Evaluation of ACT Extended Throughcare Pilot Program

Final Report

Prepared for:
ACT Corrective Services

January 2017

Andrew Griffiths, Fredrick Zmudzki, Shona Bates

SPRC
Social Policy Research Centre

SPRC Research Team

Andrew Griffiths, Shona Bates, Alisa Wicks, Eileen Baldry, Karen Fisher

Fredrick Zmudzki (Époque Consulting)

For further information:
Shona Bates 02 9385 8200

Contents

Tables

Figures

Glossary

ACT	Australian Capital Territory
ACTCS	ACT Corrective Services
AMC	Alexander Maconochie Centre
HACT	Housing ACT
LSI-R	Level of Service Inventory – Revised
RoGS	Report on Government Services
SPRC	Social Policy Research Centre
UNSW	The University of New South Wales

Executive summary

This report presents the findings of the evaluation of the Extended Throughcare program (the Program) provided by ACT Corrective Services. Extended Throughcare is a voluntary program that provides support to detainees returning to the community at the end of their custodial sentence at the Alexander Maconochie Centre (AMC; the ACT's only adult correctional facility). ACT Corrective Services clients can be characterised as experiencing multiple disadvantages, including mental health issues, substance abuse issues, low levels of literacy and numeracy, interrupted education and sporadic employment history, as well as high level of homelessness. The findings of this report highlight clients' experiences with the Program, the impact of the Program in key areas, the strengths of the Program, and areas for improvement. It also details the perspectives of stakeholders with regard to the aims and impact of the Program and the effectiveness of the Program's governance.

Objectives of Extended Throughcare

The Program aims to reduce reoffending, improve community integration post-release, and improve the social and health outcomes of clients. Ultimately, the Program is designed to reduce recidivism and its associated costs. The Program, which commenced in June 2013, is tailored to each individual, commences pre-release, and continues for a period of 12 months post-release with the support of community organisations. The Program provides coordinated and continuous support, and aims to reduce duplication and gaps in services, to help detainees reintegrate into the community and to reduce the risk of homelessness, poor physical and mental health, drug and alcohol abuse, and premature death.

The Program is similar to other Throughcare programs in Australia in that it provides person-centred case management and support in five core areas: accommodation, health, basic needs, income and community connections. Extended Throughcare is a voluntary program and is not mandated as part of any supervision order. Initially, the Program was limited to supporting prisoners prior to their release. The extension of the model to supporting the client into the community after their release was first funded in the ACT 2012-2013 budget. While this post-release care model is not unique to the ACT, the Extended Throughcare model is unique in offering support for 12 months and in offering this service to ex-detainees without ongoing supervision orders.

Purpose of the evaluation

In order to determine the overall effectiveness of the Program and identify any potential areas for improvement, the scope of the evaluation was:

- to understand the impact the Program has had on the client group, beyond an offender's period in custody to support transition into the community. This includes reducing the risk of reoffending, improving community integration, and improving social health and outcomes of clients. The evaluation also considered whether the Program was more successful with some sub-groups than others (based on sex, age, severity of offence, cultural identity).

- to consider the costs and benefits to the justice system, including:

    o reducing the days spent in custody

    o stabilising or reducing the number of detainees in custody

    o reducing victimisation costs and increasing community safety

    o the impact of brokerage funds on clients.

- to consider the effectiveness of the service delivery model to reduce duplication, eliminate gaps and enhance the capacity of existing services and related agencies to impact on Program outcomes.

The evaluation was informed by interviews with clients, a non-client comparison group, families, service providers, support workers and Program staff over a 12-month period. In addition, detailed analysis was undertaken based on Program use and administrative data.

The research was undertaken in the context of the unique social and environmental landscape of the ACT and in the understanding that the AMC is a relatively new facility and that the Program has continually evolved to meet the needs of clients and the community. As such, the results of this study may not be generalisable to other programs. However, many of the findings are consistent with findings from the literature which highlight that ex-detainees are likely to have multiple and complex needs, including cognitive disability, mental illness, socio-economic disadvantage and a history of trauma, and that intensive case management on release can reduce the risk of homelessness, poor mental health, illicit drug use, recidivism and premature death.

Limitations to the evaluation

The Program has consistently delivered very high levels of participation since the first client intake in June 2013 for the 3-year study period to June 2016, providing a study group sample of 616 clients. The success in the Program uptake presented a limitation for the evaluation as the original target control group was based on individuals who chose not to enter the post-release support program given that participation is voluntary. For this reason, there were very few individuals identified and an insufficient sample for this planned control group.

The evaluation developed an alternative target control sample based on a cohort released from custody during the 3-years prior to 2013, before the Extended Throughcare Program was available. This alternative control group was also limited by the different baseline characteristics and was supplemented with a paired before and after study comparison group using custodial episode data for the 3-year pre-Program period.

Program impact

The Program had a positive impact on clients beyond their period in custody. Clients detailed two types of support that they had received through the Program: material and non-material support. Non-material support included advocacy on behalf of the client. Most clients felt that support coordinated by the Throughcare Unit had met their needs well, with several attributing this to the trust they had developed with Program staff.

However, many Program clients were unaware of the source of the support, whether it was provided by the Government or whether it was provided by external service providers. This lead some clients to believe that it had been service providers rather than "Extended Throughcare" that had supported them, reflecting the fact that they may have misunderstood the role of the Throughcare Unit as a coordination hub of service providers.

Analysis of Program data (noting the limitations of the data available) indicates a positive improvement following participation in the Program. The Program study group resulted in 238 clients returning to custody during the 3-year study period, from a total of 616, a return rate of 38.6%. This suggests, based on multiple alternative comparison groups, that **return to custody episodes have reduced** by 22.6% compared to the 3 years prior to the evaluation study period. In addition, the analysis also indicates that **those returning to custody are remaining in the community for longer periods on average**.

The Program has achieved **high uptake rates**, given participation is voluntary; Program client intake was consistently strong throughout the study period. This shows positive preliminary outcomes for the Program, and provides the base case for Program effectiveness and related cost-effectiveness.

Many clients had received support from the Program to secure housing upon release or to maintain existing housing, particularly through assistance with advocacy. Clients detailed personal experiences with housing that emphasised the importance of stable housing.

In terms of personal wellbeing, clients commonly received mental health counselling, physical health treatments or general assistance with health and wellbeing via coordination from the Throughcare Unit. The majority of participants had also received some form of drug and alcohol rehabilitation treatment as a core

priority, with most of these clients reporting **positive outcomes** from this treatment or from associated support.

Several interview participants said that the support had increased their capacity to live independently, usually as a result of assistance with small day to day matters.

The support coordinated by the Throughcare Unit appears to have **had a significant impact on the self-esteem and confidence of clients in social situations**, helping them to participate in community and social life and to reduce stigma associated with being an ex-offender. For some interview participants, their overall quality of life or ability to achieve goals had increased as a result of this support.

The majority of interview participants felt that the Program had helped to decrease their likelihood of reoffending. Clients attributed this success to material support from the Program, as well as non-material "moral" support and encouragement.

The evaluation confirmed a significant relationship across clients' risk of returning to custody as measured through LSI-R score groups.

The Program has had a particularly positive outcome for female Aboriginal clients, showing that this target group has been provided high levels of Program access and has achieved relatively lower rates of returning to custody in comparison to National and ACT reported figures.

Cost-effectiveness of the Program for Corrective Services

The cumulative program funding for the 4 years to June 2016 was $3.56 million, a slight increase from the original budget of $3.31 million. For the study group the average cost was generally around $1,500 per client for brokerage and essential support packages, with higher costs in a small number of particular high need cases. When considering the total operating costs, it is estimated that the average cost is in the order of $4,700 per client.

The cost of Program support services is relatively marginal given the comparatively high cost of custody, estimated at around $120,000 per year. In this context, although there is substantial uncertainty about repeat offending, a relatively small reduction in recidivism rates is associated with **substantial cost offsets in the short and medium term, and potentially ongoing where reduced reoffending is sustained over the longer-term**.

In addition to the costs and benefits from the perspective of ACTCS as the lead agency, **substantial cost offsets may result across interrelated government sectors including justice, physical and mental healthcare, homelessness, education and employment**. Although the evaluation does not incorporate data linkage across these systems, estimated costs based on prior research indicate that the Program is likely to be generating significant related cost savings from wider

government and societal perspectives. Where community reintegration and reduced recidivism are sustained, these community costs represent potentially substantial ongoing cost offsets over extended lifetime pathways.

Effectiveness of Extended Throughcare model

Stakeholders generally understood that the aim of the Program being piloted by ACTCS is to successfully reintegrate ex-offenders into the community and decrease recidivism rates. Most stakeholders felt that the Program was meeting these aims well, highlighting the Program's flexibility and non-judgemental staff. Stakeholders mentioned the immediate post-release period, the length of the Program, encouraging clients to engage with services, and helping clients to access stable accommodation as the Program's areas of greatest impact.

Some stakeholders highlighted minor areas for improvement, including community sector collaboration, and what some saw as an unsustainable number of clients.

Overall, stakeholders said that ACTCS and non-government organisations (NGOs) had coordinated effectively as a result of mutual trust, communication, and the personalities of the individuals involved. Stakeholders felt that the Program's flexibility aided service coordination between ACTCS and other service providers, but that at times, ACTCS was involved in work that could be better carried out by the community sector.

In terms of issues with coordination, although generally positive, one stakeholder said that it was not always clear who the "senior" partner in their relationship with ACTCS was. Some support workers were also concerned that their knowledge and experience were being overlooked.

Stakeholders felt that the Program's governance group was working effectively and had a good mix of representatives and stable membership, with strong links to the community sector. However, one stakeholder said that the group has some notable gaps in representation.

Conclusion

The Program has been very effective in terms of outcomes across both the qualitative and quantitative components of the evaluation.

Clients emphasised the importance of their personal relationships with Throughcare Unit staff members. They outlined the positive effect of staff members who were dependable, approachable, trustworthy and non-judgmental.

Clients also highlighted a number of issues they had with the Program, including what some saw as an inadequate duration and a lack of information about the services on offer. Some clients pointed out inequalities, or perceived inequalities, in the provision of brokerage funding or material items, including vouchers. Finally,

some clients felt the Program should have a greater emphasis on assisting clients to access education and employment.

The economic component of the evaluation indicates that although there is substantial uncertainty in client outcomes, estimated cost savings substantially offset program funding. Cost savings are also likely to be achieved in the medium and longer-term.

1 Introduction

This report provides the findings of the evaluation of the Extended Throughcare Pilot Program (the Program) in the ACT. This section provides an overview of the Program, how it was developed, and the way in which it operates.

1.1 Throughcare

The Extended Throughcare Program (the Program) commenced in June 2013 with funding from the ACT Government. The Program provides support to offenders returning to the community after the end of their custodial sentence at the Alexander Maconochie Centre (AMC), the ACT's only adult correctional facility. Participation in the Program is voluntary and available to offenders exiting the AMC with or without further supervision or orders. The Throughcare Unit's engagement with an offender commences pre-release and continues for a period of 12 months post-release with the support of community organisations.

The Program aims to enable the offender's successful reintegration into the community, thereby reducing recidivism and its costs (Borzycki 2005). The Program's support is intended to be coordinated and continuous to reduce duplication in services and eliminate gaps in service provision when meeting the needs of offenders post-release. Brokerage funding is also provided to assist service access and integration.

Extensive research evidence suggests that many offenders have multiple and complex needs (Rankin and Regan, 2004; Baldry 2014), including cognitive disability, mental illness, socio-economic disadvantage and a history of trauma (Baldry 2010; Cockram, 2005; Department of Justice, 2007; Glaser & Deane, 1999; Hayes, 2005a, 2005b; Haysom et al., 2014; Lindsay, 2002; Lindsay & Holland, 2000; Villamanta, 2012; NSW Ombudsman, 2008). Detainees released to the community often experience homelessness, poor mental health and high rates of illicit drug use; recidivism and premature death are significant risks in the months following release from prison (Baldry et al 2006; ACT Government, 2011, p.4-6).

Based on this evidence, case management in the Program is person-centred and focuses, especially initially, on five core areas:

- accommodation
- health
- basic needs
- income
- community connections.

This approach is in line with Throughcare programs in other Australian states and territories (Baldry, 2007), and is also based on similar programs from the US. The

Program is similar to prevention and rehabilitation programs targeted specifically at people with multiple and complex needs, including programs that operate in non-justice areas; for example, Stepping Stones South Australia, ACSO Victoria, GROW Australia, Multiple and Complex Needs Initiative (MACNI) Victoria, Integrated Service Program (ISP) NSW, Community Justice Program (CJP) NSW, and Migrant and Refugee Settlement Services ACT.

All the above mentioned programs have been implemented because there is recognition that many people with multiple and complex needs, including prisoners after release, have not been supported adequately in a traditional, fragmented service system. However, it should be noted that the Extended Throughcare model in the ACT is unique in offering support for 12 months to ex-offenders with or without ongoing supervision orders, although the post-release care model itself is not unique to the ACT's Extended Throughcare Program. It should also be noted that there are no publicly available robust Throughcare evaluations in Australia.

In the ACT, the Program was originally established as a model internal to the AMC, supporting prisoners prior to their release. The extension of the model, accompanying a client into the community after their release, was first funded in the 2012-13 ACT budget. The first clients to be supported by the Program were released in June 2013.

1.2 History of the Program

Corrective Services in the ACT had a Throughcare philosophy in operation from 2009 when the prison first opened. A 2011 discussion paper developed by the Chief Minister and Cabinet Directorate identified the need to develop this to an Extended Throughcare Program to include post-release support. Following a budget submission and funding process, the Extended Throughcare Governance Group, co-chaired by ACTCS and Northside Community Services and including government and non-government representatives, was established (see below). Extended Throughcare was initially funded in 2012-2013 for 2 years. This evaluation investigates the post-release Program which is linked to separate funding and controlled pre-release transition planning.

The original model funded was not optimal, as it focused on service coordination rather than casework. ACTCS realised this was not going to meet the Program objectives and therefore added caseworkers to the Program for the subsequent two years to assist with system navigation.

Program funds are used to broker services – an average of around $1,500 is currently used per person over 12 months which varies depending on needs. The brokerage cost is higher in a small number of particularly high need cases, in the order of $2,000. Brokerage money for such services has been shown to be highly salient in the success of programs that support people and families with multiple and complex support needs (see for example Baldry et al. 2006; Baldry et al. 2015). This

approach has proved successful in for example Women's Community Justice Centres, including Tomorrow's Women Wirral[1] in the UK following the Corston Report[2]. This report advocates that while men and women should achieve equal outcomes, the approach for meeting those outcomes may need to be different.

1.3 Operation of the Program

Extended Throughcare is a voluntary program and is not mandated as part of any supervision order. The Program was originally funded to support 200 people released per year but staff expected approximately 100 in that first year. In practice, the Program has had an uptake of almost 100%. Offenders are engaged in the Program prior to release and the small number of releases per month (about 20) allows ACTCS to provide the service to anyone volunteering to enter the Program. The Program is funded to start at the point of release but in reality, the Program starts prior to release, which is viewed as essential in any throughcare program.

Pre-release support is available to everyone, irrespective of whether they sign up to the Program. The Assisted Release to Community (ARC) program (starts 3-4 months before earliest release date) provides early case management – this follows best practice guidance and framework for releasing prisoners. It involves providing links to Centrelink, health, housing, outreach programs, drug and alcohol programs (and warrants in other states), as well as engaging the offender's family in the process. At this stage, if the offender is being released under some type of supervision (parole or Good Behaviour Bond), Community Corrections staff are engaged. The ARC program provides a link to the Extended Throughcare Program that offenders can then access. As the Program has evolved, the focus of the support has developed from simple prisoner reintegration, including the provision of untargeted funding, to personalised case management that attempts to address criminogenic risks that are correlated with recidivism. This encompasses pre-release planning through the ARC program and referrals to appropriate service providers post-release that specifically target these risk factors.

For those volunteering to participate in the Program, one of the five lead service providers (identified based on the person's highest support needs) will be provided with brokerage funds to work intensively with the client. For most extended throughcare clients, the Program starts with a six-week intensive outreach support episode, comprising three half-day visits for the first week, then two visits per week after that. At this point, the client is provided with the "Basics" package of support that is used as a foundation for the client to develop further skills and move toward increased independence and community participation. The Program provides

---

[1] See Tomorrow's Women Wirral – A program of women supporting women in the UK. http://www.tomorrowswomen.org.uk/ (accessed 20 January 2017).
[2] The Corston Report, a review of women with particular vulnerabilities in the criminal justice system, is available from http://www.justice.gov.uk/publications/docs/corston-report-march-2007.pdf (accessed 20 January 2017).

funding to one service provider to deliver intensive support services and coordinate other services as needed. While there are five lead service providers, brokerage funding is provided across more than 100 services to support client needs.

The Program was initially funded in the 2012-13 Budget; $1.2 million was allocated over two years to establish the Throughcare Unit within ACTCS to implement the framework and to provide development and brokerage of support service delivery. Commitment to the Program is reflected in subsequent funding; the 2014-15 Budget provided a further $2.176 million over two years, covering the period to June 2016. The ACT Government provides funding to a number of NGOs (the lead service providers) through the Community Services Directorate. Clients of the Program access these services in addition to brokerage funding. These services may be used to help secure access to core services, for example bond payment and initial rent for accommodation.

The Program provides support to offenders who are released into the ACT community, as well as those released to other states in coordination with administrators from the other states. The situation in the ACT is likely to be unique in that the ACT has only one facility and most exits are local.

ACTCS data show that:

- a high proportion, in the order of 74.7% of offenders in custody, have been in custody before[3]

- preliminary Program figures indicate there are significant numbers of repeat offenders, with an average of six and as high as 24 return episodes.[4] The average duration spent in custody is approximately 10 months with a range from 30 days to almost 4.5 years.[5]

- about 30% of offenders are released on parole, 30% on good behaviour orders, 30% on no orders, and 10% on bail. The 30% on no orders are considered to be at the greatest risk of post-release crisis because they lack any form of contact with services or support. Women are included in the Program regardless of whether they are on remand or sentenced offenders due to their low overall numbers and increased vulnerability, but only sentenced men are included. Some offenders may finish their sentence and be on bail for other matters.

---

[3] Australian Bureau of Statistics 2015, *Prisoner Characteristics, State and Territories*, 'Table 13: Prior imprisonment status, by state and territory', data cube: Excel spreadsheet, cat. no. 4517.0, viewed 11 January 2016, http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4517.02014?OpenDocument
[4] A preliminary review of Throughcare in ACT, A Report for the Throughcare Unit, ACT Corrective Services, August 2014.
[5] A preliminary review of Throughcare in ACT, A Report for the Throughcare Unit, ACT Corrective Services, August 2014.

1.4 The evaluation

ACT Corrective Services commissioned a research team from the Social Policy Research Centre (SPRC) at UNSW Australia, in partnership with Époque Consulting, to undertake an evaluation of the Extended Throughcare Pilot Program (the Program) in the ACT.

The evaluation questions are derived from the program logic, summarised as:

- What impact has extending Throughcare had on the client group? Has it reduced the risk of re-offending and improved community integration, social and health outcomes of clients (the focus of this report)?

- What are the costs and benefits to the justice system from extending Throughcare from custody to the community, including but not limited to:

  o reducing detainee days in custody
  o stabilising or reducing the number of detainees in custody
  o reducing victimisation costs, including reduced associated court and legal costs, and increasing community safety, and
  o the impact of brokerage funding on client outcomes.

- How effective is the service delivery model at reducing duplication, eliminating gaps and enhancing the capacity of existing services and related agencies to impact on Program outcomes?

1.5 Ethics

Ethics approval was provided by the UNSW Human Research Ethics Committee (reference HC15657). All fieldwork has been conducted in accordance with the *National Statement on Ethical Conduct in Research Involving Humans* (National Health and Medical Research Council, 2007). Research participants were recruited through people known to them (service providers or ACTCS in the case of clients) and were provided with information about the research. They were then asked if they would like to participate, were asked to give consent to participate, and were given every opportunity to withdraw consent should they change their mind.

Data presented in this report (both qualitative interview data and program data) are anonymised to maintain the confidentiality of research participants.

1.6 Report outline

Section 2 of this report describes the method used to conduct the evaluation. The remainder of the report presents the findings of client and stakeholder interviews, outcomes data on the effectiveness of the model, as well as costs and benefits of the Program.

To understand the impact the Program has had on the client group and whether it has reduced the risk of re-offending and improved community integration, social and health outcomes of clients (the focus of this report), the evaluation analysed:

- Client profiles and service delivery (reported in Section 3)

- Client experiences with the Program (reported in Section 4)

- Stakeholder interviews about client experiences with the Program (reported in Sections 4 and 5)

- The impacts the Program has had on clients in a range of different areas such as housing, health outcomes and social connections (reported in Section 6)

- The impact the Program has had on recidivism (using both interview and ACT data, reported in Section 7).

Three case studies illustrate the different experiences clients had with the Program, based on interview data from the clients, service providers and family members (presented in Section 8).

To understand the costs and benefits to the justice system from extending Throughcare from custody to the community, including reducing detainee days in custody, stabilising or reducing the number of detainees in custody, reducing victimisation costs and associated court and legal costs, increasing community safety, and the impact of brokerage funding on client outcomes, the evaluation analysed:

- Program cost and the impact the Program has had on clients in a range of different areas including client outcomes examined through the interview series (reported in Section 6), reoffending rates using quantitative analysis of custodial data (reported in Section 7), and an economic evaluation of the Program in terms of savings to ACTCS (reported in Section 10).

To evaluate how effective the service delivery model is at reducing duplication, eliminating gaps, and enhancing the capacity of existing services and related agencies to impact on Program outcomes, the evaluation analysed:

- Client and interview data to identify Program strengths and opportunities for improvements (reported in Section 9).

Section 11 contains a summary of the overall findings of the report as well as outlining limitations and opportunities for future research. The appendices include details of the quantitative analysis undertaken, the survival analysis scenarios, and offender data calculations.

2 Method

The evaluation comprises a process evaluation to determine the effectiveness of the Program, an outcomes evaluation to determine the longitudinal impact of the Program, and a cost-effectiveness analysis. The research uses a mixed methods approach; a combination of qualitative interviews with clients and stakeholders and quantitative analysis using program data.

2.1 Qualitative research

Qualitative research was conducted in two waves (summarised in Table 1). In Round 1, researchers interviewed managers from service providers (referred to from here on as "service providers"), support workers (located within service provider organisations) who case managed clients (referred to from here on as "support workers"), clients of the Program, a comparison group of non-clients of the Program, and family members of Program clients. No family members of non-clients were available to be interviewed. Non-clients were individuals who exited custody before the Program was instituted, or who had not yet exited custody. Some of these clients had returned to custody in the intervening period. In Round 2, the researchers interviewed clients of the Program who had been interviewed in Round 1, clients who had not been interviewed before, and 4 Throughcare Unit staff members (referred to from here on as "staff members"). No non-clients, or family members of clients were available to be interviewed in Round 2.

Table 1 Summary of research participants interviewed

Type of data collection	Clients	Non-clients	Client family	Support workers	Service providers	Staff	Total
Round 1	21	3	2	9	7		42
Round 2	10	0	0	0	0	4	14
Total	31	3	2	9	7	4	56

Note: The research participants included people from a range of cultural backgrounds, including Aboriginal and Torres Strait Islanders. For ethics reasons, we do not report on the number of participants who identify as Aboriginal or Torres Strait Islanders or who are from a culturally and linguistically diverse background. No non-client family members were interviewed and this is therefore not reported.

Table 2 Sex of clients interviewed

	Male	Female
Clients	24	7
Non-clients	3	0

Note: Non-clients are research participants who would have been eligible for the Program but had not taken it up either due to choice or timing (prior to it being available).

Interviews with all clients and non-clients were wherever possible carried out face-to-face. Interviews with service providers and support workers were carried out face-to-face and by telephone.

Interviews with clients focused on individual outcomes of the Program and on experiences with the process of receiving support. This included how long they had received support, what sort of support and services they had received, whether the support met their needs, and what impact this had in terms of:

- achieving or maintaining sustainable housing

- improving mental and physical health (including any impact on drug use)

- decreasing the likelihood of reoffending

- increasing capacity to live independently, participate in community life and increase confidence

- increasing quality of life.

Interview data were analysed thematically against the evaluation questions and the objectives of the Program. Thematic analysis involved analysing the data against the themes determined by the evaluation questions. This includes overall experience with the Program and outcomes such as community integration, social outcomes, health outcomes, access to accommodation, likelihood of reoffending, and capacity to live independently. This process also allowed other themes to emerge from the data provided by research participants.

Three case studies were developed of individual clients where it was possible to interview the client and one or more of their support workers or family members. This enabled a comprehensive picture of the individual and their situation to be formed and the nature of their experiences.

2.2 Quantitative data analysis

The quantitative components of the evaluation include analysis of de-identified ACTCS administrative and offender system data for all clients before, during and after their participation in the Program. The custodial data are also integrated with program funding and cost data from ACTCS financial systems to examine the program costs in the context of the evaluation outcomes.

A time series framework was developed, based on release date, to align case management, support services, outcomes and program cost for the evaluation study group. A corresponding time series structure was also established for the control group and before and after study comparison groups based on individual release dates for the 3-year period prior to commencement of the Program. Program funding

and cost data were integrated to the time series framework to align with Program support and client outcomes as described in Section 2.3.

The quantitative data study period covers all available datasets from the first client intake in June 2013 to the second round of longitudinal interviews in June 2016. This provided up to 3 years of data for the study group as well as a corresponding 3 years for the control group and paired before and after study groups as presented in

Figure 1.

Figure 1 Extended Throughcare Evaluation – Data and funding timeframes
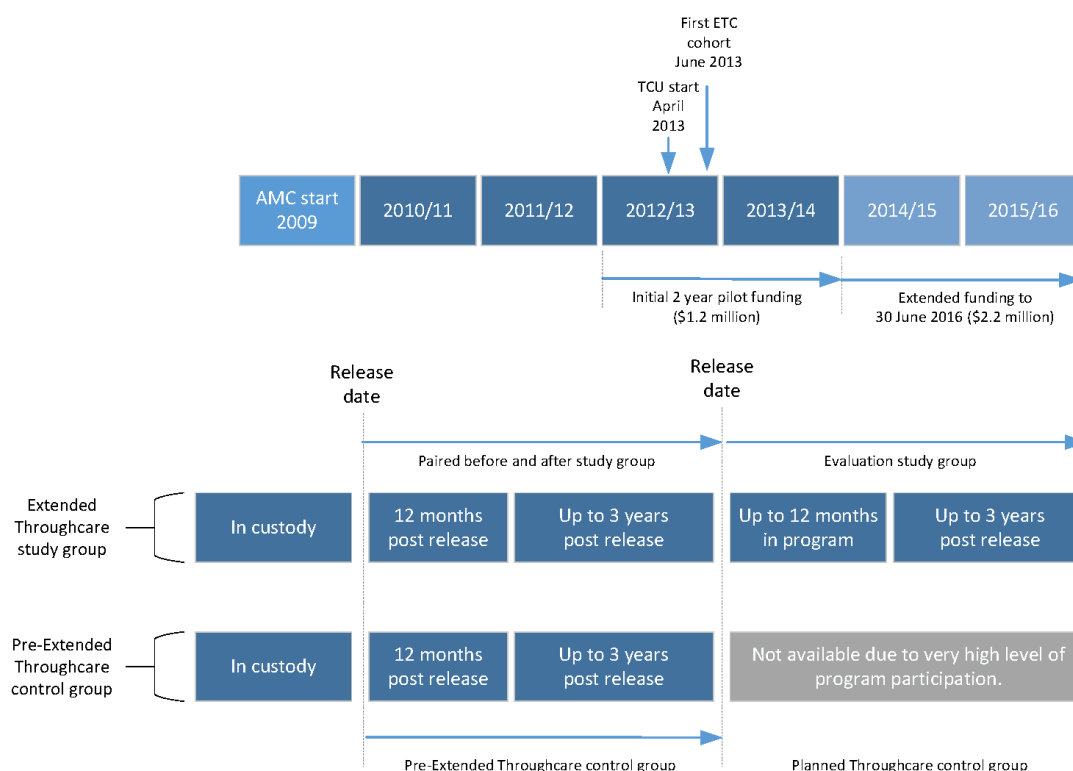
Note: TCU = Throughcare Unit, ETC = Extended Throughcare, AMC = Alexander Maconochie Centre
All groups have pre-release Throughcare.

