program sustainability	Short to medium	<ul style="list-style-type: none"> • Staff receive appropriate training and clinical supervision • Staff are supported to seek help with any work-related concerns (e.g., EAP) • First Nations staff receive cultural supervision • Staff with lived experience are well supported
	Longer term	<ul style="list-style-type: none"> • The program secures longer-term funding to enhance certainty and sustainability (3 years plus) • The program is able to grow through more funding • The program is replicable and scalable

APPENDIX B: KEY EVALUATION QUESTIONS

DOMAIN	EVALUATION QUESTIONS
Engagement with Miranda Project	<p>1. How does the Miranda Project engage clients?</p> <ul style="list-style-type: none"> • How do caseworkers build safety, trust and rapport? • How is this done with cultural sensitivity, especially for First Nations clients? • What are the interpersonal skills required by caseworkers to engage clients? • Do clients remain engaged with Miranda? • How are women supported to engage with other mainstream services and support? • Does this differ for different groups i.e., First Nations women, culturally and linguistically diverse women, women with complex support needs?
Diversion from CJS	<p>2. How does the Miranda program work to divert women from the criminal justice system?</p> <ul style="list-style-type: none"> • In what ways does the support provided by Miranda help women to remain in the community? • How does the Miranda project support women to comply with the conditions of their community-based orders? • How does the Miranda project support women at court? • In what ways is this support specific to the needs of diverse groups, i.e., First Nations women, culturally and linguistically diverse women, women with complex support needs?
Independent life-skills	<p>3. How does the Miranda Project work to develop independent living skills of clients?</p> <ul style="list-style-type: none"> • How does the Miranda Project support women to pursue education and employment opportunities? • What independent living skills (i.e., financial literacy, transport services, IT, cooking, etc.) do women most identify as needing? • Does this differ for different groups i.e., First Nations women, culturally and linguistically diverse women, women with complex support needs?

Housing	<p>4. In what ways does the Miranda Project improve access to safe and appropriate housing for clients and support clients to maintain their tenancies?</p> <ul style="list-style-type: none"> • How do Miranda workers ensure that housing is suitable to the needs of diverse clients, including culturally appropriate housing for First Nations clients? • How are Miranda clients supported to maintain successful tenancies? • Are Miranda Project clients supported to obtain furniture/white goods and home essentials?
Connection to services	<p>5. In what ways does the Miranda Project help clients to build trust, agency and confidence in accessing mainstream services?</p> <ul style="list-style-type: none"> • What services do Miranda clients need? • Are clients connected with culturally appropriate services? • Do mainstream services meet the needs of diverse clients? In what ways does the Miranda project work to build the capacity of mainstream services to support criminalised women? • How do Miranda project staff advocate to mainstream services about meeting the needs of Miranda clients?
Safety, pro-social relationships and well-being	<p>6. How does the Miranda Project enhance the safety and wellbeing of clients?</p> <ul style="list-style-type: none"> • What is the relationship between victimisation and criminalisation for Miranda clients? • How does the program enhance connection with culture and community, particularly for First Nations clients? • What is the role of family and social support in women's re/integration and desistance? • In what ways does the Miranda Project support women to develop healthy relationships which support desistance? • How does the Miranda Project support women to care for their children and maintain custody? • How important is it for Miranda clients to develop a sense of identity outside of the criminal justice system?
Program and structural reform	<p>7. Does the Miranda Project align with best practice in diversion and re/integration support for criminalised women with experiences of violence?</p> <ul style="list-style-type: none"> • In what ways does the Miranda project draw on other non-punitive responses to addressing harms, including healing and transformative justice approaches?

	<ul style="list-style-type: none"> • How does the program work to shift attitudes and reduce stigma around supporting criminalised women (amongst service providers, Government agencies and other decision makers and stakeholders)?
Program sustainability	<p>8. Is the program sustainable and how could it be improved?</p> <ul style="list-style-type: none"> • Do staff receive adequate training and support to reduce worker burnout? • Are staff with lived experience adequately supported? • Are First Nations staff adequately supported? • Do First Nations staff describe the Miranda project as a culturally safe place to work? • Does CRC have the staffing capacity to respond to meeting the needs of clients under the Women's Diversion Pathways Program? • Could the program be expanded by embedding specialist staff in appropriate services in different geographic locations?

