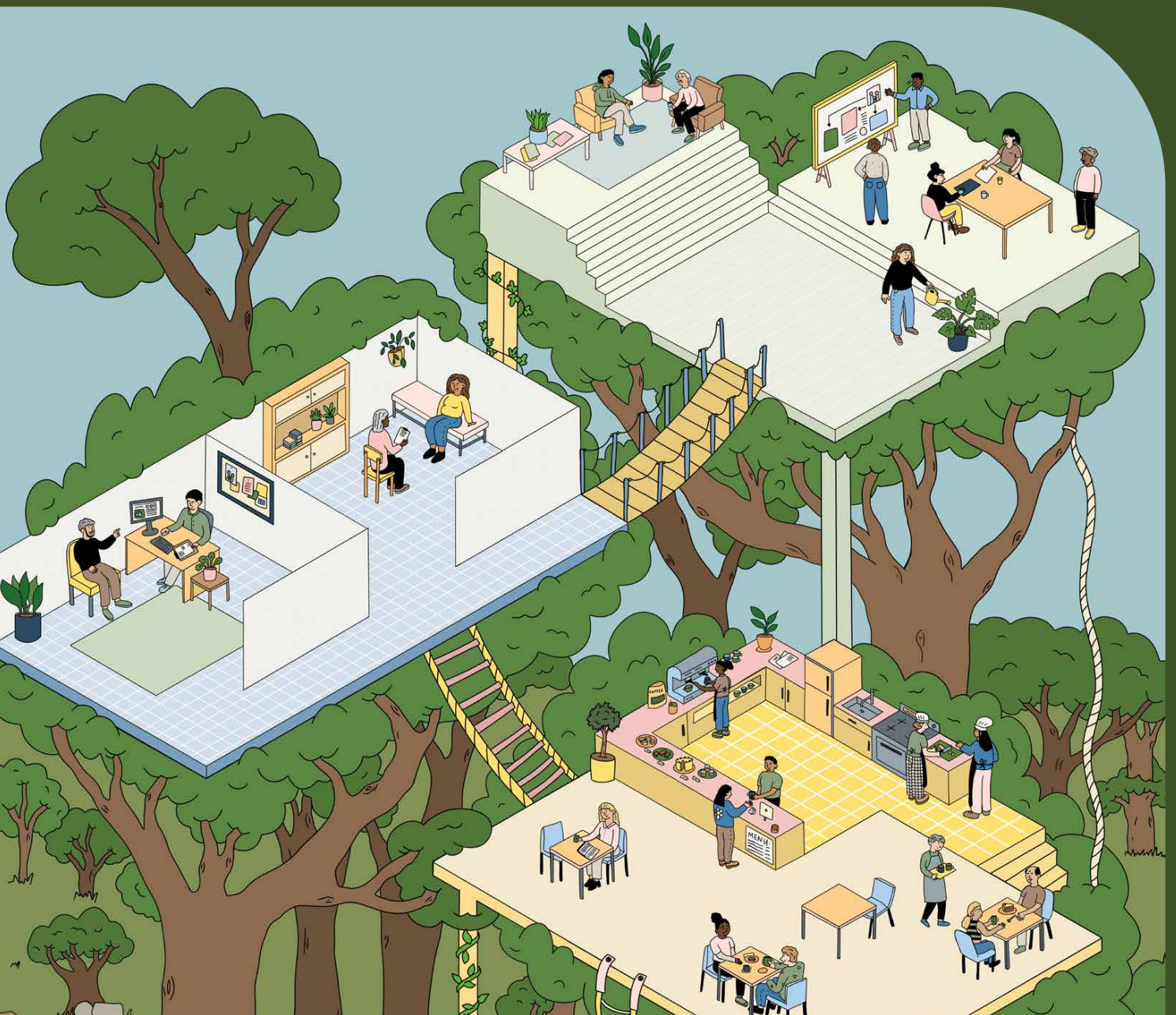




Burnet
reach for the many

The Forest

Ending the cycle of reincarceration
for people who use drugs.



Acknowledgements

We proudly acknowledge the Boon Wurrung people of the Kulin Nation as the sovereign custodians of the land on which our Melbourne office is located. We pay our respect to Elders past and present and extend that respect to all First Nations people.

The Forest emerged from a research and design collaboration between Burnet and people with lived and professional experience of incarceration and drug use, with specialised design capability provided by Paper Giant. To our co-designers, we extend our deepest gratitude for openly sharing their stories and perspectives and challenging us to reach beyond the edges of our imagination to address the health and social harms of incarceration.

We also extend our gratitude to the researchers, practitioners, and subject matter experts whose contributions have guided our work. We are grateful to everyone who has been involved to date and anyone we hope to collaborate with in the future.

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Foundation partners

The Forest is an ongoing collaboration between [Burnet Institute](#), [Flat Out](#), [Self Help Addiction Resource Centre](#), and [Launch Housing](#). It has been supported by funding from Burnet Institute and Paul Ramsay Foundation.



This document builds on our work to date, which can be [found here](#).



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Foundation partners

Burnet

The Forest is the centrepiece of a new flagship initiative by Burnet Institute.

The initiative is built on decades of leading research on incarceration and drug use. We have translated data and theory into practice by co-designing a service ecosystem to end the cycle of reincarceration for people who use drugs.

Our previous work focused on the post-release trajectories of people who use drugs, as well as exploring their experiences in prison. We have conducted the only prospective cohort study in the world of people with recent drug use histories leaving prison¹. We also maintain the largest and longest running cohort study of people who use drugs in Australia².

Flat Out

We are a grassroots community organisation that supports and advocates for women, trans and gender diverse people to get out, and stay out, of prison. We're guided by the lived expertise of criminalised and imprisoned people, and we advocate for their right to access mainstream services, resources and support without stigma or discrimination.