Sections 2.2.1 to 2.2.5 provide a summary of the quantitative methods; further details are provided in Appendix A .

2.2.1 Study populations

Study group

The quantitative data were provided by ACTCS, sourced from custodial and offender records, as well as program funding from the corporate finance system. Program clients were identified by unique person identification codes and all related content was extracted from multiple offender subsystems. For the Program study

group the evaluation period starts in April 2013, when the Program commenced, and with the first cohort of participants in June 2013.

From the identification of Program clients provided in source datasets, the preliminary data preparation included multiple scenarios to derive entry date into the Program. This was necessary as the Program entry date is not recorded in the offender data and clients generally have multiple custodial records, preliminary administrative records and release dates. The source datasets are presented in Appendix A including client sample sizes for each.

Control and comparison groups

As the Program is voluntary, the intention was to form a control group of people who did not want to use the Program. However, given the high uptake, a control group could not be established (shaded grey in Figure 1 above) and alternative control and comparison groups were created to provide supplementary data to examine client and control group baseline characteristics.

- An **alternative control group** (n=314) comprised of separate individuals who did not access the Program but who were in custody in the 3-year period prior to the commencement of Extended Throughcare.

- A **paired before and after comparison group** (n=271) based on the study group individuals, using custodial records available for the 3-year period prior to the commencement of Extended Throughcare.

The use of data from the 3-year period from 2010 to 2013, prior to when the Program commenced, introduces sources of variation into the comparison. This includes differences in baseline characteristics of the separate control group and the economic (e.g. employment) and social (e.g. social supports and housing) context into which they are released.

2.2.2 Program data

Initial client program data were recorded using spreadsheet templates which transitioned into the Case Management Record (CMR) portal from early 2015. This data includes demographics, client assessment, case management development, support services, as well as a range of items including housing, self-reported health categories, and program participation such as drug and alcohol support.

The program data reflect the individual character of Program support and is predominantly recorded as detailed client case notes. A sample of deidentified case note records were reviewed for context; however, the effort required for deidentification, including hand written content, was not feasible to collate for a larger sample of clients. The program data do not include defined data items for

quantitative analysis, such as the date and type of specific support services received.

For these reasons the demographic, offence and client assessment data were extracted from the custodial systems and developed into the evaluation master dataset as presented in Appendix A

2.2.3 Custodial and offender data

The ACTCS Joint Offender Information System Tasmania (JOIST) provided the primary custodial and offender data. The data extracts for the study and control groups were developed by ACTCS data managers and include imprisonment orders and history, parole breaches and other custodial contact including bail release, periodic detention and remand episodes. This was used to develop derived summary figures for previous numbers of prison episodes for post-release comparison. Files were linked for analysis by unique client personal identification (PID) codes.

Further details of data sources and preliminary preparation are provided in Appendix A including the development of scenarios to validate variations in classification, length of custodial episodes, and release date baselines. Additionally, a range of dataset derived content and calculations were developed, including durations in custody and between custodial episodes, to provide baseline measures for relative reoffending timing and duration. The derived content and calculations are provided in Appendix C. Similar content was replicated across the study group and comparison group datasets.

LSI-R scores

The Level of Service Inventory – Revised (LSI-R) is an established assessment instrument developed in Canada and designed to assess the risks and needs of offenders. The instrument has been widely used by ACTCS for several years and provides a validated predictive indicator of recidivism, with an established correlation between LSI-R scores and recidivism.[6] However, we note the recent Canadian Federal Court decision (*Ewert v Canada*) in which the court found that some aspects of actuarial risk assessments (these did not include the LSI-R) might not be suitable for Indigenous persons.[7]

LSI-R scores were grouped in the time series framework for the study and control groups based on derived release date baselines. This provided distinction between

---

[6] Vose B, Smith P, Cullen F; Predictive Validity and the impact of change in total LSI-R Score on Recidivism, Criminal Justice and Behaviour, Vol 40, No 12, December 2013.
[7] Shepherd, SM & Lewis-Fernandez R; Forensic Risk Assessment and Cultural Diversity: Contemporary Challenges and Future Directions, Psychology, Public Policy, and Law 2016, Vol. 22, No. 4, 427–438

LSI-R assessment prior to release, separate to other scores recorded in earlier years or post-release. Most of the study and control group individuals have multiple LSI-R points identified with the date the assessment was undertaken.

From the raw LSI-R scores available in the JOIST data, LSI-R groups were developed based on established categories of low to high risk of reoffending and the associated approximate chance of recidivism, Table 3.[8]

Table 3 LSI-R groups and risk of recidivism

	LSI-R Range	Risk of recidivism	Chance of recidivism
1	LSI-R 0 to 13	Low	~11.7%
2	LSI-R 14 to 23	Low/Moderate	~31.1%
3	LSI-R 24 to 33	Moderate	~48.1%
4	LSI-R 34 to 40	Medium/High	~57.3%
5	LSI-R 41 to 47	High	~76.0%

2.2.4 Program funding and cost data

Program financial data are processed through the Oracle corporate finance system and was extracted for the full study period from commencement to 30 June 2016. The cost datasets included detailed transaction level records reported monthly across several management reporting categories. This provided the basis to integrate program cost with the quantitative analysis.

Separate finance data were also provided for the Program budget across each year, as well as supplementary detail on brokerage costs which are a significant cost component in the budget.

2.2.5 Program outcomes and benefits

The overarching primary outcome for the evaluation is avoiding and delaying return to custody and this has been examined in multiple contexts. The initial measure examines relative returns to custody for each individual, assessed as time to event survival analysis. Returns to custody are then also examined in the context of relative frequency of previous and repeat offences for comparison during and after participation in the Program. This provided a derived baseline to examine program outcomes relative to prior custodial patterns as an indicator of potential progress to longer-term, stable community re-integration.

In the broader context, client outcomes identified during the qualitative component of this research form the basis for assessing outcomes across a comprehensive range of areas, including post-release accommodation, employment, training and education, as well as health related outcomes such as mental and physical health,

---

[8] Andrews A, Bonta J, LSI-R: The Level of Service Inventory – Revised, Multi-Health Systems, Canada, 1995.

drug and alcohol use, and wider community engagement. Collectively, this range of outcomes reflects the coordinated wrap-around character of the Program, supporting successful reintegration into the community and the corresponding reduction in recidivism.

Survival analysis

The evaluation presents the characteristic issue of data right censoring, where post-Program participants may return to custody at some point although this is unknown at the time the evaluation was conducted.

The quantitative components of the evaluation include duration (survival) analytic techniques to assess the cumulative event free duration post-release date for both the study and control groups. The duration analysis provides articulation of time to event, where the event is defined as post-release reoffending or return to custody. The survival analysis examines cumulative event free periods for the Program study group, the control group, and the before and after paired study group.

Additional survival analyses were also undertaken across primary sub groups, including LSI-R groups, to examine Program outcomes in the context of the baseline characteristics of each cohort. Each comparative group were developed into Kaplan-Meier survival estimates in the number of weeks post-release.

2.3 Program cost-effectiveness

The per capita costs associated with incarceration are substantial. In the ACT, the net operating cost is estimated to be in the order of $100,000 per prisoner per year, with prison capital costs comprising a further $50,000 per prisoner per year.[9] Additionally, a range of related repeat offender costs are also significant, including police, criminal justice and emergency services. There are also potentially significant direct and indirect welfare costs associated with people with complex support needs who have established patterns of returning to prison.[10]

In this context, the Productivity Commission (2015) has reported on the importance of program interventions aimed to reduce the risk of re-offending, given the relatively high proportion of individuals in prison who have previously been incarcerated. In this context, the evaluation examines the Program in terms of continuing increases in the ACT prison population and the potential substantial capital expenditure that would be required should additional facilities need to be developed.

---

[9] Productivity Commission, The annual Report on Government Services (RoGS), Corrective services chapter 8, February 2015. Table 8A.7, Net recurrent expenditure, per prisoner and offender, per day 2013-14, for ACT secure prison facility.
10 Baldry, E., Dowse, L., McCausland, R. and Clarence, M. 2012 Lifecourse institutional costs of homelessness for vulnerable groups Report for FaHCSIA funded by FaHCSIA Homelessness study grant pp1-122 ISBN 978-0-9873593-1-5 http://www.mhdcd.unsw.edu.au/mhdcd-projects-studies.html

The economic evaluation component therefore examined the costs and benefits of the Program in the context of the substantial costs of incarceration and the corresponding cost offsets resulting from the Program through avoiding or delaying reoffending and returning to prison.

2.3.1 Program costs and benefits

Program funding and financial data were examined across respective program components and timeframes. This included the cost of establishment and the ongoing increase in participant numbers during the initial implementation and development phase. The operational costs were examined in the context of client numbers and the related costs of brokerage and support service delivery.

The program costs, including for brokerage and support services, have been aligned with derived program data and integrated with custodial and post-Program outcomes in the developed time series framework.

2.3.2 Cost-effectiveness analysis

In line with the Program's primary objective, the cost-effectiveness is viewed in terms of successful reintegration into the community and the corresponding reduction in reoffending. In this overarching context, the Program economic evaluation has been developed based on the primary recidivism outcome from the perspective of ACTCS as the lead agency.

Data for a range of other potential outcomes, including physical and mental health, drug and alcohol dependency, community reengagement, employment and ongoing accommodation stability, were not available for the evaluation and these components have been assessed using qualitative data. Similarly, linked secondary data were not available for the range of potential community costs resulting from reoffending, including contacts through police, courts and justice systems, or broader corresponding costs to victims. These potential wider social costs and benefits, while not an explicit component of the cost-effectiveness modelling, have been incorporated into the cost-effectiveness estimates based on prior research to examine the potential further benefits and offsets resulting from the Program.

2.3.3 Cost-effectiveness model projections

The economic benefits from this Program potentially lead to cost savings beyond the study period. To examine cost-effectiveness in the longer-term, results have been extrapolated in a basic cost-effectiveness model over an extended 3-year timeframe to investigate the ongoing returns that may result from the predominantly upfront investment in the Program.

Where sufficient subgroup data have been available, the cost-effectiveness also examines changed pathways in the context of high rates of historical reoffending and the related cost benefit trajectories resulting from breaking the cycle for multiple repeat offenders.

2.4 Limitations to method

As with all evaluations, a number of limitations exist. In relation to the quantitative analysis, the main limitation, as described above, results from the high Program uptake and the resulting low number of non-Program participants to form a sufficient control group. The evaluators developed a number of scenarios and assumptions to enable comparisons to be made. Throughout the data analysis and economic integration, conservative assumptions have been used to establish base case figures that are then supplemented with scenario analyses.

Further limitations for the quantitative and economic components relate to the custodial data, including variation in custodial episode dates and classifications. There were no separate program data available to verify specific program entry dates or other specific support services received, and data linkage with secondary data sources was not available to the evaluation. Content related to accommodation, health, income or community connections are self-reported in the qualitative data, with limited supplementary details examined through a deidentified sample of client case notes. Client interview participants were to some extent purposely sampled in order to talk to a range of clients in relation to gender, age, cultural diversity, number of returns to custody, and length of time spent in custody.

Finally, there are a range of methods used to define recidivism related to recognition of returning to custody in the context of unknown future events such as being charged, arrested, returned to custody, bailed, and ongoing appeal processes. The optimal method will reflect assessment timeframe and post-release durations, as well as dataset detail and quality. The analysis in this evaluation has used available data reported through the JOIST offender systems, with a focus on return to custody episodes. For this reason, recidivism figures developed are presented as indicative but are not directly comparable with Commonwealth recidivism reporting through ABS and RoGS publications. Further details on limitations to the method are provided in Appendix A

3 Client profiles and service delivery

This section provides demographic details for all Program clients and control group individuals. It also presents program development and client uptake since the establishment phase, as well as client profiles across a history of custodial episodes and baseline characteristics using LSI-R scores and level of supervision upon release.

As described in the method section, the initial target for a control group was recently released individuals who may have chosen not to take part in the Program, given that participation is completely voluntary. This target group did, however, not provide sufficient non-clients due to the very high uptake of the Program.

The alternative control group established for the analysis is based on individuals released from custody in the 3 years prior to the Program commencing in June 2013. The use of an alternative timeframe for analysis introduces an additional source of variation between study and control group individuals. Variations include the availability of alternative programs upon exit, and different economic (e.g. employment) and social (e.g. social supports and programs) circumstances.

In summary, the study group includes all available Extended Throughcare clients for the study period 2013 to 2016; the control and paired study comparison groups are both based on the same evaluation source datasets for the period 2010 to 2013:

- Study group   (all Program clients 2013-2016)
- Control group   (sample of non-clients 2010-2013)
- Paired study group   (paired client study group 2010-2013)

Figures are provided for each group in the following sections, as summarised in Table 4 below. The **study group** includes all clients with the exclusion of 71 clients for whom custodial episode records were below 30 days (n=616). The **control group** similarly includes a sample of non-clients with custodial release episodes during the prior 3-year control period (n=314). The **paired before and after study group** is based on a subset of clients that held suitable retrospective custodial data during the prior 3-year control period (n=271).

The study group and related paired subgroup are predominantly sentenced with a relatively small group of female clients on remand who are eligible for the Program (n=10, 1.6%). The control group has a slightly higher proportion of individuals on remand (n=11, 3.5%) although the group also has predominately sentenced offenders.

Table 4 Total study and control sub groups

	Study group		Control group		Paired study group	
	n	%	n	%	n	%
Sentenced	606	98.4	303	96.5	270	99.6
Remand	10	1.6	11	3.5	1	0.4
Total	616	100.0	314	100.0	271	100.0

Source: JOIST offender information systems

3.1 Demographics

This section presents demographic baseline characteristics across each study and control population.

3.1.1 Age and sex

Overall, a substantially higher proportion of clients are male (86.5%, n=533) than female (13.5%, n=83). Reflecting the custodial population, the control group also has a similar high proportion of males (87.9%, n=276) to females (12.1%, n=38). The higher level of males is consistent across all Program age bands for both the study and control groups as presented in Figure 2. This reflects the broader ACT proportion of the prison population by sex, with 94% of the resident population reported to be male as at 30 June 2016.[11]

Program clients and control group individuals are relatively normally distributed across age bands, with the exception of a relatively high number of study group males in the 25 to 34 age band. The average age at release is relatively similar for the study and control group: 33.8 years for the study group and 33.1 years for the control group Table 5). The paired study group, being based on study group individuals over the prior 3-year period, is reflected in a mean age at release of approximately 3 years lower.

Table 5 Study and control sub groups by sex

Sex	Study group		Control group		Paired study group	
	n	%	n	%	n	%
Male	533	86.5	276	87.9	241	88.9
Female	83	13.5	38	12.1	30	11.1
Total	616	100.0	362	100.0	272	100.0
Mean age at release	33.8 years		33.1 years		30.4 years	

Source: JOIST offender information systems

Figure 2 Program client age and sex
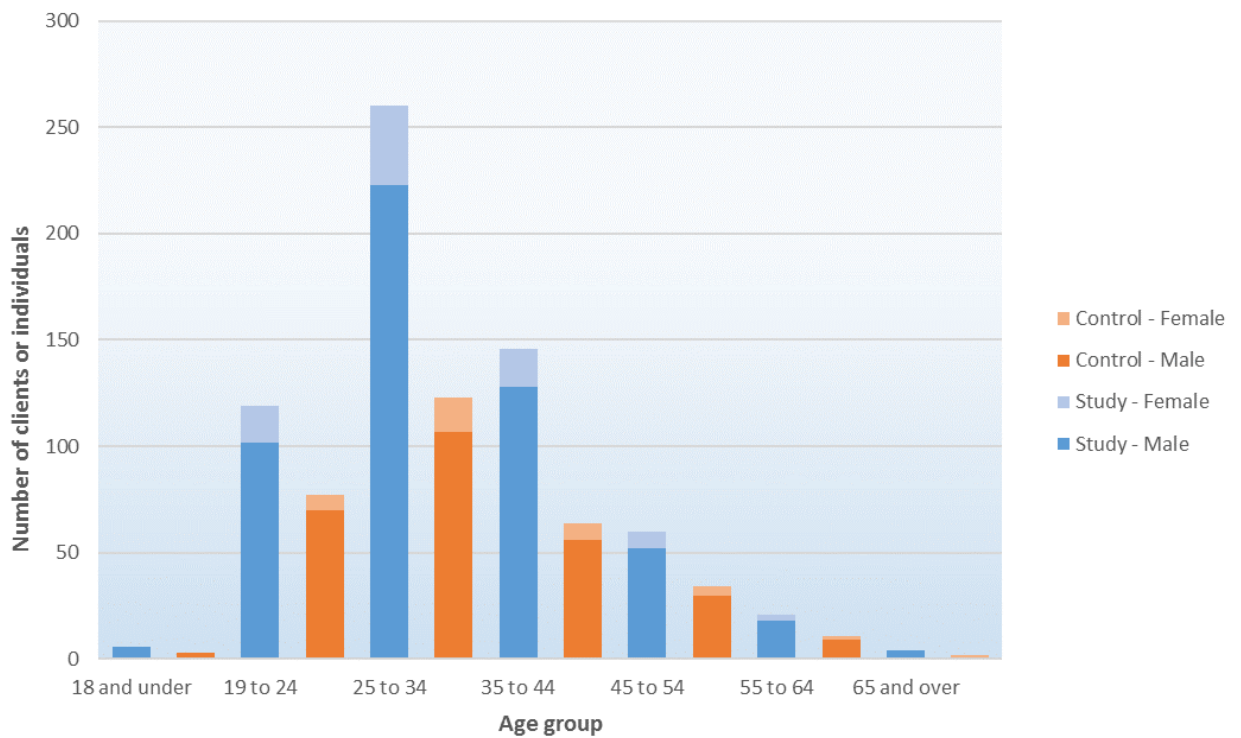
Source: JOIST offender information systems

3.1.2 Country of origin

Demographic profiles in Australia commonly include established definitions of culturally and linguistically diverse (CALD) populations; however, the JOIST datasets do not include CALD classification. The only related data item available is country of origin as presented in Table 6. The majority of each group identified as Australian, 79.9% (n=492) of the study group and 82.5% (n=259) of the control group. Relatively small proportions of the study group are identified as being from New Zealand (2.1%, n=13), Vietnam (1.8%, n=11) and Sudan (1.6%, n=10). Individuals from other countries, who represented less than 1% of the study group, are grouped together as 'other'.

Table 6 Study and control groups by country of origin

Country of origin	Study group		Control group		Paired study group	
	n	%	n	%	n	%
Australia	492	79.9	259	82.5	234	86.4
Unknown	39	6.3	8	2.5	6	2.2
New Zealand	13	2.1	6	1.9	5	1.9
Vietnam	11	1.8	4	1.3	0	0.0
Sudan	10	1.6	2	0.6	4	1.4
Other	51	8.4	35	11.2	22	8.1
Total	616	100.0	314	100.0	271	100.0

Source: JOIST offender information systems

3.2 Program establishment

Program planning and development commenced in April 2013 with the first intake of clients taking place in June 2013. As described in the introductory sections of this report, the Program has achieved very high uptake despite participation being voluntary.

The intake of clients since the Program commenced was consistent and sustained with no notable decline in participants over the 3-year study period. As presented in Figure 3, approximately 17 new clients entered the Program per month (shown as grey bars) with as high as 29 in some months. The total number of cumulative clients increased consistently from Program commencement to a total of 616 clients at the end of the study period in June 2016 (solid blue line). In addition to clients released from sentenced custody, the Program is accessible for women being held on remand. This comprised relatively small numbers as indicated by the gap between the total cumulative clients and the total sentenced clients (dotted blue line).

There may be minor variation in client intake figures due to treatment of release dates recorded in the offender datasets and the related assumptions about timing of Program entry. For this reason, client intake numbers may have been slightly higher in some months. This reflects the overall conservative approach taken across the quantitative analysis and related economic assessment, as presented in Section 10.

Figure 3 Program development
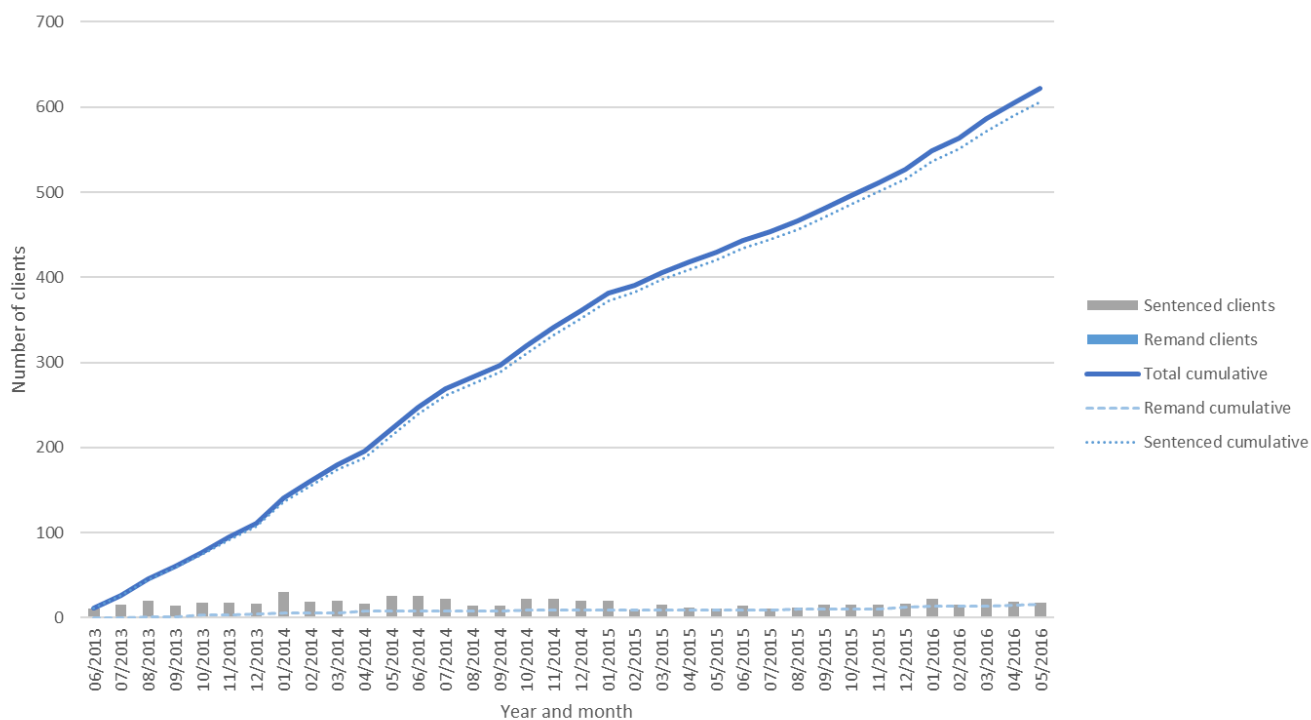
Source: JOIST offender information systems, n=616

3.3 Client custody history

It is well recognised that the ACT prison population, as for other Australian jurisdictions, includes a high proportion of repeat offenders. Targeting the underlying issues that may be causing returning to custody is an implicit component of the Program. In this context, Table 7 provides figures of client and control group custodial history as the number of prior custodial episodes. First time offenders are shown as zero prior episodes; 34.1% (n=210) of the Program study group identified as being in prison for the first time. This equates to 65.9% of clients being repeat offenders, with a declining proportion having progressively higher numbers of prior returns to prison. Of clients identified as repeat offenders, about one-fifth have returned to custody multiple times with several prior custodial episodes.

The control group includes a slightly lower proportion of first time offenders (31.2%, n=98). Beyond first time offenders, the control group reflects a consistent distribution of number of prior episodes across the number of repeat offences. The paired study group by definition includes those who have been in custody during the prior 3-year period. This is reflected in the relatively lower proportion of first time offenders and progressively higher numbers of repeat custodial episodes.

Table 7 Study and control groups by number of custodial episodes

Number of prior episodes	Study group		Control group		Paired study group	
	n	%	n	%	n	%
0	210	34.1	98	31.2	63	23.2
1	76	12.3	52	16.6	19	7.0
2	57	9.3	32	10.2	17	6.3
3	48	7.8	17	5.4	14	5.2
4	35	5.7	26	8.3	20	7.4
5	26	4.2	11	3.5	18	6.6
6	27	4.4	17	5.4	17	6.3
7	24	3.9	7	2.2	16	5.9
8	25	4.1	10	3.2	13	4.8
9	15	2.4	9	2.9	8	3.0
10	11	1.8	11	3.5	6	2.2
over 10	62	10.1	24	7.6	60	22.1
Total	616	100.0	314	100.0	271	100.0

Source: JOIST offender information systems

3.4 LSI-R profiles

As described in the method section, the Level of Service Inventory Revised (LSI-R) assessment instrument provides a score associated with the level of risk and support need, and the estimated chance of recidivism. The LSI-R scores for the study and control individuals have been grouped for each Program entry point or corresponding release baseline for the groups. The scores have also been separated to identify LSI-R assessment scores for dates within the 6-months prior to baseline. This is because the custodial datasets provided multiple LSI-R scores for the majority of individuals over a number of years. The scores were then grouped in the ranges described in the method section (Table 3), with Group 1 being the lowest risk and Group 5 being the highest risk of returning to custody.

The LSI-R groups provide an important stratification of the study and comparison groups in terms of the relative effectiveness of the Program. This is significant as preventing return to custody for higher risk individuals is likely to reflect a progressively more significant program outcome. In this context, the Program study group includes a substantially higher proportion of clients in the higher risk sub groups, as presented in Table 8.

Clients in the highest risk 'high' group make up 18.4% (n=76) of the study group, compared to 7.0% (n=16) of the control group. A similarly higher proportion of the study group, 30.7% (n=127), is identified within the second highest risk 'medium/high' group, with 19.7% (n=45) in the control group. The moderate risk group is then relatively similar for each group. The control group comprises a substantially higher proportion of lower risk individuals.

Table 8 Study and control groups by LSI-R group

LSI-R group	Study group n	Study group %	Control group n	Control group %	Paired study group n	Paired study group %
High	76	18.4	16	7.0	42	17.1
Medium/High	127	30.7	45	19.7	76	31.0
Moderate	137	33.1	78	34.1	90	36.7
Low/Moderate	52	12.6	62	27.1	29	11.8
Low	22	5.3	28	12.2	8	3.3
Total	414	100.0	229	100.0	245	100.0

Source: JOIST offender information systems

3.5 Indigenous clients

In the ACT, as at 30 June 2016, Aboriginal and Torres Strait Islanders represented 23.8% of the adult prisoner population.[12] Reflecting National figures, the ACT Indigenous prison population rate per 100,000 is substantially higher than the non-Indigenous population, with the Aboriginal and Torres Strait Islander age standardised imprisonment rate 18 times the non-Indigenous equivalent rate (1,904 prisoners per 100,000 Aboriginal and Torres Strait Islander adult population, compared to 108 prisoners per 100,000 adult non-Indigenous population).[13]

The Program study and control groups comprised similar high proportions of Aboriginal and Torres Strait Islanders, which although below the wider ACT figures, were relatively high, representing 20.1% (n=124) of the study group and 16.2% (n=51) of the control group, see Table 9.