APPENDIX C: INTERVIEW QUESTIONS

Staff Interview Questions

Topic
<p>Staff Miranda context</p> <p>To start with can you tell me about your role at Miranda?</p> <ul style="list-style-type: none">• What is your position?• How long have you been in this role?• How long have you worked at Miranda/CRC? <p>Can you tell me about what kinds of tasks you undertake in this role?</p> <ul style="list-style-type: none">• What would a typical day look like for you? <p>What do you personally like about your work at Miranda/CRC? Why?</p> <ul style="list-style-type: none">• What is the one thing that motivates you to get out of bed and come to work? <p>And what do you dislike, or find more challenging about your work? Why?</p> <ul style="list-style-type: none">• If you could change anything about your work here at the Miranda project, what would that be?
<p>Characteristics and needs of clients</p> <p>Managers only:</p> <ul style="list-style-type: none">• How many people are you managing?• What are their key tasks?• How would you describe your staff's current clients?• What are their main needs?• What do your staff do for them/ help them with?<ul style="list-style-type: none">○ How does this change throughout the time that you are working with them?○ Probe:<ul style="list-style-type: none">▪ Pre-release▪ First few weeks of release▪ Mid term▪ Longer term• Are there any particular types of clients that have higher or different needs? How are their needs different? What do you have to do for them? <p>Caseworkers only:</p> <ul style="list-style-type: none">• What is your current caseload?• How would you describe your current clients?• What are their main needs?• What do you do for them/ help them with?<ul style="list-style-type: none">○ How does this change throughout the time that you are working with them?

<ul style="list-style-type: none"> ○ Probe: <ul style="list-style-type: none"> ▪ Pre-release ▪ First few weeks of release ▪ Mid term ▪ Longer term ● Are there any particular types of clients that have higher or different needs? How are their needs different? What do you have to do for them?
<p>Defining successful case-management for Miranda clients</p> <p>OK so now that I know a bit about your current role, your clients and what you do for them, I want to do a little exercise where you reflect about what successful case-management at Miranda looks like.</p> <ul style="list-style-type: none"> ● Can you describe for me what successful case-management would look like when working with a pretty typical client? <ul style="list-style-type: none"> ○ What are the elements or factors that contribute to successful case-management in your opinion? Anything else? ○ Has this changed in your time at CRC at all? Why? ● What about the opposite- what does less successful case-management look like? <ul style="list-style-type: none"> ○ What contributes to this? ○ What are the barriers to successful case-management?
<p>Key strengths and weaknesses strengths of the Miranda Project model</p> <p>I'm now going to ask you to reflect on the Miranda Project model.</p> <ul style="list-style-type: none"> ○ How well does the Miranda Project support its clients? <ul style="list-style-type: none"> ○ What makes you say that? In what respects? ○ Can you give an example? ○ How would you describe the Miranda Project model or approach? <ul style="list-style-type: none"> ○ What are the key strengths? ○ Why? ○ Can you give any examples? ○ And what are the key weaknesses of the model? <ul style="list-style-type: none"> ○ Why? ○ Can you give any examples?
<p>Intro to next section</p> <p>We're now going to chat about some specific areas of support provided by the Miranda Project.</p> <p>Engagement with the Miranda project</p> <ul style="list-style-type: none"> ● Do you have any reflections on the process of referral into the Miranda program? Are things working well? is there anything you would change? ● How do you ensure clients remain engaged with the Miranda program? ● What is your process for determining if a client requires less intensive support? ● In what ways do you build safety, trust and rapport with clients? ● What skills do you think are most important when working as a caseworker in the Miranda program?

