"They're there to support you and help you, they're not there to judge you"

Breaking the cycle of incarceration, drug use and release:

Evaluation of the Community Restorative Centre's AOD and reintegration programs

Dr Mindy Sotiri, CRC/Justice Reform Initiative
Dr Ruth McCausland, UNSW
Dr Rebecca Reeve, UNSW
Lucy Phelan, CRC
Terry Byrnes, CRC

Report for NSW Health
(Round 2 of the NSW Health NGO Evaluation Grant Scheme)

Table of Contents

Executive Summary

This evaluation investigated the efficacy and impact of support provided by the Community Restorative Centre (CRC) to people leaving custody or at risk of incarceration, with a particular focus on populations requiring support around the use of drugs and alcohol. The evaluation took a mixed methods approach involving five distinct studies:

1.   ***Qualitative Study***: 26 in-depth interviews with CRC clients and staff about their perspectives on and experiences of CRC support

2.   ***Client Survey Data Study***: shifts in health and wellbeing over time for 147 CRC clients who completed 243 SURE (Substance Use Recovery Evaluator) surveys

3.   ***Quantitative Analysis of CRC Client Outcomes***: interrupted time series analysis of BOCSAR court and custody data for 483 CRC clients over an 11-year period from 2009 to 2019 who participated in specific AOD, transition and reintegration programs between 2014 and 2017

4.   ***Quantitative Databank Comparison Study and Costs***: comparative interrupted time series analysis of the court and custody outcomes for 246 CRC clients compared with a cohort of 567 people from the UNSW Mental Health Disorders and Cognitive Disability in the Criminal Justice System (MHDCD) Databank with AOD issues who did not receive CRC support

5.   ***Matched Comparative Case Studies and Costs***: two case studies of CRC clients matched with two people from the MHDCD Databank to enable comparative analysis of pathways and social and economic outcomes associated with CRC support

In summary, the quantitative component of the evaluation found that people leaving prison and receiving CRC support experienced a significant reduction in criminal justice system contact relative to a comparison cohort. It found that **CRC support had a dramatic impact on clients' trajectories, significantly reducing their contact with the criminal justice system (including time in custody and rates of reoffending).** Interrupted time series analysis found the number of days in custody fell by 65.8% following CRC intervention, the number of new custody episodes fell by 62.6% and the number of proven offences fell by 62.1%. The comparison analysis found that there are **significant social and economic benefits to CRC programs, including savings to the criminal justice system of up to $16 million over three years for an intake of 275 new clients**.

The evaluation identified key elements of CRC's service delivery model that contribute in significant ways to its success. The qualitative study highlighted that there is a need to understand the **practical and relational kinds of support people require within the context of structural and systemic disadvantage**. It found that incarceration disadvantage is itself located in the context of a lifetime of other kinds of disadvantage; that **meeting basic welfare, housing, health and support needs is fundamental to building a life outside of the prison system**, and that the way in which support is provided (**flexible, outreach, relational, long-term**) and the manner in which people who have experienced incarceration and disadvantage are treated by workers (**respectful, non-judgemental, compassionate, consistent**) is a fundamental factor in achieving change in a range of areas, including breaking cycles of recidivism and alcohol and other drug use.

Glossary and abbreviations

Table 1: Glossary of terms

Term (Alphabetical)	Meaning
Custody Episodes	A custodial episode is the time between the reception into and discharge from custody. An individual may have multiple custodial episodes within the reporting period. A change in legal status between the reception and discharge date, for example changing from being bail refused to being sentenced to a custodial order, does not count as a new custodial episode.
Finalised court appearances	All court appearances including those where no offence is proven
Index date	First date of client referral to a CRC program or date of prison exit if referred in custody
Lived experience	People who have been involved in the criminal justice system
Proven court appearances	A finalised court appearance in which at least one offence was proven
Substance use	The use of alcohol and other drugs

Table 2: Acronyms

Acronym (Alphabetical)	Meaning
AA	Alcoholics Anonymous
AOD	Alcohol and other drugs
ARG	Aboriginal Reference Group
BOCSAR	Bureau of Crime Statistics and Research
CRC	Community Restorative Centre
CSNSW	Corrective Services New South Wales
DCJ	The NSW Department of Communities and Justice
DOH	Department of Housing

ERS	Extended Reintegration Service
FACS	Family and Community Services
HIPU	High Intensity Program Unit
MIN	Master Index Number
MHDCD	Mental Health Disorders and Cognitive Disabilities
NA	Narcotics Anonymous
NDIS	National Disability Insurance Scheme
OTP	Opioid Treatment Program
ROD	Reoffending Database
SAPO	Services and Programs Officer
SHS	Specialist Homelessness Services
SURE	Substance Use Recovery Evaluator
UNSW	The University of New South Wales

A note on language

This report uses a number of different terms when talking about Aboriginal and Torres Strait Islander peoples, including 'First Nations', 'Aboriginal and Torres Strait Islander', 'Aboriginal' and 'Indigenous'. These terms reflect the different approaches of various individuals and organisations (government data tends to use the term 'Indigenous', while other individuals and organisations, for example the Aboriginal Health and Medical Research Council, use the term 'Aboriginal' rather than 'Aboriginal and Torres Strait Islander'). The term 'First Nations' is increasingly preferred by many people. Where 'Aboriginal' is used in this report, it refers to both Aboriginal and Torres Strait Islander populations.

Acknowledgements

Acknowledgement of Country

The evaluation team would like to acknowledge and pay respect to the traditional custodians of the land on which our offices at CRC and UNSW stand, Elders past and present, and all Aboriginal peoples within these boundaries. CRC's Canterbury office is on the land of the Bediagal peoples, our Broken Hill and Wilcannia offices are on the land of the Wiljkali and Baarkintji peoples, our co-located offices in Penrith/Nepean are on the land of the Darug and Wiradjuri peoples, and our co-located office in Newtown is on the land of the Gadigal peoples. The UNSW team is on the Kensington campus, which is on the land of the Bedegal peoples.

Project Overview and Summary of Research and Research Findings

Background and Context

The NSW prison population at the time of writing this report is 12,766.[1] The flow-through population is significantly higher. 19,680 individuals were released from NSW adult correctional centres in 2019, and more than 50% of this cohort will return to prison within two years.[2] This number is significantly higher for people who have experienced prior imprisonment and is almost twice as high for populations experiencing multiple and complex disadvantage, including mental health and AOD issues, cognitive disability and homelessness.

The Community Restorative Centre (CRC) is a mid-sized NGO providing a range of specialist services to people involved in the criminal justice system and their families. Based in NSW, all CRC programs aim to break entrenched cycles of disadvantage and imprisonment. CRC aims to do this holistically by addressing the drivers of incarceration, including homelessness, substance use, poor mental and physical health, lack of education and employment, social isolation, breakdown of family relationships, financial hardship and histories of trauma, including the trauma of imprisonment.

There have now been more than three decades' worth of government reports, inquiries and commissions into the over-representation of disadvantaged groups (including, significantly, Aboriginal and Torres Strait Islander populations) in Australian prisons.[3] Without exception, these reports have pointed to the critical role of the social drivers of incarceration and the importance of addressing these in order to respond to the criminalisation of poor, marginalised and colonised populations. Governments across Australia have repeatedly stated that reducing reoffending is a policy priority. And yet, while crime rates have decreased across the country, Australia's prison population has continued to increase. The majority of that increase has been made up of people experiencing multiple and complex disadvantage.[4] Although breaking cycles of recidivism, disadvantage and incarceration is sometimes described as a 'wicked' policy problem and an area where there is little evidence of 'what works', there are examples and case studies, both from Australia and internationally, that point to the way in which approaches that are led by the community sector can make a profound difference in disrupting entrenched criminal justice system trajectories.[5] This evaluation aims to build on this work and also to build a bridge between this evaluation of a successful service delivery program and the broader policy and research challenges around how best to reduce recidivism, disadvantage and incarceration.

The relationship between alcohol and other drug use and incarceration is well-established.[6] CRC has noted the interaction between drug use, imprisonment and the lack of access to meaningful support in multiple submissions and previous health-funded research.[7] The majority of people in prison have

---

1 https://www.bocsar.nsw.gov.au/Pages/bocsar_custody_stats/bocsar_custody_stats.aspx
2 [2] https://www.sentencingcouncil.vic.gov.au/statistics/sentencing-trends/released-prisoners-returning-to-prison (accessed 27th March 2021)
3 For example, as detailed in https://www.alrc.gov.au/publication/pathways-to-justice-inquiry-into-the-incarceration-rate-of-aboriginal-and-torres-strait-islander-peoples-alrc-report-133/2-context/social-determinants-of-incarceration/
4 For example, see analysis in Cunneen, Baldry, Brown, Schwartz, Steel and Brown (2013) *Penal Culture and Hyperincarceration: The Revival of the Prison*, Routledge.
5 Sotiri, M (2020) Building Pathways Out of the Justice System: Supporting Women and Reducing Recidivism, in Precedent Issue 161, November/December 2020
6 https://www.aihw.gov.au/reports/prisoners/health-australia-prisoners-2018/summary; https://www.justicehealth.nsw.gov.au/publications/2015_NHPS_FINALREPORT.pdf
7 https://www.iceinquiry.nsw.gov.au/assets/scii/evidence/custodial-services-and-community-corrections/day-6/Statement-of-Mindy-Sotiri-dated-27-August-2019.pdf

AOD use that is associated with their incarceration.[8] While there is little contention about the high levels of disadvantage of imprisoned populations, CRC has noted repeatedly that working with post-release populations requires an approach that moves beyond understanding each section or type of disadvantage in some kind of discrete package.[9] CRC's experience is that the complexity of working with this group is actually about understanding how this disadvantage interacts and compounds. For people leaving custody who need AOD support, there are two layers to the interaction that need to be accounted for in post-release services: individual and structural.

Individual circumstances

On an individual level there may, for instance, be a complicated relationship between substance use and mental illness (substance use might be used as a form of self-medication, but then may have a dramatic impact on mental health). There may also be a complex relationship between mental illness and intellectual disability and imprisonment, or a relationship between a history of trauma and the experience of imprisonment. Post-release programs need to understand these interactions in order to tailor services accordingly.

Structural circumstances

The structural layer requires even greater attention, as systemic barriers to post-release success for this population often play a much more significant role than individual choice or behaviour. On a very practical level, members of this group are frequently excluded from programs and services in the community *because* of the complexity and multiplicity of their need. Criminal justice system clients are often not able to access mainstream rehabilitation services because they have a co-existing mental-health condition or intellectual disability. Or they are not able to access a specialist disability service because of their substance use. Some people are excluded from services on the basis of their criminal history (and this is exacerbated if this history includes violent or sexual offences). Many criminal justice system clients are excluded or banned from services because of active substance use. As a consequence, post-release populations tend not to 'land' in any one service in the community. For populations with multiple and complex needs, the post-release experience tends to be defined by repetitive exclusion from potential support services, referral fatigue, high levels of exhaustion and frustration, followed by relapse into familiar patterns of substance use, associated reoffending and ultimately reimprisonment. When people coming from prison are able to access rehab programs, they are regularly unsuccessful at completing them because there is a significant chasm between the prison environment and the culture in AOD services. That is, people get asked to leave or experience conflict for behaviours that in prison are normalised, but in rehab are considered breaches, threatening or signs of non-cooperation (including behaviours such as pacing, swearing, an unwillingness to 'level' and share personal information).

Gaps in Research and Evaluation

There is a significant body of research into the demographic, social and structural factors that define prisoner populations.[10] There is also research that explores the capacity of various psychological programs to reduce reoffending and recidivism.[11] However, there is a gap in research and evaluation around the efficacy of post-prison programs, in particular the longer-term trajectories of program

8 https://www.aihw.gov.au/reports/prisoners/health-of-australias-prisoners-2015/contents/illicit-drug-use
9 https://www.crcnsw.org.au/advocacy/research/
10 For example see literature reviewed in https://www.abs.gov.au/statistics/people/crime-and-justice/prisoners-australia/latest-release#prisoner-characteristics-australia; https://www.aihw.gov.au/reports-data/population-groups/prisoners/overview; https://www.alrc.gov.au/publication/pathways-to-justice-inquiry-into-the-incarceration-rate-of-aboriginal-and-torres-strait-islander-peoples-alrc-report-133/2-context/social-determinants-of-incarceration/
11 McNeill, F., Farrall, S., Lightowler, C., and Maruna, S. (2012) Re-examining evidence-based practice in community corrections: beyond 'a confined view' of what works. Justice Research and Policy, 14 (1) UNSW Sydney.

participants and the efficacy of models of support for particular groups over-represented in the criminal justice system.