Self Help Addiction Resource Centre

We are a peer-led organisation supporting people impacted by alcohol and other drugs and gambling. We believe that people are the experts in their own recovery, and we've been promoting, advocating and embedding lived experience throughout our services, programs, and policies for more than 25 years.

Launch Housing

We are an independent community organisation working to end homelessness. We understand that ending homelessness requires us to be bold and not accept the status quo. We do this by adopting an intersectional approach to homelessness — and finding solutions to homelessness by also addressing barriers to education, employment, health and wellbeing, and social connections.

Introduction

The Forest is a public health model to address the underlying drivers of incarceration – led by and for people who use drugs.

Burnet Institute has a proud history of working to end the health harms of incarceration. As global leaders in public health research and practice, we understand that how we conceptualise a problem informs the way we solve it. We advocate for drug decriminalisation and implement a range of local and international harm reduction programs to promote the health, rights and dignity of people who use drugs.

Recognising that people who use drugs are the experts in their own lives, we co-designed The Forest with them, placing their stories, experiences and expertise at the centre of the model. The Forest aim to end cycles of reincarceration for people who use drugs by supporting them on their journey from prison back into the community. It is a voluntary peer-led model that operates independently from the criminal legal system, organised around the principles of harm reduction and decarceration.

Research often measures the success of reintegration of people who use drugs by looking at rates of crime and recidivism. However, these measures tell us more about the reach of the criminal legal system and the distribution of policing than a person's journey from prison to community or the structural and social disadvantage that influences that journey.

This document relies on existing research and data, using rates of reincarceration to emphasise how incarceration plays a significant role in perpetuating cycles of harm. We believe these metrics alone do not tell the whole story, and we advocate for a greater focus on addressing the root causes of incarceration. This includes ensuring stable housing, social connection, secure employment, improved health outcomes and an enhanced sense of purpose for everyone.

The Forest is a place where people belong.



At a glance

In Victoria, failure to address the underlying drivers of incarceration comes at extraordinary cost, both in human and economic terms.

The Forest is

A public health model to **address the underlying drivers** of reincarceration – led by and for people who use drugs

A once-in-a-generation **opportunity for systems change**

A **'no regrets'** investment

The cost of incarceration is high and growing unsustainably

>74%

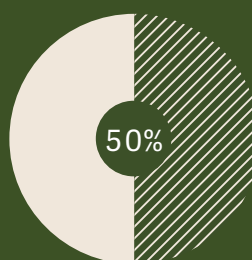
Cost of prisons in Victoria is up

\$1.8b

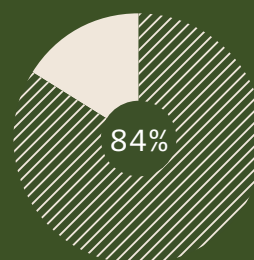
in public funds invested in prison infrastructure between 2020-2024

Total economic cost of people experiencing repeated reincarceration is **20 times higher** than the cost of people who are successfully reintegrated into the community following a period of incarceration

Prisons do not rehabilitate people who use drugs



50% of people who use drugs will return to prison at least **6 more times** after their first release



84% of people with opioid dependence return to prison **within two years**

Most people in prison report **recent use** of drugs

Economic impact

Economic modelling demonstrates a **benefit-cost ratio of**

3.1–3.8

Investment could generate between

\$303m–\$2.3b

in avoided costs

Community impact

>1,400 fewer people **reincarcerated**

>3,300 fewer episodes of **incarceration**

>800 people report good to excellent **health**

>1,300 fewer people report **housing instability**

>400 people who have previously been incarcerated **employed each year**

Investment opportunity

Establishment:

\$2.5 million set-up investment to develop:

- robust business case
- full documentation of the model
- detailed implementation plan
- pathways and partnerships for employment and social enterprise

Implementation:

\$109.3 million implementation investment to run a 4-year community trial

- 1,100 people access peer mentoring and health, housing, and employment support
- >100 people employed

Welcome to The Forest

The Forest is a community that supports people who use alcohol and other drugs on their journey from prison back into the community.



Sending people to prison creates intergenerational cycles of harm and fails to address the social and systemic drivers of incarceration.

We present a community-led decarceral model which can end this cycle by addressing the use and consequences of alcohol and other drugs as a public health issue.

The Forest is a safe place where people leaving prison can go to access a comprehensive network of services, engage in meaningful activities, and find care and community.

Our vision

Our bold vision integrates public health research, lived experience and community-led design.

The 'service ecosystem' at The Forest recognises the challenges people face once they leave prison. We understand it's not a straightforward journey to stability and belonging. We need to provide diverse supports and interventions that can adapt to the needs and pathways of everyone.

People with lived experience collaboratively generated a life-affirming vision. This vision became the seeds from which The Forest has grown.

Grounded in evidence and co-designed by and for people who use drugs, The Forest supports people to gain stability and connection and, ultimately, to be part of their community.




Principles



Person-centred

- we promote choice and agency
- we build relationships of trust
- we are accountable to each other
- we offer an ecosystem of support
- we take a harm reduction approach

Connection-driven



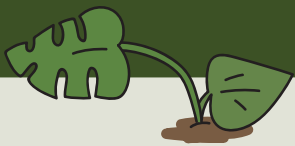
- we prioritise care and belonging
- we hold relationships at the centre
- we model new ways of working
- we keep each other safe
- we are allowed to make mistakes



Co-designed

- we create this place together
- we take shared ownership of change
- we learn, grow and adapt
- we use co-design to guide us
- we all have wisdom and value to share

Accessible

- we welcome people at any stage
 - we honour the diversity of experience
 - we ensure everyone can participate
 - we respond to life's ups and downs
 - we offer multiple ways to access us
- 

Project proposal

At Burnet, we have built a globally significant body of research to understand and better meet the needs of people who use drugs.