<ul style="list-style-type: none"> Do you think Miranda offers a culturally appropriate service for women from diverse backgrounds including Aboriginal clients?
<p>Diversion from the criminal justice system</p> <ul style="list-style-type: none"> How do you work with women to ensure they comply with their community based/parole orders?
<p>Independent life skills</p> <ul style="list-style-type: none"> What independent living skills are most important for your clients? How do you work with women to support them to develop independent living skills?
<p>Housing</p> <ul style="list-style-type: none"> What are some of the biggest challenges you face in securing safe and stable accommodation for your clients? What kind of things do you do in order to secure housing for your clients? How important is it for your clients to have a safe, secure and stable home?
<p>Connection to services</p> <ul style="list-style-type: none"> How would you describe the needs of your clients? In what ways do you support your clients to access other services relevant to their needs? Do you have reflections on the capacity of mainstream services to support Miranda clients?
<p>Safety, pro-social relationships, and well-being</p> <ul style="list-style-type: none"> How would you characterise the relationships between your clients and their loved ones? Who are the most important people in the lives of your clients? How do you support your clients to sustain these relationships? How do you support your clients to maintain custody of their children? What are some of the biggest challenges you face in supporting your clients to feel safe and free from violence?
<p>Program and structural reform</p> <ul style="list-style-type: none"> What do you think the Miranda program/CRC could do better? Where are the gaps for Miranda clients?
<p>Program sustainability</p> <ul style="list-style-type: none"> Has the clinical supervision you have received been sufficient/appropriate? For First Nations staff – has the cultural supervision you have received been sufficient/appropriate? Is there anything more the Miranda program/CRC could be doing to support First Nations staff? <p>For staff with lived experience – do you feel supported in the organisation? If yes, in what ways (valued, respected, offered flexibility, etc.)</p> <p>Do you have any reflections on the suitability of your current caseload?</p>

Questions specific for Women's Diversion Pathways Program

I'd like to ask you a few questions about the Women's Diversion Pathways program, if that's okay:

- Do you have any comments on the current operation of the Women's Diversion Program (e.g. referral process, capacity to support women appropriately, etc.)
- Are there any differences in supporting women who engage with Miranda as part of the Women's Diversion Pathways Program, as opposed to other Miranda clients?
- In what ways does the Women's Diversion Pathways Program support women to comply with their parole/community based order?
 - Getting to appointments
 - Reminder of obligations
 - Understanding of conditions
 - Supporting in addressing needs outside of parole

Do you have any reflections on how the women's diversion pathways program could be improved? (i.e., more face-to-face contact, different types of support, different release procedures?)

Wrap up and close

- End the interview and check in with the staff member about how they are feeling.
- Refer to supports if needed.
- Thank staff member for their time.

Client Interview Questions

Topic

Client background and history

To start with perhaps you tell me a bit about yourself... You can tell me whatever you feel like sharing so I can get to know you a bit better...

- You could start with your name, where you live now, how you like to spend your days, any interests you might have?

Life story projection

- OK now, I want to do a quick exercise just as a way of getting to know a bit more about you. You don't have to go into heaps of detail, and only share what you want to...
- I want you to imagine someone has made a movie or TV show about your life so far, what would it be about?
- What happens in the story? Again, only tell me what you want to and feeling comfortable telling me.
- How would this story/ TV show/ movie make other people feel? How do you feel about it?

Contact with the criminal justice system

- If you feel comfortable enough to share, I'd like to know a bit about what contact you've had with the criminal justice system? This might be going to prison, going to court, charges or contact with the police.

Top of mind: Main needs from the Miranda Project

- What would you say were the main things you needed support or help with since getting involved with the Miranda Project? Just off the top of your head? Maybe we can write down a list?
- Has the Miranda Project been able to help you with these things? How?
- If been in and out of prison before ask: And what about in the past, did you get any formal support from anyone when you got out of prison? What services/ support? Were they useful? If so, how?

In-depth exploration of the Miranda project

Emotional/attitude

We're now going to talk in more detail about how you feel about the Miranda project.

- I don't want you think about this too hard or anything, how do you feel about the Miranda project overall?
 - What are the first feelings or thoughts that come to mind?
 - Prompt: do you feel good, bad, indifferent towards the Miranda project?
 - What makes you say that? Can you tell me more about that?

Functional/practical

Okay before we talked a bit about the support you've been getting from the Miranda project. I just want to go into a bit more detail about what that support looks like?