Table 9 Study and control groups by Indigenous status

Indigenous status	Study group n	Study group %	Control group n	Control group %	Paired study group n	Paired study group %
Non-Indigenous	481	78.1	261	83.1	206	76.0
Aboriginal	124	20.1	51	16.2	63	23.2
Torres Strait Islander	2	0.3	1	0.3	1	0.4
Both	3	0.5	1	0.3	1	0.4
Unknown/Not Stated	6	1.0		0.0		0.0
Total	616	100.0	314	100.0	271	100.0

Source: JOIST offender information systems

Notably the proportion of Indigenous women in the study group was particularly high, comprising 25.3% of all female Program clients. This reflects particular program access and targeting for Indigenous population returning to the community. The male proportion of Indigenous clients was also relatively high at 20.3% of the

---

[12] Australian Bureau of Statistics, 4517.0 - Prisoners in Australia, Aboriginal and Torres Strait Islander Prisoners, 2016 Australian Capital Territory, Snapshot at 30 June, 2016.
[13] Op. Cit.

study group, reflecting a relatively high uptake of the Program for Indigenous clients compared to the control group, with 17.0% of males and 15.8% of females (see Table 10). From a broader National perspective, Aboriginal women represent a higher proportion of all women prisoners than their comparative male Aboriginal group with 34.3% versus 26.7% respectively.[14] In the ACT, the Aboriginal proportions are comparatively similar at 22.6% for women versus 22.8% for men. In this context, the high proportion of Indigenous women in the study group is above the ACT average and not only a reflection of the wider Australian Indigenous prison population.

Table 10 Study and control groups, by Indigenous status and sex

	Study (n)			Control (n)		
	Male	Female	Total	Male	Female	Total
Non-Indigenous	420	61	481	229	32	261
Indigenous	108	21	129	47	6	53
Percentage of Indigenous clients	20.3%	25.3%	20.9%	17.0%	15.8%	16.9%

Source: JOIST offender information systems

---

[14] Op. Cit. Table 20. Note: Slight difference to total ACT figures due to rounding.

4 Client experiences using the Program

This section describes clients' understanding of the Program (supplemented with data from stakeholder interviews where relevant), their different experiences of using the Program, and whether overall the Program met their needs. This helps to understand the impact the Program has beyond an offender's period in custody as they transition into the community as well as the effectiveness of the service delivery model. Section 6 examines particular outcomes of the Program.

Many clients were unaware if particular support was provided directly by the Program or by external service providers, leading some to believe that it was service providers rather than "Extended Throughcare" that had supported them.

Clients detailed two types of support that they had received through the Program: material and non-material support (including advocacy). Most clients felt that the Program had met their needs well, with several attributing this to the trust they had developed with Program staff.

4.1 Understanding of the Program

Participants were asked to give a brief description of their experience with the Program and/or the Throughcare Unit, including how many times they had used the Program, how long they had used the Program, and the type of supports and services they had received, either directly through the Program or through other service providers that had been engaged by the Throughcare Unit.

The type of support that clients receive can be divided into two forms – material and non-material support. Non-material support encompasses a range of assistance delivered by external service providers or the Program staff, including counselling, medical support, courses, advice and advocacy.

It is important to note here that many clients were unaware if particular support was provided directly by the Program or external service providers, and what the Program known as "Extended Throughcare" actually consisted of. In other words, many clients were under the impression that the "Extended Throughcare" Program only consisted of the support provided directly by the Program staff members and were unaware that support provided by external service providers that had been engaged through the Throughcare Unit was also in fact part of the Program. At times, this negatively coloured the responses of some participants if they were under the impression that the Program (i.e. just the Program staff members) had not done a great deal to assist them. As such, the researchers asked participants to speak broadly about their experience by using general terms such as "support", "all support" or "support services", instead of simply referring to "Extended Throughcare", in an effort to overcome any confusion about who exactly was providing what services. In a minority of cases, this may have had the effect of

misattributing the support to the Throughcare Unit; for example, if it had been provided through Probation and Parole or another external organisation without the involvement of the Throughcare Unit. However, this would only apply to a handful of cases and is not considered significant enough to skew the results.

The quote below reflects the confusion that some participants felt with regard to the role of the Throughcare Unit versus external service providers. The Throughcare Unit in fact facilitated this participant's support through the external service provider but the participant was unaware that this had been the case.

> So I met with Throughcare a few times on the inside and they made big promises, then since getting out I've received two or three phone calls from them, so I haven't had much contact with them at all. They said they'd get me a job, they'd arrange housing, accommodation, furnishing… but they palmed it off to other organisations. It was weird – they made all these big claims and facilitated me getting the government housing, which was great, that kinda meets my needs, but then everything else, because I was already linked in to [service provider], Throughcare left things for them to organise.

4.2 Different experiences with the Program

The participants that we spoke to had generally used the Program once, with a handful having used it on multiple occasions. Participants had used or had been using the service for as short as a month or, in one case, for as long as 18 months. Most participants were still using the service while a minority had concluded their support period.

The first post-release contact most ex-offenders have with the Program is when a staff member of their lead service provider meets them at the AMC when they are released. At this point, the support worker will typically give them a "care package" containing essential items such as food and clothing. If necessary, the support worker will also assist them with immediate needs such as engaging with Centrelink or the Road Transport Authority, shopping for clothes, food or household goods.

> They come and pick me up from jail, bought me a mobile phone, new clothes, took me to Centrelink, then dropped me at the rehab with a couple of hundred dollars and a few Essentials cards.

The Program partners with a wide range of organisations to deliver services to clients. Interview participants detailed the range of partners they had accessed for support. These services work primarily in the areas of housing and accommodation, drug and alcohol counselling and rehabilitation, mental health support, and general community services. However, some clients had also received support with more specific needs such as financial counselling, driving lessons, parenting courses and social engagement.

A primary role of the Program and service provider staff is to help clients deal with government agencies and other services by advocating, negotiating or

communicating on the clients' behalf. This assistance may be in the form of dealing with customer service representatives or making appointments, as well as helping the client to attend appointments, pay bills or simply to understand what each service could offer them. Participants mentioned that this type of assistance was particularly helpful in dealing with Centrelink and Housing ACT (HACT).

> It does meet my needs a lot when it comes to having someone to follow up on the housing applications, because Housing will just sweep me under the rug but if it's someone with a bit of a background and a bit of status then Housing knows they have to explain what's going on and why they haven't done anything yet.

> Before getting out this time, I didn't know how to open a bank account, go grocery shopping, learn to live a normal life.

A support worker from an Aboriginal-specific service provider explained how important this advocacy could be for Indigenous clients, as well as his approach to assisting these clients.

> A lot of the mob coming out of prison have lost a lot of the life skills and don't know how to communicate with government officials. They don't have prolonged interaction with people like that. I like to do a 3-step approach, where I do the majority of the talking first, then second time I'll let the person speak more for themselves, third time let them lead and do all the talking. I also like to have that one consistent person every time at the organisations to talk to every time.

The Program also allocates funding to clients to buy necessary goods such as food, clothing and household items. Interview participants detailed the range of items they had bought with this funding, which included such disparate items as paint, vet bills, whitegoods, bedding, a printer, television and curtains.

Finally, several interview participants mentioned the value of simply being able to talk to the Throughcare Unit and service providers when they needed to.

> They helped me with furniture, bed, food…which is all good and well but when it came to me being down and out I couldn't talk to anyone and tell them I feel like shit. And it took me a while to be able to do that, and I rang [Service Provider staff member] and we'd catch up and have a coffee, and I thought "this guy's fair dinkum, he actually cares".

4.3 Meeting needs

Participants generally felt that the support they had received through the Program had met their needs well. Participants with positive experiences of the Program described it as "fantastic", "awesome", "a major help", and "really beneficial". These participants were particularly happy to have received food and clothing vouchers, bus tickets and household items.

It's most useful in the first couple of months after release to find your bearings. Especially if people don't have family to help them. It's good in assisting with that. For some people it's easy – they have a house or family to go back to, but some have to start from scratch.

Excellent, 10/10. Everything that I've needed help with, they've given me the help with, especially the Throughcare Unit. They've done everything they could to help me out. They did the housing, food vouchers, mattresses etc. Everything is pretty expensive and you have to fill a house straight away.

For several participants, the most import facet of the support they had received was the trust they established with Throughcare Unit and other service provider staff members. Ex-offenders often find it challenging to find people on whom they can rely or safely turn to for support (Baldry & Borzycki 2003), so it can be especially important for them psychologically and in terms of reducing the likelihood of reoffending to know that the support they receive is dependable.

It made me realise that I didn't have to be in the same lifestyle I was used to. There was a way out. And I ended up working and everything. The full on support that [Throughcare Unit staff member] was willing to do for me, made it obvious that he was there any time, and could ring him whenever. Sometimes you just need someone to trust enough to open up to, because you lose trust of yourself and everyone else. He would say to ring up if I was having any issues with anything such as bills or whatever. Anything that you're having dramas with they just tell you to let them know and they'll help or they'll find someone that can help. Which is a very good reason why I'm still out. It has a good effect to have that support, so when you are having a bad time you don't fall deeper into your hole. That was always the risk, that door was always opening and closing.

[Service provider] basically stepped in when I called them and said they had my back, whatever you need, which was pretty potent and powerful at the time because things were going amiss. They got me basic housing. Just the support in knowing that there is something there to assist you, that psychological benefit of knowing there is something to fall back on.

Some participants did not think the support they had received had met their needs. One of these participants said that the Program had not adequately explained the range of supports that they were able to offer her.

I probably needed help to set up a whole new life and I didn't know anything about all the different services that help you – I had no idea who I was talking to at different times. Before you come out [of custody] they need to sit and talk to you about what's available.

In contrast, another client mentioned that Throughcare Unit staff had in fact been very clear with her about the type of assistance they could offer.

They were clear with me; even though I wasn't struggling with understanding the process, but they were clear and concise and I felt the support there. They'd say "if you need anything, just ring". They were more practical in like

"do you need sheets or food. You tell us what your needs are so if we can meet those needs, we will".

An Aboriginal participant felt that the Program had not met his support needs well, but attributed the blame to himself, his circumstances, and the people he had been associating with. Shame in particular played a part in his reticence to engage with the Program. Despite this, he praised Extended Throughcare as a program and for its potential to help him in the future.

> If it wasn't for [Extended Throughcare], I don't know where I'd be today. I know I made a stupid mistake picking up drugs again and I should've called for help, but that was my mistake, not asking for that help when I needed it. I can be more aware of that help in the future, that they're there not to judge but to help. I felt a lot of shame when I [started using drugs again] because I'd proved to myself inside that I wanted to get on with my life, but then when I was down and out I didn't ask for the help because I was ashamed. I want to thank the [Throughcare Unit staff] for helping me with what I needed when I got out.

One participant said that the Program had failed to support his needs because he had been accommodated post-release in what he felt was an inappropriate facility for someone such as himself who was trying to rehabilitate his drug use. His specific complaint is detailed in Section 6.1.

4.4 Experiences of leaving custody without the Program

The majority of interview participants had had one or more experiences of leaving custody without support from the Program. Participants highlighted the difference the Program had made to them:

> There's a monumental difference. They were really understanding. I dunno how many times I've been released onto the streets with nowhere to go. Usually you get kicked out with nothing but a plastic bag, we just get used to that.

> If anybody says they can do it on their own, they're full of shit. I've been in and out since the early 90s and there's no way I could've done it by myself.

Participants highlighted the problems faced when released from custody in relation to housing, social support, family, employment and likelihood of recidivism.

> I'm glad I got all this [support] – I've done 30 years of jail and this is the most help I've ever got. It's hard… you get out and you have no savings and you depend on your dole cheque. It's been a big boost. I got the house 3 weeks after coming out. The support workers are like family. This is the first time I've hung around people who have work and decent jobs and aren't dole bludgers – it makes a big difference. They're there to help us out even when we never asked.

> With no support, for instance, look at my record and how soon I'd go back in [to jail]… If it wasn't for him picking me up at the gate when I walked out I

probably wouldn't be here right now talking to you. I wouldn't have a job, money in the bank, tools, a home, wife and kids. Things are going good. But I know how things can just turn bad as well. But I'm not dwelling on that any more.

Some participants argued that Program support was crucial to preventing them from returning to their "old ways", negative environments and negative influences.

> Well leaving with the Program I was a bit scared, I didn't know what to expect. And then as it turned out, looking back on it, I had a chauffeur to take me where I needed to go. It gave me the perfect opportunity to turn my life around from that point. Without the Program I would've had my partner organise something like an old associate. And if you were into it like I was, I didn't know anyone who wasn't into crime, selling or using drugs, so I didn't want to go back into that. So having the Program there's a real life changer.

Other participants highlighted the role that the Program had played in positively affecting their drug use by providing the type of general support that can act as an alternative to drug use. These examples highlight the fact that for many ex-offenders, feelings of isolation, loneliness or a lack of alternatives leave drug use as a "default" path (Visher & Travis 2005).

> Without [the Program] you feel alone. It was a big difference because I was spun out after 8 months and I just didn't know what I was going to do. Not having it leaves you open to using or taking pills because you don't have that support. You feel really alone, even though I had friends. When there was no support it was like night and day.

> Support networks. Without that you have no one to turn to. It means you turn to drugs. That's all you have to turn to.

This point was further highlighted by the experience of a participant who had disengaged from the Program to a large extent because he had not managed to disassociate himself from drug-associated environments and people. He subsequently returned to custody.

> My downfall was that I was lying to myself that I didn't need support to keep going forward. With that support in place it helped me a lot. But the downfall is knowing people that use drugs. I had to go to Civic to do stuff but that's where all the headaches are.

An Aboriginal non-client underlined the point that ex-offenders often turn to drugs because they are beset by isolation, a shortage of support and a lack of alternative, positive options.

> I get out and I'm stuck and confused and lost and I go crazy. I hit the drugs. I don't know what to do. But I don't wanna do that. I'm just lost out there brother. It's just been shit from the second I've got out. I get home and I think fuck they should've left me there, then I get on drugs and rob someone and get money. That's how I felt. I just try to find my way. I don't wanna do that. I get out now and I'm depressed and I'm suicidal and I'm over it.

This client went on to describe in detail his experiences with being released without support, and the sort of difference he felt that support could make in his life.

> Every time I get out I've got fuck all, but I need to snap out of it and live a normal life, that's all I wanna do. I need to break that cycle. Before I get to 30 and I'm suicidal, so I have to do it now but there's no one there to help. Every time I got out of here I've never heard or seen [any support] – they've just thrown me on the street and left me there. I need someone to pick me up at the front and take me to get my ID and transport…they let me out and I've gotta walk home, I don't even have a bus voucher. I wanna make my family proud and happy. If I get support when I get out it'll be mad, everything will just fall into place. I can't do it on my own. I wanna work hard and earn money. I don't wanna go back there. I need that support. If the Program had seen me the last times I wouldn't have come back [to custody].

Several participants commented on the positive effect of the practical, material assistance that was provided by the Program, especially in terms of the initial transportation and care package.

> The Program help with everything. Getting out before it was introduced you have to go to a lot of different places to get the assistance you need instead of just one place. If you need vouchers you need to go to St Vincent De Paul or the Smith Family, but with this you can just go to one person and get everything you need. It saves a lot of running around.

Two participants were more equivocal about whether the support they had received from the Program had made a difference when they left custody, perhaps reflecting what they had become used to in the past.

> Sometimes you get support and sometimes you don't and you just battle it through. Depends on the circumstances at the time. It's nice when you've got the support but if you don't you battle through anyway. You've gotta learn to make it with what you've got or not got, so there's no point sitting back and worrying.

5 Experiences of service providers, support workers and staff

The researchers spoke to stakeholders from seven organisations that provide services on behalf of the Program. These representatives were asked about the role that their organisations had in the Program, the relationship between their organisation and the Program, and the strengths and weaknesses of the Program. This contributes to understanding both the impact the Program has on clients post-release as well as the effectiveness of the service delivery model.

Participants included representatives from services that provide men- and women-specific services, community and temporary accommodation services as well as general community services. More specifically, these organisations provided services such as counselling, advocacy, financial assistance, drug and alcohol rehabilitation, transport and housing. Some of these organisations were lead service providers who had been contracted to provide intense case management to clients in the initial 6-week post-release period, while others provided general services over the full course of the clients' engagement with the Program.

Participants described the nature of their role and their involvement with the Program. Two participants had been involved in the early development and implementation of the Program in advisory or governance positions and had continued in an oversight or liaison role. Other stakeholders worked with Program staff members in higher level oversight of the Program and clients, while others worked in more 'hands-on' roles with Program staff and case managers to directly support clients.

Stakeholders generally understood the aim of the Program as successfully reintegrating ex-offenders into the community and decreasing recidivism rates. Most stakeholders felt that the Program was meeting these aims well, highlighting the Program's flexibility and non-judgemental staff. Stakeholders mentioned the immediate post-release period, the length of the Program, encouraging clients to engage with services, and helping clients to access stable accommodation as the Program's areas of greatest impact.

Some stakeholders highlighted minor areas for improvement, including community sector collaboration and what some saw as an unsustainable number of clients.

5.1 Understanding the aims of the Program

Stakeholders were asked to describe what they saw as the overall aims of the Program. Overall, they perceived the Program aims as being successful reintegration of clients into the community and the prevention of recidivism.

There's two primary aims: just prevent people going back into jail, cut down on rates of return; but also making sure the person gets the appropriate support and intervention to get their life back on track so they don't go back into jail.

One stakeholder also cited service sector coordination as a secondary aim of the Program.

To ensure a more coordinated service sector to ensure that the outcomes for prisoners in particular domains like health, housing, jobs, and family are enhanced.

5.2 Meeting client needs

The majority of the stakeholders felt that the Program was meeting the needs of clients well.

I think it's broadly meeting clients' needs very well, somewhat better than expectations. In terms of the data we have, number of clients who have returned to custody is one measure - overall they seem to be doing very well on that. But also anecdotally, certainly a number of people have said that their experience out has been a lot better, and they've been out longer and returned for a lesser offence.

Clients are often surprised that people care. The Program has a reputation for providing upfront practical support, but longer-term those relationships that they form with workers encourages a broader social community with a positive influence. Increasingly there's a level of understanding that we're a community and that really people need to be properly supported via a community response. [ACTCS staff member]

Talking to clients about what they wanted to achieve on release was highlighted as a particular aspect of change by one stakeholder:

Detainees have had the opportunity to talk about what they want to achieve when they exit prison. They hadn't had the chance to do that before, let alone action it. They now have the opportunity to do both. So it has completely revolutionised the landscape of the AMC in that sense. Detainees are now having conversations about this stuff. Corrections are there for them and have an incredible bond with the individual offenders. Somehow there's a belief in the hearts of the detainees that if they talk to their case manager as part of the ARC program, because it's worked for others and they have sold it to them, that we'll get it done for them. [ACTCS staff member]

Two stakeholders attributed the success of the Program to the flexibility offered.

I think [they meet clients' needs] very well. I think if you look at the intensity and complexity of these clients, it's quite a mess. The average amount of sentences is about 6 [sentences] before they get to [service provider], so any level of achievement we can pull off is amazing. Flexibility and responsiveness is key – provide what is needed in that initial period to keep these guys stable. Stable housing is key to this.

Several stakeholders praised the non-judgemental nature of Program staff members.

> Also being non-judgemental is key; having staff who won't judge [clients] and put them offside, so they feel like they're just another government program checking up. … the emphasis is on keeping them stable and helping get their lives back on track.

> They feel like they're constantly judged. We may not agree with the offences, but you always look at the room for change and rehabilitation, to have a healthy life. You've got to understand that the majority of clients have layers and layers of trauma that they've never been able to address.

Three stakeholders pointed out minor concerns that they had with regard to the effectiveness of the support that the Program provided to clients. One stakeholder said that collaboration with the community sector had initially been overlooked because of pressure to address the rising prison population.

> The [initial] impression is that "we're happy to reduce the backlog in the prison and get them out into the community as soon as possible". [But] There has been a shift in the last year from a program with a lack of clarity and that tried to do everything on their own, to one that acknowledges that they do have to include all aspects of the system from police through to community organisations.

Another stakeholder praised the Program's provision of material support but cautioned that it can be poorly thought through at times.

> That material aid has been highly valuable for some, and a bit tokenistic for others – in the early days they were buying them mobiles and bus passes and food and clothing vouchers and not giving them credit on the phone, for example. They come out of prison without sufficient ID to get phone credit, so that was well meaning but not necessarily well considered. But the Program has certainly come to the party where there have been specific parolees with high needs and they have targeted the funding well – so they've moved away from the welfare model well.

Another stakeholder made the point that planning clients' support is complicated by the fact that release dates are often subject to change.

> It's complicated by the flow of information from courts and so on – there isn't always timely information and that can make it very hard to plan for a clients' needs.

One staff member was concerned that outcomes for Indigenous clients had been sub-optimal.

> I think we've had less success with Indigenous men. It seems that there is very little indigenous community based support and the levels of violence and alcohol abuse are really high in Indigenous communities.

5.3 Capacity of the Program to deliver

One support worker questioned whether clients were being adequately screened before they were accepted into the Program, and whether the quantity of referrals they had received was sustainable.

> The levels of referrals is getting unrealistic and the support can suffer. Something's got to give. Especially if they expect to hear from you every day and you are the only positive influence in their lives. If we don't do our job properly, we're setting the client up to fail. Complex needs clients need a lot of time – we don't want to end up being a "tick and flick" service. Solution? A better referral and assessment process, weeding out those taking the piss. Are the internal Program team just referring everyone who puts their hand up?

> Another problem is that the court system is now filling up the AMC so the number on orders is increasing all the time, but nobody asks in all these cases – what kind of services and organisations do we have on the ground to deal with all of that?

This support worker said that the influx of clients had created a dilemma for them.

> Your choice can be either you cover the whole range of people, meaning some don't get enough support, or focus on fewer, more needy clients.

Two staff members questioned the sustainability of the Program in the long-term under the current funding model.

> We're starting to go backwards because of insufficient staff because of the numbers coming through. So, the Program needs more resourcing if it's to continue to be effective. So either scale it down and target it or resource it up.

One staff member also wondered whether community organisations might be better placed to deliver this sort of program model.

> I think as it's grown, it's been left wanting. It's not currently sustainable with then number of exits and the funding available. It left me questioning whether or not Corrective Services should run the core elements of reintegration or whether someone else should do that. The baby's grown into a toddler and the population has grown so much that the needs of the detainee group are so much more than the government can provide, and we should seek to fund services to deliver this Program. You could outsource the Program very effectively to service providers. An NGO has a much broader, community focused context.

However, another staff member had a somewhat different take on the place of community organisations in the Program model.

> It's very difficult to match [typically complex clients] into places in the community where they feel valued and able to progress, so services aren't necessarily geared up to deal with that level of complexity or 'difficulty'. So

we helped to skill up these services to get strategies in how to support our clients. We realised we couldn't just coordinate this support, we needed our own intensive case workers as service providers would often not deal with those clients. So we added some case workers. We also help to build the capacity of community organisations. We have open communication with them, so they can feel free to for example to give a client back to us, so we share the responsibility with the community organisations, and they feel that they're not isolated.

Two staff members also felt that it could be useful to provide some sort of hard outcome targets for the Program.

Human services are really hard to quantify. Generally what gets measured is what gets done. I appreciate the organic nature that this Program has used and it hasn't been locked into KPIs, but if it's to become a core function it needs to have some KPIs. Even if they're broad, it's still provides a target and will help to focus the Program.

5.4 Areas of greatest impact

Stakeholders felt that the impacts of the Program were fairly broadly spread across different areas of people's lives. However, several stakeholders commented that the immediate post-release period was particularly important in determining the success or otherwise of clients' longer-term outcomes.

From my perspective, it's getting them set up so that when they do leave the AMC, they've got everything they need, somewhere to stay, and it's a base from which they can then plan their next steps from. They're not left wanting for any of the basic things that you need.

What used to happen on release day was they were kicked out and that was that. But now they kick them out and we'll be there waiting and take them to have a coffee, to Centrelink, get their housing sorted, start to look at jobs, and that's really vital.

One stakeholder argued that the length of the Program was a key to its success.

The fact that it's a 12 month offering – there's a sense of security for people that should they need it they can stick with the Program and have support provided to become more independent. It's a bit of a security blanket for those high risk people, especially in those early days. Especially for this cohort who are higher risk anyway.

Another stakeholder said that the greatest impact that the Program had was that it encouraged clients to engage with services.

The Program helps people connect better with services. For the women from the AMC, even though maybe not all their goals are reached, without the case management they would go back to jail sooner. So it helps them stay out longer and to try different ways of life. They might go back but every time it's a longer period than previously. Every time they engage with services it increases their chances of staying out.

While for another stakeholder, employment was the area of clients' lives in which the Program had the greatest impact.

> Employment, at least in our cohort, has been achieved at a higher rate than expected. Gaining and maintaining employment is key.

Finally, one stakeholder felt that the client having accommodation on release was crucial to achieving good outcomes. Homelessness increases the likelihood of poor outcomes post-release, for example from drug and alcohol abuse, to reoffending and even death (Baldry 2007).

5.5 Governance

This section presents stakeholders' views on the effectiveness of the Program's governance. Overall, stakeholders said that the Throughcare Unit and NGOs had coordinated effectively as a result of mutual trust, communication, and the personalities of the individuals involved. Stakeholders felt that the Program's flexibility aided service coordination between ACTCS and other service providers, but that at times, ACTCS was involved in tasks that could be better carried out by the community sector.[15]

In terms of issues with coordination, one stakeholder reported that it was not always clear who the 'senior' partner in their relationship with ACTCS was, while some support workers were concerned that their knowledge and experience was being overlooked.

Stakeholders felt that the Program's governance group was working effectively and had a good mix of representatives and stable membership, with strong links to the community sector. However, one stakeholder said that the group has some notable gaps in representation and that this might impact on program reach and appropriateness of the Program if the needs of some groups are not met.

5.5.1 Improving consistency of service provision

The researchers asked stakeholders if they felt that the Program was consistently implemented and integrated from the beginning of the client's engagement until their exit from the Program. Only 3 stakeholders offered a comment on this question. Two of these stakeholders said that there was some room for improvement in service coordination and overlap but put the onus for change on the wider sector rather than on the Throughcare Unit itself.

> It still isn't clearly connected. The Throughcare Unit themselves as an agency that provides support are doing a good job, but I'd have to say that

---

[15] For relevance, see recent report on Human Services by the Productivity Commission, available at http://www.pc.gov.au/inquiries/current/human-services.

some of the work that they do in the community can be done quite competently by community organisations. Their focus needs to be inside the system where the community doesn't have reach, rather than overlapping with community organisations in the community.

It's not seamless enough [across services]. But that's more to do with the state of the service system in the ACT than with Program itself. Health is a particular challenge. Mental health, drug and alcohol and basic physical health through GPs is hard to coordinate. But that's more about the health system than the Program.

The other stakeholder reported that the Program was doing a good job in this area, particularly in terms of the Program's flexibility.