Reincarceration, particularly of people who use drugs, is a major contributor to the growth of the Australian prison population.

Repeated reincarceration costs *20 times* more than reintegrating people into the community³. Investing even a small portion of this expenditure into ending cycles of reincarceration for people who use drugs would generate significant cost savings for the Victorian Government.

For several years, we've worked with foundation partners to develop The Forest — a public health model to address the underlying drivers of incarceration — led by and for people who use drugs. The Forest is unique in the way that it will bring together the expertise, values and practices of the foundation partners, along with the lived experience of its workforce and community, to create a new model of practice.

With government support, we can establish The Forest as a unique flagship initiative of Burnet and bring together Flat Out, SHARC and Launch Housing to implement a four-year community trial.

Rigorous economic modelling from Insight Economics predicts that, during a four-year community trial, The Forest would produce a benefit-cost ratio of 3:1, at a minimum. This would generate cost savings of approximately \$300 million.

The Forest presents an opportunity to end the health harms of incarceration by supporting people who use drugs to remain in the community, where they belong. Investing in a multi-year trial is an investment in the health and safety of all Victorians and an opportunity to build the evidence-base for decarceral approaches to alcohol and drug use.



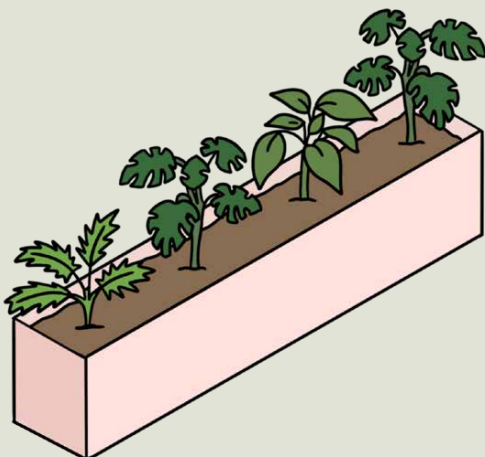
Through the trial, we'll draw on our combined infrastructure and expertise to generate evidence on what works for people, in collaboration with them, in order to:

- Uplift health and wellbeing
- Build connection and belonging
- Change education and employment outcomes
- Significantly reduce reincarceration
- Deliver a better future for Victorians who use drugs

The Forest represents a once-in-a-generation opportunity. It fulfils the health and social policy agenda of the Victorian Government by improving social connectedness, social inclusion, family function, workforce participation and resilience.

Our team has tended the soil and planted the seeds. We now seek investment to grow The Forest into a self-sustaining ecosystem.

An investment of \$109.3 million over four years — with a start-up grant of \$2.5 million — would allow us to bring The Forest to fruition.



The Soil

Evidence

In the last decade, 'tough on crime' policies have exploited public concerns about health and safety to justify escalating expenditure on policing and prisons⁴. As a result, Australia's prison population has surged – growing from 29,106 to 43,073 in ten years⁵.

Australia has one of the highest rates of reincarceration in the world, with 45 per cent of people released from prison between 2017-2019 returning within two years⁶. Evidence shows prisons do not improve community safety or rehabilitate people who have been incarcerated^{1,7-8}.

In 2021-22, the real net operating expenditure of Victorian prisons and corrective services amounted to \$1.2 billion⁹. Spending on adult prisons has increased 96 per cent in the last decade, far outweighing investment in evidence-based decarceral alternatives¹⁰.

The use of alcohol and other drugs is a public health issue. People who use alcohol and other drugs make up a substantial portion of the prison population, with around two-thirds reporting drug use in the 12 months prior to incarceration¹¹⁻¹³. People who use alcohol and other drugs also experience higher rates of reincarceration¹⁴⁻²¹.

Sustained focus on criminalisation, rather than providing appropriate access to social support and healthcare, creates ongoing cycles of health and social harm, which are well documented^{1,7,22}.

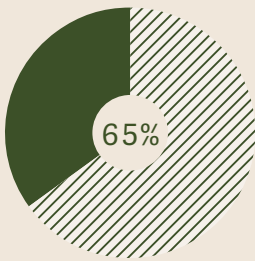
For people who use alcohol and other drugs, repeated cycles of reincarceration exacerbate the underlying drivers of poor health and lead to heightened risk of homelessness, mental ill-health and mortality from overdose, suicide and other preventable causes^{11,13,23-29}. As a result, the long-term negative health and social consequences of incarceration affect not just individuals but entire families^{2,30}. Additionally, over-investment of public funds into policing and prisons mean whole communities suffer from a lack of well-funded and accessible community-based health services.

Ending the cycle of reincarceration in Australia requires policy and practice change to reorient public investment away from incarceration toward life-affirming alternatives that benefit the whole community, such as housing, health, education and employment. Interventions that focus on strengthening community relationships and improving health equity offer a humane and evidence-based approach to enhancing community safety, promoting community wellbeing, and ending the health and social harms of incarceration.

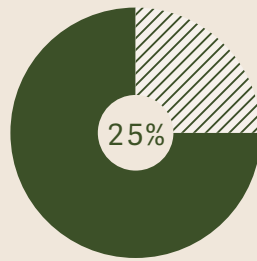


Numbers to know

People who use drugs are overrepresented in Australia's prisons



People in prison reporting using drugs in the 12 months prior to incarceration



People in prison reporting injecting drug use in the month prior to incarceration

Substance use is a significant driver of reincarceration



People with opioid dependence returning to prison within two years of release

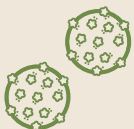
People who use drugs have higher rates of:



Mortality, primarily due to preventable causes like overdose and suicide



Disability and non-communicable diseases, including acquired brain injuries, muscular-skeletal conditions and asthma



Blood borne viruses, including hepatitis C and hepatitis B

People who use drugs and are incarcerated typically have long histories of socioeconomic disadvantage

80% experienced **mental ill-health** or **poor psychiatric wellbeing** in the 12 months prior to incarceration

54% did not have **secure employment** in the month before incarceration

50% do not expect to have **access to housing** upon release

The Seeds

Our process

Building on several years of formative research, we collaborated with Paper Giant to co-design an innovative new service model to support people who use alcohol and other drugs as they transition from prison back into the community.