Recidivism as a measure for success has been critiqued as a limited and blunt measure of the effectiveness of a program or intervention.[12] There are other measures of success, but the question of why or why not a program is successful is not always answered by the fact of whether or not someone returns to custody. This evaluation takes the approach that we need to understand the impact of a program or intervention on recidivism, but we also need to understand this in combination with other measures of wellbeing and social and economic outcomes, informed by the expertise and voices of people who have experienced incarceration and leaving prison.

This evaluation uses both quantitative and qualitative methodologies to answer this question in the context of CRC's model of support. Recidivism rates over time are investigated for the insights they can provide into the impact of CRC support on the trajectories of criminal justice system involvement for CRC clients. We take two approaches to measuring recidivism of CRC clients: their own contact with the criminal justice system before and after participating in CRC programs via BOCSAR data, and a comparison of their trajectories with a similar cohort from the UNSW Mental Health Disorders and Cognitive Disability in the Criminal Justice System (MHDCD) Databank. These components of the evaluation are complemented by in-depth case studies of two CRC clients, matched with real individuals from the MHDCD Databank who did not receive CRC support, in order to track the social and economic impacts and implications of their supported and unsupported pathways. And most critically, this evaluation includes a significant qualitative study that centres the expertise of people who have experienced post-release support programs and are able to reflect on their experience.

Despite this being a sector that has had limited formal and comprehensive evaluation, extensive knowledge does exist about what underpins and contributes to successful outcomes for people leaving prison, including the development of principles to guide community-led reintegration and post-release support. This work has been generated by on-the-ground practitioners, people with lived experience of incarceration, as well as academics working at the intersection of research and service delivery.[13] The articulating and refinement of principles guiding programs that explicitly seek to address the systemic and structural barriers faced by people leaving custody are informed by what those on the frontline understand as the drivers of criminalisation and incarceration. Many community-based services working with people leaving prison achieve remarkable reductions in recidivism and improvements in wellbeing using these principles. For example, recent small-scale evaluations in NSW, including of CRC programs, have found community sector-led initiatives have recidivism rates

---

12 See for example, McCausland, R (2015) *Measurement, management and marginalisation: Evaluation and the Diversion of Aboriginal Women from Prison*, PhD thesis: UNSW.
13 See: WEAVE, *Creating Futures* (Evaluation report, April 2020); Women's Justice Network, *Adult Mentoring Program* (Evaluation report, 2016); Community Restorative Centre, *Alcohol and Other Drugs Transition Program* (Evaluation report, 2016); Sotiri, M Churchill Fellowship report ; M Sotiri and S Russell, 'Pathways home: How can we deliver better outcomes for people who have been in prison?', *Housing Works*, Vol. 15, No. 3, 2018, 41; M Borzycki and E Baldry, 'Promoting integration: The provision of prisoner post-release services', *Trends and Issues in Crime and Criminal Justice*, Australian Institute of Criminology: Canberra, No. 2, 2003; J Gilbert and B Elley, 'Reducing recidivism: An evaluation of the pathway total reintegration programme', *New Zealand Sociology*, Vol. 30, No. 4, 2015, 15–37; B Angell, E Matthews, S Barrenger, A Watson and J Draine, 'Engagement processes in model programs for community re-entry from prison for people with serious mental illness', *International Journal of Law and Psychiatry*, Vol. 37, 2014, 490–500; B Hunter, A Lanza, M Lawlor, W Dyson and D Gordon, 'A strengths-based approach to prisoner re-entry: The fresh start prisoner re-entry program', *International Journal of Offender Therapy and Comparative Criminology*, Vol. 60, No. 11, 2016, 1298–314; D Padgett, L Gulcur and S Tsemberis, 'Housing first services for people who are homeless with co-occurring serious mental illness and substance abuse', *Research on Social Work Practice*, Vol. 16, No. 1, 2006, 74–83; S Kendall, S Redshaw, S Ward, S Wayland and E Sullivan, 'Systematic review of qualitative evaluations of re-entry programs addressing problematic drug and alcohol use and mental health disorders amongst people transitioning from prison to communities', *Health and Justice*, Vol. 6, No. 4, 2018.

as low as 4 per cent, 7 per cent and 12 per cent[14] (compared to more than 50 per cent in the general population and 80 per cent in populations with multiple risk factors such as long histories of imprisonment). While these are small program evaluations, the principles embedded in their approach provide a critical part of the evidence base for thinking concretely about how to build programs, supports and environments that are genuinely responsive to the needs of people leaving prison and unashamedly ambitious in terms of reducing recidivism and transforming lives. These principles (noted in more detail in Appendix D) include:

- Reintegration framed outside of the lens of rehabilitation
- Service delivery incorporating systemic advocacy
- Pre-release engagement (throughcare)
- Holistic, relational, long-term support models
- Community-based and community-led outreach
- Housing first approaches
- Genuine collaboration with people with lived experience of incarceration at all levels of service delivery

Community Sector-Led Research and Evaluation

The programs under investigation in this evaluation emerged because CRC had for many years observed the way in which people leaving custody were excluded from services in the community, including AOD services. The AOD-specific and transition programs at CRC were designed in response to a system that did not appear to be able to meet the needs of people leaving prison, in particular those who had become 'managed' in justice system settings rather than being supported in the community. Rather than requiring people leaving prison to fit into models that were appointment-based, residential, required abstinence, had limited flexibility and no capacity to support people with a range of different issues, more than 10 years ago CRC (in partnership with a number of government health bodies) commenced delivering AOD programs that, like the transitional programs that had come before them, aimed to 'meet people where they were at' in terms of substance use and support needs.

The community sector is frequently (and reasonably) asked by government and funders to show evidence as to the efficacy of its services. However, the opportunity to do this comprehensively is often limited by an absence of government enthusiasm when it comes to adequately resourcing community-led research and evaluation. This research, made possible by a grant through NSW Health that was specifically designed to enable NGOs to undertake program evaluation, is a welcome exception. CRC has previously engaged independent evaluators to explore the outcomes and impact of AOD programs, and although these evaluations have been overwhelmingly positive, they were small-scale, with very little resourcing, limited in terms of methodology and did not engage in an ethics process, which meant there was not the option of publishing findings or sharing these findings with a broader research and practice community.

It is the intent of this evaluation to expand our approach to and understanding of effective program principles and delivery in the community sector, making a much-needed contribution to the broader evidence base on what works to reduce recidivism. Its methodology was developed via collaboration

---

14 See WEAVE, *Creating Futures* (Evaluation report, April 2020); Women's Justice Network, *Adult Mentoring Program* (Evaluation report, 2016); Community Restorative Centre, *Alcohol and Other Drugs Transition Program* (Evaluation report, 2016).

between CRC and UNSW, building on CRC's decades of experience in supporting people leaving custody and research and advocacy in this area, and UNSW researchers' expertise in linking data and undertaking criminal justice-related cost benefit analyses. It was specifically designed so some members of the evaluation team were embedded in the organisation that designed and implemented the programs being evaluated, while the university-based researchers undertook de-identified data management and conducted the quantitative research studies at arm's length from the service delivery and qualitative study. While rigorous and robust in methodological design and analysis, there is also deep investment on the part of the investigators in understanding and improving the service delivery areas and outcomes. The strength of community sector- led research and evaluation is that the expertise of workers and people with lived experience can inform what it is that is important to evaluate in order to answer the evaluation questions, as well as providing critical advice on how policy and programs might be improved for the people whom they are ultimately intended to benefit.

As well as understanding the impact of CRC's model of service delivery, this piece of work is intended to contribute to the broader body of evidence that aims to investigate *how* incarceration may be reduced through a service-delivery lens, and how to improve policy and program responses to populations for whom substance use is situated within a range of other forms of disadvantage, including imprisonment.

Evaluation Questions

This evaluation investigated the efficacy of holistic, long-term, community-based outreach support as provided by the Community Restorative Centre (CRC) for people leaving prison, with a focus on populations requiring alcohol and other drug (AOD) support. The evaluation questions were:

- What is the efficacy of long-term, community-based outreach support for people leaving prison requiring AOD treatment?
- What is the impact that these programs have on the client group in supporting their transition into the community? This includes reducing the risk of reoffending, improving community reintegration, and improving social and health outcomes for clients.
- What are the strengths and weaknesses in terms of efficacy of the different treatment models within CRC?
- What is the cost-effectiveness and economic value of an outreach model for populations with complex needs? Particularly as compared to residential rehabilitation and imprisonment.

Methodology

In order to comprehensively answer these questions, the evaluation team's methodology involved five distinct studies:

1. **Qualitative Study:** 26 in-depth interviews with CRC clients and staff about their perspectives on and experiences of CRC support

2. **Client Survey Data Study**: shifts in health and wellbeing over time for 147 CRC clients who completed 243 SURE (Substance Use Recovery Evaluator) surveys

3. **Quantitative Analysis of CRC Client Outcomes**: time series analysis of BOCSAR court and custody data for 483 CRC clients over an 11-year period from 2009 to 2019 who participated in specific AOD, transition and reintegration programs between 2014 and 2017

4. **Quantitative Databank Comparison Study and Costs**: analysis of the court and custody outcomes for 246 CRC clients vs a cohort of 567 people from the UNSW Mental Health Disorders and Cognitive Disability in the Criminal Justice System (MHDCD) Databank with AOD issues who did not receive CRC support

5. **Matched Comparative Case Studies and Costs**: two case studies of CRC clients matched with two people from the MHDCD Databank to enable comparative analysis of pathways and social and economic outcomes associated with CRC support

Key findings

Qualitative Interviews

The qualitative study involving in-depth semi-structured interviews with 26 clients and staff of CRC uncovered findings in three key areas:

1. Incarceration disadvantage – the disadvantage experienced as a consequence of imprisonment is itself situated in the context of a lifetime of disadvantage;

2. Meeting basic welfare, housing, health and support needs is fundamental to building a life outside of the prison system;

3. The *way* in which support is provided to people who have experienced incarceration and disadvantage is a fundamental factor in achieving change (in a range of different areas, including substance use).

The qualitative interviews found the impact of CRC's support was experienced as extraordinarily positive by clients and staff in the programs under investigation. Participants noted explicitly the ways in which the support both reduced the likelihood of incarceration and improved health and wellbeing. They described the flexible, outreach, person-centred, proactive, relational non-judgemental and non-exclusionary support and advocacy offered by CRC workers as life-changing in terms of both substance use and recidivism. It was also described as unique in terms of the flexibility of the service delivery model.

The interviews provided an unsurprising and relentless description of the extreme disadvantage experienced by people in the justice system. The clear relationship between substance use, disadvantage and imprisonment was a consistent theme. While there is very little debate about the social drivers of incarceration or the demographics in terms of disadvantage of those who are incarcerated, there is a need to outline how it is that we actually *respond* to this in service delivery. How services work with individuals who have experienced structural and systemic disadvantage is frequently not centred in the design of programs and services. There is an understandable tendency to focus on facilitating individual change. However, this research suggests that understanding the stories of the people who attend services in terms of not just their individual experiences but of the structures that have so often and predictably funnelled them into the justice system is critical.

Participants in this research described their experiences of homelessness, poverty, disability, chronic poor health, mental illness, violence and abuse, racism and racist institutions, trauma as children and as adults, and ongoing substance use. Participants had seen their family members incarcerated and had grown up in environments where prison was normalised. Participants also experienced imprisonment itself as a compounding trauma.

This backdrop of disadvantage was a theme throughout the interviews and acknowledged by both clients and staff as critical to understanding the nature of the support provided by CRC, as well as why it worked. Participants identified very clearly the practical aspects of the support provided by CRC that were fundamental to post-release success and also crucial in terms of meaningful AOD support. Many of these supports are a response to the disadvantage experienced by people prior to incarceration. In order to build lives in the community, participants talked about their need for access to basic services and opportunities: housing, health, legal support, help with finances, day-to-day assistance with navigating travel and appointments, and connection with communities. But more than this, participants noted the enormous value in having a worker facilitating this. The qualities of the worker were fundamental in the participants' experience of change; having someone who is genuinely respectful, engaged, non-judgemental and caring was considered crucial.

Participants described long histories and experiences of services (both government and non-government) where they have been treated in discriminatory and disrespectful ways. Often attempts to access services had been thwarted because of discrimination. Participants who were clients noted how they felt seen and cared for by their workers. Participants who were staff noted how much respect they had for the resilience and strength of the people they worked with. The nature of the relationship, and the approach of the service itself in terms of providing outreach and flexibility, was described as essential to post-release success. So too was the way staff were able to maintain engagement in a proactive way even when things were not going well for clients (including when they had relapsed). The metaphorical and literal experience of clients being 'met where they are at' was viewed as hugely important in terms of building a life after prison or a different relationship to substance use. The fact that CRC has workers who also have lived experience of incarceration and substance use was extremely important for some participants and viewed as a fast-track to engagement. Having workers who had also been to prison assisted in the sense of feeling understood and not judged.