It's pretty good – there are clear boundaries and processes of information sharing, assessment, referral, communication and exiting, and along that continuum there is an inbuilt flexibility with communication that allows grey areas – for example, if someone is faltering, there is the opportunity for the client, partners and Program staff to come up with solutions and options. Corrections in general have always been pretty flexible in general with that stuff.

5.5.2 Effective collaboration

Most stakeholders and staff members felt that government agencies and NGOs involved in the Program worked well together to support clients. Some stakeholders put this down to a mutual trust across organisations.

I think it's been absolutely amazing. I really do. Generally that's what has made the Program viable and working, that cross government-cross community sector collaboration. So it's a great model of collaboration. We don't have any houses, medical centres and so on, but we coordinate all of that for these clients, based on those good relationships. We have the coordination function, but we can also provide direct service support through our case workers.

The idea of having a lead agency that is either Program staff themselves or [one of the lead service providers] to help coordinate the rest of the service offerings is a good model and one with lots of potential. It helps develop trust and good relationships with someone, especially if things go pear-shaped.

The Throughcare unit was particularly commended about the implementation and coordination of the service.

Overall I believe it is working. That situation where new programs begin and there's a lot of ownership around that and it can be difficult to bring new agencies into play - any bureaucracy is quite concerned at risk management - but the Throughcare Unit have become more confident in working with the outside world. They've matured and become prepared to trust others to get on with the job.

I think [ACTCS has] a much stronger coordination role now. It's a very coordinated approach. All the referrals from Corrections now come through Throughcare to push through to the services. There's a point of contact with the generic Throughcare number. As the word spreads about the Program, we have more government agencies wanting to link in with us too.

Several stakeholders highlighted the role that effective communication and openness across organisations plays in ensuring good relationships, particularly at a case level.

So far it works very well because the Program staff are quite transparent and quite helpful and supportive, towards the client and towards the service provider staff as well. So in monthly meetings they really discuss individual clients, what their barriers and issues are and what works, is there any way they could improve things, et cetera, so they work very well together.

I don't know whether all of my staff would recognise how many resources are involved to get support and communications and info flows working as well as they do. Case conferences, collegial meetings, external evaluations... None of those are normally evident in federally or state funded programs in my experience. So this is good. It's regrettably rare.

Stakeholders commented that while communication was good at a program level, the agencies themselves were not always communicating well.

Generally the Program team is great with individual agencies, but agencies with each other aren't necessarily communicating as well. The key thing to the partnership is communication. It isn't down just yet but continuous communication means risk is managed and outcomes are achieved and problems are minimised. Our relationship with the Program is the benchmark in the community sector in Canberra. Everyone is very protective of their territory in Canberra, but the Program team is very holistic with its communications and is much more "sharing" than many other agencies.

Various stakeholders also pointed out the role that individual staff members and their personalities play in the collaborative process.

The key is the individuals involved. We have a good rapport with [Throughcare Unit] staff, a sense of openness, and if there's an issue let's put that on the table and work through it and see how we can make it better, so it comes down to the attitude. They make it easy.

Right now we have a great relationship with the team at the Program – very open, very supportive, trying to do the best things for the individuals. I would describe it as a collaborative relationship that continues to get better and better. We are able to sit down with them and collaborate and talk openly about how to fix things; no egos in the way, just a will to fix things.

Some services work very well with us. It's finding the right people in those organisations to work with and forming those relationships. But there is turnover of staff and if you get a new person in a role you've gotta start from scratch again.

The flexibility of the Program, and the lack of bureaucracy involved, was also highlighted as a key to the Program's success, in addition to the individuals involved.

> Given the Program's uniqueness, it works because of the personalities involved. It could be really difficult to operate well if it was highly bureaucratic. If [Throughcare Unit staff members] were all about bureaucracy and a set ways of doing things, it would be extremely difficult.

One stakeholder pointed out the challenges that can arise when it isn't clear which organisation is the senior partner in the relationship.

> There are challenges in terms of clarification of the relationship because it is quite a unique relationship in this case. We're working with them operationally on a more of an even relationship, even though there is a bit of a power dynamic sometimes. For example, [Throughcare Unit staff member] will try to give our case managers instructions where realistically that probably isn't [Throughcare Unit staff member's] role.

One support worker was keen to provide feedback to ACTCS in terms of program design, calling on their experience with implementing the Program with clients to increase the effectiveness of the model and therefore potentially improving outcomes.

> There's something of a disconnect between theory, like justice reinvestment, and the workers at the coalface. There needs to be more value put on the experiences of the frontline staff.

Another recognised the benefit of the model, and in particular being a conduit to other services.

> The thing I've always felt is that there's not enough coalface work done – you can hand out bus tickets and food vouchers and refer people to services until the cows come home but from my experience clients need people walking alongside them. But that isn't best done by the Program team, so the Program's job should be as conduit to the services. From my experience they're doing that well.

Two staff members commented on the role of Indigenous staff members both within the Throughcare Unit itself and within external organisations. They highlighted the need to provide culturally appropriate services to support Aboriginal clients, the need to support Aboriginal staff and to make sure they are not working in isolation, and to increase communication and information sharing across services. One also noted that services were sometimes better delivered by third party organisations that were perceived by the community to be independent from government.

> Some services don't have enough Indigenous workers. … It's getting better though. … It's quite common [for Indigenous workers] to still feel like they're working in isolation when they're working with another Indigenous worker, within the bounds of the service they may still be somewhat isolated and there's still a limit to how far they can step out of their bounds. The remedy

for this is that there needs to be open communications across workers to help to deal with the client's interlinked needs – some services are hell-bent on hanging on to their information. We need to be able to share info openly and honestly. We're all working for the same cause. To get people healthy and living fulfilling lives.

… there's an opportunity to work with organisations like Winunga and the Aboriginal Justice Centre, instead of funding our own Indigenous positions. They are much better at those community relationships, that connection, that bond.

5.5.3 The influence of the Program on sector coordination

Stakeholders were reasonably positive about the effect that the Program itself had had on how well organisations work together and with clients. Several stakeholders were, however, unsure or did not feel that the information they had was sufficient to provide a response. Those who felt it had had a positive effect attributed this to communication and collaboration.

I think the Program has made a contribution, partly because of its design. Collaboration is expected in this program rather than an optional extra – it wouldn't work without it. This is the way of the future, the way you have to work in human services. You can't just focus on thinking you "own" clients, there has to be constant partnership with others.

In two ways yes [they are having a positive effect] – one is that the Program is resourced to do that so there's extra money to do it, but two, there are more avenues for communication to share burdens, what works, sell a narrative that change is possible, which increases buy in, interest and so on.

I think it's a model of good program development, design, and implementation in a very complex area. As a way of how programs are genuinely co-designed between community sector and government, it's a great model for how it should be done in the future.

One stakeholder was somewhat more ambivalent.

Other agencies and government have been working together very effectively for 15 to 20 years. The Program is benefiting from the learning and experience from that. So they're capitalising on that rather than blazing new ground.

5.5.4 Governance processes

Most stakeholders who were familiar with the Program's governance processes felt that these processes were working effectively.

One stakeholder commented on the positive mix of individuals in the governance group, as well as the stability of the group's membership.

It has been very effective. [Throughcare Unit staff member] and I have a very good relationship, senior people on staff [Throughcare Unit staff members] always attend meetings and are highly respected. People from agencies who attend have been reasonably stable. People can air things frankly, it isn't overly formal. This is down to the nature of the relationships on the Advisory Group. It's a stable membership, with shared history, and a personal commitment to undertaking the Program; it's also been part of the development of the Program, which helps the "vibe" of the group.

Two stakeholders praised the connections that the governance group has with the community sector.

Co-chairing [whereby the group is chaired by a government and a community sector representative] works well. It sets up a bit of an image that this is a shared responsibility between government and the community sector. It's probably unusual to have that arrangement and it reflects the trust developed over time too.

It's effective insofar as it maintains the notion that the bureaucracy can and will communicate with other levels of the department and the community – often these sorts of programs are dictated from an unreachable corner of the bureaucracy, but the Program's governance group has pulled it out from there and kept it at a professional level where the communication can happen. They're like a friendly interpreter. So they're doing what they can to provide that bridge. That's probably the star of the initiative.

One stakeholder mentioned what they perceived to be a gap in representation of a prominent part of the community sector in the governance group.

One staff member argued that having the Program lead by community organisations rather than government might lead to greater responsiveness and adaptability to changing needs.

There have been some things we needed to improve in the Program, but we haven't seen it as in our remit to go back to government and tell them that. But an NGO will go back to government and lobby them and renegotiate terms and push back more. We're government ourselves so we're not going to hold government to better standards like they are able to, because we are the government. The Program needs that impartial, community run and driven push to maintain standards.

6 Impact of the Program on clients' lives

This section discusses the impact the Program has had on clients' lives, focusing on the areas of housing, health and personal wellbeing, making connections, and recidivism. This section is also based on the interviews with clients and other stakeholders and relates specifically to the key objectives of the Program: housing, health and making connections. Clients interviewed did not differentiate between the support they received prior to release, the initial Basics package, or the extended Program.

Many clients had received support from the Program to secure housing upon release or to maintain existing housing, particularly through assistance with advocacy. Clients detailed personal experiences with housing that emphasised the importance of stable housing.

In terms of health and personal wellbeing, the Program clients commonly received mental health counselling, physical health treatments or general assistance with health and wellbeing through the Program. The majority of participants had also received some form of drug and alcohol rehabilitation treatment through the Program, with most of these clients reporting positive outcomes from this treatment or from associated Program support.

The Program appeared to have a significant impact on the self-esteem and confidence of clients in social situations, helping them to participate in community and social life and to reduce stigma associated with being an ex-offender. For some interview participants, their overall quality of life or ability to achieve goals had increased as a result of support from the Program. Several interview participants said that the Program had increased their capacity to live independently, usually as a result of assistance with small day-to-day matters.

The majority of interview participants felt that the Program had helped to decrease their likelihood of reoffending. Clients attributed this success to material support from the Program as well as non-material, "moral" support and encouragement.

6.1 Accessing housing

Research has found that "ex-prisoners are over-represented in all forms of homelessness, and homeless people are more likely to be imprisoned than those with housing" (Baldry 2007:6). The researchers asked interview participants about how well the support they had received through the Program had assisted them to achieve or maintain stable housing.

Program staff ensure that all participants exit into some form of housing. Most participants had exited into temporary or emergency housing, including residential rehabilitation offered by service providers such as EveryMan Australia (formerly the

Canberra Men's Centre (CMC)), CatholicCare, Ainslie Village, and a one-off use of the Monaro Crisis Accommodation. Some clients went on to transition from temporary accommodation to HACT accommodation. Other participants moved straight into HACT accommodation that had been arranged while they were in custody. Several participants went back into accommodation that they had previously occupied; often HACT accommodation where they had maintained a lease while in custody. The remaining participants exited to accommodation with relatives (usually while looking for their own accommodation), or found their own accommodation upon release. Note that in the ACT, as of 11 November 2016, there were 1,912 people on the waiting list for social housing, with wait times ranging from 248 days for priority housing to 727 for high needs housing and 814 days for standard housing.[16]

Many of the participants who had exited to new HACT accommodation or who had maintained a HACT lease while in custody mentioned the assistance they had received from the Program staff members to secure or maintain this housing.

> [The Program has] done everything I could've asked for and I wouldn't have got [HACT accommodation] without The Program pushing it through for me.

Throughcare Unit staff members advocated for their clients with HACT, and also provided practical assistance to maintain the property while the client was in custody.

> Sometimes we can't speak because we don't have the right words but maybe because the Program are professional and can speak, it would help. There's a lot of us that need that stuff because we just give up – it's a hard system to fight.

> Probably I wouldn't have been in my home as quickly as I was [within a week] without [The Program's] help, and it would've been boarded up. So they had to make a lot of phone calls for me. They'd already done that by the time I came out.

> [HACT] said there were no other properties, but then [Throughcare Unit staff member] got on the phone to them and they called in an hour and came back with a nice house.

Several participants also mentioned that the Program had assisted them to buy household items for their new accommodation.

> My [Throughcare Unit staff member] picked me up, took me to the houses, looked at a few and picked one out, went furniture shopping, bed, fridge washing machine…

---

[16] Source: ACT Government, http://www.communityservices.act.gov.au/hcs/services/social_housing/waiting_lists accessed 16 November 2016.

6.1.1 Appropriateness of housing

Some interview participants described negative experiences they had had in relation to housing. Two of these participants had been unhappy with the accommodation in which they had resided:

> Only thing [the service provider] is good at is getting accommodation, but it's always bad accommodation. They get me something in [public housing accommodation], which is the drug capital of Belconnen. I can't have that.

> I had small issues with maintenance. Little things don't get done like I was told my new place would be forensically cleaned, that things would be fine, but the taps leak, there's maintenance issues… I don't give a shit for myself, but for my son it's necessary.

Another participant who was living at the Ainslie Village housing complex felt that the accommodation was inappropriate for an individual such as himself with a history of substance misuse due to the availability of drugs.

> Living at Ainslie Village, that's just setting me up to fail, to go back to prison. Cause half the people that go there are from prison. They're all alcoholics, needle users, stuff like that. Monkey see monkey do. I see people smoking marijuana, then I'm smoking it. I'm surprised I'm not back in prison yet. What they should've done is get me a CMC apartment or a Housing apartment. I got approved for a CMC apartment but then they put that on hold and put me into Ainslie Village. For someone with my history and drug use, they might as well have said "you can live with a drug dealer and have all the drugs you want".

Another client detailed a similar experience with what they saw as sub-standard housing.

> The place I got was like walking into a jail yard. I asked to move out of there and they put me into [another public housing complex]. The property was fine but it's high drugs, it's high crime, it's constant police, screaming and yelling… it's like walking into jail except there's no screws, no lines, so if they want something they kick your door in and take it.

One participant was frustrated with what she perceived to be a lack of assistance from the Program to find accommodation. She was subsequently found ineligible for public housing and moved into private rental accommodation.

6.1.2 Availability of housing

Two non-clients, including one Aboriginal participant, described the difficulty they had had in obtaining stable accommodation when they had been released in the past without the assistance of the Program.

> Housing would've been useful for me. I got released in the past into a hostel situation. I had to really battle to get out of the environment – it was pretty

detrimental. It took me about 3 months to afford to get out of that situation. It was pretty horrendous when I was living in hostels.

Housing was number one. Every time I come back [to custody] my caseworker has lodged an application for housing before I'm released but when I get out there's no house for me, I'm just on the waiting list. So I'm homeless every time. But it never works out. So I get out and I sit there and worry about how I'll feed my kids and put a roof over the head of my partner. Then I have to do negative stuff and steal and stuff and I don't want to do that. But I need to steal to rent. A three bedroom house with a good backyard. I'll do the gardening. If I got that I wouldn't come back to jail.

A support worker from an Aboriginal-specific service provider outlined several housing-related issues that Aboriginal clients often encounter and the potential pitfalls of inappropriate accommodation for these clients.

Make sure they're not getting paroled to a house with too many people in it, or drug taking, drinking…the big problem with the men in Canberra is that there's no bail houses or anything – woman have Toora, Inanna, but the blokes have Samaritan House or Ainslie village. The people in those places leave a bit to be desired. So we're just putting them back into the cycle and hooking them up with the same people. So we try to get them out of Canberra altogether. This is also the only capital city in Australia without an Aboriginal hostel. That's where a lot of the crime comes into it because a lot of Aboriginal and Torres Strait Islander people come from interstate looking for jobs and they all believe there's a hostel and then end up on the streets and turn to crime and have nothing to eat.

Finally, a manager from one service provider said that the Program should look for accommodation solutions.

One giant issue they have is a lack of accommodation attached to the Program. So some sort of accommodation solution is needed.

A client echoed this viewpoint.

Probably the thing they could do better is like CMC has their own places – have their own accommodation. At the moment every place is full so it's pretty hard. If they had their own accommodation sources it would be better.

Two ACTCS staff members also spoke about the difficulty that staff members had had placing clients in appropriate accommodation as overall client numbers had increased dramatically over the life of the Program.

I think we have a bit of work to be done there and be honest that the prison population is growing and there'll be more demand on the Program and more funding required. There's been no increase in supported accommodation despite the numbers booming, and a lot of accommodation services have put in strict criteria about who they'll accept. We can't force them to take clients. They're all starting to follow suit now, so where do we go from here. Even cheap services like backpackers will google a client's name and come back

to us and say no. So we're at saturation point with supported accommodation.

When we started we had places for people. They've become extremely hard to find due to the numbers in the system but also a lack of accommodation in the community. Just looking at Housing ACT - they're trying to rehouse other clients that are in high density housing areas as they knock them down, so our guys might be a little further down the pecking order. When we first started we were able to get accommodation for the majority of our clients, but now with the limited availability there's virtually nothing available, so we have to say to them that they'll need to come up with their own accommodation options. Our main focus has to be the ones who have served full sentences who are less likely to have options and previous accommodation.

6.2 Achieving health outcomes

Health outcomes are considered in terms of mental health, physical health, substance abuse and overall quality of life.

6.2.1 Mental Health

Around half of the interview participants had received mental health counselling upon release from custody. Most, but not all, of these participants had received this counselling through the Program. The counselling that was provided by the Program was offered through a range of service providers.

An ACTCS staff member said that the Program has changed their model for mental health referrals after noting a gap in this area. Previously, the onus had been on the individual to refer themselves to a mental health service. Clients now receive a referral while still in custody to the Detention Exit Community Outreach (DECO) mental health service, with support commencing pre-release and continuing 3 months post-release, or for an extended period if necessary. Alternatively, the client may be offered a referral to ACT Mental Health if they would prefer to not use the DECO service. In two cases, participants had received mental health counselling services through Probation and Parole as a condition of their parole. One participant said that he had received compulsory counselling as a result of being on the sex offender register.

At times it's seemed intrusive and pedantic, but it has allowed me to live independently and to operate independently. Counselling with different groups, and medication too. It has dramatically improved my mental health. I'm feeling more comfortable in my own space.

One participant felt that the counselling that had been offered to him through a service provider was inadequate.

[Service provider] tried to give me counselling. But they're hopeless. They've got no programs.

One participant said that she had not been offered counselling through the Program.

> Nope. Nothing's been addressed or mentioned. They keep saying they'll look into it.

6.2.2 Physical health

Some interview participants were also referred through the Program to other health services such as doctors and dentists, with the Program helping them to attend these appointments if required. The Program assisted other participants by paying for gym memberships or personal trainers, exercise equipment, or wellbeing activities such as yoga or mindfulness meditation. One of the participants commented positively on the benefit of having his health requirements coordinated jointly by Probation and Parole and the Program.

> Today I'm on the right medication and my medical ailments are getting treated and my mental health is being treated too. I can't put it into words how beneficial it is to have everything like that under a couple of rooftops at [ACTCS] and Parole and they coordinate all that other stuff like counselling, doctors, psychologists, drug and alcohol meetings.

No data were available as to whether the Program affected the mortality rate of Program participants post-release.

6.2.3 Substance use

Most interview participants had received some form of drug and alcohol rehabilitation treatment or counselling through the Program, some from a residential rehabilitation facility such as Karrilika and others through service providers such as Directions, Community Health or Richmond Fellowship. Some participants with substance misuse issues said that they had not undertaken any treatment through the Program either because they were able to control their drug use without assistance, or they had received assistance from service providers external to the Program. In two cases, participants said they had not received counselling because they had not followed up with the Program, or that the Program had not followed up with them.

An ACTCS staff member explained that if a client requested it, the Program would fund the entry and initial 2 weeks of rehabilitation facility fees, as well as providing transport for clients to attend the facility. However, very few clients have been successful with drug and alcohol rehabilitation.

Another staff member also emphasised the difficulty the Program had had in dealing with clients with substance misuse issues.

> The drug seeking behaviour is the biggest challenge. These days the vast majority are poly drug users, possibly acquired brain injury, alcohol abuse,

and so on – it's all worked in. So you have to understand what you can achieve with people like that, and it might be as simple as stabilisation.

Despite this, most of the participants who had undergone treatment through the Program reported some positive outcomes.

> [It helped] a lot because there was times I was pretty stressed and anxious and could've just gone back into the drugs, but if I didn't have that basic support I still wouldn't be out in society now. I would've been another victim.

> Yeah. I'd say that help they've given has given me a brighter outlook and instead of not getting the support and going even deeper into depression, I've got the support and not had to turn to drugs.

> I was a long time heroin user. From the day I was released from jail to Karralika and how I was treated by Parole and the Program… I had so much help on offer here and to go and give them the finger, I wasn't prepared to do that. Most people wouldn't give me the time of day with my past.

Some participants noted other indirect factors, beyond just rehabilitative treatment or counselling, which they felt had also contributed to successful drug and alcohol outcomes.

> I'm not hanging around people I used to hang around, I'm hanging around people that are working, in good jobs, like legal aid.

> Doing drug and alcohol counselling – I started that in jail and now I'm doing it once a fortnight. It helps me stay clean. I went off the rails a few times but I've picked myself up. Work and family have helped with that too. And staying away from old friends.

A support worker from an Aboriginal-specific service provider echoed the view that indirect factors beyond simply counselling may help ex-offenders to avoid or decrease their alcohol or drug use. His organisation had tried to institute these alternative methods with their clients.

> The main thing with drug and alcohol use is having regular contact with the ones who might relapse. A lot of the time the drug and alcohol use relates to stress in their life, like things at home, so you sit down and have a yarn and give them options and concrete strategies. I can take them to a Raiders game one weekend as a group so they can talk to each other about what's working well for them, what services they've used successfully, and have a yarn. If not a Raiders game, we could do a barbecue with their families too.

A support worker provided a critique of clients' drug rehabilitation prospects in custody and upon leaving custody.

> We're told that AMC is set up as a rehab prison, but our clients tell us there are more drugs inside than out. And they aren't given enough opportunities inside to rehab with education, so their punishment isn't being in jail, it's boredom. So of course they end up with addiction issues. There's also not enough jobs to go round in the prison. Victoria and NSW seem to have much

more extensive education and training programs [for offenders]. Housing is also a huge issue – for example, sending someone to a high density public housing block full of drugs.

These issues are not unique to the ACT.[17]

6.2.4 Quality of life

Individual participants mentioned broad ranging ways in which they felt that the Program had helped to increase their quality of life. These factors cover a range of material and non-material types of support.

> At that time when I needed it, yes, because I didn't have to stress about things that I was stressing about. There was a lot of stress lifted off you – they said "we'll do what we can for you", which was really important.

> They made me appreciate life. Before I used to think I had to be high to enjoy life, and really I enjoy going to work now. What person enjoys work??

> I suppose in a way – especially the transport is a big thing for me. They've helped quite a lot with that. I live on the other side of Canberra. Driving lessons are a big thing. So I can get my licence so I'm not catching buses.

> There was one time I got approval to leave Canberra on an overnight trip but couldn't afford it, so I had to wait. Just because I couldn't afford it I was gonna miss out, but I spoke to the Program and they gave me a couple of cards, presents for the kids, stuff like that. Nobody's ever helped me like that – they'd give me drugs to sell or something stolen to sell. So I suddenly don't have to break the law to meet the needs of my life.

Some participants said that the Program had helped them to reach their personal goals.

> Definitely. Because I used to think if I break one goal, all of them are dead, and they taught me to make realistic goals, stuff I can achieve.

> It does give you more confidence and motivation to do something because without that you're not gonna do that, they encourage you and know what you're doing so they remind you to do it, go to appointments. In a nice way - "have you got bus tickets?"

> Yeah bloody oath. It makes me fight a bit harder. It just opens me eyes up that I can do it, that I can do things. You set goals and you work towards them and it happens.

Conversely, a non-client spoke about the effect that low self-esteem had had on his ability to reach his goals when he was released in the past without any form of support.

---

[17] Baldry et al. 2006

> Low self-esteem, that's it. I think I acquire higher self-esteem by studying and passing a few more goals. So in the past to lift my own self-esteem I had to succeed or try to succeed; but then you get a few problems along the way and it alters your life.

6.3 Making connections

6.3.1 Supporting independence

Several interview participants spoke about how the support they had received had increased their capacity to live independently. This was generally attributed to the Program assisting with small but important matters such as paying bills or providing food and transport.

> It's helped tremendously. Just helping you to come to terms with different things – without all those issues on your plate you can live differently. You don't have to worry about food, bus tickets, all the little things.

> They've helped me to become independent. I was facing a lot of issues when I was released. I've done a lot of jail in my 33 years and to some degree I was institutionalised and still am. The Program gives more support than just Parole. It really gave me the best chance of completing my parole – I usually last 6 months then I'm back in there. But with the assistance the Program have given me and my family…the Program would put those Essentials cards in my pocket to spend money on my kids. The Program was needed.

Two participants felt that they were building towards greater independence. One of these participants said that he was still waiting for some pieces to fall into place, particularly housing. The other participant noted that he was quite reliant on support in the immediate post-release period but that he hoped that he would be able to transition from this support to a greater level of independence.

> At the moment [it has not increased my ability to live independently], but it's building towards that. Three months out I'm still finding my feet, so I'm pretty reliant on those support networks still, but I'll probably get more independent over time.

Another client explained that it was important to know that support was still there if he faltered on the path to independence.

> I was leaning towards utilising the Program less and being more independent, and then some things came up and I found myself back needing that support again. So it's a case of getting more independent but at the same time knowing the support is still available.

A support worker from an Aboriginal-specific service provider mentioned that Indigenous clients often lacked the basic skills that would enable them to live fully independently.

> There needs to be a life skills program for how to cook, clean, iron… I don't think there's a program like that currently. There's gotta be a life skills program. Even catching buses, even using phones, 'cause there's no phone boxes anymore.

One participant said that employment was the main factor that had helped him to live independently.

> So I've been [previously] employed for four months and I'm actively job seeking for part time work and training. I think it's been good to have an income and to be occupied, and I hope to recommence employment shortly.

6.3.2 Participation in community and social life

The researchers asked interview participants if they felt that the support they had received through the Program had helped them to participate in community life, whether this involved formal community-based activities or informal social activities. The most striking impact of the Program in this area was the effect it had on clients' general confidence and self-esteem in social situations.

> Before I didn't trust people or talk to people or do group outings, and now they've helped me back into family outings, going into public, and I don't freak right out or get paranoid.

> They've helped me but it's also about confidence. When you get your self-confidence back you can walk in anywhere without feeling that everyone is looking at you. You feel like you can talk to anyone, go do anything, have a coffee.

Many interview participants spoke of the stigma, or perceived stigma, associated with being an ex-offender, especially if they had had a high-profile case.

> It's terrible without support. It sucks. You just...from a criminal's point of view it's hard because people think different about you, judging you. But with the Program there it makes it a bit easier.

> Something I've been struggling with is going from a highly credible person to going through prison, to coming out as a 'shady character' with this identity stigma, so how do you change the narrative?

One client went into some detail about the ways in which he felt the Program could act as an advocate for clients suffering from stigma.

> They could take on a bigger role in reducing the stigmas around those labels in the community. They should be promoting the fact that 'they've done some bad things but they've also got some great skills'. There's some untapped talent there and people need to give them a go. The Program could be the voice and advocate behind that. It's a big factor towards people ending up back inside. They keep getting kicked in the guts and in their eyes not receiving a fair go and if someone was actively trying to take down those barriers, they might have a better chance.

The Program plays an important role in helping to alleviate these issues through positive socialisation and community reintegration.