We brought people with lived and professional experience of drug use and incarceration together and asked them to design a solution to the repeated reincarceration of people who use drugs.

As part of the co-design process, we developed a service delivery framework including the vision, offering, experience principles and the ecosystem of support.

Our co-designers chose the name 'The Forest' because it represents an ecosystem where

everything has a place and works in harmony, and where non-linear pathways are the natural way to move.

Together, we developed a shared vision of The Forest as a place where people could gain stability, connection and the ability to dream as they become an integral part of their community.



Our expertise

Our foundation partners are practice leaders in their respective fields. We bring decades of combined expertise and lived experience leadership, working effectively with people leaving prison and people who use drugs, providing sustainable housing and working within challenging systems to change lives.



At Burnet, we are leaders in understanding the needs and experiences of people leaving prison who use drugs and have access to extensive datasets to inform our knowledge. We also hold leading edge expertise in evaluation and engaging with communities experiencing structural and systemic disadvantage. Our leadership will ensure rigour in the implementation and evaluation of The Forest.

Our experienced economic modelling team will expand on the foundation work from Insight Economics using real-world program outcomes. This will support program sustainability and expansion, and embed The Forest as a key part of Victoria's social infrastructure.

Our partnership model will produce the highest quality evidence that will result in iterative refinement and quality improvement of The Forest across the life of the trial.

This important work will occur in the context of trauma-informed co-design which is community-led, entails care for all co-designers and honours the lived experience of everyone in The Forest community.



Investment Case



In Victoria, failure to address the fundamental health and social determinants of incarceration comes at both human and economic cost.

The number of people incarcerated and reincarcerated in Victoria has increased over the past decade. However, spending on prisons is disproportionately outpacing the growth of prison populations and increasing the risk of health inequities and poor outcomes for the whole community. The sustained investment of public funds into policing and prisons overshadows investments addressing the underlying health and social drivers of incarceration³¹.

We commissioned Insight Economics to conduct an independent cost-benefit analysis of The Forest to explore the potential benefits of implementing a four-year community trial. The modelling quantified the health, social and economic benefits of The Forest against establishment and maintenance costs, and outlined various scale-up scenarios.

The cost of running prisons in Victoria is up by³²

74%

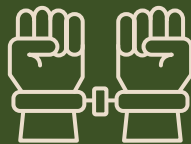
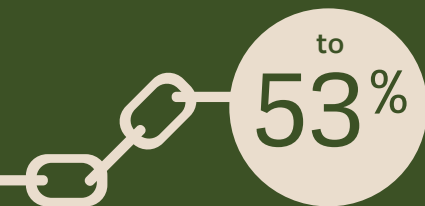


Rate of reincarceration has risen from³³

47%

to

53%



Repeated reincarceration costs

20x

more than successful reintegration³

People with histories of incarceration are

twice

as likely to experience mental ill-health and

86x

more likely to be unhoused¹

The review found:

- While essential, improved access to housing and employment alone are not enough to end cycles of reincarceration or deliver cost savings to government
- Innovative programs similar to The Forest have achieved more than a 50 per cent reduction in reincarceration risk
- Reducing reincarceration, in line with the literature, while improving access to housing and employment means The Forest would deliver a benefit-cost ratio (BCR) of between 3.1 and 3.8, depending on how it is trialled and implemented
- Investment in The Forest would break-even at an 18 per cent reduction in reincarceration risk, which is a third of its projected impact based on modelling
- Reallocating less than two per cent of existing justice expenditure toward implementation of The Forest would deliver substantial economic and policy outcomes for the Victorian Government, representing a 'no regrets' investment

What Insight Economics did:

- Conducted extensive literature and data analysis
- Developed a cost-benefit model based on current government expenditure and reincarceration of people who use drugs

- Created a series of 'impact scenarios' to demonstrate expected changes based on outcomes from the literature and research data-sets
- Modelled the net benefits of these impacts for four implementation options for The Forest

The first implementation option represents a four-year community trial to support 1,100 people who use drugs on their journey from prison back into community. The three additional implementation options modelled a phased scale-up beyond the trial and include:

- **Do minimum** – continue trial volumes into the future for a ten-year period
- **Increased reach** – scale up from one to three sites over a ten-year period
- **Rapid rollout** – scale up from one to five sites over a ten-year period with statewide coverage

Modelling found that a BCR of between 3.2 and 3.3 would be the most likely return on investment for government. It could be achieved within a modelled scenario which combines the minimum expected impacts of the program across housing, employment, health service utilisation and reduction in reincarceration risk. The expected BCR remains relatively stable (3.2-3.3) both during a trial phase or a longer term roll-out (up to 10 years) or whether the size of the program is scaled to multiple sites.



Program outcomes

Economic modelling indicates that maximum avoided costs would be achieved by implementing the rapid rollout program option. This would see the greatest number of people reintegrated into the community upon leaving prison, delivering **avoided costs around \$2.3 billion.**

While not specifically included in the BCR analysis, The Forest would also achieve significant outcomes in the Early Intervention Investment Framework, including improved social connectedness, social inclusion, family

function, health and wellbeing, workforce participation and resilience.

We would aim to establish the first centre in the north-west region of metropolitan Melbourne, which reflects postcodes of greatest disadvantage and would therefore maximise access for participants.