Identifying success and efficacy in person-centred support is necessarily relative. For some participants success was about reduced or safer use of alcohol or other drugs; for others it was about finally having somewhere safe to live; while others identified achievements such as paying bills on time as significant. And for many it was about staying out of prison for longer than they had previously managed. The stories woven throughout the interviews make clear that success is not linear and there are multiple complexities in the journey from prison to the community, and in the process of shifting relationships with substance use. Success is in large part about engagement between workers and clients. Participants noted that long-term (12 months or longer) support that was based on a community-outreach model and that was person-centred, non-judgemental and provided both a range of practical supports *and a* sense of belonging through the relational casework model was fundamental to post-release success and addressing problematic substance use. Participants were also very clear that the provision of this support made a huge difference in terms of reducing the likelihood of reoffending or returning to prison. For many, this was the first time support of this sort had been offered on release from custody and many attributed the experience of a connection with a CRC worker as being the reason they had managed to stay out of prison. Building a relationship of trust, including trusting over time that the worker would not make promises they could not keep and that they would be honest and supportive, was critical.

Client Survey Data Study Findings

243 client Substance Use Recovery Evaluator surveys were completed by 147 CRC clients and analysed to explore shifts in 26 health and wellbeing measures over a 12-month period. Five key areas were interrogated: substance use, self-care, relationships, material resources and outlook on life. As noted in the body of the report, there were some methodological problems with the reliance on secondary data, including that the number of surveys administered and collected for each individual over the course of the support period was lower than anticipated, thus necessitating an analysis that relied on average scores each month rather than tracking individual patterns. Using this method, the surveys primarily showed a consistency of scores across the timeframe with only a few shifts over time that could be considered significant.

Substance use scores indicated there was a consistent (but relatively low) level of use throughout the period, and relatively high scores in terms of various forms of coping (managing pain, spending time on hobbies unrelated to substance use). Self-care scores also remained fairly consistent over time and reflected a reasonable level of reported self-care, although there were less consistent and lower scores in the domains of sleeping well and looking after physical health, and greater fluctuations in terms of eating well. There was consistency over time in terms of how people viewed their relationships, although this was rated much more positively in terms of treating others with respect when compared to the experience of being treated with respect or feeling supported by others. Material resources questions were also consistent over time, with scores for managing money lower than stable housing and regularity of income.

While these findings suggest an overall positive story in terms of consistently managed drug use and self-care over time, the limitations of this aspect of the methodology mean that it is difficult to identify any clear patterns of significance over the 12-month period.

Quantitative Analysis Findings

This study - an interrupted time-series analysis of 483 clients who participated in CRC programs between 2014-2017 - was conducted using data from the NSW Bureau of Crime Statistics and Research (BOCSAR) NSW Reoffending Database (ROD). The analysis looked at whether custody and court outcomes over time change (over an 11-year period from 2009 to 2019) following engagement with CRC. Comparisons were made between different client demographic groups and different program characteristics. The analysis looked at time in custody, the number of custody episodes, finalised court appearances, proven court appearances and proven offences.

This study found a significant improvement in the criminal justice outcomes of 483 CRC clients who participated in Sydney-based transition and AOD programs between 2014 and 2017 following commencement of their engagement with CRC. After controlling for key differences, the analysis showed that on average for people after they engaged with CRC:

- their number of days in custody fell by 65.8%

- their number of new custody episodes fell by 62.6%

- their number of finalised court appearances fell by 47.8%

- their number of proven court appearances fell by 51.2%

- their number of proven offences fell by 62.1%

In addition, previously intensifying contact with the criminal justice system for those who became CRC clients reversed after CRC support and either stabilised or declined over time.

Women have fewer contacts with the criminal justice system than men, but the analysis showed no difference in program effectiveness by gender.

Analysis undertaken by Indigenous status showed that after engagement with CRC:

- there is an immediate large decrease in annual days in custody of 69.6%, which does not differ significantly between Aboriginal and non-Aboriginal clients

- there is a large decrease in custody episodes of 67.4% for non-Aboriginal clients and 57.3% for Aboriginal clients

- there is an immediate decrease in finalised court appearances of 55.9% for non-Aboriginal clients and 40.5% for Aboriginal clients

- there is an immediate decrease in proven appearances of 57.4% for non-Aboriginal clients and 45.7% for Aboriginal clients

- there is an immediate decrease in proven offences of 66.1% for non-Aboriginal clients and 58.2% for Aboriginal clients

Further analysis of client outcomes by program characteristics found that:

- people who go on to be referred to CRC while in custody have 43.3% more days in custody than people who are referred from the community

  - there is a decrease of 39.2% in days in custody for the group referred from the community, and a much greater reduction of 73.5% for the group referred from custody

- people who are referred to CRC from the community have a 13.6% decrease in the number of custody episodes, while those referred from custody have a much greater reduction of 70.9%.

Quantitative Databank Comparative Findings

This study used administrative data drawn from the UNSW Mental Health Disorders and Cognitive Disabilities in the Criminal Justice System (MHDCD) Databank. It compared outcomes for 246 CRC clients who were referred from custody between 2014 and 2017 with comparison data from the MHDCD Databank, which is a linked administrative dataset of people who have been in prison in NSW, to investigate the effect of CRC support. A de-identified comparison group of 567 was drawn from the databank based on AOD diagnosis, age and exit from custody in the same timeframe as the CRC client group, but who did not receive CRC support. Other differences between the two groups were controlled for in the analysis and criminal justice contact was compared using comparative interrupted time series analysis. The estimated cost savings to the justice system from CRC support were also compared with the cost of CRC participation to show the net benefit of CRC (in dollar terms) for male and female clients.

The analysis found that the CRC intervention (when controlling for other factors) made a significant difference in criminal justice system contact when compared to the comparison group. Prior to engaging with CRC there were increasing trends over time in criminal justice contacts for CRC clients relative to the comparison group. This suggests that CRC is supporting people with greater need (and greater prior justice system contact). Following commencement with CRC there are large

improvements for CRC clients in custody outcomes, and the previous gap between CRC clients and the comparison group is substantially reduced.

For instance, in the period after release from custody there is downward shift in terms of time in custody of 58.8% for the group who received CRC support (compared to a shift of 16.3% for the comparison group).

When measuring for new custody episodes, there is a trend upwards over time prior to the index date for both the group who will receive CRC support and the comparison group. CRC clients have a greater increase (22.7% compared to 4.5%). However, after the index date there is a significant decrease in new custody episodes for CRC clients - a dramatic downward shift of 63.3% - and no evidence of a downward shift for the comparison group. This suggests the CRC intervention makes a significant difference to the likelihood of people returning to custody.

There was also evidence of a reduction in *court appearances* after commencing CRC support and in *proven offences* for people who receive CRC support relative to the comparison group. These improvements result in significant cost savings to the justice system. For an annual cohort of 275 new CRC clients, the estimated net benefit to the justice system over three years is between $10 million and $16 million.

Matched Comparative Case Studies and Costs Findings

This study involved the compilation of two de-identified case studies of CRC clients, 'Amy' and 'Ben', who were matched with two real individuals drawn from the MHDCD Databank with similar demographic backgrounds and histories of contact with the criminal justice system up until the point at which they received CRC support. This enabled the quantification of Amy's and Ben's supported pathway once they became CRC clients vs their unsupported pathway: the ongoing criminal justice contact of the matched comparison case study from that point.

These case studies illustrate the role that CRC support can play in the trajectories and experiences of two people who have experienced significant disadvantage and long histories of contact with the criminal justice system. Costing their contact with the criminal justice system before and after receiving support from CRC highlights the economic as well as social benefits of providing CRC's model of specialist support to people leaving custody. Amy's and Ben's prior contact with the criminal justice system had amounted to hundreds of thousands of dollars in police, court and custody costs. This contact and associated costs cease after CRC participation and the total costs are reduced to the cost of CRC, which is ~$15,000 in Amy's case and ~$36,000 for Ben. It is likely that there would also be significant longer-term savings given the nature of the support CRC had provided and was continuing to provide Amy and Ben, enabling them to stay out of custody and forge lives outside of the criminal justice system.

This study was grounded in the reality that economic arguments inform policy and programming decisions. These case studies provide evidence of the ways in which, for individuals who have over many years become 'managed' by and entrenched in the criminal justice system, there are significant costs associated with police time, court proceedings and incarceration that are offset by CRC's model of flexible, outreach, relational, long-term support.

1. Introduction to the CRC Evaluation

The Community Restorative Centre (CRC) is a mid-sized NGO providing a range of specialist services to people involved in the criminal justice system and their families. Based in NSW, all CRC programs aim to break entrenched cycles of disadvantage and imprisonment. CRC aims to do this holistically by addressing the drivers of incarceration, including homelessness, social isolation, physical and mental health, substance use, employment, education, family relationships, financial hardship and histories of trauma, including the trauma of imprisonment.

Close to 20,000 people are released from prison in NSW each year. Established in 1951, CRC has more than 70 years' experience and expertise in providing support to people leaving prison and works with approximately 800 people on release from custody each year using models comparable to those described in this evaluation. Like many community-sector organisations, CRC receives funding from multiple government and non-government sources. However, as is the case with most community-sector services, CRC regularly faces funding uncertainty and shortfalls, and has over many decades seen some very successful programs cease operations, not because they weren't 'working', but rather as a consequence of the short-term nature of funding cycles. CRC has in part responded to the uncertainty in the funding landscape by ensuring priority is given to developing a strong evidence base that drives program design and delivery. Researching the outcomes for CRC clients is a critical part of telling the story, not just of the clients who are given the tools to rebuild their lives in the community, but also of attempting to understand the real value of programs that have been built from the specialist knowledge and expertise honed over many decades of reflective service delivery.

Background to the Evaluation

In 2018, CRC successfully applied to NSW Health through the Alcohol and Other Drugs Early Intervention Fund to investigate the impact of CRC programs and outcomes for a cohort of CRC clients. CRC clients included were those in the Greater Sydney Metropolitan Region who participated in projects funded specifically to work with people leaving prison around their drug and alcohol use, as well as projects in the Greater Sydney Metropolitan Region with clients who participated in programs that were funded specifically to assist with transition from custody and reintegration into the community. Funded through Round 2 of the NSW Health NGO Evaluation Grant Scheme, CRC's Research and Advocacy team partnered with researchers from the University of New South Wales (UNSW) to undertake a substantial evaluation over two years comprised of five distinct studies using mixed qualitative and quantitative methodologies.

CRC Service Delivery Model

The evaluation focused on the following CRC transition and reintegration programs based in the Greater Sydney metropolitan area:

- Alcohol and Other Drugs (AOD) Transitional Support (Greater Sydney Metropolitan)
- Extended Reintegration Service (ERS) (South Western Sydney)
- Women's Transitional and Post-Release Service (Inner City Sydney)
- Women's Transitional and Post-Release Service (South Western Sydney)

- Men's Transitional and Post-Release Service (Inner City Sydney)

- Transitional and Post-Release Support (Nepean / Blue Mountains)

- The Miranda Project (Penrith)

- Transitional Boarding House Support (Newtown)

The Community Restorative Centre (CRC) provides specialist support programs in NSW to people leaving prison that aim to break entrenched cycles of criminal justice system involvement by addressing the systemic and individual issues that impact on post-release reintegration and recidivism. The services operated by the Community Restorative Centre offer a specific model of service delivery. This model is outlined in terms of a range of best-practice principles overviewed in the literature review. Although there are differences between the various CRC programs, all work using a long-term, holistic, relational casework support model, with a focus on transition and integration following release from custody.