> [Service provider] offered that social structure of support outside of the 2.5 years locked up, so somewhere to be and a bit of a purpose. Through the [service provider] networks, getting over those anxieties and fears coming out of custody and doing new things. I had a very public case and feared that every person looking at me was judging me and knew me but it has helped to get over that. Also going the gym and yoga and mixing into different community groups.

> In the past I was a little scared, a little shameful about seeking help to begin with. Now I ask and don't have an issue, which is good. Some people would rather steal stuff than ask for help. With the Program I don't need to stress as much.

The consequences of improving confidence and socialisation had broader knock on effects, improving relationships with family, friends, support workers, as well as helping clients take steps to get back into the workforce.

> I'm having regular contact with family and friends, as well as case managers. It's helped me make those links. I've been more withdrawn socially in the past than now, so this has allowed me to address my anti-social behaviour.

> Like I used to be one of those people who was in fear and had low self-esteem and confidence, so working with them they built my confidence up to apply for jobs and have job interviews … just being very supportive, when I'd see them they'd say "you'll be right", trying to build my confidence up, so that I could achieve what I wanted to achieve.

Two participants said that the Program had helped them to reconnect or engage with family members.

> They encouraged my kids to get back with me. It took a long time for me to get off the drugs, but it's completely different now and my kids can see that. Before they wouldn't wanna come near me. The Program encouraged me to get back in touch with my family.

> I don't really have a community social life myself, it's all about my son with day care, preschool, swimming… the focus is on his community life.

There were many additional benefits from the range of supports provided. For example, the Program provided bus tickets which also helped people avoid negative social influences.

> Yeah, the bus tickets, so I've got money from Centrelink but then again I might need some things and I'll catch a bus into town…that adds up to a lot of money when you put it into meals and shopping. So that got me out, off me couch and made me go to the shops instead of ringing an old crim I knew had a car and I'd stay connected with that world. Those bus tickets and those cards help me break away from that community and that world.

7 Impact of the Program on recidivism

Research has found that the provision of support during the transitional stage of release can reduce recidivism rates (Malloch et al. 2013:4; Borzycki 2005:9; Cullen & Gendreau 2000). This section examines the perspectives of clients and stakeholders on whether the Program impacted on rates of recidivism. It also examines the custodial datasets to assess return to custody episodes.

Self-reports from clients during interviews highlight the success the Program has had in contributing to the reduction in recidivism. This includes providing material and non-material supports, resulting in a different behaviour to prior releases from custody, particularly countering negative influences and therefore reducing the chances of reoffending. Both clients and stakeholders highlighted that while supports are available, the onus is on the individual to engage and work with them.

The quantitative data substantiates the self-reports in that there is a reduction in recidivism for participants in the Program.

7.1 Client and stakeholder perspectives

A staff member described the Program's approach to reducing reoffending.

> If they can come out of custody and we don't have a death and we've set them up with every opportunity, that's an amazing outcome. If there's reoffending or breaching down the track, that's almost a separate thing. The average level of risk from an LSI-R is high but we need to keep trying. You can't just let someone have one or two or three episodes of The Program and then cut them off. We don't just give up on them. Even if they have an LSI-R of 97% of reoffending, we should still support them and have a dogged determination to never give up because if we give up there's no one else behind us to take that place. High risk and low risk detainees get the same resources and support. It isn't based on risk.

The majority of the clients interviewed felt that the Program had helped to decrease their likelihood of reoffending. For most of these participants, the material support provided by the Program was the most important factor in reducing the possibility that they would reoffend. These participants' offences were often property-related and, as such, the Program's material support offered an alternative means to obtaining what they needed or wanted.

> The St Vincent De Paul help has made a little bit of difference 'cause you don't have to go out to pinch a TV or do a crime to buy a fridge or anything, so it has helped that way.

> It's helped me get to parole and back for the last 7 months, so I don't get breached for missing parole if I can't get there. They helped with the transport.

I mean with the assistance there, I didn't need to steal, I didn't need to sell drugs in order to make money, I didn't have to do any of that stuff. It felt good. Once you overcome that initial shame and that for asking for help, it got easier and easier each time. Almost reliable. I could rely on the help.

Participants also spoke about the positive effect of non-material, 'moral' support in conjunction with this material support.

Like at the end of the day it's up to me, I make that choice. So if you're gonna reoffend you choose to do it, or you can pick up the phone and ring the Program and they'll do what they can to help you. And that's what I did this time instead of going and reoffending. I was in such a tear-jerking, snot blowing state, and I didn't know what to do with myself. I was caught between the world I didn't want any more of and the world I'm trying to transition into. And they helped, gave me my cards, bus tickets, and it got me through the week.

Oh shit yeah [the Program helped reduce the likelihood of reoffending]. Bloody oath. Just the temptation's always there cause I always look for the easy way out. But if I'm a bit short with food or petrol or something, all I gotta do is ring up and ask. Little things like that can help anyone stay out of jail cause little things like that is what makes you go back. The dole isn't enough to live comfortably. I like what I do and I like the idea of working instead of using drugs and robbing people. It's a good feeling, earning your own money and buying your own things. It's a completely different lifestyle and I'd completely forgotten about that lifestyle.

It's very important when you're coming out and your head's going a million miles per hour about bills, rent, this, that so the Program is great for me to calm me down and say it's alright, we'll take care of what we can, we'll pay what we can and we'll sort out those issues for you; don't stress out about that, so they took a lot of that stress off me.

Two participants pointed out the way that each individual element of support can counter a negative influence and thereby reduce the chance that the individual will reoffend. Intense support in the initial post-release period may also be crucial to this process.

Yeah they have helped. If housing was gonna take 9 months to get me a house, then it's not hard to go rob a place and get 5 or 10,000 dollars to get a place. But I didn't do that, I bugged [Throughcare Unit staff member] to get a place the right way instead. So the more things worked out well, the less you consider doing crime to pay for things. That option gets smaller and smaller as things go well.

Yes of course. The more that I receive support, the more that I find ways to not go deeper into depression and turn to drugs and do crimes.

Other participants said that mental and psychological support was important in reducing the likelihood they would reoffend.

I'm a different person now. I don't break the law. I used to live outside the law. That was my life. All the different counselling and not using substances

you start to think straight, think normal and realise where I was at before that. You've gotta really look inside yourself and they help you do that – they make you feel a person again. It's all in a happy smiling face and a handshake and "what can I help you with". In 28 years in jail I've never had that support before.

For one participant, the alternative means of expression and positive outlets provided through social and community support contributed to reducing the chance he would reoffend.

Some participants felt that while the Program had helped to reduce the chance that they would reoffend, the onus was still on the individual to actively engage with the support on offer.

So I believe [if you reoffend] you can't blame an agency for that, it's you. So I'd have to say no, for myself, it wasn't just the Program. If I wanna use drugs or do crime I'm gonna do it.

People who say there's no help…you can get help, as long as you stay on the straight and narrow. But you've gotta do your part too. If you come in trying to pull the wool over your eyes…they're not stupid – they know a druggy when they see one.

A support worker concurred with this view.

We make it pretty clear that the service is here for them and they have to meet us halfway, so they're not taking the piss. And we're very clear with the client about what we can do and what they need to do. Our level of assistance is dependent on how much the client is willing to assist themselves. We need to have the clients know that they have one chance with us, so they take it more seriously and make the most of it.

Two participants claimed that while the support provided by the Program may have assisted them to not reoffend, they were unlikely to reoffend anyway.

A recent study by Lloyd et al. (2015:9) has found that the post-release period can be a time of significant emotional stress for Aboriginal ex-offenders, often involving the need to manage complex issues. An Aboriginal participant who had reoffended gave an account of some of the factors that had led to his recidivism, highlighting his disengagement with support services.

It's hard to get out of the rut because Canberra is small and everyone you know is using some sort of drug, which is why I think I have to stay away from here for a while and get my head back to where I was when I was working. One thing led to another and I got locked up. Because the situation of me being in Canberra, the people I know and the things that come with that, it was dragging me back to where I didn't wanna be. I tried to get myself back on track and stay away, but it just didn't work. Especially after I lost contact with [service providers], then I picked up [drugs] and then ended up back in jail.

Another Aboriginal participant, a non-client, explained the effect that a lack of post-release support, particularly material support, had had on him and his likelihood of reoffending.

> If I had a house and a car and that, I'd be right. That's what makes me mad, when I've got fuck all, that's when I stress out and I go mad. If I had a car, food, money in my pocket, I'm happy. That's why I keep coming back – I have to do negative things to get by.

Maintaining supports post-release was considered particularly important for Aboriginal clients.

7.2 Data analysis

Custodial datasets and return to custody episodes were analysed[18] to determine whether the Program has been successful at reducing recidivism. This complements the qualitative data reported above, which examines client and stakeholder perspectives. This section presents the number of returns to custody across the study and control groups, as well as time to event survival analysis, to assess post-Program changes in recidivism.

Due to the popularity of the Program, the number of non-clients was insufficient to establish the planned control group. For this reason, this section presents return to custody figures for the study group compared with two separate alternative comparison groups as described in the method (see Section 2.2 above). The comparative figures include a separate group released from prison over the 3-year period prior to the Extended Throughcare Program commencing, referred to as the 'control group'. This group presented particular limitations for comparison due to both the different time frame to the study period and substantial differences in baseline characteristics compared to Program clients.

Because of the limitations with establishing a control group, further supplementary analysis was undertaken using prior years of data for the study group to establish a before and after comparison for individual clients. This component of the data analysis provides the benefit of reducing variation in baseline characteristics as the same individuals are compared pre- and post-Program. Although there are also limitations with this approach, this method provides increased statistical power and correspondingly, the key findings presented in this section, as well as the economic analysis in Section 10, are based on the paired study group.

7.2.1 Post-Program custodial episodes

The study group and comparison groups established respective baseline dates from the custodial datasets for entry into the Program or comparative release date prior to

---

[18] Note that this forms the primary quantitative analysis for the evaluation due to limited data available.

the Program commencing. The study group resulted in 38.6% (n=238) of clients with a return to custody episode for the 3-year study period. Due to variation in recidivism definitions and timeframes, these figures cannot be directly compared with government published return to corrective service rates. However, as a general reference, the latest available *Report on Government Services* figures for prisoners, released during 2012-13, reflect a similar level of returns of 59.8% in the ACT. This is relatively consistent with the paired study group returns, i.e. for the study group in the 3 years prior to Extended Throughcare commencing.[19]

The control group recorded a comparatively lower return to custody rate of 32.2% (n=101) for the 3-year period prior to the Program commencing in 2013. This preliminary result does not consider comparative baseline characteristics of each group and is discussed further in the following sections.

The paired study group sample indicate relatively higher return to custody rates. For the paired study group 61.3% (n=166) recorded return to custody episodes during the 3-year period 2010–2013, that is, compared to a subsequent lower custodial return rate for the same individuals during the Program study period from 2013–2016, see Table 11.

Table 11 Study and control group return to custody episodes

	Study group		Control group		Paired study group	
	n	%	n	%	n	%
Returned to custody	238	38.6	101	32.2	166	61.3
No return episode	378	61.4	213	67.8	105	38.7
Total	616	100.0	362	100.0	271	100.0

Source: JOIST offender information systems

7.2.2 Recidivism –survival analysis

Relapse survival analysis examines the timing of return to custody episodes of clients post-Program, compared to the control and paired study comparison groups. Scenarios were developed to establish baseline entry dates into the Program and the comparative baseline release dates for the control group, as described in the method.

Study and control group

In line with the return to custody figures provided in the previous section, the survival analysis indicates a higher proportion of Program clients returning to custody than the control group, as shown by the solid line in Figure 4. Each Kaplan-Meier figure in this section presents the proportion of individuals not reoffeding on the vertical axis,

---

[19] SCRGSP (Steering Committee for the Review of Government Service Provision) 2016, Report on Government Services 2016, vol. C, Justice, Productivity Commission, Canberra. Table C4, Prisoners released during 2012-13 who returned to corrective services with a new correctional sanction within two years (per cent).

and post-release duration in weeks on the horizontal axis for the 3-year study or control period. The declining curves represent the propotion of each group returning to custody over the 3-year evaluation timeframe with a curve above the comparitor indicating a better outcome in terms of less returns to custody. This comparison of the study and control group reflect two regions marked by the intersection of the curves. In the initial post-release phase of around 20 weeks, the study group indicates a lower level of returns to custody, but are at higher levels of returns for the remaining study timeframe.

Figure 4 Survival analysis – Study and control group
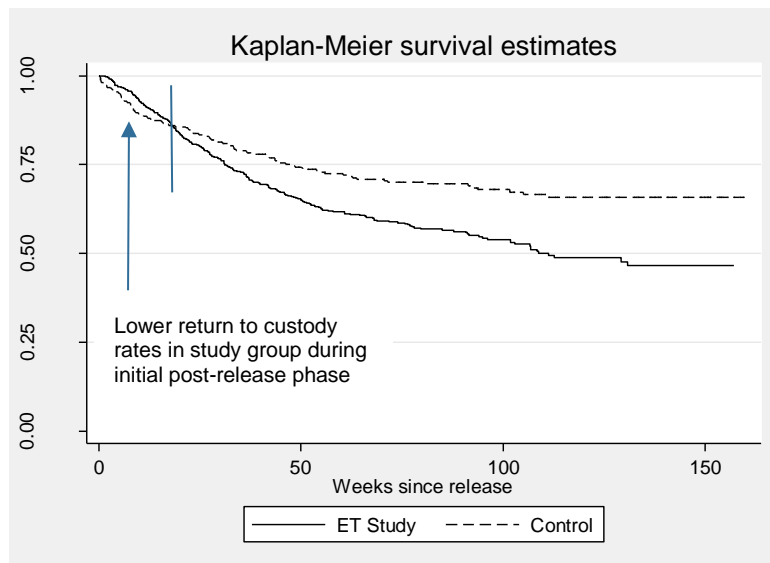
Source: JOIST offender information systems
Study group (n=616), returned to custody (n=238)
Control group (n=314, returned to custody (n=101)
Log rank test for equality of survival functions, p<0.001.

As presented in the client baseline profile section 3.3, the study group is comprised of significantly different baseline characteristics including a substantially higher proportion of higher risk LSI-R individuals. It is reasonable to expect that the higher risk profiles in the study group would result in corresponding higher returns to custody as has been observed. As described in the methodology, this control group is an alternative that has been used in the absence of the planned non client sample, which would have examined comparative figures for the same evaluation timeframe.

Although there are substantial differences in the study group baseline characteristics, suggesting a potential higher return to custody rate, it is notable that the first post-release phase of around 20 weeks resulted in lower returns to custody for the study group, shown as the left hand section in Figure 4. That is, even though the study group contains a substantially higher proportion of higher risk LSI-R clients, there are lower returns to custody in the initial post-release phase. The relatively lower risk profiles of the control group is one possible factor for the lower return to custody rates for this group during the remainder of the study period.

As a result of the substantial control group baseline and timing differences, additional analysis was undertaken utilising the available prior years of data for the study group clients. This approach developed paired before and after comparative figures for each Program client where available. This method provides increased statistical power through reduced variation in baseline characteristics and correspondingly, the key findings presented in this section as well as the economic analysis are based on the paired study group.

Study and paired before and after comparison group

In order to examine the relative before and after effect for individual clients, a further supplementary survival analysis was developed (see Figure 5). The study group is shown as the identical black solid line as in Figure 4, declining from 1 at study baseline to slightly below 0.5 at the end of the 3-year evaluation period.

In this case, the dotted line shows the individually paired figures for the 3-year period prior to the study timeframe as the comparative control sample. Consistent with the aggregate return to custody scores, this survival analysis indicates that the same individuals recorded significantly lower return to custody rates following participation in the Extended Throughcare Program compared to their 3-year pre-study period, before the Program commenced. The difference in these estimated survival functions are statistically significant based on a log rank test (p<0.001).

Figure 5 Survival analysis – Study before and after comparison group
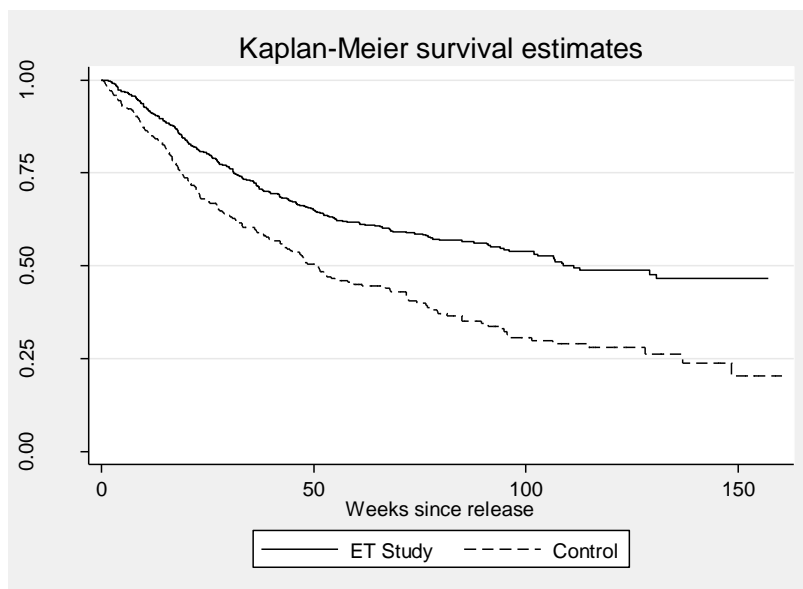
Source: JOIST offender information systems
Study group (n=616), returned to custody (n=238)
Paired study group (n=271, returned to custody (n=166)
Log rank test for equality of survival functions, p<0.001.

This type of paired comparative analysis is generally associated with increased statistical power given the implicit self-controlling of baseline characteristics. There

are, however, additional confounding variables that could result from the 3-year timeframe between each series of episodes, which may limit the significance of the results. Despite the data limitations, this paired before and after sample is presented as the most robust comparative sample available, indicating preliminary improved outcomes in terms of returns to custody. In the context of the mixed methods approach, these results are consistent and supported by the findings presented in the qualitative interview series and fieldwork undertaken during the evaluation.

In addition to the comparison with the control group and paired study group, further survival analysis scenarios were undertaken to examine the implications of data definitions as well as integration of the alternative comparison groups. The findings presented in this section present the control group and paired study group and further details of supplementary scenarios are provided in Appendix B

7.3 Average time between custodial episodes

Each survival analysis scenario presented above is based on the time to event for reoffending and returning to custody. In line with the limitations for each comparison group, this presents the relative number and timing of returns to custody for each group. The survival analyses do not, however, incorporate the timing of a return to custody relative to an individual's historical custodial record. This relates to baseline outcomes where a return to custody may generally be perceived as a program failure. In cases where clients might have returned to custody several times, post-Program returns may be delayed. For example, community reintegration may still involve repeat offences, but the period in the community may be longer before returning to custody and they may return for less severe offences – this collectively may reflect an improving prospect of achieving the endpoint outcome of not returning to custody.

Table 12 Average time between custodial episodes in months

Mean time between custodial episodes	Number of matched clients	Average (months)	95% CI lower	upper	p-value
Pre Release	102	4.99	3.82	6.17	
Post-Program	102	7.57	6.25	8.89	
Change due to the Program	102	2.58	4.40	0.77	0.001

Source: JOIST offender information systems
n=102, paired t-test on matched before and after Program clients

To examine the relative timing of returning to custody, the average time between episodes was calculated for the paired before and after study group cohort including the average pre-release (throughout the 3-year control timeframe from 2010–2013) and post-Program release durations. As presented in

Table 12, the average pre-release time between episodes was 4.9 months and the average post-release increased to 7.6 months, an average delay in repeat episodes of 2.6 months across all repeat offenders. Although there are limitations in the

respective comparison groups, paired analysis on the same individuals is generally associated with increased statistical power as base line characteristics are predominantly self-controlling. The average delay of returning to custody is estimated to be statistically significant for the paired before and after study cohort (n=102).

Similar to variation in reason for release coding in source datasets, there was also potential variation in offence descriptions which would require further validation. Further validation and analysis on the reasons for re-incarceration may indicate changes in the relative severity of repeat offenses, potentially to less severe types of offence or proportion of returns resulting from supervision breaches. This is a potential additional aspect, further to the positive Program outcomes presented in previous sections in terms of reduced reoffending and delayed average timing of repeat episodes.

7.4 Indigenous outcomes

As presented in Section 3.5, Program uptake was strong for Indigenous clients, particularly female clients, which indicates effective access to and targeting of the Aboriginal and Torres Strait Islander population. The returns to custody for Indigenous clients remained relatively high for males with 57.4% (n=62) reoffending during the 3-year study period. The Indigenous female clients indicate a substantially lower proportion returning to custody at 28.6% (n=6) (Table 13).

Table 13 Indigenous study and control group return to custody episodes

| | Study group | | | | Control group | | | |
| | Male | | Female | | Male | | Female | |
	n	%	n	%	n	%	n	%
Returned to custody	62	57.4	6	28.6	18	38.3	2	33.3
No return episode	46	42.6	15	71.4	29	61.7	4	66.7
Total	108	100.0	21	100.0	47	100.0	6	100.0

Source: JOIST offender information systems, includes combined Aboriginal and Torres Strait Islander

These figures are presented as indicative as they are based on relatively small subgroup samples. The figures are also subject to the overarching variation in the control group baseline characteristics. In this context, the lower reoffending rate for female clients is below the unadjusted control group and is potentially understated. Further matching based analyses or follow-up would plausibly validate these preliminary figures.

7.5 Program impact

The findings present positive initial outcomes across both the qualitative and quantitative components of the evaluation.

The quantitative analysis has faced unexpected limitations in not being able to form the planned non-client control group. As described in previous sections, this resulted from the very high level of Program demand, i.e. that most individuals released during the study period voluntarily entered the Program and formed part of the study group. This is an evaluation finding in itself, reflecting very high levels of Program engagement with those released from custody.

The alternative comparison groups that have been utilised in the evaluation include respective limitations. The control group is based on an earlier 3-year timeframe to the study period and reflects substantial variation in the characteristics of the sample. Despite significantly higher proportions of higher LSI-R risk individuals in the study group, the control data indicated positive lower levels of returns to custody. Due to the limitations with the control group data, alternative analysis was undertaken on a paired client sample before and after participation in the Program, where data were available. This component of the quantitative analysis also has respective limitations but has provided an increased level of statistical significance and indicates reduced levels of reoffending in the client group following participation in the Program. These positive quantitative results are consistent with the qualitative analysis undertaken through the baseline client and stakeholder interviews and follow-up series.

8 Client case studies

This section presents case studies of individuals using the Program and provides a more detailed description of experiences of the Program and the impact the Program has had on individuals and their families. The case studies are anonymised to maintain the confidentiality of the research participants. The case studies highlight the mixed experiences with the different aspects of the Program.

8.1 Michael

Michael is 29 years old. Michael had been a client of the Program for approximately 10 months, after having been in custody for 15 months. The Program assisted Michael in several ways: by offering him support with material needs such as furniture and transport, helping him to engage with Centrelink and banks, as well as referring him to assistance through service providers that provided counselling and social programs such as bowling and cooking classes. Michael was also provided with accommodation by a service provider when he left custody.

> They've been there for support when I need to talk to people. Just talking to me. Helped me getting my life started up again.

> It's good, they helped me out big time.

For Michael, the personal connection that he formed with his Program case manager was important.

> They make me feel good cause I wanna be like them and help others. I told [Throughcare Unit staff member] I wanted to be like them.

> [Throughcare Unit staff member has] been with me since the very start. She understands me and I understand her. She agrees with me when I say stuff. She knows a lot about me.

However, Michael's father says that Michael has had several support workers and case managers across the Program and service providers and that he has not formed a strong bond with all of them. Michael needs continuity and stability in his support workers in order to form positive habits and to be able to respect the workers enough to accept their assistance. His father also believes that Michael might have been more successful finding employment if he had had a single support worker throughout the Program period.

One of Michael's support workers was concerned that Michael was in fact becoming too close to his support workers and that he was unable to make the distinction between professional relationships and friendships, which could become problematic.

Despite the support that Michael has received, his father laments the fact that Michael has been unable to set and achieve any long-term goals since being released from custody, but not through any fault of the service providers.

> What bloody goals. There's not a lot of goals. Michael has problems with reading and writing. He likes to makes excuses for things. There was all the encouragement in the world to do things like TAFE and he was doing at first but then it all dropped off.

Michael has been seeing a counsellor as part of his parole conditions. However, Michael's father has had some concerns about Michael's mental health diagnosis. He has received conflicting diagnoses of either a mental illness or an intellectual disability. Michael's father feels that Michael in fact has an intellectual disability, and that the misdiagnosis of the condition may have contributed to his carrying out his original offence. His father believes that appropriate diagnosis and counselling for this condition will reduce the likelihood of Michael reoffending.

Michael's father said that the support Michael had received through the Program was in fact the type of support he should have been receiving *before* committing his offence, and that if he had received support, it may have prevented him from committing the offence.

> The original offence occurred because of his intellectual disability. I suppose it's hard to say but the fact he's been in jail, he's had more support since he got out than he ever has before in his life. We've tried to get him support before but it hasn't worked out. This is more assistance than ever.

A support worker from an organisation that provided Michael with intense mental health support post-release reported she still had strong concerns for Michael despite his being supported by a service provider since being released, particularly with regard to his mental health diagnosis.

> He'd been with [service provider] for 10 months when we came on board and not a lot of support services had been put in place. He has been diagnosed with an intellectual disability, he's illiterate, he has behavioural issues, but nothing had been put in place. So we've referred him to a number of programs like cooking class, bowling, and a discussion group. I think he should be in touch with disability services but he never has been, despite having an intellectual disability. He doesn't have a clinical manager. He hasn't been diagnosed with a mental illness but I think he should be assessed for that too. So I don't think he's been adequately managed.

This support worker also had concerns about Michael's support package in that it, in fact, was not meeting his needs. She felt that bridging these gaps was necessary for Michael to be able to increase his quality of life and reduce his risk of reoffending.

> I feel that we're only meeting 50% of his needs because we don't have the capacity or the resources to meet the rest of it. We have the skills and knowledge to know what he needs but not the capacity to deliver that.

8.2 Trevor

Trevor is 48 years old, Aboriginal, and had been a client of the Program for 7 months. Trevor has been in and out of custody for most of his adult life. Trevor was at a point in his life when he was prepared to make significant changes in order to change the course of his life. These changes included having his family move from interstate so they could live together in the ACT, with the support of the Program, actively seeking employment and forming new social connections. The Program provided Trevor with accommodation and material items such as furniture, clothes and transport as part of the initial Basics package, as well as practical support such as driving lessons, help finding a job, counselling, Indigenous-specific support and legal assistance as he moved toward increased independence and greater community participation.

Trevor was adamant that, for the Program to be successful, ex-offenders have to be prepared to make changes and to help themselves. He said it had taken him a long time to "wake up", and that it may not have occurred without the help from the Program.

> We know this our last chance if we don't get through this one. It would've been harder without the help but we would've made it try to work. It's been a big boost.

> I've been given all this stuff here and I'm like "is this real"? I'm used to being locked up all the time and being inside.

Trevor's wife echoed this view and made the point that the Program support can benefit family members as much as the offenders themselves.

> He was so institutionalised and this is the first time ever that I've had any support with Trevor when he's got out. He usually lasts about 3 months.

The key to Trevor's support was the speed with which it was instituted, especially the housing, which he was able to move into 3 weeks after being released. He subsequently set up his house with furniture, household items and clothing for him and his family. Trevor's wife commented on the impact this material support had on their family.

> They took us shopping and bought us food. We had nothing. They also got clothes, came and furnished our property…They helped us from scratch.