As we evaluate the outcomes of this trial, we can determine the optimal implementation plan for the future rollout of the program beyond the initial trial.

Over a ten year implementation

✓ **>1,400** fewer people reincarcerated

✓ **>3,300** fewer episodes of incarceration

✓ **>800** people report good to excellent health

✓ **>1,300** fewer people report housing instability

✓ **>400** people who have previously been incarcerated employed each year



Why it matters

Addressing the underlying drivers of reincarceration benefits everyone.

The Forest strongly supports Victoria's reform agenda, including aligning with findings of the Royal Commission into Victoria's Mental Health System and the Parliamentary Inquiry into Victoria's criminal justice system. These inquiries and reviews have unanimously called for systems change and investment to deliver more integrated, person-centred services to address the underlying drivers of incarceration.

A community trial of The Forest could deliver avoided costs of approximately of \$303 million – scaling significantly higher in an expanded future roll-out (up to \$2.3 billion) – freeing up public funds to be invested in life-affirming public infrastructure such as health, housing, education and employment.

Public health is about more than just eliminating disease or improving measurable health outcomes; it's about addressing the social determinants of health to ensure that communities are vibrant, resilient and interconnected places where everyone belongs.

The economic modelling demonstrates that Victorian Government investment in The Forest would deliver on mental health and justice reform priorities while expanding the availability of public healthcare to change lives, communities and systems for all Victorians.



Community Trial design

With government investment, we can implement a four-year community trial.

Following an initial establishment phase, we plan to recruit 200 participants in the first year of the trial and 300 additional participants each year for the following three years. A total of 1,100 participants would be enrolled during a four-year trial operational period.

We would establish The Forest in the north-west region of metropolitan Melbourne and participants would be recruited via in-reach to Barwon, Dame Phillips Frost Centre, Ravenhall, Port Phillip, and Marngoneet prisons. Accounting for attrition, we estimate approximately 70 per cent of people recruited will engage with The Forest following release³⁴.

Recognising the non-linear nature of transitioning from prison back into the community, we expect to see dynamic patterns of service utilisation through time, with some people accessing long-term support while others engage episodically. The Forest governance and staffing structures have been designed to accommodate these natural fluctuations.

Staffing

The Forest will employ more than 100 people during the initial four-year trial, including peer support workers (31 FTE), transitional support and housing workers (25 FTE), clinicians (three GPs, five nurses and 16 allied health

professionals), education support workers (eight FTE), employment support workers (eight FTE) and legal support (four FTE), as well as managers and team leaders (12 FTE) and program management (five FTE). There would also be provisions for ongoing research and program design (four FTE).

Housing

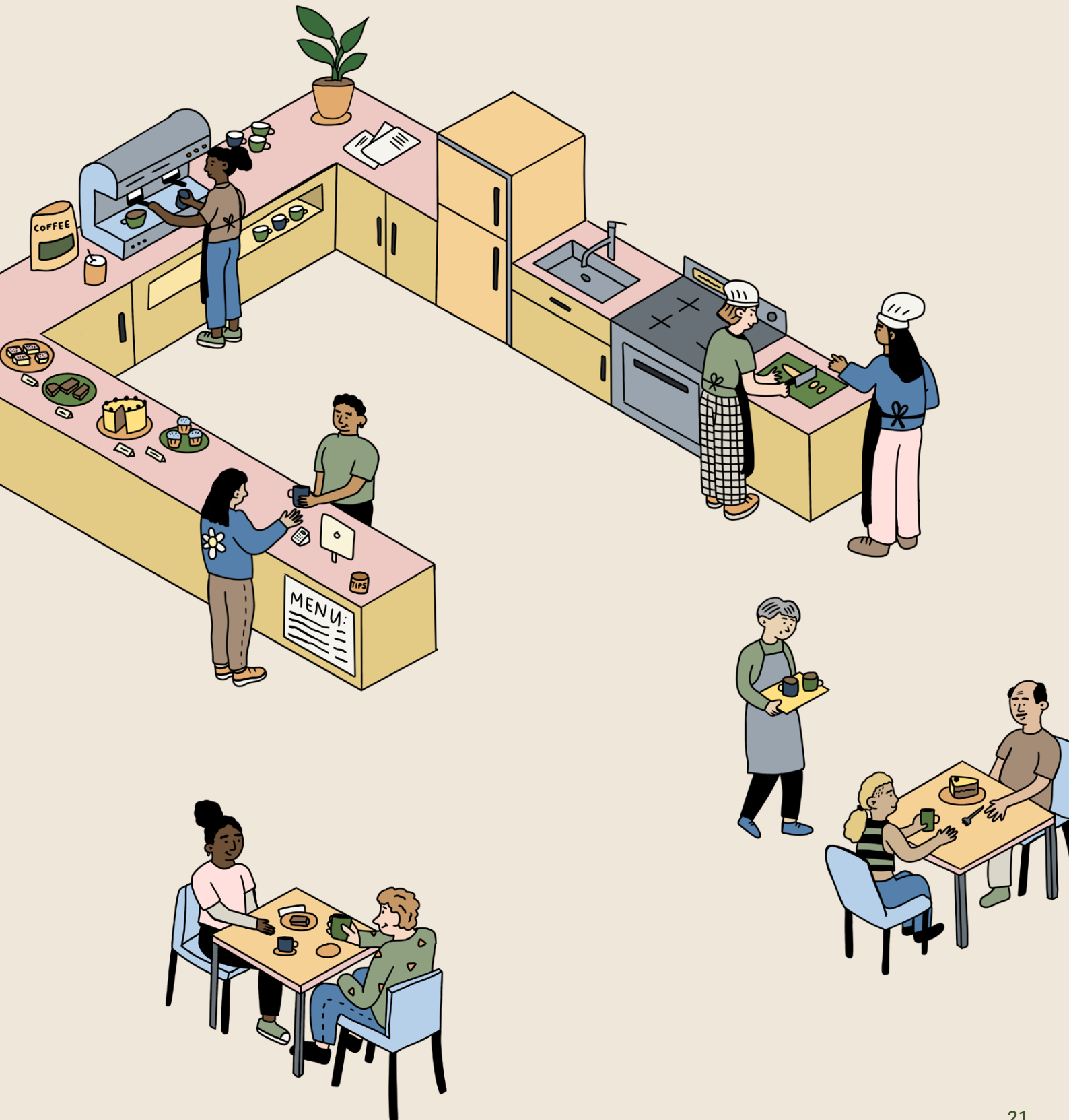
Informed by Burnet's extensive research with people who use drugs, we estimate that approximately one third of active participants will access housing support for a period of two years. Housing subsidies assume a 50:50 mix of one-bedroom and two-bedroom units and are expected to vary by the number of participants over time.