CRC Case Management Model:

Stage 1: Pre-release engagement	Stage 2: Intensive transitional support	Stage 3: Intensive post-release support	Stage 4: Consolidation and Exit planning	Stage 5: Monitoring and Exit
3 months	3 months	3 months	6 months	6 months
High Intensity	High Intensity	Medium Intensity	Medium-Low Intensity	Low Intensity
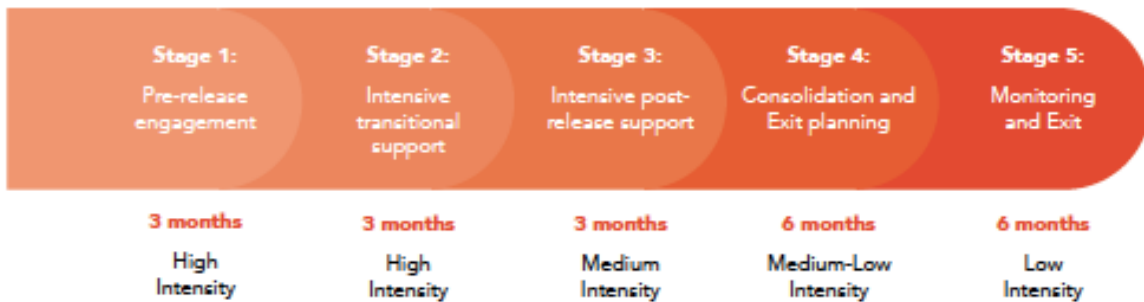
Overview of CRC Programs Under Evaluation

CRC Program	Overview	Details: funding body, clients serviced
Alcohol and Other Drugs (AOD) Transitional Support (Greater Sydney Metropolitan)	The Transitional Alcohol and Other Drugs (AOD) Project is an outreach-based holistic counselling service for men and women with a history of involvement in the criminal justice system and complex AOD issues. It provides pre-release and outreach AOD support to people exiting NSW correctional centres across the Greater Sydney metropolitan region, including people on remand. The project is focused on working with people who have complex needs including mental illness and/or cognitive impairment.	Funded through: NSW Health (DATS), Central Eastern Sydney Primary Health Network (CESPHN), WentWest Primary Health Network + NGOTGP Works with close to 280 people each year, but approximately 150 people each year using the more intensive post-release approach under study in this evaluation.
Extended Reintegration Service (ERS) (South Western Sydney)	This project works with people on release from prison who are homeless or at risk of homelessness, have a Corrective Services risk assessment of high to medium-high (utilising the LSI-R tool) and have a mental illness and/or intellectual disability. ERS is a partnership with NSW Corrective Services, South Western Sydney Area Health Service and NSW Housing. CRC transitional workers	Funded through Corrective Services NSW Works with 20 people intensively each year

	offer pre-release support and planning, and intensive holistic case management for up to nine months post-release.	
Women's Transitional and Post-Release Service (Inner City Sydney and South Western Sydney)	The Women's Transitional and Reintegration Services are outreach case management, transitional and reintegration services for women exiting NSW correctional centres who have experienced multiple and complex disadvantage and are at risk of homelessness and ongoing criminal justice system involvement. The Inner City Women's Transitional Service supports women who will return to the inner city and surrounding suburbs. It is part of the Inner City Service for Women with Complex Needs and operates in partnership with specialist services B Miles and Detour House. The South Western Women's Transitional Service was a partnership with Women's Housing Company and is no longer operational.	Funded through GHSH in DCJ via B Miles and Women's Housing. Both projects funded to work with approximately 80 women each year (in total 160 each year)
Transitional and Post-Release Support (Nepean / Blue Mountains)	The Penrith/Nepean/Blue Mountains project works with people on release from prison who have experienced multiple and/or complex disadvantage, and who are risk of both homelessness and ongoing criminal justice system involvement. This project is focused on people who want to reside after custody in the Nepean, Penrith or Blue Mountains region.	Funded through GHSH in DCJ via partner Wentworth Housing Works with approximately 40 people each year
The Miranda Project (Penrith)	The Miranda Project provides a range of supports to women who are at risk of both ongoing criminal justice system involvement and family and domestic violence. It is based at Penrith Women's Health Centre and is a unique specialist service run by women for women. It provides both intensive casework and group work for women with complex support needs.	Funded through Women NSW Works with approximately 80 women each year in intensive casework (and many more in groups)
Transitional Boarding House Support (Newtown)	The CRC/Boarding House Project works with people on release from prison who are homeless or at risk of homelessness, and who are seeking to live in a boarding house in the Inner Western Sydney region. The CRC transitional worker offers pre-release support and planning, and short, medium and long-term intensive holistic case management.	Funded through GHSH in DCJ via Newtown Neighbourhood Centre Works with approximately 40 people each year
Men's Transitional and Post-Release Service (Inner City Sydney)	CRC's Men's Transition program supported men leaving prison in the inner-city area of Sydney who were homeless or at risk of being homeless. It stopped service delivery in 2019. The men's transition program was originally funded (for more than 20 years) through the Specialist Homelessness Service. When that funding was removed, CRC sought and received funding from a number of short-term sources to try and continue the program. In 2019, CRC was unable to continue running the project. The numbers the project worked with were dependent on the funding at the time.	Between 20 and 80 men each year depending on funding.

2. Evaluation Approach

This evaluation was funded by an NGO grant from NSW Health, with the explicit focus on it being led by the community sector. Its methodology was developed via collaboration between CRC and UNSW, building on CRC's decades of experience in supporting people leaving custody and research and advocacy in this area, and UNSW researchers' expertise in linking data and undertaking criminal justice-related cost benefit analyses. It was specifically designed so some members of the evaluation team were embedded in the organisation running the programs being evaluated, while the university-based researchers undertook de-identified data management and analysis to ensure the integrity of the research studies. While rigorous in methodological design, there is also deep investment on the part of the investigators in understanding and improving the service-delivery areas. The strength of community sector-led research and evaluation is that the expertise of workers and people with lived experience can inform what it is that is important to evaluate and provide critical advice as to how policy and programs might be improved for the people whom they are ultimately intended to benefit.

2.1 Evaluation studies

In order to answer the evaluation questions, a mixed methodology design was used involving five studies:

1. **Qualitative Study:** analysis of 26 in-depth interviews with CRC clients and staff about their perspectives on and experiences of CRC support

2. **Client Survey Data Study**: analysis of shifts in health and wellbeing over time for 147 CRC clients who completed 243 SURE (Substance Use Recovery Evaluator) surveys

3. **Quantitative Analysis of CRC Client Outcomes**: time series analysis of BOCSAR court and custody data for 483 CRC clients over an 11-year period from 2009 to 2019 who participated in specific AOD, transition and reintegration programs between 2014 and 2017

4. **Quantitative Databank Comparison Study and Costs**: analysis of the court and custody outcomes for 246 CRC clients vs a cohort of 567 people from the UNSW Mental Health Disorders and Cognitive Disability in the Criminal Justice System (MHDCD) Databank with AOD issues who did not receive CRC support

5. **Matched Comparative Case Studies and Costs**: compilation of two case studies of CRC clients matched with two people from the MHDCD Databank to enable comparative analysis of pathways and social and economic outcomes associated with CRC support

2.2 Evaluation team

This evaluation was funded via the NSW Health NGO Evaluation Grant Scheme. Two of the investigators, Dr Mindy Sotiri and Lucy Phelan, were employed in CRC's Policy, Research and Advocacy Unit for most of the two-year period during which the evaluation was undertaken. A third

investigator, Terry Byrnes, CRC Youth Transition Manager, joined the evaluation team in 2020. The evaluation was designed to take this 'embedded' approach, with CRC-based researchers' knowledge of the organisation's model of support and clients an integral part of the methodology. Dr Mindy Sotiri, a criminology researcher, built and led the Advocacy, Research and Policy Unit over many years before moving to lead the Justice Reform Initiative at the end of 2020. Lucy Phelan has a background in research and evaluation and was specifically funded by this grant to coordinate the evaluation. CRC researchers were primarily responsible for Studies 1 and 2: qualitative interviews with CRC clients and staff and analysing SURE survey data. Stringent internal processes were in place to ensure confidentiality of client data and rigorous qualitative research methods.

The two investigators from UNSW, Dr Ruth McCausland and Dr Rebecca Reeve, were primarily responsible for Studies 3, 4 and 5 of the evaluation. Drs McCausland and Reeve have undertaken a number of studies with a similar methodology over the past decade.[15] Dr Ruth McCausland is a criminology researcher and evaluator who is also on the CRC Board; specific grant-management and ethics protocols were put in place to ensure no conflict of interest in the conduct of the evaluation. Dr Rebecca Reeve is a quantitative researcher and econometrician who, with the MHDCD Databank Data Manager, ensured the rigour and confidentiality relating to all quantitative data including CRC client data from BOCSAR.

2.3 Aboriginal Reference Group

An Aboriginal Reference Group (ARG) was formed in 2020 following advice from the NSW Aboriginal Health and Medical Research Council (AH&MRC). The ARG was comprised of three Aboriginal staff members of CRC who had not been involved in programs being evaluated, and one external consultant. ARG members were paid for their time. One of the members of the ARG with specific interest in the evaluation, Terry Byrne, came on board as an investigator in 2020.

Given the experience and legacy of colonisation, dispossession, discrimination and criminalisation of Aboriginal and Torres Strait Islander communities, any research or evaluation in this area requires a specific and Aboriginal-led analysis. This evaluation did not set out to specifically focus on investigating the experiences of Aboriginal and Torres Strait Islander people and Aboriginal investigators were not involved from the outset. However, this is not sufficient nor acceptable given the grossly disproportionate incarceration rates of Aboriginal and Torres Strait Islander peoples. The investigators listened to and respected the advice from the AH&MRC that an Aboriginal Reference Group should guide the evaluation methodology and analysis, and that Aboriginal investigators should be involved from the earliest stage of planning, designing and implementing such research and evaluation. As this was not possible given the evaluation was already underway, the investigators committed to supporting a subsequent evaluation led by Aboriginal investigators of the specific experiences and outcomes for Aboriginal clients of CRC's model of support, including for its programs in Broken Hill and Wilcannia.

For this evaluation, the outcomes for Aboriginal clients of CRC were examined proportionately given their representation in prisons and CRC programs, and analysis was undertaken by Indigenous status as it was by gender, but no in-depth analysis or case studies were undertaken that focused on the distinct experiences of Aboriginal people, given this will be more appropriately investigated in the planned future evaluation. The ARG and Terry Byrnes in particular provided invaluable advice and

---

[15] See McCausland, Reeve & Gooding (2019); Reeve, Dowse, McCausland and Trofimovs (2017); McCausland, Baldry, Johnson and Cohen, (2013); Baldry, Dowse, McCausland and Clarence (2012).

input into the analysis of the qualitative and quantitative studies that made up this evaluation, and in setting out the areas of priority for future investigation.

Four meetings were convened with the ARG to discuss the methodology, interpretation and findings of the evaluation, along with plans for future research and evaluations. Each ARG was comprised of a two-hour meeting held at the CRC office for those able to attend in person and a videoconference for remote participants, or all via videoconference given COVID restrictions. The ARG provided valuable insights, drawing on professional expertise as well as personal experience. Notes from each ARG were circulated following the meeting for any further feedback and clarification. Feedback from the ARG about how to interpret the evaluation findings has been incorporated throughout this report.

3. Qualitative Study

3.1 Methodology

This study was comprised of 26 qualitative in-depth face-to-face interviews with CRC clients and staff. This approach aimed to position participants as experts in terms of their experience of service delivery, the transition from prison into the community and in knowing 'what works' with regard to support.

The interviews followed a semi-structured and informal interview style using a discussion guide. The client discussion guide covered history and background, feedback on their experience as a client of CRC, and also provided an opportunity for feedback about what could be improved or gaps in service delivery. The staff discussion guide covered role and responsibilities at CRC, discussion around clients' needs and how to meet these, their perception of the efficacy of CRC support and how it could be improved, and also gathered feedback about the CRC model and organisation. The interviews took approximately 60 minutes and were conducted either at the CRC office or another suitable location (including at client houses or other locations nominated by clients). All the interviews were audio recorded and transcribed.

The sampling for the interviews was purposive and participants were recruited according to a stratification matrix that aimed to ensure a range of clients and staff were included in the study. The study aimed to interview between 20 to 30 CRC clients, and five to 10 CRC staff; the stratification matrix served as a guideline for ensuring different demographic characteristics were included. (See appendix B for guide.)

In addition to attempting to meet the criteria in the matrix, all clients and staff were invited to participate in the study to ensure that anyone who wished to have their views heard was given the opportunity.

Clients were recruited through their case worker, who had the initial discussion with them about the requirements for the research study and provided them with the Participant Information Sheet and Consent Form to review ahead of the interview. Staff were recruited directly by the research officer and were also provided with the Participant Information Sheet and Consent Form to review ahead of the interview. Clients were given a $30 gift voucher as a thank you for their time. Staff were not provided with any financial incentive to participate.

Participant consent process

A careful process of gaining informed consent to participate in the research project was followed for both clients and staff. CRC clients represent a vulnerable and at-risk population, therefore discussions around participation and informed consent happened at multiple points in the research process, including at recruitment and the beginning of their interview. Participants were told that their participation was optional, and their choice to participate or not would not negatively impact them continuing to receive support from CRC. Similarly, CRC staff were told their participation was optional and would not impact their employment or relationship with CRC.