This rapid stability provided the platform for Trevor and his family to focus on other areas that in turn further increased their stability such as seeking employment, settling his daughter into school and building his relationship with her, as well as forming positive social connections.

> This is the first time I've hung around people who have work and decent jobs and aren't dole bludgers – it makes a big difference. People to visit on the weekend, barbecues, watch the footy – things I've never done before. I like it.

Trevor's wife also commented on the way the support had helped the family as well as Trevor himself.

> Even for me and for [daughter] as well, they support us as well. They set me up with family support through [service provider] and another woman through [Aboriginal-specific service provider] organised uniforms for school and everything.

Trevor was also surprised that the type of support he received was being offered in the first place, especially given his experience over many years of leaving custody without any support at all. He commented on the fact that the Program staff established trust with him early in the process by following through on what they said they could assist him with. Trevor also seemed pleasantly surprised that staff members understood him and his situation and that he was able to relate to them on a personal level.

> And another bloke comes and we have a coffee and sit down – I've made a friend.

Trevor's wife also noted the impact of being supported by staff members who have the client's best interest in mind.

> It's still up to the individual but just knowing that people are out there who care and want to help you and see you achieve – that makes a really big difference.

Trevor was impressed with the Program to the extent that he expressed a desire to inform other Indigenous offenders and ex-offenders about the types of services the Program offers and the ways they could be assisted, particularly given that Indigenous offenders might be reluctant to reach out for or accept such assistance, or might not understand the support that was being offered or the purpose of the Program. Trevor himself had also been unsure of what the Program could offer before he began using it.

> I've run into some of the boys from inside and I've given them food cards and addresses and tell them about people that help us out.

8.3 Archie

Archie is 70 years old and has spent a number of years in and out of custody in different parts of Australia and New Zealand, generally for minor offences. Archie has encountered a litany of obstacles in his life.

> Mum and dad are both dead. One of my sisters died. Another brother is pretty crook. Not that many friends. Only time you see them is when they come round with their hand out.

Archie is also quite elderly, somewhat immobile, has a range of medical conditions, a history of substance misuse and often fails to look after himself physically as well

as he should. He also has a history of associating with friends and acquaintances who are negative influences on him. Friends and partners have often taken advantage of Archie, borrowing or taking money, medication or personal possessions from him.

Given his complex needs, Program staff members realised that Archie would need high levels of care and attention. More than one service provider had found Archie too difficult to deal with in the past, or had declined to work with him when offered the opportunity.

Immediately after leaving the AMC, Archie was moved temporarily to an aged care facility while a housing unit was renovated for him. His Program and service provider case managers felt at this time that it was dangerous for him to be at home alone not only physically but also socially. Archie was resistant to staying in the aged care facility because he did not have full freedom of movement, and visits from his friends were restricted. For their part, the facility staff believed that the people visiting Archie were only doing so to take advantage of him, despite Archie wanting to see them. For these reasons, Archie became frustrated in this environment and was eager to move to his own accommodation, adamant that he could look after himself. After 4 months, he did so.

When we spoke to Archie, he was being supported by several service providers, overseen by the Program, in his own unit. His main support worker visits him daily to monitor his physical health and medications, make sure he has enough food, and transport him to appointments or the shops. This service provider attempts to provide close, necessary support to Archie while at the same time respecting his wishes and his strong desire for independence, assisting Archie to increase his level of authority and responsibility over his own life.

Archie benefits from the predictability of being able to contact a support worker when he needs to so that he does not experience feelings of isolation. One of the indirect effects of this support is that Archie is less reliant on undesirable friends and associates.

> If the [professional] support wasn't there he'd be calling on the people he knows who provide "support" at a cost – so he is now less reliant on that cohort who are actively offending. He has over time relied on their social connection but there's nothing in it for them like that, so they stay away when his needs are sorted. So demand is lessened for him to call in those people. And his friends who are not crim types are more likely to drop in now too.

Archie's main service provider case manager feels that the Program offered Archie continuous support where other service providers had not or would not.

> The Program was a strong driver of the initiative to help Archie and kept it alive where others may have stopped. Which they could've done very easily. The Program provided the resources to ensure he got the outcome he did. So it's good that the Program maintained that flexibility and it's good for them

to know that at times they'll have to put resources in to a greater extent because of greater needs. So for Archie it worked very well.

9 Program strengths and opportunities for improvement

The evaluation highlighted a number of strengths of the Program which may be enhanced further.

Clients strongly emphasised the importance of their personal relationships with staff from both the Throughcare Unit and external service providers with whom they were connected. They outlined the positive effects of staff members who were dependable, approachable, trustworthy and non-judgmental.

While there are advantages to co-locating services, several clients were unhappy with the proximity of the Program offices to the Probation and Parole and Corrective Services offices due to negative associations with these other services, or lack of trust that their personal information would not be shared between services. Additionally, many clients were unaware that the Program was actually being delivered by ACTCS. Both these points highlight that clients could benefit from more information about the Program in terms of who is funding the Program and who is providing the Program, as well as how confidentiality will be maintained.

Clients also highlighted areas where the Program could be improved, including further extending the duration of the Program and providing more information about the different services on offer. Some clients perceived there were inequalities in the way the Program was delivered; however, the Program is designed to meet individual needs and therefore is not expected to be the same for each person. Finally, some clients felt the Program should have a greater emphasis on assisting clients to access education and employment.

9.1 Emphasis on personal support

Despite interview participants often mentioning the material benefits of the Program, when asked directly what they liked most about the Program, participants overwhelmingly discussed the interpersonal qualities of the Program and service provider staff members. Most participants mentioned that they could relate to the staff, that they were approachable and, importantly, non-judgemental.

> I like their openness and warmth. Straight away we had a laugh and it just took the stress out. We had a laugh and got along straight away. That made things a lot easier. Sometimes in Canberra with public servants it's not like that. So it does take a certain type of person to do that sort of work.

> They didn't judge, no matter what was going on with my life at that time. They were there to help and that was what I was grateful for.

> It's their ambition to see a convicted inmate do well, and they follow that up. It's good just to have one of their team members ring you out of the blue and

ask if you need anything, are you doing well… Their support was fantastic. Without them I'd be nothing.

I feel very supported. Very very very supported. You can sit down with some people and you know they're talking shit and you can sit with other people and you know they're being straight with you, when you're straight with them, they're straight with you. And they built trust with us – I clicked after a couple a couple of times. When they say they'll do this and that and they follow through, you know you can trust them.

That you're on the same level – you're not looked at as a piece of shit.

They don't come across like your parole officers. They make you comfortable.

Just the friendly way he approached me and took me on. And you can come and sit and have coffee and I thought "yeah, this guy's cool".

They've been a good moral support because I don't have a lot of family in Canberra. They're able to just provide moral support. It's been good to fill that gap in the absence of family.

Many participants also expressed the idea that the Program and service provider staff members were "there for them". Again, this is an important notion for a cohort who often experiences feelings of social isolation and loneliness, and who may lack people in their life on whom they can rely.

I like someone being there, especially if you don't have anyone else. Even if you don't need assistance you can just go in and speak to them about what's going on in your life. Just having the anonymity of speaking to someone who doesn't know you.

I just like the concept of there being something there holding your hand as you're making that transition.

When you are stuck you can give them a call and they'll do what they can to help you, there's no doubt about that. They've proven that over and over again. A lot of people get out of jail and they've got their parents and all that, but I don't really have anyone like that.

Several participants felt the most useful role of the Program was to provide material items.

They're just fantastic. When you get out of custody it's hard to get back on your feet and they're there with assistance like food vouchers, bus tickets, Big W.

They're always there with a helping hand, whether it's support, the financial stuff with the cards and bus tickets… they'll never turn you away without seeing if they can absolutely steer you in the right direction. If they can't help you they know someone who can. That's really beneficial.

9.2 Location of services

Interview participants were also asked what they disliked about the Program, even if it was a minor issue, and what they would change about the Program if they could. A number of participants said that they would prefer if the Program offices were in a different location to the Probation and Parole and Corrective Services offices because of the negative associations they had with these services, or because they wanted to avoid seeing people with whom they had been in custody.

> I came in once to see someone… I would much prefer if they totally separated it from Corrections and the parole side of things because I have bad associations with that and don't want to be constantly coming back to Corrections for appointments.

> If you could just go in and have a chat or coffee it would be awesome, but I don't like coming here, seeing the other people I was in custody with, dealing with Corrections. I don't want to associate with those people who I was in custody with. At [service provider] it's a totally different group of people.

A support worker felt that this lack of separation may have been detrimental to establishing trust with Program clients.

> Because they're Corrective Services staff, there'll always be that barrier – they're seen as having power over offenders and there will always be that caution around trust. Whereas community services are able to engage on a different level. There's much more trust.

A stakeholder from one of the Program's lead service providers also mentioned that this issue had been recognised by the Program and that engaging service providers to undertake lead support roles was an attempt to address the problem.

> The Program was seen as too closely linked to government and parole and they wanted a community organisation to come in and take that role.

Some participants were also suspicious, at least initially, that the Program or service provider staff were sharing information with Probation and Parole staff, or otherwise "spying" on them.

> I dislike most that [service provider] report to parole too easily and make my life too difficult. It's another "seeing eye dog" for parole. I don't need to be micromanaged and that's what they do. I need a lot more independence. I was doing 3 urines a week, seeing [service provider] twice a week, [service provider] once a week, doing courses, reporting to parole. It's too hard for me to keep up with all the reporting and everything I have to do.

> It's really intrusive having a parole officer in the middle. They have full control over your life – bank accounts, medical records, everything. I wouldn't open up to my parole officer as much as I would the Throughcare case manager.

However, one client overcame their initial suspicions.

> I was initially paranoid that all these services were trying to shoot holes in me and find fault and take my kid, but it was quite the opposite.

Many clients of the Program do not in fact have orders requiring them to attend Probation and Parole so this is not an issue for those individuals.

However, countering these arguments is the view that there are advantages to co-location, such as allowing the clients to have their often-associated Throughcare and Probation and Parole needs attended to in the one location, and helping clients on supervision to complete their court orders.

9.3 Increasing the duration of the Program

Several participants felt that the Program should be offered for a longer period than 12 months or the 6 weeks for the initial, intensive support period. This may be particularly relevant for those ex-offenders who have served longer periods in custody and those who have complex support needs.

> With people coming out of jail... they've gotta be given time. Some people you can't help. I've been given all this stuff here and I'm like "is this real"? I'm used to being locked up all the time and being inside. So the 12 months is a good period, but maybe extend it longer.

> I felt quite alone [when the Program ended]. I felt like they relinquished their assistance and guidance, so now I have to do it on my own. I felt a little bit disheartened, I felt alone. I'm ringing other places like everybody else did now. So there was no one on my side helping me. It was very daunting.

A number of clients suggested that the Program should be available for the same duration as their parole period.

> Their assistance only goes for 12 months. I have a 3-year parole period. I don't wanna be too selfish but there are still a few things I need assistance with.

> I didn't know that I only had 12 months to rely on the Program – I thought I'd have them for the duration of my parole. It could match the parole period. You're more vulnerable in your parole period because any little thing can put you back in jail – a dirty urine, a minor charge.

> I think they should base the length of [the Program] on how long they're with parole for. I think it would help people with keeping up with their parole obligations like getting to appointments and stuff like that. I used it for help with bus tickets and stuff like that to get to parole.

A support worker concurred that the period for intensive support should be adjusted based on needs.

> The 6 week period for some is not nearly long enough to get them off the ground. Simple things can set you back 3, 4 days, depending on what they need like ID, and so on. Some need everything; they're starting with zero.

While the data from this study show the importance of support in the immediate post-release period, some clients will also require long overall periods of support. Furthermore, both the Basics, immediate support and the overall duration of the support is based on individual needs and may be extended on a case-by-case basis. Additionally, as pointed out by some clients, support from external service providers does not necessarily cease at the 12-month period just because the Program itself has finished. Indeed, some clients detailed external service provider support that had continued for several years. Others recognised the importance of not becoming too dependent on services and increased or decreased their use of supports as their needs changed.

9.4 Providing more information about the Program

Some participants said that they did not have a full sense of the types of services offered by the Program, or felt that they had not been offered services that were suitable for their individual needs. A number of these participants also felt that the Program's pre-release support was insufficient, although in some cases this may again have reflected confusion about the role of the Program and service providers and where they cross over.

> I think that I needed to know more about what they do – I still don't know what they do. If I did know more they may have been more useful for me. I would've known what to ask for. I can't even remember… you're so shocked when you're released. You don't know anything about them and I don't know how they fit together and who's doing what for you.

> One suggestion would be, some people from the Program told us what it was about, but maybe if someone from the Program worked with you pre-release to prepare you. I'm not sure if that actually happens. So instead of having to have a list ready to go when you're released, making a case plan before you are.

An Aboriginal participant made the point that the Program could be better targeted at and explained to Indigenous offenders because it may be particularly useful for them.

> I don't know why my Aboriginal boys haven't done it. Maybe they need to be told about it? I could tell people about it. Maybe that'd help. I've run into some of the boys from inside and I've given them food cards and addresses and tell them about people that help us out. Maybe they didn't sign the consent form because they didn't understand it, so I'm telling them how much it's helped me out. And they're sitting there begging for money. I've built up a friendship with the staff but some people may not get that. There's a lotta help out there. Now there's a lot of Indigenous boys out there[…]but it'll take time for people to realise that the help is there – I didn't know it was there until I got out. I signed a piece of paper for the Program but I didn't really know what it was about until I got it.

Two participants expressed frustration that the Program or service provider staff members had not followed through on promises of assistance, emphasising the importance of establishing trust.

> There was a lot of misinformation, that was really frustrating. For example, they kept saying someone would come to help me get work and it never happened. It just promotes a distrust in the Program. It's pretty essential for guys in that position to maintain that trust.

9.5 Improving oversight of funding

Some Program clients seem to be aware of the average of $1,500 worth of brokerage funded support that is allocated to each client based on their individual needs, while others were not. Lead agencies and workers can access this brokerage funding to support their client in a range of ways in order to prevent their likelihood of reoffending. Some of those clients who were aware of the brokerage saw it as money that was 'due' to them, and resented not having received it, or were under the impression they had not received it but had (often because it had not been provided to them in an 'obvious' or direct form), or when they thought that other clients had received it and they had not. Two participants were under the impression that the Program staff members favoured some clients over others in terms of the provision of funding and material goods.

> I guess there are different rules for different people, cause a couple of other Aboriginal inmates got $1,500 to buy clothes, shoes… If they're gonna help some people one way and other people a different way, what's the point of doing it. If they're gonna help everyone equally well that's different.

> They don't give me Essentials Cards anymore. They said it's only cause they give them to people just out but that's crap. I feel like they only give them to people who they think are not using them for drugs, and I think they think I'm using them for drugs, which is bullshit.

A support worker for one of the Program's lead service providers also felt that some clients may have in fact been using their food vouchers inappropriately.

> Word is getting around now for opportunists: people trading their food cards for drugs. So, for example, we have to [accompany them] to get food themselves. A lot of them have a good insight into what will be problematic for them, "don't give me [food vouchers] because I'll get drugs".

This support worker also acknowledged that some clients will try to take advantage of the support being offered.

> At lot of them try to play off the different service providers against each other, or see who they can get the most out of, but with good communications between the service providers and the Program, we can find that out.

A stakeholder made the point that some clients did in fact make better use of brokerage funds than others and that better oversight of the use of these funds could be beneficial.

> Some clients really utilise the Program brokerage to reach their goals - to study, go to rehab, have driving lessons - while other clients just use the brokerage for cash or short term goods, without wanting the associated case management. So this can be a downfall of the Program.

Another stakeholder commented that brokerage from the Program helped their organisation to support clients and lessened the potential for recidivism.

> We really welcome the brokerage program to support the case management. It's like an incentive for them to connect to with services to stay out just a little bit more.

9.6 Improving support to access employment and education

Employment opportunities for low skill workers in the ACT are limited. In the next 4 years, just one quarter of jobs that are created in the ACT are projected to be in industries that traditionally employ low skill workers, such as construction and manufacturing.[20]

Three participants commented about what they perceived to be a lack of support from the Program with regard to employment.

> I'd like more support to get into the workforce, as opposed to just courses. A lot of people who have lived the sort of life I've lived, courses 'n' that are scary. In the workforce, you get a little goal, get your first pay, you appreciate things and feel good and it really helps you with your self-esteem. You feel like you've achieved stuff.

> Finding help with work would be good. More help. When I work I usually stay out of trouble.

One non-client also said that he felt that employment would be an important factor in his reintegration into society and one client illustrated the difficulty that ex-detainees can have in finding employment due to their criminal past.

> They all put me on for a trial day and then it's like if you wanna give me the job you've gotta ring my parole officer and tell them what I'll be doing and I never got a call back. Why would they hire an ex crim? I get why parole has to speak to employers, but it doesn't help you get a job. Once someone gives

---

[20] Based on a comparison of projected regional employment growth (ACT compared to national data) by Industry, five years to November 2020. Source: Australian Government, Department of Employment, Employment Projections, available at http://lmip.gov.au/default.aspx?LMIP/GainInsights/EmploymentProjections date accessed 20 December 2016.

me a second chance they've basically saved my life. Once a person gives me a job, I can do anything after that. I had to tell all of my employers that I had a very colourful past, but they then keep that past in my future. They don't allow me to better my life by getting employment. I'm like a hazardous material to have on the site.

However, two clients said that the Program had provided effective assistance with employment support, particularly through funding certification and licences.

They helped with my asbestos ticket, white card, the clothing you need. Hooked me up with Campbell Page. I felt like I would've got work if I didn't reoffend.

They were very supportive of me trying to get employment and stuff like that, pushed me harder to get work, make sure I went to parole... so they were mainly focused on me not returning to custody. They helped to get to jobs, to like employment agencies, then like whatever qualifications I need, like a forklift ticket they paid for, your license card when you get out...

One participant said that it would be useful if the Program provided more support to assist clients with their education.

I know the education levels are really low of a lot of these guys, so that would really help them. Then they'd trust and respect themselves and then they'd trust and respect [Throughcare Unit staff members] as well.

Finally, one participant argued that there is a greater need for support services in rural areas.

I think there needs to be [Throughcare-like] services in rural towns. A lot of guys get out of jail and they flunk it in small towns, they go straight back, because we don't have the services in rural areas.

An ACTCS staff member acknowledged that the Program had had to increase its focus on employment for clients after initially overlooking this area.

I think in recent times a lot of energy has gone into employment. The Program coordinates white cards, OH&S and asbestos awareness for a lot of our male clients so they are enabled to get employment in construction. The Program also provides funds for work clothes, work boots, and so on. With our service providers we are now able to get a Centrelink job capacity assessment done sooner to provide employment opportunities sooner.

10 Economic evaluation

The positive outcomes presented in the previous sections of this report have been achieved at close to the initially allocated program budget. In this context, the economic evaluation examines these outcomes in the perspective of total funding and, where relevant, includes estimated cost offsets to additional benefits generated by the Program, for example delayed return to custody for clients. This helps to determine the cost-effectiveness of the service model. The economic evaluation is based on the quantitative analysis and aligns cost data with program service delivery content to estimate the cost-effectiveness of providing the Program from the perspective of ACTCS.

This section relates to the evaluation question of the costs and benefits of extending the Throughcare Program from custody into the community and presents program funding and cost figures and estimated average costs per client. Additional figures have also been incorporated for estimated cost offsets to other government agencies through potential impact on legal and court costs, mental healthcare and hospital stays.

10.1 Program funding

The financial data have been aligned with the client custodial episodes to examine the program cost in the context of program development and operation over the 3-year study timeframe. As shown in Figure 6, initial funding commenced in December 2012 and then increased throughout the first 6 months of 2013 as program development commenced (blue bars left hand scale).

Figure 6 Program funding and client intake development
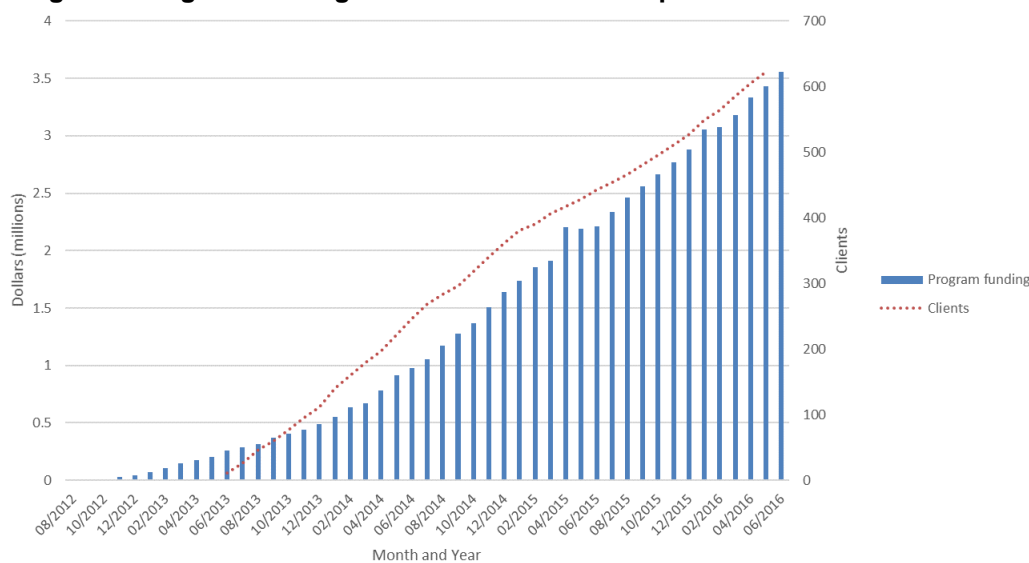
Source: JOIST, ACTCS Oracle Financial System

The preliminary set-up costs then increased with the first intake of clients in June 2013 and the combined ongoing program operation, reflected in the cumulative client intake over the study period (red dotted line, cumulative number of clients shown on right hand scale).

A total of $1.2 million was allocated for the two-year pilot period 2012-13 to 2013-14 to establish and develop the Program. Following the initial development, program funding was subsequently extended with a further $2.2 million for the two-year period 2014-15 to 2015-16. In line with the establishment phase and actual commencement of client intake for the Program, minor budget adjustments and rollover of funds provided revised funding figures for each year.

Total revised funding for the evaluation period was $3.31 million for the four years 2012-13 to 2015-16 with total actual spending of $3.56 million, representing an overspend of $0.25 million over the four years (7.6% of total funding available).

10.1.1 Average Program cost per client

Program funding available at individual client level provided a sample of service types and cost. As presented in Figure 7, brokerage and essentials release packs are predominantly support services that were received by a majority of clients. In addition to release packs, brokerage typically included purchase cards for items from chain stores and supermarkets, and food vouchers. However, more widely, it reflected the individually tailored support including employment accreditation or licencing, accommodation support such as rental arrears and a wide range of supports through the wider NGO service provider network.

For the available sample of client level data the average cost was $1,486 per client (n=455), which is in line with the estimated target identified at commencement of the Program of $1,500 per client. The average cost estimate, based on service type reporting, is comprised of $943 as brokerage (n=115), with the majority receiving around $1,500 by the end of their Program support period and a small number receiving additional brokerage funding for a range of items. Essentials payments represented an average of $313 (n=390) up to over $1,000 for a small number of clients. The remaining average cost components included $76 for My Way (n=358) and general other costs of $154 (n=374).

Figure 7 Average cost per client by service type
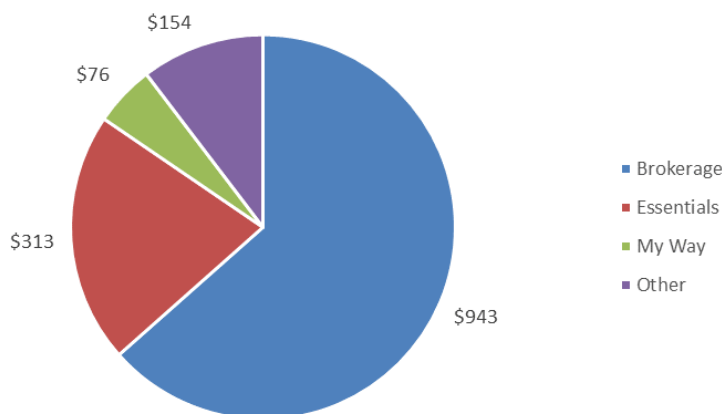
Source: ACTCS Oracle Financial System
Brokerage n=115, Essentials n=390, My Way n=358, Other n=374.

These average cost figures are presented as indicative given the individualised need based support clients received throughout their time in the Program. Similar to the target duration of 12 months, a small number of clients received additional months of support as well as additional brokerage payments above $1,500 in some cases. The majority of clients, however, completed their Program support within 12 months and with an average brokerage cost of around $1,500.

There may be some variation in the estimated brokerage figures as not all costs are recorded at individual client level. At an aggregate level there are 745 clients identified as having entered the Program as at 30 June 2016. The custodial dataset comprised a subset of 622 clients for the study group, based on individuals with complete records across the multiple data sources and timeframes. Considering total funding for the 4-year period of $3.56 million with the total number of 745 identified clients, the aggregate average Program cost is around $4,700 per client.

10.2 The cost of recidivism

The Program cost per client as presented above represents the cost to ACTCS as the lead government agency. As for all economic evaluation, the assessment may be considered across wider perspectives reflecting the interrelationships between government departments and the wider societal costs and benefits that may result from the Program. In line with the available custodial datasets, this evaluation focuses on the program costs and corresponding benefits in terms of reduced offending and returns to custody, from the perspective of ACTCS.

The wider costs and benefits of recidivism, while not assessed explicitly in this evaluation, are an implicit component of the Program and consistent with a wide range of prior research and plausibly contribute to the program cost-effectiveness. Although this evaluation focuses on identified costs and benefits from the

perspective of ACTCS, a conservative scenario has been prepared for the context of the potential scale of wider government and societal aspects as presented in the following section.

Relevant prior research includes assessment of the lifetime pathway of related Program subgroups, particularly groups with complex needs that have been shown can manifest across interrelated sectors for homelessness, mental and physical health, disability, criminal justice, social benefits, education and employment.[21] This research compiled case studies of individuals that in many cases share similar complex needs, disadvantage, vulnerability and risk factors to the Program study group. The work estimated a range of institutional life-course costs associated with cycling in and out of criminal justice across age groups, with figures ranging from $900,000 to $4.5 million per individual. In this longer-term pathway cost perspective, the estimated $4,700 per Program client is a marginal cost given the possibility of positively altering the lifetime pathway, at least for a proportion of Program participants. The research specifically positions the importance of key elements of the Program including establishing stable and secure housing and the value of associated wrap around support services.

Separate prior research supports the lifetime cost perspective of reducing recidivism, similarly in the context of vulnerable prison groups, including younger people and Aboriginal people.[22] This research, based on Western Australian recidivism rates, add weight to the high cost implications of repeat offending, in terms of imprisonment costs, as well as indirectly through related rates of increased crime, more victims and flow-on related costs to interrelated government agencies. Based on an estimated cost of keeping a person in prison of around $120,000 per year, the estimated cost offset for each ten prisoners who do not return to prison for just one year in direct costs alone is over $1 million.[23] It follows that if these ten prisoners do not return to custody in the longer-term, the offset savings continue to multiply many times. From this direct cost perspective, there are then the range of potential government and social costs across healthcare, drug and alcohol support, homelessness, employment and other often immeasurable pathway implications.