- So first off, how long have you been seeing someone from the Miranda project?
- How did you get involved with the Miranda Program?
 - Prompt: did someone in prison connect you?; or was it when you got out of prison?; was it at court?; through the Penrith Women's Health Centre?
- How easy was the process of getting involved?
- [If relevant] Did someone from Miranda come and see you in prison before you were released?

Engagement with the service

- How often do you see your Miranda caseworker?
- How does this usually happen?
 - Prompt: meeting caseworker every week; phone call support; attending activities at the Hub.
- How would you describe your relationships with your caseworker? Why? What quality is most important to you?
 - How could your relationship be improved?
 - How important is being able to come to the health centre? Why/ why not?

Deeper exploration of types of support provided by the Miranda Project

- Let's return to that list we started before about all the things the Miranda Project has been helping you with.
 - Can you add anything else to that list?
- [For each type of support explore] Tell me about how Miranda helped with this?

PROMPTS:

Diversion from the criminal justice system

- [if relevant] Has your caseworker helped you to comply with the conditions of your community based/parole order? If yes, in what ways?
 - Prompt: Help attending appointments, going to court, understanding conditions.
- How important has this support been? Why?
Has the support you received from the Miranda program helped to reduce your contact with the criminal justice system (Police, courts, getting new charges etc)? If yes, in what ways?

Independent life skills

- Has the Miranda program helped you with things that help you to live independently in the community?
 - Prompt: financial support, transport services, IT, cooking, education, employment?

Housing

- Has the Miranda program helped you with housing? If so, how did they help?
- Has this housing been appropriate to your needs? (e.g. location, design, affordability, cultural appropriateness)
- Has the Miranda program helped with accessing things to furnish your house (e.g., furniture, white goods, other essentials)?
- Do you currently have a lease on a house? If so, has the Miranda program helped you to maintain that? If so, in what ways?
- Can you describe how important it has been for you (and your family/children) to have a safe/stable/secure home?

Connection to services

- Has Miranda helped you to access other services?
 - Prompt: health, mental health, disability, AOD services, victims services
 - Have you found these services to be appropriate/helpful?

Safety, pro-social relationships, and well-being

- Has the Miranda program helped you have a better understanding of healthy relationships? If so how?
- Who are the most important people in your life right now? What makes these relationships so important?
 - Has the Miranda program helped you to sustain these relationships? If yes, how?
- [If relevant] Has the Miranda program helped you to care for children/maintain custody?
- How have your relationships been since engagement with the Miranda program?
- Do you feel connected to your community and/or culture? If so, how? Do you have a sense of belonging?

Gaps in Miranda project support

- OK now that I have a really good idea about what Miranda has been helping you with, I'd like to find out if you have any thoughts or feedback about how Miranda could be better supporting you with these things?

<ul style="list-style-type: none"> ○ Explore fully... ● Or is there anything else Miranda could be doing to better support you? If so, what would that be? ○ Can you give me an example?
<p>Questions specific for Women’s Diversion Pathways Program</p> <p>I’d like to ask you a few questions about being released from prison under the Women’s Diversion Pathways program, if that’s okay:</p> <ul style="list-style-type: none"> ● When did you find out you were going to be released and receive support from Miranda? How much notice did you receive? ● What was the process you went through to be released? <ul style="list-style-type: none"> ○ [Prompt] What went well when you were released? Was there anything that didn’t go as well, or could have been handled better? ● What has been the impact on your family of your release from prison? <p>I’d also like to ask you about your experiences of being under a community based/parole order.</p> <ul style="list-style-type: none"> ● Has the Women’s Diversion Pathway program helped you to comply with your parole/community order conditions? If so, in what ways? <ul style="list-style-type: none"> ○ Getting to appointments ○ Reminder of obligations ○ Understanding of conditions ○ Supporting in addressing needs outside of parole ● Do you have any advice on how the women’s diversion pathways program could be improved? (i.e., more face-to-face contact, different types of support, different release procedures?)
<p>Wrap up and close</p> <ul style="list-style-type: none"> ● End the interview and check in with the client about how they are feeling. <ul style="list-style-type: none"> ○ Refer to supports on consent form if needed. ● Thank client for their time. ● Provide them with their payment/ gift card.