The space

The Forest ecosystem consists of drop-in spaces, consultation offices, back-office functions, clinic rooms, group meeting rooms and a community garden.

We estimate the need for approximately 1,532 square meters of space.





What happens at The Forest?

Peer mentoring

Peer mentors sit at the heart of The Forest. Drawing on their own experience of incarceration and drug use, peer mentors provide support, inspire hope and nurture positive relationships with people who have been recently released from prison. People who access peer mentoring and want to become mentors themselves will be offered stepped entry into the program when they're ready, allowing us to train and support future leaders as they emerge.

Health, housing and social support

Health, housing and support services are a core part of The Forest. Connection to The Forest starts before a person leaves prison and supports them for as long as they need. Different types of workers come together as part of multidisciplinary teams to address the long-term needs of each person. Services are accessible and ensure people have access to support when they need it through extended opening times and a drop-in approach, increasing likelihood of meaningful engagement.

What this means for people:

- I can choose a peer mentor who understands my experience
- I receive relatable and non-judgmental support before, during and after my release
- I can share and hear stories that inspire hope and nurture positive relationships
- I have someone who will advocate for me
- I can access training and support to become a peer mentor, if and when I'm ready

What this means for people:

- I'm supported by a multidisciplinary team
- I receive consistent, quality care from people with different skills, qualifications and experience
- I can rely on my support workers because they care about me and my journey
- I have priority access to an ecosystem of services that respond to emerging needs
- I can use telehealth appointments when I need to





Social enterprise

The Forest provides pathways to employment, including social enterprises that support skill development and on-the-job training. Our social enterprise model is supported by White Box Enterprises, who work with social enterprises, government, investors and philanthropists to build, support and advocate for large-scale jobs-focused social enterprises, so that every individual can access meaningful and inclusive employment.

Activities and social connection

The Forest builds connections between people. It offers a range of activities, including recreation and education programs to support belonging and transformation.

What this means for people:

- I receive education and employment training when I'm ready
- I can participate in something that contributes to positive perceptions of me
- I work in a place that is supportive, welcoming and non-judgemental
- I'm building transferrable skills and experience while contributing to the community
- I have a secure and sustainable income while I get back on my feet

What this means for people:

- I can choose which activities I want to engage in
- The activities are varied and easy to access
- I can develop relationships with other people
- I can find common ground with other people through the activities I participate in
- I feel I belong and contribute to the community I live in



The Forest

Governance

At the Forest, we grow together. Guided by lived experience, we will provide robust oversight of the implementation of The Forest.

During the trial phase, we'll establish The Forest as a new flagship initiative of Burnet, allowing us to leverage the extensive skills, resources and governance capabilities of the Institute while granting us the freedom and flexibility to refine our ways of working and translate research into practice.

Alongside Burnet's existing board, we'll establish a governance collective which has been co-designed with our foundation partners. It will consist of eight members — with two drawn from each of the foundation partner organisations — who will act as the 'roots' from which The Forest will grow. They'll lead the establishment of on-site operations and grow the structures, practices and services that make up The Forest.

Ending the cycle of reincarceration will require us to foster new ways of working that are innovative, responsive and accountable to people who use drugs. Drawing on the diverse expertise of our foundation partners, we'll ensure that at least 50 per cent of people in the governance collective have lived experience of drug use and/or incarceration.

Their rights, perspectives and priorities will be held at the centre of ongoing decision-making, co-design and evaluation of The Forest.

Our governance model, which brings people who use drugs together with our foundation partners and the Burnet board, will enable us to cross-pollinate a wealth of resources and experiences to grow The Forest. Together we'll lay strong foundations, nurture emergent practices and sustain a thriving and interconnected community for people who use drugs.



Principles to guide us

We're all responsible for growing The Forest. This means we all have equal representation, responsibility and influence.

We're led by and for people who use drugs. This means we'll nurture and sustain emerging leadership.

We value each other's time. This means our roles are salaried and we invest in creating the conditions for trust and reciprocity to flourish.

We work towards the same vision. This means we mitigate power imbalances, strive for consensus-based decision making and hold space for multiple truths.



Staffing

The Forest will be governed as a collective – a true collaboration of knowledge, skills and practices between individual foundation partners.

We are not a site of co-located services — we work together as an ecosystem generating new ways of working, knowing and doing.

The Forest ecosystem will consist of a senior leadership team and eight specialist teams that provide tailored and multidisciplinary support to our community. Each of the eight specialist teams are led by a coordinator who reports to the senior leadership team.