These recidivism cost perspectives are not presented as firm projections given the inherent uncertainty about future lifetime pathways. The figures illustrate, however, that even under consistently conservative assumptions, Program clients, in a proportion of cases, plausibly benefit from improved lifetime trajectories, which are potentially reflected in significant positive costs and benefits, extending well beyond the Program timeframe and plausible offsetting the Program cost investment many times over.

---

[21] Baldry, E., Dowse, L., McCausland, R. and Clarence, M. 2012 Lifecourse institutional costs of homelessness for vulnerable groups Report for FaHCSIA funded by FaHCSIA Homelessness study grant pp1-122 ISBN 978-0-9873593-1-5
[22] Recidivism rates and the impact of treatment programs, Office of the Inspector of Custodial Services, Government of Western Australia, September 2014.
[23] This is based on Departmental estimates of each prisoner costing $317 per day. See Department of Corrective Services. Annual Report 2012/2013 (September 2013).

10.3 Program benefits

As described throughout previous sections of this report, the Program is developing a wide range of positive outcomes for clients with the overarching aims of reducing reoffending rates, improving community integration post-release, and improving the social health and outcomes of clients. In line with the person-centred case management and support provided by the Program across the core areas of accommodation, health, basic needs, income and community connections, the Program benefits may extend into the medium and longer-term with interrelated positive outcomes such as reduced risk of homelessness, drug and alcohol abuse, and potentially premature death.

In this context, cost benefit assessment of programs such as Extended Throughcare generally incorporate comprehensive cost details, both for up front program establishment as well as recurrent ongoing program operation. The program benefits, by comparison, are often diffused and difficult to quantify and may result after substantial time lags, beyond the study timeframe. Assessment of these types of benefits require data linkage over extended post-program periods with secondary data sources such as healthcare, community programs, accommodation and justice systems.

The economic assessment of the Program similarly presents the benefits through a mixed-methods approach incorporating the longitudinal qualitative interview series. The quantitative aspects of the Program cost offsets focus on available custodial datasets and resulting outcomes in terms of returns to custody. For this reason, the evaluation does not explicitly examine the full range of material and non-material support, which collectively clients often felt had met their needs well, and had been developed from establishing trust with the Throughcare Unit staff.

The Program cost-effectiveness presented in the following section includes a base case of estimates for reduced recidivism rates, as well as a representative range of related benefits and cost offsets, based on estimated figures from previous research.

10.4 Cost-effectiveness

As presented in previous sections of this report, the datasets available for the evaluation have a number of limitations. In the case of the variation in some custodial data, multiple scenarios were developed to assess the content and validate assumptions against client samples prepared manually by ACTCS. There are also variations in method and timeframe that limit the direct comparability of figures assessed during the evaluation with established ACT custodial reporting protocols. However, the results are generally consistent with relevant published figures and consistent though triangulation with the qualitative components of the evaluation.

An additional limitation relates to the availability of a suitable control group for the evaluation. As discussed in the method section, the very high uptake of the voluntary Program, meant there were insufficient numbers of non-clients to form the originally planned control group. Alternative comparison groups were developed for the evaluation; however, these also have inherent limitations due to variation in baseline characteristics and in being based on a prior 3-year timeframe to the study group.

For these reasons, the assessment of the program cost-effectiveness takes a particularly conservative approach across all assumptions and is presented as a corresponding conservative base-case. There are plausibly considerable further benefits and cost offsets through related service usage across other government agencies, larger or repeated cost offsets from the presented estimates, as well as potentially ongoing benefits extending into the medium and longer-term, without further program investment.

As presented in Figure 8, funding commenced in late 2012, with a cumulative cost of $3.56 million over the 4-year period to June 2016 (dotted line). Against the cumulative program funding throughout the study period, a series of cost item offsets have been estimated, shown as respective bar chart segments by month and year.

Figure 8 Cumulative Program funding and cost offsets
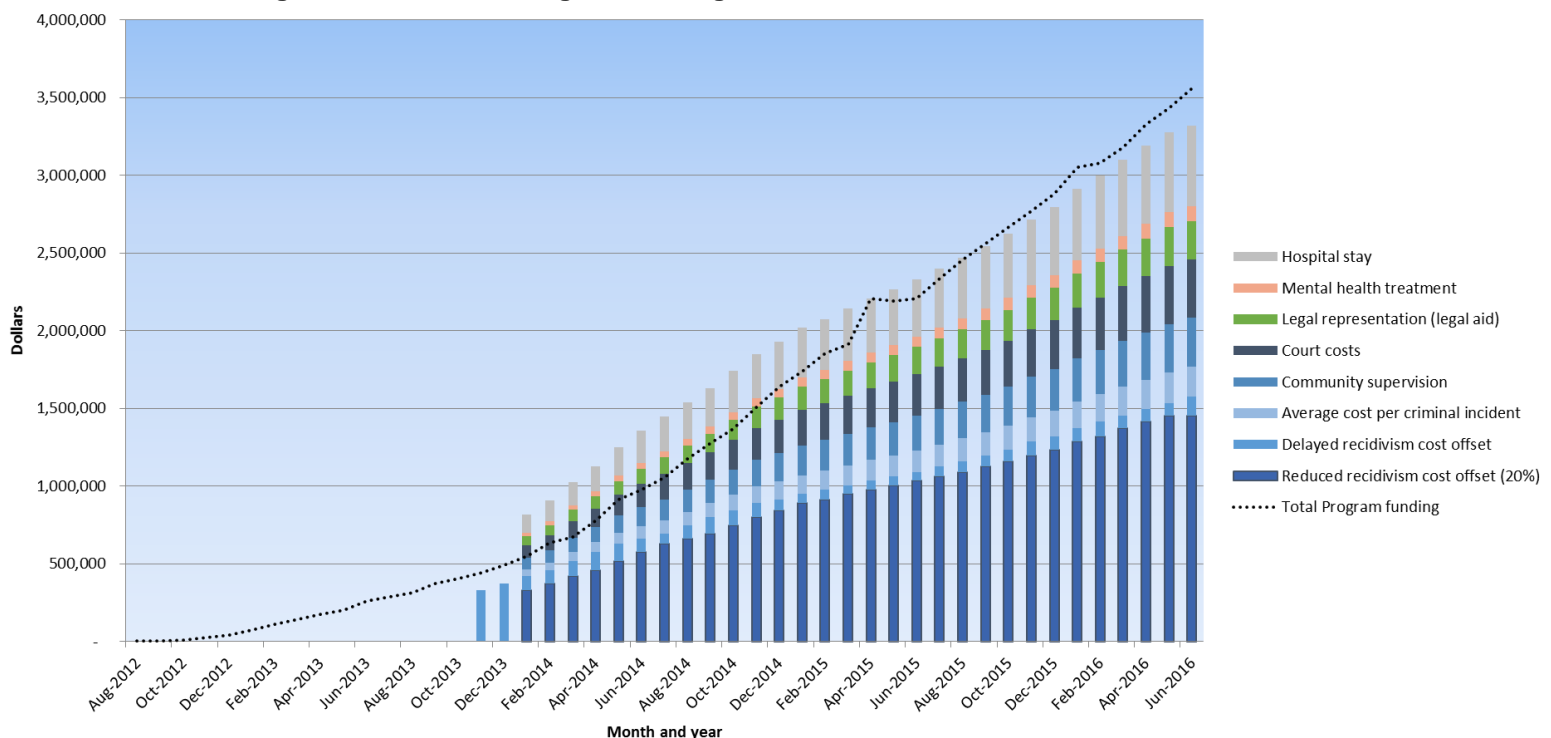
Source: JOIST, ACTCS Oracle Financial System, average cost estimates Baldry 2012.

The initial item represents a reduced recidivism rate of 20% of Program clients not returning to custody as a result of the program support services. As discussed in the outcome sections of the report, the available comparison groups indicated mixed but positive results. The comparison group reflected a significantly increased proportion of higher risk individuals based on LSI-R groups, which would be expected to have proportionally higher rates of returning to custody. Despite these higher risk factors, the study group indicates lower rates of return custody episodes in the initial 3-month post-release period, and an overall return to custody rate over 3 years of 38.6%. This is in the context of around 75% of ACT prisoners having previously been incarcerated.[24] The paired study group sample compare return to custody episodes during the 3-year study period with return episodes for Program clients, where available, during the prior 3-year period from 2010 to 2013. This subgroup indicates a return to custody rate for the prior 3-year timeframe of 61.3%, representing a decline in return episodes of 22.7%.[25]

The estimated reduced recidivism cost offset is based on an assumed 20% figure, below the paired group outcome. The timing of the offset is based on 20% of the cumulative clients at that point in the study period, lagged by an assumed 6 months from release and entry into the Program. The assumed return episodes are similarly a conservative estimate based on an assumed 90-day custodial episode at an estimated $130 per night. The actual average prior custodial duration for the study group was more than twice this 90-day duration at 7.4 months, and alternative figures from prior research indicate the cost of custody may be significantly higher, again each assumption is emphasised as being conservative given the inherent uncertainty in projecting recidivism outcomes based on the evaluation datasets.[26]

Separately, the paired study group indicates that the timing between custodial episodes was reduced for the study group by an average of 2.58 months, as discussed in section 7.3. This is estimated based on the time between prior custodial episodes, compared to post-Program return to custody timing. This is reflected in the cost-effectiveness as a lagged relative saving (for 2 months), followed by a marginal difference of the cumulative custodial cost in the case the return was not delayed.

The cost offsets for the reduced and delayed recidivism are estimates based on the custodial datasets, shown as the bottom dark blue and medium blue bars. Additional items are based on the corresponding assumed 20% of clients not returning to custody. Costs related to this reduction are shown as avoiding the average cost of a custodial episode of around $1,500, community supervision during a subsequent release of 90 days at $28 per day, court costs of $3,000 (although court costs may be over $10,000 for more serious criminal offences), and legal representation (again this could be over $15,000 for more serious District court trials). The top two bar

---

[24] 238 returns to custody of 616 study group = 38.6%.
[25] 166 returns to custody of 271 paired before and after subgroup = 61.3%.
[26] Estimated cost of custody in NSW $296 per night, Baldry 2012.

segments represent health related items of an avoided mental health treatment of $770 and an avoided hospital stay at an average of $4,164, again potentially substantially higher healthcare costs may be offset as a result of stabilised mental and physical health conditions or violent behaviours.

To emphasise again, these figures are presented on particularly conservative assumptions to indicate the plausible scale and range of cost offsets that the Program could be generating. These figures potentially underestimate the net benefits of the Program substantially in terms of the range and scale of offsets during the study timeframe, and importantly for ongoing multiples of potentially avoided events.

As there are little or no substantial upfront program investment costs to recover over time, the conservative estimate of cost offsets indicate that the Program is plausibly substantially offsetting the allocated funding, and could further, under similar relatively conservative assumptions, be generating a net benefit of multiple times the Program cost. Another cost factor relates to the ongoing increase in the ACT prison population and future prison capacity to accommodate additional numbers in custody. To the extent the Program is contributing to stabilised or reduced repeat offending this may reduce or delay potential substantial capital expenditure in the case that current ACT facilities need to be developed or extended.

As a final point, the calculations presented in this section are based on quantifiable aspects of the evaluation and prior research. It is important to note that the qualitative analysis presented in this report shows that there are further benefits to the Program which are less easy to quantify in monetary terms, but naturally still represent positive benefits and are implicit in the context of program cost-effectiveness. These types of additional benefits could include increased participation in education and employment and other measures of quality of life for the Program participants, their families, partners and children.

10.4.1   Program cost-effectiveness

This section relates to the evaluation question of the costs and benefits of extending the Throughcare Program from custody into the community. The Program cost data indicate average brokerage funding of around $1,500 per client in most cases and a total cost per client of around $4,700 when incorporating staffing, outreach and other program funding. Although there are limitations with the available custodial datasets and inherent uncertainty in recidivism and related program outcomes, conservative estimates indicate the Program is generating cost offsets representing a substantial proportion of the Program cost, and under plausible conservative assumptions may be providing significant additional cost savings across related ACT Government agencies and across ongoing longer-term timeframes.

11 Summary of findings and limitations

Overall, the findings are positive, demonstrated by both the continuing high uptake of the Program, clients being released to housing or other accommodation services, and the drop in recidivism.

11.1 Program impact

Research participants highlighted in detail a number of reasons why the Program helped them on their release:

- Personal characteristics of ACTCS and service provider staff are very important. Ensuring that staff members are dependable and trustworthy, above all, appears to contribute significantly to successful client engagement and outcomes.

- Many clients spoke of the significant impact that the Program had on their self-esteem and confidence, and in reducing the stigma associated with their circumstances. Social support, positive relationships with support workers and case managers, mental health support and substance misuse programs all assist in this area. There is also the potential to specifically engage clients with programs that target the areas of confidence and self-esteem.

- Decreases in the likelihood of reoffending can be attributed to a mix of material and non-material, "moral" support and encouragement. Both material needs and psychological wellbeing need to be attended to if the client is to succeed.

- The literature and fieldwork show that family and social support are other strong determinants of positive outcomes. Lack of these supports can lead to isolation, boredom, low self-esteem, substance misuse, mental health issues, and other issues which may increase the likelihood that the client will reoffend. The Program can play a role in supporting and engaging families as well as clients, and in assisting clients to connect with family or other social support where these supports are lacking.

- Some stakeholders felt that the Program had become a victim of its own success, taking on an unsustainable number of clients while not increasing staff and funding commensurately. Under these conditions, support workers are particularly concerned about becoming overworked or having their experiences and knowledge overlooked, and about their ability to provide quality service to larger than anticipated numbers of clients.

11.2 Program model

While clients overall reported a positive experience, there does, however, remain some confusion by clients about the Program which could be overcome by providing more detailed information about the Program, or providing it again if needed:

- Many clients report that they are unaware of exactly who or what "Extended Throughcare" and its constituent parts are, as well as where the crossover is between ACTCS and service providers. For some clients, this has created some confusion and dissatisfaction as they believe that "Extended Throughcare" has not provided them with adequate assistance.[27]

- While the uptake of the Program is very high, retrospectively, some clients appear to have not fully appreciated or understood the potential benefits of the Program until after they have experienced it. Some clients, particularly Aboriginal clients, were also unsure, initially at least, about the potential range of services that the Program may offer or that may be relevant to their circumstances.

- Furthermore, there is some misinformation and suspicion among clients about the use of brokerage funding, what brokerage funding is used for, and the ways in which they may be able to access this funding.

The Program does not operate in isolation and depends on the provision of other services and opportunities in the local context such as housing and employment, which is outside of the control of the Program:

- Stable housing is a key factor for the client to succeed, but so is suitable housing. More specifically, suitable housing needs to be away from drugs and negative influences. The potential exists to establish more formal links with HACT or other accommodation providers, or to develop a more systematic way of assigning housing pre- or immediately post-release. However, as reported, there is currently a long waiting list and waiting period in the general community for social housing. The need is particularly high for multiple and complex support needs clients[28]. This is an area where community housing could be more engaged as well as looking to the models in other states such as the Community Justice Program in NSW and the MACNI program in Victoria.

- Greater engagement with employment services, especially with those that have experience working with ex-prisoners and those with complex support needs,

---

[27] Note that this is not unusual. Van Slyke and Roch (2004) also find that clients may not be clear who is delivering a service and whether or not it is being provided by or on behalf of the government. This has the added implication of making attribution of outcomes to a particular program or service very difficult.
[28] Baldry E, 2014

could be developed, assisting clients to develop job ready skills over the life of a client's engagement with the Program.

- Stakeholders were generally content with the Program model of governance and collaboration and coordination with the community sector. Open and honest communication, flexibility and effectiveness of the governance group were all felt to contribute to this success. ACTCS should ensure that community input into the governance group is maintained and that the group's membership includes representatives from across all relevant parts of the community sector.

- There could be advantages to relocating the Program from the ACTCS and Probation and Parole offices, especially in terms of gaining trust from clients and increasing engagement with the Program similar to the model used in the UK for Women's Community Justice Centres (noted earlier in this report).

11.3 Cost benefit

The Program appears to provide significant savings to the ACT Government based on the cost of establishing and running the Program and the initial reduction in the rate of recidivism. This provides direct cost savings in terms of reduced use of custodial services, as well as potential secondary cost offsets to other ACT Government agencies including corrections, courts, police, emergency services, hospital and psychiatric admissions as well as the social benefits and the savings to each agency from the success of the Program.

11.4 Limitations of the study

This study was conducted within the economic and social context of the ACT. As identified in the report, there are a number of issues within the broader context of the availability of social housing and low skilled work opportunities that have impacted upon the outcomes clients have had from the Program.

Due to difficulties in recruitment of participants to the study, the role of family support and understanding family perspectives on the Program were limited. This in itself may highlight that not enough family support was available – however, this is an assumption and is not evidenced.

In relation to the quantitative analysis, the main limitation results from high Program uptake and the resulting low number of non-Program participants to form a sufficient control group. The evaluation depended on an alternative control group and comparison group, which had significant additional limitations. There were limitations to the custodial data and accurately identifying Program relevant activities. In addition, there were no separate program data available to verify specific Program entry dates or other specific support services received. As there

were no linkages with secondary data sources available[29], the evaluation relied on self-reported qualitative data through interviews about accommodation, health and community connections.

Finally, there are a range of methods used to define recidivism related to recognition of returning to custody in the context of continued points of being charged, arrested, returned to custody, bailed, and ongoing appeal processes. The optimal method will reflect assessment timeframe and post-release durations, as well as dataset detail and quality. The analysis in this evaluation has used available data reported through the JOIST offender systems, with a focus on return to custody episodes. For this reason, recidivism figures developed are presented as indicative but are not directly comparable with Commonwealth recidivism reporting through ABS and RoGS publications. Further details on limitations to the method are provided in Appendix A

During the study period, there were significant changes to staff within ACTCS. This impacted substantially on the provision of data, institutional knowledge and participant engagement, particularly during the longitudinal component of the study, as well as the review process.

11.5 Further research

Due to the above limitations, consideration may be given to further investigating different aspect of clients' reintegration into the community in areas such as employment (including the facilitators and barriers to attaining and maintaining employment).

Further investigation is required to understand the Program impact on mortality rates.

---

[29] Secondary data sources may have identified people who were deceased. This would have impacted on the recidivism rate for both the study and control groups.

12 References

ACT Corrective Services. (2014). *A preliminary review of Throughcare in ACT, A Report for the Throughcare Unit*.

Andrews, A., & Bonta, J. (1995). *LSI-R: The Level of Service Inventory – Revised*, Multi-Health Systems, Canada.

Australian Bureau of Statistics (2016). 4517.0 - Prisoners in Australia, 2016 Australian Capital Territory, Snapshot at 30 June, 2016.

Australian Bureau of Statistics. (2015). *Prisoner Characteristics, State and Territories*, 'Table 13: Prior imprisonment status, by state and territory', data cube: Excel spreadsheet, cat. no. 4517.0 http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4517.02014?OpenDocument

Australian Government. (2016). Department of Employment, Employment Projections, http://lmip.gov.au/default.aspx?LMIP/GainInsights/EmploymentProjections

Baldry, E. (2007). Recidivism and the role of social factors post release. *Precedent*, 81, 4-7

Baldry, E. (2014). 'Complex needs and the justice system' in Chris Chamberlain, Johnson, G & Robinson C. *Homelessness in Australia: an introduction*. UNSW Press, Sydney. Ch 10 pp 196-212.

Baldry, E., Borzycki, M. (2003). The provision of prisoner post-release services. Trends & Issues in Crime and Criminal Justice, 262. Australian Institute of Criminology, Canberra

Baldry, E., Bratel, J., Dunsire, M. & Durrant, M (2005). 'Keeping children with a disability safely in their families', Practice: *Journal of the British Association of Social Workers* 17(3):143-156

Baldry, E., Dowse, L., McCausland, R. and Clarence, M. (2012). Lifecourse institutional costs of homelessness for vulnerable groups. Report for FaHCSIA funded by FaHCSIA Homelessness study grant pp1-122 ISBN 978-0-9873593-1-5 http://www.mhdcd.unsw.edu.au/mhdcd-projects-studies.html

Baldry, E., McDonnell, D., Maplestone, P., & Peeters, M. (2006). 'Ex-prisoners, accommodation and the state: post-release in Australia', *ANZ Journal of Criminology* Vol 39(1):20-33

Baldry, E., Trofimovs, J., Brown, J., Brackertz, N., & Fotheringham, M. (2015). Springboard Evaluation Report. UNSW & AHURI, Sydney, pp1-46 https://www.researchgate.net/publication/296241539_Springboard_Evaluation_Report

Borzycki, M. (2005). Interventions for prisoners returning to the community. Australian Institute of Criminology: Canberra.

Cullen, F.T. & Gendreau, P. (2000). Assessing correctional rehabilitation: Policy, practice and prospects. *Criminal Justice 2000: Policies, processes and decisions of the criminal justice system*, vol 3., 109-176.

Government of Western Australia (2014). Recidivism rates and the impact of treatment programs, Office of the Inspector of Custodial Services.

Home Office (2007). *The Corston Report: A review of women with particular vulnerabilities in the criminal justice system.* http://www.justice.gov.uk/publications/docs/corston-report-march-2007.pdf

Lloyd, J., Delaney-Thiele, D., Abbott, P., Baldry, E., McEntyre, E., Reath, J., Indig, D., Sherwood, J. & Harris, M. (2015). The role of primary health care services to better meet the needs of Aboriginal Australians transitioning from prison to the community. BMC Family Practice, 16(86). Available at: http://www.biomedcentral.com/1471-2296/16/86

Malloch, M., McIvor, G., Schinkel, M. & Armstrong, S. (2013) The elements of effective Through-Care: Part 1 – International review. *The Scottish Centre for Crime & Justice Research, 03/2013*.

Productivity Commission. (2016). Introducing competition and informed user choice into human services: Identifying sectors for reform. Canberra.

Productivity Commission. (2015). The annual Report on Government Services (RoGS).

Shepherd, S. M. & Lewis-Fernandez, R. (2016). Forensic Risk Assessment and Cultural Diversity: Contemporary Challenges and Future Directions, *Psychology, Public Policy, and Law*, Vol. 22, No. 4, 427–438.

Van Slyke, D. M., & Roch, C. H. (2004). What do they know, and whom do they hold accountable? Citizens in the government-nonprofit contracting relationship. *Journal of Public Administration Research and Theory*. http://doi.org/10.1093/jopart/muh013

Visher ,C.A., Travis, J. (2003). Transitions from prison to community: understanding individual pathways. *Annual Review of Sociology* 29, 89-113.

Vose, B., Smith, P., & Cullen, F. (2013). Predictive Validity and the impact of change in total LSI-R Score on Recidivism. *Criminal Justice and Behaviour, Vol 40, No 12*.

Appendix A   Quantitative data analysis

As described in the methodology summary, the quantitative components of the evaluation include analysis of de-identified ACTCS administrative and offender system data for all clients before, during and after their participation in the Program.

The analysis developed a time series framework based on release date to align case management, support services, outcomes and program cost for the evaluation study group. The corresponding time series structure was also established for the control group, and before and after study comparison groups, based on respective individual release dates for the 3-year period prior to commencement of the Program in June 2013. Program funding and cost data were integrated to the time series framework to align with Program support and client outcomes as described in Section 2.3.

The quantitative data study period was initially planned from Program commencement to December 2015. However, this was extended in line with the supplementary second round of longitudinal follow-up interviews. This provided an extended quantitative dataset to June 2016, with longer post-release timeframes up to a full 3-years for the study group activity and a corresponding 3-years for the control sub groups as presented in Figure 1.

Study populations

Study group

The quantitative data were provided by ACTCS, sourced from custodial and offender records, as well as program funding from the corporate finance system. Program clients were identified by unique person identification codes and all related content was extracted from multiple offender subsystems. For the Program study group, the evaluation period starts in April 2013 when the Program commenced, with the first cohort of participants in June 2013. The core study control group is based on the preceding 3-year period for those released prior to the Program being established. Both the study and control group data extend to 30 June 2016.

From the identification of Program clients provided in the source datasets, the preliminary data preparation included multiple scenarios to derive entry date into the Program. This was necessary as the Program entry date is not recorded in the offender data and clients generally have multiple custodial records, preliminary administrative records and release dates. The source datasets are summarised in Figure 9 at a client sample size level.

Control group

The primary control group comprises separate individuals who did not access the Program and is based on the 3-year period prior to the commencement of the Program in June 2013. By definition, those that participated in the Program are not included in the control group data, although custodial records were available for the study group for the prior 3-year period from 2010 to 2013.

This provided supplementary comparison sub-groups that were also examined during the preliminary data preparation phase. The quantitative analysis examined all available comparison groups including the core control group (n=314) and a paired before and after the Program cohort based on the study group (n=271). These comparison groups provided supplementary data to examine client and control group baseline characteristics.

These multiple comparison groups are a result of the relative success of the Program. Originally, as presented in the evaluation plan, the control group was expected to be formed by individuals who were eligible for the Program but chose not to participate, given that the Program is optional. However, due to the very high Program uptake there are a relatively small number of releases not engaging with the Throughcare unit. This has therefore not provided a sufficient comparative control cohort of sufficient sample size.

The alternative approach includes custodial episodes for the 3-year period from 2010 to 2013, prior to when the Program commenced. This introduces sources of variation into the comparison, both in terms of changes over time from 3 years prior, as well as differences in baseline characteristics of the separate control group and the economic (e.g. employment) and social (e.g. social supports and housing) context into which they are released.

Figure 9 Study and control group source data and sample sizes

Study group	Sentenced clients	Demographics (Stage 1) N=691	Client Assessment (Stage 2) N=673	LSI-R Scores (Stage 3) N=671	Custodial episodes (Stage 4) N=691
	Remand clients	Demographics (Stage 5) N=54	Client Assessment (Stage 2) N=53	LSI-R Scores (Stage 3) N=26	Custodial episodes (Stage 4) N=54
	Total clients	Demographics N=745	Client Assessment N=726	LSI-R Scores N=697	Custodial episodes N=745

Control group	Sentenced clients	Demographics (Stage 1) N=431	Client Assessment (Stage 2) N=412	LSI-R Scores (Stage 3) N=418	Custodial episodes (Stage 4) N=431
	Remand clients	Demographics (Stage 5) N=285	Client Assessment (Stage 2) N=272	LSI-R Scores (Stage 3) N=203	Custodial episodes (Stage 4) N=285
	Total clients	Demographics N=716	Client Assessment N=684	LSI-R Scores N=621	Custodial episodes N=716

Source: JOIST offender information systems. Stage numbers relate to ACTCS stages of data collation.

Paired before and after study group

The study group datasets included all available custodial records for several years prior to entering the Program. The time series framework developed comparative paired calculations for individuals with custodial activity during the 3 years prior to commencement of the Program. This provided a supplementary before and after comparative group for paired analysis with corresponding increased statistical power given the self-controlling baseline characteristics and the corresponding variation in the core control group.

Program data

Initial client program data were recorded using spreadsheet templates which transitioned into the Case Management Record (CMR) portal from early 2015. This data include demographics, client assessment, case management development, support services, as well as a range of items including housing, self-reported health categories, and program participation such as drug and alcohol support.

The program data reflect the individual character of Program support and is predominantly recorded as detailed client case notes. A sample of deidentified case note records were reviewed for context; however, the effort required for deidentification, including hand written content, was not feasible to collate for a larger sample of clients.

For these reasons the demographic, offence and client assessment data were extracted from the custodial systems and developed into a master dataset as presented in the following section.