All participants read (or had read aloud to them if needed) and then signed the Participant Information Sheet and Consent Form before their interview. It was also verbally communicated that the interview would be audio recorded. All participants were advised that the interview would be confidential and

de-identified in any reporting. The interviewer also advised the participants that they could end the interview at any time should they feel uncomfortable with the questions or process.

Data collection

A total of n=14 interviews were conducted with CRC clients and n=12 interviews were conducted with CRC staff between August 2019 and February 2020. The achieved client sample was fewer than outlined in the study design (20 to 30 client interviews) and the achieved staff sample was higher than outlined the study design (five to 10 interviews). The primary factor that contributed to not achieving the desired client sample size including COVID-19 social-distancing restrictions in March and April 2020.

The characteristics of the achieved client sample is as follows:

- An even gender split (n=7 male and n=7 female)
- Were aged between 30 and 60 years, with an average age of 43
- Half (n=7) were Aboriginal
- Were from a mix of CRC programs, with n=6 clients participating in more than one CRC program, for example ERS and AOD

The characteristics of the achieved staff sample is as follows:

- N=4 managers
- N=8 caseworkers
- Across all the programs included in the evaluation we achieved a mix of people including people with lived experience of incarceration

Analysis

All interviews were recorded and transcribed internally by the project team. Interview transcripts were de-identified ahead of analysis. Thematic analysis was undertaken of the transcripts, which were then further organised according to how these findings answer the evaluation questions.

Limitations of method

The main limitation of this methodology was that of a skewed sample. Those clients who were willing and able to consent and subsequently participate in the interview were perhaps those who had gained a reasonable level of stability in their transition into the community, and therefore might report more favourable outcomes than those clients who were unable to participate. In discussing recruitment of clients with CRC staff, staff often considered that some of their clients would find it too difficult to sit through an hour-long interview for various reasons or might not be able to consent due to the influence of substances.

Limitations of Recruitment

The impact of COVID-19 in March 2020 meant the fieldwork period was cut short and the full sample of client interviews as per the study design (20 to 30 client interviews) was not achieved. The research team considered that the n=14 client interviews that had been conducted provided an adequate depth and richness of information for the study.

Ethics

The following ethics applications were approved for this study:

- UNSW HREC: More Than Low Risk Research Application (HC190209)
- AH&MRC HREC: Research Application meets requirement of the National Statement on Ethical Conduct in Human Research (1575/19)

3.2 Findings

3.2.1 Contextualising Prison in a lifetime of Disadvantage

CRC clients interviewed for this project had multiple, compounding and inter-related forms of disadvantage. The intersection of socio-economic disadvantage with health and psychosocial disadvantage (including substance use) is central to their experience of leaving prison. The extremity of disadvantage experienced by CRC clients has a profound impact on all aspects of their lives and ultimately their involvement in the criminal justice system. The interviews revealed that the experience of having been in prison is itself a perpetuating form of disadvantage. "Incarceration disadvantage" requires attention when looking at the intersecting ways in which surviving prison and release is experienced. It should also be noted from the outset that despite the layers of disadvantage experienced by people leaving prison, the participants in this research repeatedly displayed an often-miraculous ability to survive adversity and a resilience and adaptability in response to trauma from which much could be learned.

Socio-economic and cultural disadvantage

CRC clients experience high levels of socio-economic disadvantage, including low levels of formal education, housing instability and homelessness, unemployment or precarious employment, and overall financial insecurity. This socio-economic disadvantage is often intergenerational. In particular, First Nations people leaving custody have experienced entrenched systemic social disadvantage and intergenerational trauma. This perpetual disadvantage for Aboriginal clients stems from the ongoing impacts of colonisation, genocide and structural and social racism.

Participants talked about long and entrenched histories of trauma, with many having experienced very difficult and chaotic childhoods. Some explicitly referred to childhood neglect, physical and sexual abuse, and substance use as children. Others told of having an unstable home life and becoming homeless from a young age. Many had also experienced out-of-home care from a young age, alongside juvenile detention.

CRC clients have rarely had the opportunity to participate in formal education and low literacy levels are common. Sometimes this is a consequence of undiagnosed intellectual disabilities, brain injuries and other forms of cognitive impairment. Sometimes it is a consequence of limited access to schooling.

CRC clients also experienced trauma as adults. Participants spoke of experiencing and witnessing many forms of violence, as well as other forms of abuse. Participants indicated that the experience of trauma has likely contributed to and impacted on mental and physical health, as well as substance use. Intergenerational trauma and the impact of colonisation has a specific impact on Aboriginal communities.

> *"I had no family from when I was 15 till I was 29. I've got in touch with my sister and Dad… Spoke to my mum...three years...sorry...three times in 20 years. Yeah, so there's no family support and that...I just, yeah, wrong choices. And the drugs were just to mask any problems I had. And as the problems would get worse, I'd just choose heavier drugs."* -interview (CLIENT)

> *"I used on and off when I was a teenager. And then I had my first son when I was 18 and I gave up. And then...I was in a domestic violence relationship with the father of my first three kids. Um, and I left him. And I took the kids with me and things just went downhill from there. Yeah, because I was finding it really difficult."* -interview (CLIENT)

For women on release from custody, this trauma is often associated with the experience of gendered violence, including family and domestic violence and intimate partner violence. Some participants reflected on having experienced non-physical violence and abuse in relationships, such as emotional abuse, coercive control and financial abuse. Feedback from clients and staff indicated that for female clients, the experience of gendered violence is near universal.

> *"Men seem to be my issue, I got with the wrong men. It was bad relationships. Domestic violence and that through all of them. Well, it's not for all of them. But um, yeah. So going back to the old boyfriend. Started using drugs again but I'm not doing any going out doing crime, which is new for me as I always supported my drug habit through crime. I've sort of learned my lesson with that cos I know it only leads to jail."* -interview (CLIENT)

The experience of homelessness and housing precarity was also a common theme. Homelessness for CRC clients was sometimes the outcome of escaping or being expelled from an unsafe home. Participants discussed becoming homeless from a young age or, for female clients, becoming homeless when leaving violent and abusive relationships. Participants in this research had typically exited prison into homelessness or would be facing homelessness without CRC support. It is also worth noting that the experience of homelessness can be conceived differently in Aboriginal populations; that is, the fact of living between a number of different houses isn't necessarily experienced as 'homelessness', but simply living with family in a number of different houses.

Another dimension of the social disadvantage experienced by people leaving prison is social isolation, especially when exiting prison. Participants noted their disconnection from any friends or family and sometimes consciously avoiding friends that are associated with substance use and/or imprisonment. Many described feeling a profound sense of "aloneness" in the world due to this social isolation, disconnection from friends and family, and the social stigma associated with having been in prison. For Aboriginal and Torres Strait Islander people, this sense of isolation is also related to being away from country. Many people are released into areas that are unfamiliar and where there are no family or cultural connections.

Health and psychosocial disadvantage

Complex and co-occurring physical and mental health conditions (including substance use) are a defining characteristic of CRC clients.

> *"I have just got a variety of things going on for me: alcoholism, domestic violence, suicidal, high risk for ovarian cancer. Also, mental health"* -interview (CLIENT)

> *"Well...they go together as far as I'm concerned because I class this as a mental-health problem, you know what I mean. It's not, it's physical when you're in it, but it's afterwards trying to manage that mental side of it and not knowing why you keep going back to it. It's like, I could be going to score telling myself 'You effing idiot, why are you doing this?' and know what it's gonna do to you, but I'll still take the steps and go and do, yeah, and go through the routine and then kick myself afterwards for doing it. But then I'd go and do the same thing the next day."* -interview (CLIENT)

> *"Yes, yes, pre-existing and then they might have 'drug-induced psychosis'. Basically, if they're using ice, they're not looking after their mental health and then when I see them, they will sometimes be talking in a delusional way."* -interview (STAFF)

Participants in this research noted difficulties with mental health and ongoing struggles with depression and anxiety. Many clients have formal diagnoses of illnesses such as bipolar disorder, schizophrenia and borderline personality disorder.[16] Some participants reported that the first time they receive a formal diagnosis, and therefore medication, was in prison. Staff reported that despite this, many clients exit prison without their medication or without a clear understanding of their diagnosis.

> *"Mental health for me is relatively new. I only discovered I had schizophrenia when I was in jail and they diagnosed me. They (CRC) drive me there, come in with me and if I need (or) wanted (they) come into the actual appointment with me. Which has been great, because [CRC worker]- well some of the stuff I didn't understand, you know? [CRC worker] has done all that before with the NDIS application. He's been down that road."* -interview (CLIENT)

The impact of cognitive impairment, intellectual disability and acquired brain injuries on CRC clients was highlighted by staff participants. Staff discussed that a number of CRC clients have cognitive impairments, intellectual disabilities and acquired brain injuries, but they are often not formally diagnosed. It was noted that these conditions are sometimes first identified and diagnosed in prison. Staff highlighted the importance of diagnosis because it can have a huge impact on how clients are treated and how they function in the community.

> *"Well, obviously the most common need is drug and alcohol support and mental health. I've got one client with an intellectual disability. So, her, I support her very differently than I do the other girls, just in terms of the amount of time I allocate to her… She needs a lot of support at the moment. She's just moved into a property. She's never had a property - she's 32. She can't read and write. So even things like how I would usually text a client the day before to remind her of an appointment, I can't do that. I have to call her."* -interview (STAFF)

The existence of chronic health conditions was a common theme. Many participants described having various chronic and persistent physical health conditions, injuries and related pain. There was a broad range of other physical health conditions and diseases mentioned by clients during the interviews, such as difficulty with mobility, dental issues, cancer, diabetes and epilepsy. Many also reported being treated for Hepatitis C.

---

[16] Mental illness and/ or cognitive impairment/ and or intellectual disability is a criteria for clients on the ERS program

Substance use disadvantage

CRC clients draw a strong connection between their drug use and their incarceration. Working out how to manage this use is a central feature of the lives of CRC clients. Participants recognised that substance use is complex and is related to mental-health issues and trauma.

> *"I've been on drugs my whole adult life...and most of my childhood…besides, I'm on the maintenance program. Besides that. This is the first time I've been without drugs...since I was 13 or 14."* -interview (CLIENT)

Many participants are, or were, poly-users, with mixed levels of use of different substances at any one time; with some also using illegal or non-prescribed substances in conjunction with pharmacotherapy. The most common substances participants reported using included methamphetamine, heroin, marijuana, alcohol and non-prescribed use of pharmaceuticals (especially benzodiazepines).

Staff participants reported that methamphetamine was the substance most commonly used by clients, and that it can be difficult to manage effectively because there is no pharmacotherapy treatment for it.

Heroin was also said to be in common use among clients. However, many participants reported managing their use through pharmacotherapy. Participants often spoke about their heroin use as a past "problem".

> *"Well, heroin and ice every time. Usually, because they're older guys, it was heroin first. Ice come into it later on in life. They have been speed users before but now methamphetamine for them is the...that's what's going to really cause some mental-health issues as well"* -interview (STAFF)

The non-prescribed use of benzodiazepines was noted as problematic because use can be associated with disinhibited behaviour, drug-related amnesia, which presents opportunities for potentially engaging in criminalised behaviour.

> *"A lot...will take Xanax and become uninhibited and don't even realize that they're lifting something and not paying. A lot of the crimes might be just constant, you know, smaller crimes, but they constantly come under the glare of the Police or people that work in the shop. A lot are dependent on some sort of substance, a lot on methadone or equivalent. And if they don't make it to the methadone, they will use something else to sort of substitute for it. So it's just, you know, smoking is a very, very big one. Most of the people, very few people that I've worked with didn't smoke. And ice is a big one, and heroin is still there. But definitely I would say ice is the biggest because it's cheap and readily available. And alcohol or all of the above. There's a lot of poly drug users."* -interview (STAFF)

Participants noted a perceived hierarchy of "problematic" use of different substances e.g. methamphetamine is perceived to be more of a problem than marijuana, although others pointed to the way that they viewed "addiction" itself as the problem, rather than any one substance. Some participants noted how relentless and "boring" the cycle of substance use could feel, whereby large amounts of time in their lives were described as being "lost" to addiction.