The leadership team:

- **General Manager** — provides support and supervision to all senior managers, liaises with the governance collective, Burnet leaders and other business units as needed
- **Ecosystem Manager** — oversees non-client teams, physical space, general resourcing across teams
- **Clinical Manager** — oversees transitional support workers, clinical teams, lawyers
- **Community Manager** — oversees peers, connections, employment, education and research/design teams

The eight teams:

Peer mentors are the lifeblood of The Forest, walking alongside people as they transition from prison to community. They are the largest team and are responsible for tending to the space and community throughout our extended opening hours. Peer mentors welcome people on-site, build relationships with dignity and trust, facilitate access to the service ecosystem and support people to pursue meaningful activities. They provide both individual and group support and collaborate with transitional support workers to meet the needs, priorities and expectations of our community. The team includes senior members who provide some mentoring to other team members, particularly those new to joining the team and new to peer worker roles more generally.

Transitional support workers are the link between people in prison and The Forest. They represent the second largest team and are a mobile workforce, providing in-reach to prison, working with community members on-site



at The Forest and leading outreach into the community. These workers are responsible for referrals, providing service support throughout the journey from prison to community, including casework, care coordination and housing support.

Clinical workers include GPs, nurses, social workers, alcohol and other drug (AOD) workers and family support practitioners. This multidisciplinary team work together to address the underlying drivers of poor health. They take a holistic, harm reduction approach to improving the physical, mental and social wellbeing of our community and can provide long-term therapeutic support when requested.

Lawyers work with our community to address outstanding legal matters including old warrants, spent convictions and accumulated fines and other emergent issues.

The education and employment team supports people to find and maintain employment, when they're ready. This includes facilitating access to education and training opportunities, paid and volunteer work and the peer mentoring program. This team also acts as the point of contact between The Forest and our social

enterprise partners, creating supported pathways into skilled employment in industries with critical skills shortages.

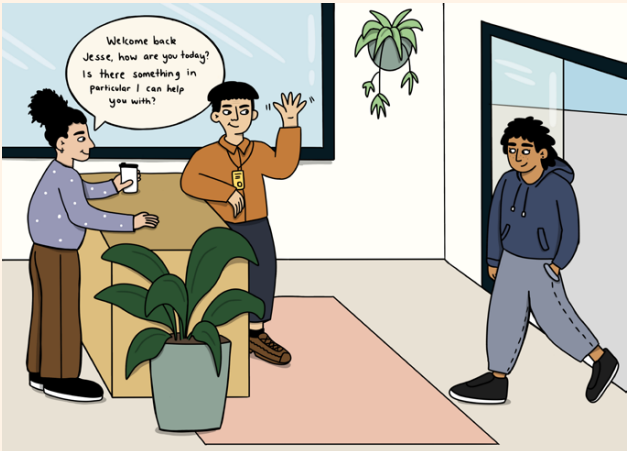
The connections team create opportunities for people to get involved in things they enjoy, allowing them to build a sense of belonging and form meaningful relationships with other people at The Forest. This team works closely with the education and employment team, who support our community into more formal education (i.e. working towards qualifications) and employment opportunities. These could include roles within The Forest peer mentor team, in social enterprises, via corporate partners or in mainstream employment.

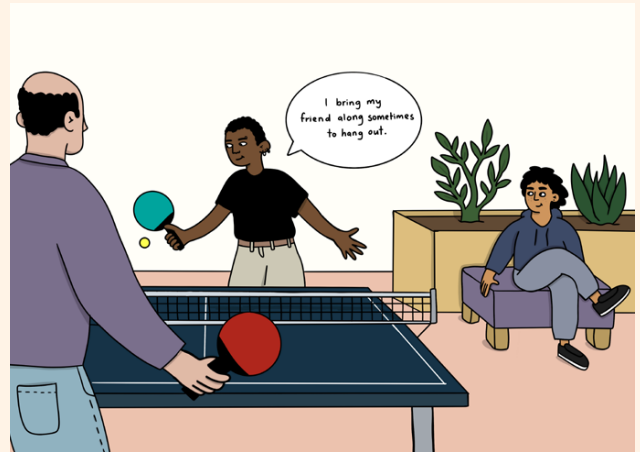
The research and design team evaluates The Forest in collaboration with the staff team and community, including via co-creation and co-design activities, as well as rigorous economic modelling, impact and outcome evaluation.

The non-client team provide other services and support as necessary, including admin, IT, finance and HR. Their services are drawn from existing teams and functions at Burnet and are supplemented where appropriate.