Custodial and offender data

The ACTCS Joint Offender Information System Tasmania (JOIST) provides the primary custodial and offender data. The structure was developed based on the established Tasmanian system and incorporates 3 sub-systems:

- Custodial Information System (CIS)
- Offender Information System (OIS)
- Victim Information System (VIS)

The data extracts for the study and control groups were developed by ACTCS data managers and provided in a series of 16 files as reflected in Figure 9. The custodial and offender system data provide imprisonment orders and history, parole breaches, and other custodial contact including bail release, periodic detention and remand episodes. This was used to develop derived summary figures for previous numbers of prison episodes for post-release comparison. Files were linked for analysis by unique client ID (PID) codes.

The process to extract and verify source figures from case notes and alternative systems is substantially manual and time consuming. Based on the effort required to compile the original sample, it was decided that the datasets extracted from JOIST would be used by the evaluation team to derive calculated figures.

Preliminary data preparation

The preliminary data preparation required identification of respective release dates as the baseline entry date into the Program. The initial approach examined all records across the study and control group timeframes with the assumption that the first release during either the study or control periods would provide the baseline. However, given the multiple episodes for each individual, many records from the JOIST datasets include either potentially inconsistent categories, such as release reason, or are a result of procedural processing; for example, release on bail after only a few days does not represent a post-sentence release baseline date.

For this reason, initial development and testing of derived content identified examples with short durations between being received and released from custody, often after several days in bail release cases. Other records were identified as release on bail with durations of several weeks or months. To validate these variations in classification, the data preparation phase developed multiple scenarios to examine the variation in recorded descriptions and the length of each episode in order to establish reliable release baselines, as well as the identification of repeat offending and return to custody.

Dataset derived content and calculations

The initial calculations were developed on the complete JOIST datasets including all offender records. As described above several dataset scenarios were developed to validate custodial episode timing and grouping within the time series framework. The derived content and calculations are summarised in this section and further details are provided in Offender data calculations provided in Appendix C . Similar content was replicated across each dataset scenario.

Derived dataset content and calculations include:

- Term in custody per episode in days and months
- Longest sentence
- Total days and months in custody
- Count number of custodial episodes
- Count total number of episodes per client
- Average length of episode in days and months
- Total period between episodes
  - o Period between episodes
  - o Longest period between episodes
  - o Total period between episodes in days, months and years
  - o Average period between episodes in days, months and years
- Identification of release baseline date (not recorded in JOIST datasets)

Corresponding calculations were made to identify pre- and post-release received dates, as the basis for returns to custody and survival analyses.

The count number of post-release episodes include:

- Count of total number of post-release episodes per client based on date received to custody
- Count of total post-release episodes
- Derived comparative Program end date, 12 months after release

Comparable groupings were defined to derive pre-release baseline content, for average custodial baseline calculations.

The base calculations were developed for each relative timeframe scenario and separately merged with each additional dataset to align assessment content, LSI-R scores and demographic details. Separate groupings were also developed to examine the level of supervision, for example under parole orders, good behaviour orders, probation or periodic detention.

LSI-R scores

The Level of Service Inventory – Revised (LSI-R) is an established assessment instrument developed in Canada and designed to assess the risks and needs of offenders. The instrument has been widely used by ACTCS for several years and provides a validated predictive indicator with an established correlation between LSI-R scores and recidivism.[30]

For each of the dataset scenarios developed for preliminary validation, LSI-R scores were grouped in the time series framework for the study and control groups based on the relative derived release date baselines. This provided distinction between LSI-R assessment prior to release, separate to other scores recorded in earlier years or post-release. Most of the study and control group individuals have multiple LSI-R points identified with the date an assessment was undertaken.

From the raw LSI-R scores provided in the JOIST data, LSI-R groups were developed based on established categories of low to high risk of reoffending and the associated approximate chance of recidivism, as presented in Table 3.

Program funding and cost data

Program financial data are processed through the Oracle corporate finance system and was extracted for the full study period from commencement in 2012–2013 to 30 June 2016. The cost datasets included detailed transaction level records reported across several management reporting categories, by monthly reporting period. This provided the basis to integrate the program cost with the quantitative analysis timing for the economic evaluation content.

Separate finance data were also provided for the Program budget across each year, as well as supplementary detail on brokerage costs, which are a significant cost component.

Program outcomes and benefits

The overarching primary outcome for the evaluation is avoiding and delaying return to custody and this has been examined in multiple contexts. The initial measure examines relative returns to custody for each individual, assessed as time to event survival analysis. Returns to custody are then also examined in the context of relative frequency of previous and repeat offences for comparison during and after participation in the Program. This provided a derived baseline to examine program outcomes relative to prior custodial patterns, as an indicator of potential progress to longer-term, stable community re-integration.

---

[30] Vose B, Smith P, Cullen F; Predictive Validity and the impact of change in total LSI-R Score on Recidivism, Criminal Justice and Behaviour, Vol 40, No 12, December 2013.

In the broader context, client outcomes identified during the qualitative component of this research form the context for assessing outcomes across a comprehensive range of areas including post-release accommodation, employment, training and education, as well as health related outcomes such as mental and physical health, drug and alcohol use, and wider community engagement. Collectively, this range of outcomes reflects the coordinated wrap around character of the Program, supporting the primary endpoint of successful reintegration into the community and the corresponding reduction in recidivism.

Survival analysis

The evaluation presents the characteristic issue of data right censoring, where post-Program participants may return to custody at some point, although it is unknown as at the end of the evaluation period.

The quantitative components of the evaluation include duration (survival) analytic techniques to assess the cumulative event free duration post-release date for both the study and control groups. The duration analysis provides articulation of time to event, where the event is defined as post-release reoffending or return to custody. The survival analysis examines cumulative event free periods for the Program study group, the control group and before and after paired study group.

Additional survival analyses were also undertaken across primary sub groups including LSI-R groups, to examine Program outcomes in context of the baseline characteristics of each cohort. Each comparative group were developed into Kaplan-Meier survival estimates in the number of weeks from the point of release.

Basecase data preparation

Following the initial base case which included all available records, additional scenarios were developed to exclude short-term records from the offender calculations. This was included firstly for 7-day and 30-day examples and, following discussion with ACTCS, further cases were developed for 60 and 90-days. Additional scenarios included exclusion of records identified as non-custodial, for example bail; however, this was not reliable either as longer-term episodes of several months were also labeled as released on bail, which are likely to have been actual custodial episodes.

The process for each scenario required rerunning all figures from source datasets, as each case assumption varied the 'first' release baseline, and all subsequent calculations for number of episodes, durations in custody and return to custody. In each case, figures were validated against an initial spreadsheet sample prepared manually by ACTCS during the initial phase of the evaluation. The exclusion of custodial episodes below 30 days provided the closest fit with validated example calculations and was used as a base case for the quantitative components.

This validation process confirmed that comparative results between study and control groups were relatively consistent, as each scenario removed similar proportions of records from both the study and control group content. This preliminary validation confirmed that although there was some variation in the custodial dataset classifications, the results are consistent across several cross sections and provide the most robust base for the quantitative analysis.

Commonwealth and ACTCS reporting

Commonwealth reporting of ACTCS figures, including Australian Bureau of Statistics (ABS) series and the Report on Government Services (RoGS), provide supplementary context to ACT custodial episodes and reoffending rates

The figures prepared from the JOIST datasets for the evaluation are based on individual custodial episodes throughout each year of the study and control periods, and are not directly comparable with point in time census figures prepared for Commonwealth reporting protocols. The evaluation figures incorporate the higher volume of releases and potential returns to custody throughout a year, to assess the shorter period 'churn' over time. There are also issues related to technical definitions of recidivism, considering pathways of offending, potential charges and ongoing legal processes or appeals. These established definitions require longer study periods to develop validated annual figures. For this reason, the evaluation figures focus on release from and return to custody as provided in the offender datasets and may vary slightly from longer-term recidivism figures which may be adjusted following legal processes and court orders. The treatment of custodial episodes for the evaluation is applied consistently for the study group and control sub groups with focus on comparative analysis between Program clients and those that did not access the Program.

Quantitative control group

The initial approach for the Program control group was to assess those who chose not to participate in the Program, given that the extended case management and support services are optional. As described in the method, the high Program uptake meant an insufficient non-client sample was available to establish this control. For this reason, the alternative approach was to establish a control group from those released prior to the Program commencing in April 2013. Retrospective data are available for this group, with corresponding baseline characteristics.

The primary analysis has been undertaken on justice system contacts and returns to custody. Other comparative data on outcomes such as housing, health or drug and alcohol were not routinely captured before establishment of the Program and are not available for the control group. Although these aspects would provide supplementary comparative detail, the focus has been on the primary recidivism outcome, and the related context as the key cost component for the cost-effectiveness analysis.

Limitations to method

As outlined in the body of the report, a number of evaluation limitations exist. The main limitation results from high program uptake and the resulting low number of non-Program participants to form a sufficient control group. The evaluators developed a number of scenarios and assumptions to enable comparisons to be made. Throughout the data analysis and economic integration, conservative assumptions have been used to establish base case figures that are then supplemented with scenario analyses.

Further limitations for the quantitative and economic components relate to the custodial data, including variation in episode classifications and accurate identification of custodial dates relative to the timeframe clients were in the Extended Throughcare Program. The custodial data were used exclusively to derive all client and control group content, including Program entry dates and comparative control group baseline release dates. There were no separate program data available to verify specific program entry dates or other specific support services received.

Potential variation in derived program entry dates has implications for the number and duration of custodial episodes and was tested through a series of supplementary scenarios. The focus has been to identify methods that most closely reflect preliminary client data samples that could be replicated consistently across both the study and control groups, as well as the supplementary paired before and after study group content. While the test cases indicate relatively consistent results across each set of assumptions, this remains a potential source of variation.

The custodial and financial datasets formed the core analysis framework; data linkage with secondary data sources was not available to the evaluation. Content related to accommodation, health, income or community connections are self-reported in the qualitative data, with limited supplementary details examined through a deidentified sample of client case notes.

Finally, there are a range of methods used to define recidivism, related to recognition of returning to custody and in the context of continued points of being charged, arrested, returned to custody, bailed, and ongoing appeal processes. The optimal method will reflect assessment timeframe and post-release durations, as well as dataset detail and quality. The analysis in this evaluation has used all available data reported through the JOIST offender systems, excluding records of less than 30 days between being received to custody and released. For this reason, recidivism figures developed are not directly comparable with Commonwealth recidivism reporting through ABS and RoGS publications.

Appendix B   Survival analysis scenarios

Base case: All JOIST episodes

The preliminary base case included all custodial records from the JOIST datasets. As described in the method section, this base case includes episodes related to short-term transitional transfers, for example bail processing, and some records also identified as release on bail after several months. For this reason, grouping by reason for release was seen to include a mix of some records that could affect the calculation of baseline dates and subsequent number and duration of custodial episodes.

The additional scenarios provided below were developed to assess the inclusion or exclusion of records based on the reported duration between being received into custody and subsequent release. The 30-day scenario reflected the closest fit with episodes prepared manually by ACTCS and was used for all evaluation analysis. This additional preliminary validation work confirms relatively marginal changes in survival estimates, as each successive timeframe excludes groups of episodes, generally extending the start date baseline, as well as subsequent return to custody events.

Each survival curve scenario is presented with the study group and control sample sizes, failed = 1 indicates number of each group returning to custody.
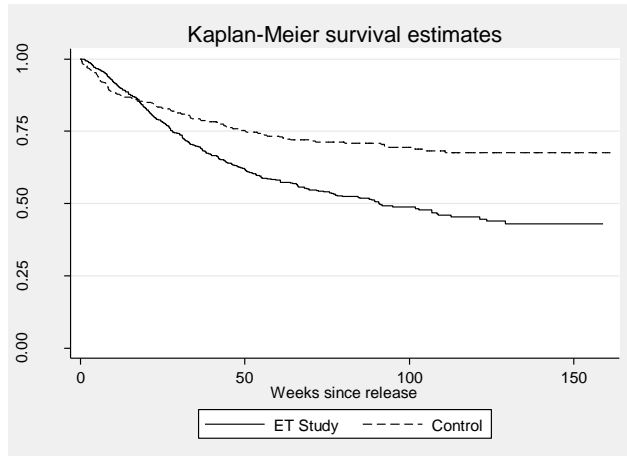
| | | SOURCE | |
FAILED	STUDY	CONTROL	Total
0	364	336	700
1	329	220	549
Total	693	556	1,249

Kaplan-Meier survival estimates
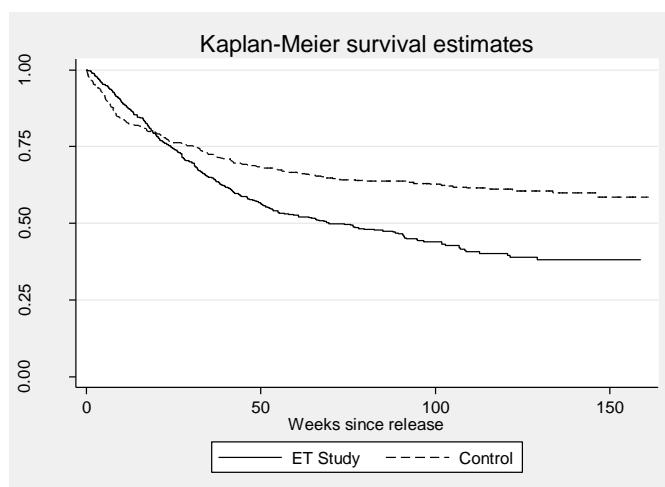
7-day scenario: Excludes custodial records where the duration between received to custody and release is 7 days or less.

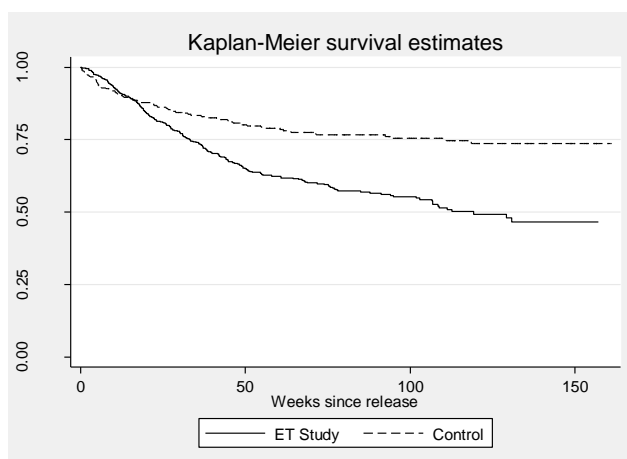| FAILED	SOURCE		
	STUDY	CONTROL	Total
0	384	251	635
1	285	111	396
Total	669	362	1,031

Kaplan-Meier survival estimates

60-day scenario: Excludes custodial records where the duration between received to custody and release is 60 days or less.
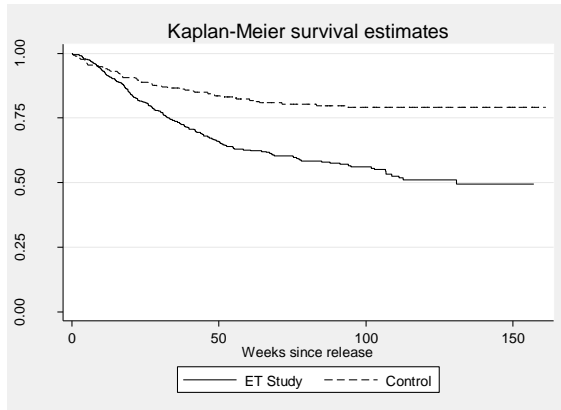
Term over 60 days

FAILED	SOURCE		
	STUDY	CONTROL	Total
0	359	228	587
1	217	76	293
Total	576	304	880

Kaplan-Meier survival estimates

90-day scenario: Excludes custodial records where the duration between received to custody and release is 90 days or less.

| | SOURCE | | |
FAILED	STUDY	CONTROL	Total
0	335	219	554
1	194	54	248
Total	529	273	802

Kaplan-Meier survival estimates

Given the variation in baseline characteristics and the base case survival analysis results, the paired study group sample was also incorporated into the pre-Program comparison timeframe from 2010–2013. With the inclusion of this supplementary subgroup, the combined comparison group return to custody rate increased to an approximately similar level to the study group. This combined comparison group reflects the predominant core control cohort, with the lower risk proportion of clients based on LSI-R grouping, masking the relative study group return to custody rate. For this reason, the control group and paired study comparison sub group are presented separately in the body of the report, to present the relative different results for each group, in line with the different baseline characteristics in the control group.

Figure 10 Survival analysis – Study and combined control group

Kaplan-Meier survival estimates
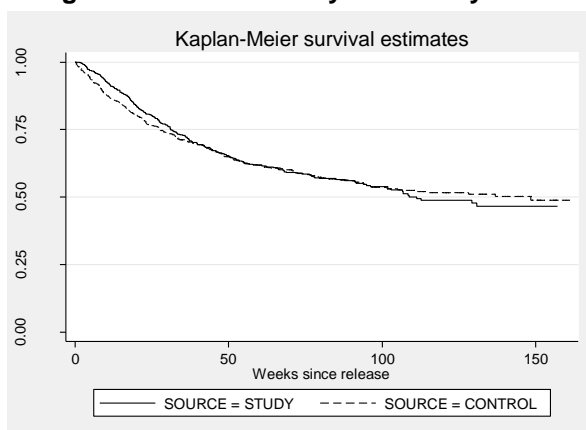
Source: JOIST offender information systems
Study group (n=622), returned to custody (n=240)
Combined control group (n=634, returned to custody (n=277)

Recidivism and LSI-R groups

Given the substantially higher proportions of higher risk LSI-R clients in the study group, further survival analysis was undertaken to examine the relative influence on return to custody rates across each LSI-R group. As presented in Figure 11, each subsequent LSI-R group reflects a stratified increase in the resulting returns to custody. These relative groupings are similarly reflected across both the study and control groups, confirming the significance of LSI-R scores in the context of the likely return to custody and the relative increase in preventing reoffeding across successively higher groups.

These types of risk factors, including the number of previous offences, are commonly examined using matching techniques such as propensity scores to attempt to control for the variation in baseline characteristics and isolate the program outcome. Given the timeframe and scope of this evaluation, these methods have not been undertaken. However, the supplementary breakdown across the figures indicate the sensitivity and scale of the effect resulting from study group composition and provide positive context for the results. It is plausible that in the case that a more suitable control group was available, or through ongoing longitudinal follow-up and matching analyses, the Program is achieving the positive results at levels in line with the paired study cohort.

Figure 11 Survival analysis – Return to custody by LSI-R group
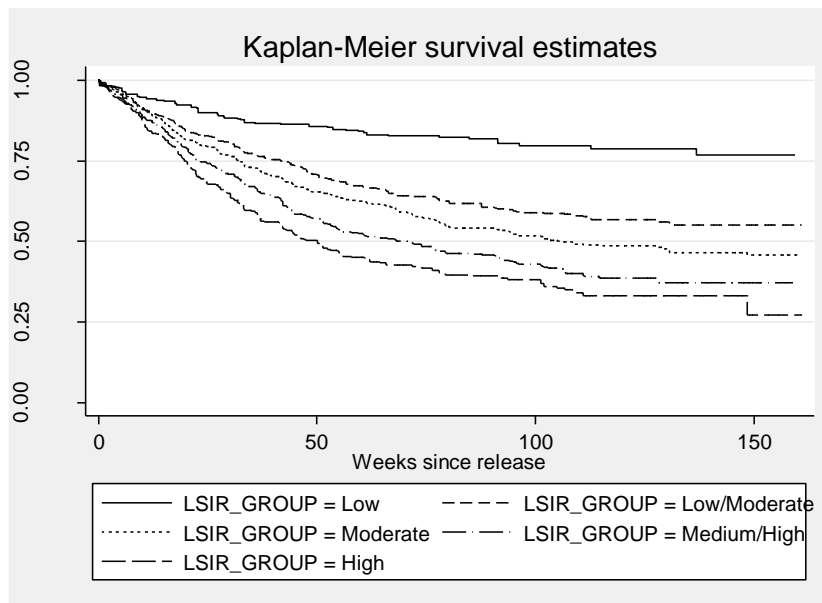
Source: JOIST offender information systems

Appendix C   Offender data calculations

Preliminary steps: remand and sentenced datasets were merged and cleaned to apply consistent calculations across each source of data.

The initial calculations were developed on the full datasets, including all offender records. As preliminary development of the JOIST datasets, including all source records, and initial testing continued, it became clear that variation existed in the identification of some records. For example, short-term episodes (of several days) followed by release on bail were not considered to be custodial episodes that reflected an actual custodial release such as completion of a sentence, and were not valid base dates for the related entry into the Program.

Several subsequent scenarios were developed to examine the variation and validate the preliminary data provided by ACTCS in the early stages of the evaluation. These scenarios required developing and re-running the calculations from the beginning as each case resulted in slightly different release date baselines, and changed the remaining numbers and relative timing of episodes.

This core set of calculations are presented as representative of each subsequent set of data prepared, for preliminary testing scenarios as well as for each study and control sub group.

Core calculations

The source data were received in Microsoft Excel and routine field renaming and destringing was completed for each source file. This included reformatting dates which were inconsistently held into conventional month/day/year format.

Total custodial episode summary data

- Term in custody per episode in days and months
    - TERM_DAYS = RELEASE_DATE – RECEIVED_DATE
    - TERM_MONTHS = TERM_DAYS / 30.5
- Longest sentence
    - Sorted by PERSON_NO and TERM_MONTHS
    - Generated by PERSON_NO: LONGEST_SENTENCE = max (TERM_MONTHS)
- Total days and months in custody
    - Sorted by PERSON_NO, TERM_DAYS
    - Generated by PERSON_NO: TOTAL_SENTENCE_DAYS = sum (TERM_DAYS)

- o TOTAL_SENTENCE_MONTHS = TOTAL_SENTENCE_DAYS / 30.5
- Count number of custodial episodes
    - o Sorted by PERSON_NO, RELEASE_DATE
    - o Generated by PERSON_NO: EPISODE_COUNT = _n[31]
- Count total number of episodes per client
    - o Sorted by PERSON_NO, RELEASE_DATE
    - o Generated by PERSON_NO: EPISODE_TOTAL = _N
- Average length of episode in days and months
    - o AVERAGE_EPISODE_DAYS = TOTAL_SENTENCE_DAYS / EPISODE_TOTAL
    - o AVERAGE_EPISODE_MONTHS = AVERAGE_EPISODE_DAYS / 30.5
- Total period between episodes
    - o Period between episodes
        - Sort key PERSON_NO and RELEASE_DATE
        - Generated by PERSON_NO
        - PERIOD_BETWEEN_EPISODES = RECEIVED_DATE – RELEASE_DATE[_n–1]
        (Received date compared to previous episode release date)
    - o Longest period between episodes
        - Sorted by PERSON_NO, PERIOD_BETWEEN_EPISODES
        - Generated by PERSON_NO: LONGEST_PER_BETWEEN = max (PERIOD_BETWEEN_EPISODES)
    - o Total period between episodes in days, months and years
        - Sorted by PERSON_NO, PERIOD_BETWEEN_EPISODES
        - Generated by PERSON_NO: TOTAL_BETWEEN_DAYS = sum (PERIOD_BETWEEN_EPISODES)
        - TOTAL_BETWEEN_MONTHS = TOTAL_BETWEEN_DAYS / 30.5
        - TOTAL_BETWEEN_YEARS = TOTAL_BETWEEN_DAYS / 365
    - o Average period between episodes in days, months and years
        - Sorted by PERSON_NO, PERIOD_BETWEEN_EPISODES

---

[31] Note n is record count notation, while N is total count on a sorted sample

- Generated by PERSON_NO: AVERAGE_BETWEEN_DAYS
  = TOTAL_BETWEEN_DAYS / EPISODE_TOTAL
- AVERAGE_BETWEEN_MONTHS =
  AVERAGE_BETWEEN_DAYS / 30.5
- AVERAGE_BETWEEN_YEARS =
  AVERAGE_BETWEEN_DAYS / 365

Identification of release baseline date

Program entry date was not recorded in the JOIST datasets; the relative release date in each study or control period was used to derive the baseline entry point. This included multiple groupings to identify records within the study period, control period, and before and after each 3-year timeframe. The scenarios for assessing record variation were completed for each of these baseline blocks for each scenario.

The study period was June 2013 to June 2016. The control group period and paired prior study comparison was June 2010 to June 2013. Base dates were copied across datasets as the baseline for subsequent calculations.

There were generally multiple records for each client in each study or control timeframe. The release baseline date was taken as the earliest in each timeframe.

Corresponding calculations were made to identify pre- and post-release received dates, as the basis for returns to custody; i.e. returns that occurred after the study or control period provided the basis for censoring in the survival analysis.

Count number of post-release episodes:

- Count total number of post-release episodes per client based on dates received into custody
    - Sorted by PERSON_NO, POST_RELEASE_EPISODES
    - Generated by PERSON_NO: POST_EPISODE_COUNT = _n
- Count total post-release episodes
    - Sorted by PERSON_NO, Post Release Count = max (POST_EPISODE_COUNT)
- Derive comparative the Program end date, 12 months after release
    - END_ET_DATE = BASE_RECEIVED_DATE + 365
      (Only for comparable study group reference. Remaining in the Program is optional and ongoing engagement is not recorded in the offender datasets.)

Calculation timeframes

The equivalent calculations as above were replicated once the baseline dates were confirmed to separately derive pre-release baseline content for average custodial baseline calculations, as well as the post-release date range. This was required for all scenarios as the datasets included all available records to June 2016 for several years prior. This produced similar baseline calculations and formula (as above) for each 3-year and pre-study or control timeframe.

The pre-release historic average calculations were used as a basis to estimate a baseline target return to custody date.

- BASELINE_RTC_DATE = BASE_RELEASE_DATE + AVERAGE_PRE_BETWEEN_DAYS

The base calculations were developed for each relative timeframe scenario and separately merged with each additional dataset to align assessment content, LSI-R scores, and demographic details.

Define release codes (grouping based on level of supervision SUPERVISION_GROUP)

- SUPERVISION_GROUP = 1 if RELEASE_REASON_CODE
  - = 34 Sentence Served (Parole)
  - = 38 Time served GBO
  - = 28 Probation and Parole Order
  - = 37 Time Served PDC
  - = 21 Good Behaviour Bond
  - = 35 Sentenced to PDC

Define general codes and groups:

- o Age bands based on calculated age at release
    1. AGE_AT_RELEASE = (BASE_RELEASE_DATE - DOB)/365.25
    2. "18 and under" 2 "19 to 24" 3 "25 to 34" 4 "35 to 44" 5 "45 to 54" 6 "55 to 64" 7 "65 and over"
- o Label Indigenous status
    1. 1 "Non-Indigenous" 2 "Aboriginal" 3 "Torres Strait Islander" 4 "Both" 5 "Unknown/Not Stated"
- o Derive LSI-R groups based on raw scores, aligned with each relative baseline date
    1. LSI-R 0 to 13 = 1 (Low)
    2. LSI-R 14 to 23 = 2 (Low/Moderate)
    3. LSI-R 24 to 33 = 3 (Moderate)
    4. LSI-R 34 to 40 = 4 (Medium/High)
    5. LSI-R 41 to 47 = 5 (High)

Multiple date ranges were derived for LSI-R codes to align individual and multiple scores – with prior to release or post-release timeframes – for each of the study group and control sub groups.

Recoding of LSI-R groups was replicated where merging and linkage of other content required codes across multiple records, i.e. where multiple difference scores were assessed during each timeframe.

Data on assessment types were transformed to align with each person code for each of the four categories, EDUCATION, EMPLOYMENT, MARITAL_STATUS, NO_IMPRISONMENTS (self-reported).