> *"And somehow I ended up trying it, liking it, and then the big hole opened up, took everything, and I was in jail, and that seemed to be my life and I couldn't break it. I think when I was in jail I was clean and everything like that but as soon as I got out, I don't know what it was, clicked in my head. I just went back to looking for that. And didn't know why till I was back in jail,*

kicking myself for doing it again. Getting my life in order, I was getting big sentences, five years, six years, things like that." -interview (CLIENT)

There is a mixed relationship to substance use in prison; some participants reported no longer using substances in prison and others reporting increased use or more risky use in prison. For example, one participant reported that it was in prison that he first started injecting heroin. Injecting drug use can be a problem in prison because there is no access to clean injecting equipment, and therefore prisoners share injecting equipment. This shared use of injecting equipment in prison also has implications for exposure to blood-borne diseases such as Hepatitis C, as sharing equipment makes it very hard to clear Hepatitis C while in prison.

Incarceration disadvantage

Being incarcerated creates its own specific form of disadvantage. Participants described a form of perpetual punishment after leaving prison, and also noted how it wasn't just them, but many members of their family who were incarcerated. Many have cycled in and out prison as adults incredibly frequently, and often as young people.

> *"I've got something like 71 convictions. So I did, first lot of sentences were like six months, six months. I ticked three of those in a row. The next one was 18 months. And then seven years with four years on the bottom. And then I got 6 1/2 years for five years. and then 18 months so yeah."* -interview (CLIENT)

Another theme to emerge from the client interviews was that while being in prison was somewhat 'normal', it was also highly damaging. Clients reflected on the negative experience of going to prison, with many revealing their experiences of violence and sexual abuse in prison. Others talked about engaging in riskier substance-use practices in prison; and some clients simply talked about the sheer boredom and "time wasted".

> *"Well, what happened is, I witnessed a couple of deaths in jail - a couple of deaths in custody. And a couple of very violent, very violent, violent situations. And that really scared me, and it just really just shocked me and cos I knew a couple - I knew one of the guys who got murdered from my cellmate and that really shocked me. This is - I'm at that age - it's really hard to do jail when you're old. Having that support outside. I just - that really scared me. The jail - jail was fine. Doing jail for me was fine because everything's provided for you. You got housing, you got food and you got medical and everything, you know, everything's fine. But it's the stuff that you've gotta put up with: the idiots, the violence, the death threats, the gangs, the gang-related stuff. It's just very heavy. It's another world in jail. So this time around, I was like, turned off it. It's been, it's been five months now and I don't have a thought of reoffending. I don't have a thought of taking drugs. I've reprogrammed my brain."* -interview (CLIENT)

> Client who has only been out of jail nine months in 17 years: *"That, you know what, it…it would be sad to watch because...someone's just sitting in jail wasting away. There's no life, there's no...there's nothing good about that place."* -interview (CLIENT)

The experience of going to prison for some participants represented a major point of loss and then "starting again". These participants reflected on what going to prison represents in the broader context of their life story, and it is often seen as a significant point of loss across many domains, including housing, family relationships, custody of children, employment and perhaps just their overall sense of

"normality". For some clients, the experience of prison was described as a "wake-up call" about various factors in their lives that might have contributed to them going to prison, such as their substance use and abusive relationships. These stories provide insight into how clients perceive and experience their transition from prison into the community as having to "start again", rebuilding themselves across almost all areas their lives.

> *"Had a nice job and when I went to jail, I lost absolutely everything - my house, everything I own, and so hard to start from scratch again and start all over again, especially at my age, you know."* -interview (CLIENT)

> *"It would probably be about going from being a normal happy mother to getting into drugs, losing all my kids, going to jail...then trying to start all over. Um, giving up drugs - finally, years after - and then slowly getting...once I met everyone from [CRC program]...that's when I started to...things started to get better."* -interview (CLIENT)

Another key expression of incarceration disadvantage is the experience of stigma and perpetual punishment, which is often a central theme during the client's transition into the community generally, and also when engaging with (non-CRC) service providers and Government departments. The interviews revealed that clients often experience this stigma through disrespectful interactions or discriminatory treatment in a range of settings. This stigma presents barriers to clients in their transition from prison to community.

> *"Well, she comes up to Housing Commission with me and like, and I know they're really - they're pigs, they wouldn't - they won't talk with me because they think I'm young and dumb and an idiot. Like when I had [CRC worker] up there, they were quick to get on the phone to the manager to the...you know, things got done because she was standing there with me. So yeah, that was, that was really good."* -interview (CLIENT)

3.2.2 Resilience and strength

The above profile of CRC clients highlights the adversity, and compounding and intersecting disadvantage they have experienced, which contextualises the strength and resilience that underpins their transition from prison into the community. Many participants reflected on how they had to work very hard to overcome various difficulties and challenges in their lives, and they were often proud of their achievements, whether this was staying out of prison for a longer period than usual, minimising or ceasing use of substances, addressing issues in relationships or simply making other positive changes in their lives. Staff noted that it was important to recognise and bolster the resilience of CRC clients in the work they do with them through constantly reinforcing their strengths.

> *"It takes a hell of a lot to build a woman up who's been through hell and back, cause when your soul's been destroyed and everything in yourself, you know, you just, you know I'm not gonna lie, I sat there for ages wishing someone would just fucking help me get a break in life. Here you go."* -interview (CLIENT)

> *"The more I drank, the more I was addicted to drugs, the more it kept it open, the more it kept fresh in my mind and in my heart. It's gonna be good, next year, it's gonna be better. You know, it's better than the last and it's better than the last. I'm on the right track. I really am. And through CRC, I know that I am. They tell me that I am because they see the difference - they seen me when I first got out of jail to what I am now, so I know it's right what they're saying because if they can see it, then even if I can't, they can see it."* -interview (CLIENT)

"A story of triumph, I think. It's a story of how to overcome certain sort of traumas in your life. I've been sexually abused as a child. I've been living through 24 years of domestic violence, just recently a partner got set alight, I put him out, same partner who is a narcissist. I had to sort of learn to find myself again, learn to love myself again. Basically, about how to overcome all these certain traumas that's gone on through your life. Slowly rebuilding yourself and your confidence and your self-worth." -interview (CLIENT)

3.3 Breaking cycles of disadvantage: the role of CRC support

This section provides detailed findings about *how* CRC's programs are supporting clients across the transitional and AOD programs. The interviews with clients from across both programs highlighted the importance of a number of key features of the CRC service delivery model. These features are broadly understood here as practical and relational. When clients were asked about how CRC has supported them, a range of practical supports was described. However, what also emerged from the interviews was the importance of the relationship between the CRC worker and the client, and the particular approach taken by CRC workers while delivering practical support. Practical support is tailored in a personal way for each client: some need help with housing, some need help with AOD, some with building relationships. However, there was a consistency in the descriptions of the relationship between the clients and staff members across the interviews. The success of the support was articulated as being located in the interaction between the provision of practical support and in CRC's approach to the work, which is relational, person-centred, non-judgemental, caring, consistent and veers away from an overly clinical or rigid structured approach.

Pathways to CRC support

The interviews investigated what support people had received upon exiting prison previously (before becoming CRC clients). Most participants reported having no formal support on previous exits. These clients discussed the chaos of exiting prison without support, often also disconnected or estranged from friends and family. Participants talked about exiting prison into homelessness or returning to un-safe homes and abusive relationships. CRC was experienced by many as the first formal support clients have ever received upon exiting prison.

"Yeah, so that's a first without breaching or anything like that. It's made a big difference just having someone that is helping me stay on top of everything, you know. Whereas before when I've been released, I've had no support. So it's made a big difference just in - [CRC worker] helps me stay on top of everything. We'll make appointments and stuff and she'll remember that it's on. I'll totally forget. It's really good." -interview (CLIENT)

The most typical pathway for clients to enter a CRC program was via a referral from a CSNSW Services and Programs Officer (SAPO) while they are still in prison. This is usually instigated by the SAPO, who can identify that the individual would benefit from additional support upon exit. Some other pathways include finding out about CRC at prison "service expo days", through a High Intensity Program Unit (HIPU) or independently seeking a referral to CRC after hearing positive feedback from other clients. CRC then processes these referrals to assess suitability for the programs and capacity within these programs to take on new clients.

Overview of CRC support

As detailed in the report introduction, the programs included in this evaluation are the Greater Sydney Metropolitan based transition/reintegration programs and AOD programs. Timelines of support vary

depending on individual need, as does the intensity and type of support. This individualised approach means that workers are able to be responsive and reflexive according to whatever is most pertinent to the client at the time. Most programs welcome clients to engage with the service for as long as they need to, although there are some (for instance ERS, which has a hard 12-month cut-off). For some clients this is just a few months, and for others it might be a few years. However, the intensity of this support is also likely to vary over time. Some workers will meet some clients regularly for one hour per week, whereas they might spend much longer with others.

The relationship between the AOD programs and the Reintegration and Transition programs

While programs offered by CRC are broadly divided into AOD and Transition, with some key differences between them, there are also multiple similarities in terms of the principles underpinning the approach to case work and counselling. There is also flexibility in the way these programs operate and respond to client need. The key difference between the AOD and Transition programs is that the AOD program is more focused on supporting people specifically around their AOD use (although it will also support people holistically in other areas of post-release need) and in Transition programs, housing and support tends to be centred, and AOD use is one of a number of issues that case workers and clients will work around. It is sometimes the case that CRC clients have both a CRC AOD counsellor and a CRC transition worker. Some CRC transition clients might receive AOD counselling outside of CRC because of the geographical limitations of the AOD funding model. Transitional casework staff help with AOD support (including providing support themselves and linking clients up with AOD counsellors and AA/NA, helping clients get onto OTP and into rehab). Similarly, AOD staff often help clients with issues that fall outside of the strict purview of AOD support.

Practical support

There are multiple practical ways that the programs provide concrete support. Some of these were more common in the AOD program (i.e. accessing pharmacotherapy) and some more common in the transition programs (i.e. accessing housing). But there was significant crossover, so they are discussed together here. Key areas of practical support include:

- Housing (short and long-term)
- Legal/ CJS (parole, legal support, child custody/protection)
- Financial (Centrelink, victims' compensation, budgeting)
- Health (AOD, GP, medication, pharmacotherapy, harm minimisation)
- Day-to-day support and life skills (appointments, navigating bureaucracy, basic technology, travel independence, ID, birth certificates)
- Building support and community connection (connecting with other service providers and groups, cultivating extracurricular activities, education, employment)

Housing

Help securing housing (both temporary and longer-term) is a defining and crucial factor in CRC support (particularly in the transitional services). Gaining access to safe and secure housing is something all participants needed help with when exiting prison. Staff stressed that housing is perhaps the most urgent need for CRC clients, who would otherwise be facing homelessness upon exiting prison, and that housing is fundamental in providing some basic stability upon which to then work on other elements of transition and reintegration. Staff explained that homelessness is associated with heightened risks for CRC clients, such as increased exposure to substance use, violence and interactions with police, all of which increase the risk of returning to prison.

Participants described how accessing housing (both TA and long-term housing) is a complicated bureaucratic process and can cause extraordinary stress.

> *"Unless you have somewhere safe, secure, long-term to live, you know, nothing else really works. Life's too unstable, unpredictable."* -interview (STAFF)

> *"That [housing] was the biggest thing. Stability, that was, because I don't read and write that well. I needed a lot of support - help to take me to Bridge Housing and introduce me to people and stuff like that. Big time."* -interview (CLIENT)

Housing (short-term)

Many participants noted the difficulty of accessing temporary accommodation (TA) when exiting prison. The only clients who do not need to access TA are those who are going straight onto a program where housing is already set up for them, such as ERS. However, most participants experienced going with their worker straight to the Department of Housing on their first day of release to access TA. Staff reported that the amount of nights allocated for TA varies, which means that clients and staff are often repeating this process every time TA "runs out" until more permanent accommodation is secured. Participants described how arduous and time-consuming the process of getting TA is, and while TA is useful for the short period it is available, there is a strong anxiety around having more permanent accommodation.

> *"That's a huge thing when you've just got out of prison, the housing office…It depends on the worker if you get two nights or one night, or another worker could go 'I'm gonna give you seven in a row'. You just got to just fight for it."* -interview (STAFF)

> *"Yeah [CRC worker] helped me with taking me from temporary accommodation, like I had to travel when I first got into temporary accommodation...so I was doing temporary accommodation and housing would muck up, they'd send me to [suburb] so [CRC worker] was there to take me to [suburb] and come back and pick me up and bring me back into housing and go through the rigmarole all over again. And without her help, I wouldn't have, yeah, I mean, I'd have been on the streets and now back in addictions. Yeah, hundred percent."* -interview (CLIENT)

Housing (longer-term)

Help accessing more permanent housing was found to be one of the most important practical elements of CRC's support. Participants noted that securing more permanent housing is often a long, difficult and stressful process. Most people leaving custody are on very limited incomes (Newstart, Disability Support Pensions) and frequently have limited or poor tenancy records, and find it difficult to both access and afford private rentals. Therefore, permanent housing for clients is usually sought in public housing or community housing. The process for securing this housing is typically through getting clients onto the Housing priority list and then waiting until a vacancy is available or similarly applying through a community housing provider such as Wentworth Housing, St George Housing, Bridge Housing or Port Jackson Housing. Staff also mentioned occasionally linking clients with other SHS services who manage their own housing, such as Vinnies and Salvos.