A journey through The Forest





References

1. Kirwan A, Curtis M, Dietze P, et al. The Prison and Transition Health (PATH) Cohort Study: Study Protocol and Baseline Characteristics of a Cohort of Men with a History of Injecting Drug Use Leaving Prison in Australia. *Journal of Urban Health*. 2019;96(3):400-410.
2. Van Den Boom W, Quiroga MDM, O'Keefe D, Kumar D, Hill PL, Scott N, Agius PA, Higgs P, Kerr T, Maher L, Hickman M, Stoové M, Dietze P. Cohort Profile: The Melbourne Injecting Drug User Cohort Study (SuperMIX). *Int J Epidemiol*. 2022 Jun 13;51(3):e123-e130. doi: 10.1093/ije/dyab231. PMID: 34961882.
3. Allard T, Stewart A, Smith C, Dennison S, Chrzanowski A, & Thompson C. (2014). The monetary cost of offender trajectories: Findings from Queensland (Australia). *Australian & New Zealand Journal of Criminology*, 47(1), 81-101. <https://doi.org/10.1177/0004865813503350>.
4. Schulz, P. & Cannon, A. (2011). 'Public opinion, media, judges and the discourse of time'. *Journal of Judicial Administration*, 21(1), 1-11
5. Australian Bureau of Statistics. Prisoners in Australia, 2021, 45170DO001_2021- Table 2: PRISONERS, selected characteristics, 2011-2021 Canberra: Australian Bureau of Statistics;2021.
6. Productivity Commission. Australia's Prison Dilemma. Canberra: Productivity Commission;2021.
7. Justice Reform Initiative (2023). Jailing is Failing. State of Incarceration: Insights into Imprisonment in Victoria, available at: https://assets.nationbuilder.com/justicereforminitiative/pages/337/attachments/original/1681695596/10_JRI_Insights_VIC_EMBARGOED_220323.pdf?1681695596
8. Centre for Innovative Justice (2023). Community attitudes to the criminal justice system, available at: <https://cij.org.au/cms/wp-content/uploads/2023/03/community-attitudes-to-crime-resource.pdf>
9. Institute of Public Affairs (2023). The Cost of Prisons in Australia: 2023, available at: <https://ipa.org.au/wp-content/uploads/2023/07/IPA-Cost-of-Prisons-Report.pdf>
10. Productivity Commission (2023). Report on government services 2023
11. Australian Institute of Health and Welfare. The health of Australia's prisoners 2018. Canberra: Australian Institute of Health and Welfare;2019.
12. Australian Institute of Health and Welfare. National Drug Strategy Household Survey 2019. Canberra: AIHW;2020.
13. Butler T, Simpson M. National Prison Entrants' Bloodborne Virus and Risk Behaviour Survey Report 2004, 2007, 2010, 2013 and 2016: prevalence of HIV, hepatitis C, hepatitis B, sexually transmissible infections, and risk behaviours among Australian prison entrants: national report. Sydney: Kirby Institute;2017.
14. Larney S, Toson B, Burns L, Dolan K. Effect of prison-based opioid substitution treatment and post-release retention in treatment on risk of re-incarceration. *Addiction*. 2012;107(2):372-380.
15. Winter RJ, Stoove M, Agius PA, Hellard ME, Kinner SA. Injecting drug use is an independent risk factor for reincarceration after release from prison: A prospective cohort study. *Drug and Alcohol Review*. 2019;38(3):254-263.
16. Eisenberg MJ, van Horn JE, Dekker JM, et al. Static and Dynamic Predictors of General and Violent Criminal Offense Recidivism in the Forensic Outpatient Population: A Meta Analysis. *Criminal Justice and Behavior*. 2019;46(5):732-750.
17. Katsiyannis A, Whitford DK, Zhang D, Gage NA. Adult Recidivism in United States: A Meta-Analysis 1994–2015. *Journal of Child and Family Studies*. 2017;27(3):686-696.
18. Bonta J, Blais J, Wilson HA. A theoretically informed meta-analysis of the risk for general and violent recidivism for mentally disordered offenders. *Aggression and Violent Behavior*. 2014;19(3):278-287.
19. Yukhnenko D, Blackwood N, Fazel S. Risk factors for recidivism in individuals receiving community sentences: a systematic review and meta-analysis. *CNS Spectrums* 2020;25(2):252-263
20. Bennett T, Holloway K, Farrington D. The statistical association between drug misuse and crime: A meta-analysis. *Aggression and Violent Behavior*. 2008;13(2):107-118.
21. Hakansson A, Berglund M. Risk factors for criminal recidivism - a prospective follow-up study in prisoners with substance abuse. *BMC psychiatry*. 2012;12:111.
22. Russell E, Carlton B, Tyson D, Zhou H, Pearce M, Faulkner J (2020) A Constellation of Circumstances: The Drivers of Women's Increasing Rates of Remand in Victoria, Fitzroy Legal Service and the La Trobe Centre for Health, Law and Society: Melbourne.
23. Dolan KA, Shearer J, White B, Zhou J, Kaldor J, Wodak AD. Four-year follow-up of imprisoned male heroin users and methadone treatment: mortality, re-incarceration and hepatitis C infection. *Addiction*. 2005;100(6):820-828.
24. Degenhardt L, Larney S, Kimber J, et al. The impact of opioid substitution therapy on mortality post-release from prison: retrospective data linkage study. *Addiction*. 2014;109(8):1306-1317.
25. Spittal MJ, Forsyth S, Pirkis J, Alati R, Kinner SA. Suicide in adults released from prison in Queensland, Australia: a cohort study. *Journal of Epidemiology and Community Health*. 2014;68(10):993-998
26. Butler T, Andrews G, Allnut S, Sakashita C, Smith NE, Basson J. Mental disorders in Australian prisoners: a comparison with a community sample. *Australian and New Zealand Journal of Psychiatry*. 2006;40(3):272-276.
27. Cossar R, Stoove M, Kinner SA, et al. The associations of poor psychiatric well-being among incarcerated men with injecting drug use histories in Victoria, Australia. *Health & Justice* 2018;6(1):1.
28. Young JT, Heffernan E, Borschmann R, et al. Dual diagnosis of mental illness and substance use disorder and injury in adults recently released from prison: a prospective cohort study. *The Lancet Public Health*. 2018;3(5):e237-e248.
29. Jackson M, Hardy G, Persson P, Holland S. Acquired brain injury in the Victorian prison system. Melbourne, VIC: Department of Justice;2011.
30. Parliament of Victoria. Inquiry into children affected by parental incarceration, available at: <https://www.parliament.vic.gov.au/get-involved/inquiries/inquiry-into-children-with-imprisoned-parents/reports/>
31. Analysis of Victorian Budget Papers FY2021-FY2023 and Victorian Government announcements
32. Productivity Commission (2023) Report on Government Services
33. Australian Bureau of Statistics. Prisoners in Australia, 2023
34. Australian Institute of Health and Welfare. Completion of alcohol and drug treatment in Australia, 2011-12 to 2020-21: differences by drugs of concern and treatment characteristics. Available at: <https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/completion-drug-treatment-2011-21/contents/how-did-treatment-completion-vary-by-year/principal-drug-of-concern-and-treatment-type>



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