> *"Long-term housing is all about getting them on the priority list…It's about getting all the supporting documentation, filling it in properly, picking the right area and making sure that it's put through with everything that it needs to have, plus your supporting letter, which I find is very, very important. Because that can give a history about why this person is where they are*

today, which is very useful for them to make a decision with, and we are very successful in getting our women into permanent housing." -interview (STAFF)

Another element of support around housing highlighted in the interviews was CRC's help with furnishing housing and the importance of not just having a roof over their head, but having a place that felt like a home.

> *"They helped me get stuff and like move or whatever furniture I had there. Obviously, I needed a washing machine. I needed a fridge. I needed a bed, because I just had the mattress. And they linked me to the right services to get that stuff. So I now have a brand-new fridge, a brand-new bed, a brand-new washing machine, which is really good. Yeah. And like all the lounge and things like that, the dining table, all my stuff in the kitchen - they've actually donated to me."* -interview (CLIENT)

Participants noted the need to carefully consider the suitability of housing on a case-by-case basis. For example, some people find it challenging going straight into housing where they are living alone; these clients often have long histories of being institutionalised and are used to be around other people, and therefore living alone can feel alienating and lonely. Conversely, some clients find sharing a house with someone else (such as another CRC client) can have challenges, particularly the risk of conflict. The location of housing is also an important consideration. Some geographic regions are off limits for some people (because of either a personal or parole situation) and some clients express a strong preference for residing in a particular area (often because of family and community connections). Staff work closely with clients to provide, where at all possible, the most suitable housing according to individual circumstances.

Participants also highlighted that there are specific housing considerations for women leaving prison and noted the need to ensure that their housing offers a secure and safe room to which no-one else has the key, as well as the importance of avoiding boarding houses, which are often less safe environments for women, and refuges, as they can be triggering for women who have a history of family and domestic violence.

> *"And it's just me in that two-bedroom unit…I'm not used to being alone on my own - like this is the first unit that I've actually wanted to set up and wanted to see...and normally I'm on the run, like I said, I'm on the run and I'm back in jail within three months, so all this stuff's new."* -interview (CLIENT)

> *"Like for me, if I didn't have the accommodation, I would have had to go to a halfway house or a prison release house in Long Bay, and I just have this feeling that I would've got in trouble again. If I didn't have this accommodation I don't know where I would be...not into a halfway house where you got other criminals cos you just get trouble again. So that, for me, that was the number one thing and talking to boys in jail - they're all homeless. If they had that accommodation it'd just change everything."* -interview (CLIENT)

Participants also pointed to the impact of returning to prison (even for a short period) in terms of putting their housing at risk. Some noted that with CRC support they had been able to maintain their lease even when they have returned to prison for a short period.

Help with legal and criminal justice issues

Support takes the form of accompanying clients to parole, providing support with all aspects of court attendance, connecting clients to legal help, such as Legal Aid, and assistance with child custody and protection.

Many of CRC's clients exit prison with the requirement to present to parole for a period of time. CRC helps clients meet their parole requirements by reminding them about appointments and sometimes also accompanying them to appointments. Participants reported that presenting to parole is a daunting process and that they have often struggled to meet obligations. Participants noted that the support from their CRC workers (both practically and emotionally) has helped them attend these appointments and successfully meet their requirements.

> *"Coming into the parole office, talking to the parole officer, just knowing that she's there and that she's helping me get through it, you know? Because like I said, normally I would go to two appointments and I'm on the run."* -interview (CLIENT*)*

> *"Yeah, and then taking me to all my appointments. Yeah, I don't think I would have finished my parole...I was very lucky to have [CRC worker] take me to all my parole appointments."* -interview (CLIENT*)*

CRC also supports clients with legal issues when they are facing court. This might be writing a letter to a magistrate or judge outlining the client's positive engagement in CRC programs and recommending non-custodial options, and/or accompanying clients to their court appearances. A number of participants expressed deep gratitude for their caseworker's help with accompanying them to court.

> *"They come to court and it was all about them. Because if I was sitting in that cell without them going, 'Oh, [client name] done all these, he's actually done a lot of work and he's working', the judge would have just looked at me, 'This [expletive] doesn't learn his lesson.' It would have been easier for him to just hand me back to jail for a year or six months. But because if I had just sit there on my own, in my filthy clothes you've been in for three days in that cell, and you've gone up on the stand and said 'Your honour, I did it because I have a drug addiction and I don't have money for the month and because my drug goes on here and my money goes on heroin'. Yeah, he's gonna say [expletive] off back to prison, but I had [CRC workers] with letters saying this is the work...I didn't even have to open my mouth. So tops to that!"* -interview (CLIENT)

Child protection and custody issues are significant, especially for women on release from custody. Participants noted the importance of support in custody matters, particularly with retaining and regaining custody of children. This is especially the case when a woman is pregnant and has historic child removals. There is also support provided to clients in circumstances of domestic violence to assist them to keep both themselves and their children safe.

> *"We have to also look at their children's safety. And a lot of women are very proactive in trying to protect their children. And we have to make sure when we're recording or if we have to make FACS reports that we're recording their resistance to violence and their protective factors. So, then they are not allowed to further the situations that happen with their children and have their children removed. So some situations where there has been domestic violence, children have been removed. Sometimes the perpetrator will have greater access to children, even though he was the perpetrator of violence. Just because of the circumstances*

and the way it's been reported, so we have a lot of child protection issues that we need to consider, a lot of child access issues. Working in terms of trauma-informed; women are easily triggered, can be easily triggered, we have to be cautious of what environments we put them in because we don't want to re-traumatise them." -interview (STAFF)

Financial: Help accessing money and support with budgeting

Many people leave prison with no money or financial stability, and frequently no bank account. CRC works with clients to help them access payments from Centrelink, set up bank accounts and provide support with budgeting. Helping people on release apply for Centrelink payments is usually done within the first few days of exiting prison. CRC workers help clients navigate the process of applying for Centrelink payments and accompany clients to appointments, which often involves advocating for them to Centrelink staff.

CRC also helps clients manage their finances and budgeting. Often people leave prison with little experience in budgeting or money-management skills - especially if they have spent a substantial amount of time in prison. One CRC staff participant mentioned that during pre-release engagement she would take her clients supermarket brochures so they could start to get a sense of how much things cost. Participants noted the importance of this sort of support on a very limited income.

> *"Yeah, because the money just goes through my fingers, and that's where [in the CRC house in Camperdown] I learned how to shop and have a budget. Put so much away for my food, my rent was automatically taken out, I had my electricity taken out, so I didn't have to worry about those, they're automatically done. Now I just put money away for my food and then I have money in the bank for - I'm a smoker, so I smoke, unfortunately. And if I want to go to the movies. Yeah, going out. I went to movies New Year Day, stuff like that. And not just blowing it - soon as I get it, it's gone." -interview (CLIENT)*

Health: Help with complex and compounding mental and physical health issues

As noted above, CRC clients have complex mental and physical health issues. Supporting clients with mental-health issues and/or mental illness is often central to assisting the transition from prison into the community. Participants noted that mental health closely intersects with other factors such as substance use and trauma, and reiterated the need for a holistic approach. Participants noted the importance of connecting with health-care professionals including GPs, psychologists, psychiatrists and community mental-health teams.

> *"You've got to make sure that they are linked in with community mental health. I guess another thing I didn't mention is that our guys, most of them are on medication. So that also might not be sorted out. Yeah, I've got people a lot of, you know, psych medications, and they haven't been released with medication. Sometimes you have to find a doctor and sit in a doctor's and that's another thing to try and get the medication. Yeah. So at least they're medicated."*
> -interview (STAFF)

 Participants noted the important role that medication can play in stabilising mental health and/or illness. Participants emphasised that people are often released from prison without scripts for medication needed for mental illness, and therefore urgently need to visit a GP or psychiatrist when first exiting prison to secure the correct medication. The need to support people leaving prison on anti-psychotic medications such as Clozapine or Seroquel was also considered a key issue in terms

of post-release reintegration, with support centring around medication monitoring and assistance attending clinics for depot injections and blood monitoring.

Participants also noted the importance of simply having a caseworker to talk to in terms of managing their mental health.

> *"Because of my PTSD I have issues. I get very confused and huge anxiety levels; I'm medicated for it. Keeping on my medications is another thing. Also keeping up with my health. Because, as you know, we're not good at…any recovering addict or someone who's had enough or don't care about themselves, they give up on themselves because they don't think anyone cares. And they care. And it's good to be able to come in here and, you know, feel welcome."* -interview (CLIENT)

> *"The medication I'm on is called Clozapine. In order to be on that there's a strict regime about going to the doctors every…going to hospital every month. That's where [caseworker] comes in. [Caseworker] has been great. [Caseworker] picks me up, takes me to my blood test and the next day he picks me up and takes me to get my medication. So, if I didn't have that support... Getting there I have to get three buses to get to hospital and I'd just forget. You know, I wouldn't write it down. I'd forget. But now I'm getting into the habit. I've bought a whiteboard and I'm writing dates down now. Otherwise I wouldn't turn up. Medication is very important to me."* -interview (CLIENT)

Participants noted the support their workers provided in connecting them with multiple medical appointments. Help with dentistry was commonly described as incredibly important; both in alleviating often longstanding dental pain and also significantly improving self-esteem around appearance.

> *"When I got out, I had a big chip missing in my front teeth. It killed my confidence. I thought it looked all right, actually, but my mum and everyone else said it was shocking...So I had the cap fixed and I had my back teeth all ripped out…When I got out [CRC caseworker] had a patient who was actually booked that day but they cancelled, so the doctor said anyone else? And luckily, they got me in there, because I would have had to wait months. But that chipped tooth fixed. Yeah, it made me feel great. And I wouldn't have had the money until I had saved for it, so they got that done. And then I also had my back teeth ripped out because they were infected and causing me a massive pain. And that was a lot of the reasons I was using heroin just at the time, for the pain."* -interview (CLIENT)

> *"I had a retinal detachment in my eye, like I said before. And then after that it was...I had issues with a hernia. Which I still have and will have to get operated on. And then it was also a cyst. But I've actually.... sorry, I've had two eye operations, which [CRC worker] actually took me to the second one as well."* -interview (CLIENT)

Accessing pharmacotherapy

CRC's AOD program supports access to pharmacotherapy through the NSW Opioid Treatment Program (OTP). Many clients are on pharmacotherapy of some sort.

The interviews outlined the challenges for clients exiting prison and accessing pharmacotherapy. It was reported that clients often exit prison without a script or a referral to a clinic. Participants explained that there is an urgency around securing pharmacotherapy for clients as soon as they exit prison, because there is a high probability that clients will otherwise relapse, which is problematic due to the risk of overdose resulting from lowered tolerance. Relapse also increases the likelihood of clients returning to prison (especially while they are on parole).

There are often problems related to getting the correct script and signing up with a clinic once in the community, and considerable work goes in to trying to ensure clients are exiting prison with pharmacotherapy in place. Participants discussed the stress of having to go to a clinic every day to receive their medication, rather than from a local pharmacy.

> *"A lot of our clients are on pharmacotherapy, either methadone or Suboxone. And that can also be a bit of a nightmare. I mean, you'd hope that that has been sorted out, but there are times when that hasn't been sorted out. And I'd say that's probably the most important thing. They're on a huge dose of methadone - if they don't have it, they're going to be severely ill. They're not going to be able to function. So yeah, you need to make sure that that's also arranged through Justice Health connections."* -interview (STAFF)

Harm minimisation advice

Harm minimisation is key to CRC's AOD program service delivery and is centred on ensuring that clients are using safely and minimising the risks of their use. Participants noted that harm-minimisation approaches are critical when working with people leaving prison because they have an elevated risk of overdose due to their decreased tolerance. Participants noted that they talked about using clean equipment, using safely and also about using a lower dose on release from prison, as well as not using alone.

CRC's harm-minimisation approach is underpinned by a non-judgemental approach, which participants noted encourages honesty between worker and client.

> *"On the other hand, a theme is that you get someone in custody who's, you know, they are sober. There are drugs in custody, but they've managed..."I can handle it in custody, I can say no in custody, but as soon as I'm out it's a different story", so they can seem like they're really motivated and then it all falls apart as soon as they're released. But, yes, it's getting to know that person, getting to know what's important to them in relation to drug use, because they're going to talk about what they want practically."* -interview (STAFF)

> *"So, the drugs and whatever else I say is confidential, or the stuff that I want to talk to her about my drug use and stuff, I know that she'll keep confidential and won't tell parole and stuff."* -interview (CLIENT)

Day to day support and life skills

CRC workers offer practical support in different areas, as well as assisting clients to develop a range of skills to build their confidence in living in the community.

Central to this is help with **appointments and navigating bureaucracy**. Clients often have a busy schedule of appointments, especially when they are first released from prison. CRC workers help clients with this by making, scheduling, reminding, transporting and accompanying clients to these appointments. Accompanying clients to appointments is viewed as critical in terms of the practical need for this (often appointments are impossible to get to by public transport, clients are frightened to attend on their own and find it difficult to manage all the appointments). Spending time with clients in this way also provides the opportunity for role-modelling behaviour (for instance, how to manage a situation where a worker is rude).

> *"Yeah, I don't like talking to Centrelink at all or basically any of them cos they do my head in, like last time I went to Housing I nearly punched the wall but [CRC worker] came with me so I wasn't allowed to do that."* -interview (CLIENT)

Workers also assist clients in obtaining **identification, birth certificates, Medicare cards** and other formal documentation. Clients often have no formal identification when they exit prison, which can cause difficulties when trying to access services. Participants noted that they will often try to secure ID while people are still in prison to ensure more streamlined access to services.

CRC workers also provide help with developing **technology skills**: many clients have very limited technology skills, especially those who have been in prison for a long period and have never used a smart phone or the internet. Participants highlighted the importance of helping people to increase their basic skills around use of technology, including mobile phones, computers and the internet, to ultimately increase their independence as they transition into the community.

CRC workers also support clients to achieve **travel independence.** Participants described helping clients with "travel training" as to increase their independence generally (especially to access daily pharmacotherapy). This travel training can include using public transport and how to use an Opal card, driving lessons and bike-riding lessons.

3.3.1 Building Support and Community Connection

The CRC practice of providing clients with "wrap-around" supports from a variety of services was noted throughout the interviews as critical in terms of practical support. Building a community (of both formal and informal supports) also assists when clients exit from CRC programs.

CRC staff work to support clients to **connect with other service providers**, including peer-led support groups, community mental-health services, AOD support groups, victims support, healing support and the NDIS. Participants noted that they provide warm referrals and introductions to other services (accompanying clients, ensuring the connection and introduction to the service goes well and that clients feel comfortable independently accessing the service).

> *"They've helped me with trauma…there's a place called 'trauma healing'. So it's another Aboriginal organisation where they've – 'Steps to Healing', that's what it's called. So they've helped me in there."* -interview (CLIENT)

> *"It's a pain in the arse to access. If I had to do it myself, I wouldn't have been able to do it because you gotta - I just thought the NDIS would…maybe it'd be straightforward, but they allocate it to somebody else and then that person allocates the work to somebody else. And it's like, oh god, all these private agencies you're involved in to get things done."* -interview (CLIENT)

> *"It should never just be about us because then they become dependent on us. I said to one of the girls "You have got a team around you now; you have all these people". GP, support worker, another organisation, maybe your parole officer."* -interview (STAFF)

Participants from the AOD team pointed to the importance of CRC encouragement to attend peer-led support groups, noting that when workers accompanied them, clients were much less anxious or apprehensive about going. Participants also noted that staff often provided clients with reminders about appointments and meetings*.*

Participants also noted the role of detox and rehabilitation services, however there was also reticence on the part of participants to access these because of previous experiences of strict policies (for instance in relation to smoking) or bans for people on methadone.

Assisting people on release from prison to connect with **education and employment** is an important part of building a sense of belonging in the community (that exists quite outside of the prison environment). Most participants on release from prison did not perceive gaining employment to be a priority, but for people a little further down the track employment and education increases in importance. Connecting to educational services such as TAFE was also an aspiration for some clients, and some mentioned working towards gaining qualifications with the help of CRC.

> *"Employment and education sort of comes at the end. Unfortunately, that's just not something that they can address within the first couple of months. Usually, I mean, I've had some women that are really high-functioning. And that's just that's on the top of the list. Yet others, it's just…they can't even think about it."* -interview (STAFF)

Support **cultivating extracurricular activities** is also central to building an identity outside of the trauma of the justice system. Participants who have engaged in various extracurricular activities (encouraged and supported by their worker) reported the benefit of doing so. In particular, the Miranda art programs were held in high regard as an environment to make connections with other women who have gone through similar difficulties, but without having to overtly talk about issues, instead focusing on art-making and casual conversation.

> *"Yeah, I do, because we talk just on silly things or break away from my traumas or break away from stuff that is really getting me down. I enjoy coming, I connect with people. We don't talk about our stuff, everything is left at the door, you know. And if so, then they are helping you how to get through certain stuff. And it's good to have other people's advice, not just the worker, but other people from the community. Who've been through what you've been through or similar."* -interview (CLIENT)

> *CRC helped...with confidence, for one. Two with validation that my issues are real, I'm just as important as anybody. Lots of stuff - art, they've got an art group running here, a gardening group I'm hoping to attend a lot more next year. This year has been pretty rough, as it is all getting out of jail and finding my way again and getting back into the swing of things, but next year they're going to help me with a laptop. So I can…IT, do a course in computers, just start the ball rolling again. Studying, because I want to, I think I've got a lot to offer but I just haven't got the textbook behind it. I've got a lot of living skills and a lot to offer in that sense. But I just need that an extra help in getting to where I need to go."* -interview (CLIENT)

Increasing safe social connections for clients

CRC workers also try to establish safe social connections for clients beyond the worker-client relationship. This need to foster social connection is in response to the social isolation and aloneness typically experienced by clients when transitioning from prison into the community. Forming new social connections can be a complex area for clients who are trying to move away from associations with people who are involved in either drug use or the criminal justice system.

To this end, participants noted the importance of support to **identify patterns and heathy/unhealthy behaviours** in relationships. Identifying patterns in relationships, such as cycles of abuse, and discussing what comprises healthy relationships is an overarching element of helping clients make safe social connections once in the community. This work is also related to "perspective giving" and role-modelling for the client. Some participants specifically mentioned the usefulness having someone outside their family and social group to talk to about their relationships.

There is also significant work in assisting clients to **connect with family**. CRC workers will help clients to identify if connecting with family is going to be helpful, safe and healthy, and then assist

clients to make these connections if appropriate. This can be complex work due to the nature of many clients' family relationships; there may well be legal orders relating to why they can't see their families and workers will help clients to understand and meet these legal requirements when needed.

Often clients' relationships have been characterised by violence and abuse, and the ability to maintain a healthy relationship is a constant ambition. Many women reflected on wishing to reconnect with their children, and noted that this was often a motivating factor to address their substance use and stay out of prison. Participants reflected on the importance of the emotional support received around reconnecting with children, while also acknowledging the complexity of navigating child protection and custody.

> "We'd started talking about my daughter. I hadn't seen her in a couple of years. And then I got a letter from DOCS - I think it's FACS now. Yeah, they asked me if I wanted to see her. And I was obviously really emotional...all over the place. And I spoke to my caseworker at the time - I can't remember her name - but she came out and met up with me and we had a coffee. And she gave me the emotional support that I needed. And the courage to actually call them. Because I felt really guilty because I hadn't spoken to her in a long time. Yeah. And it was really hard for me to see her. Because of the guilt. So...but they supported me and I ended up seeing her, and (sounding joyful) now I go there every weekend! Every Sunday! Yeah, I go and see her." -interview (CLIENT)

3.3.2   Support outside of the Practical (relational, trauma-informed, respectful, non-judgemental)

Aside from the assistance with practical support and surviving life outside of the prison system, the quality and style of the CRC approach was discussed throughout the interviews.

A non-judgemental, non-punitive and strengths-based approach

Participants indicated that a key strength of CRC's programs was that they offered a non-judgemental approach and built a strong and honest relationship between the worker and client. The non-judgemental approach means clients do not feel judged or punished about their substance use or past behaviours; this approach allows honest dialogue and opens up real opportunities for reflection and growth.

Participants reported using a strengths-based approach, which works to focus on what the client is succeeding in or doing well with, and positively reinforcing this. Participants indicated that they always felt supported by their worker, even when they had "done the wrong thing." It was noted that workers remain constant and consistent through all kinds of situations, and ultimately help over a long period of time to assist in providing stability and healthy behaviours.

> "I had a lapse - I'm an addict as well, I had a lapse about a month ago, month and a half ago. They were the first persons that I reached out to, as in support or…so I didn't feel guilty or anything like that and without them I think I would be back in addictions now. I'm so pleased that I had them so that I can reach out to them and there was no judgment, no, no, nothing. Like it wasn't like most organisations you get that will put that sort of stigma on you - these guys didn't do it." -interview (CLIENT)

> "I stayed out...because of AA and going to them classes and the bit of talking that I have with [CRC AOD worker]...sort of being reminded of the good things. Like, I don't want to go back to

that old way of life, but before I had nothing to remind me, was just using every day. Using you get stuck in that routine, just constantly keep doing...now I'm doing it but that one day a week sort of pulls me up a bit." -interview (CLIENT)

"Oh, just it's the best organisation, there should be more of them, like that are independent from parole and Corrective Services and so on. Which I feel Vinnie's and Salvos and that are involved with, it's all one umbrella parole thing, where CRC it's like an individual-type thing. They're there to support you and help you, they're not there to judge you or anything like that." -interview (CLIENT)

Flexible outreach service

CRC 's programs are flexible outreach services, which means that workers meet clients at a location and time that is suitable to them. This can be in multiple settings. Participants emphasised that this ultimately increased the likelihood of engagement. This was believed to be particularly the case when first exiting prisons. Often people are released into transient and/or sometimes chaotic lives, which can make it difficult to make regular appointment times or attend an office that is difficult to get to. Participants reflected that outreach is a key difference between how CRC operates and many other AOD or casework services (where clients have to go into an office). Participants noted that meeting clients at a location of their choosing (most likely their home if they have one) had the additional benefit of enhancing the client's sense of safety and comfort, which is important for many who are also suffering from poor mental health, often related to trauma.

"Um, [CRC AOD counsellor] rings me up, right? He's really open. I've been to a drug and alcohol counsellor before, right, but I've never had a worker what...he comes and picks me up, he's picked me up before we go for coffee. We talked about stuff, yeah. Yeah, I mean, yeah, and he asked me, is the honeymoon over, you know what I mean, when you first get out?" -interview (CLIENT)

Community-based outreach was cited by participants as being critical in terms of retaining engagement with an often-isolated population.

"Because I think the difference with CRC is that we're focusing on people that really would have fallen through the gaps if we weren't here. If we weren't available to do, especially, the outreach side of things, because they're not going to go to a...most will not want to go and will be very resistant to going to an office and meeting with a counsellor in a room like this...in that environment. And they have, maybe, mental-health issues, anxiety about groups and that kind of thing." -interview (STAFF)

"It's one of the most complex client groups I can imagine working with, really. And I think meeting them where they want to meet just makes it easier for them because there's so much other stuff going on." -interview (STAFF)

Participants also pointed out the importance of the in-reach, pre-release and throughcare components of the service delivery model. The fact that CRC workers engage with clients while they are in prison is viewed as critical in terms of supporting pre-release engagement, but also in supporting effective engagement after prison.

Well, the pre-release stuff is the basis of your whole program. Because once you've made that connection, you've developed that relationship. You've helped the client identify what they want to work on, what they need to get sorted. You've got to plan for your release. I think that's really, really crucial." -interview (STAFF)

"It's always been pushed that we have, well, when I started, it was at least three months pre-release. And I think sometimes that can get a little bit pushed to two months, and then one month…it's just not enough. It needs to be three months, in my opinion, or more. And I think sometimes it's hard. It's just hard to work that out sometimes when you've got high caseloads already. And you don't know what your caseload is going to be like in three months."
-interview (STAFF)

Role-modelling and respect, including workers with lived experience

Participants indicated that a particularly meaningful element of the CRC model was the fact that workers were able to role model in a variety of settings, and that building a warm, healthy and respectful casework relationship was a significant part of that.

A healthy, respectful relationship between worker and client is forged through the non-judgemental approach discussed above, which elicits honesty and provides clients with a safe relationship to discuss any concerns, including substance use. Many participants noted that forming a trusting relationship with their worker provided an opportunity to feel connection and engage in a life outside of substance use. An important benefit of this relationship is perspective-giving. Participants observed that trust and respect between worker and client means that when workers provide a new perspective on a particular situation or relationship, then this would be listened to in a different way.

"[AOD counsellor] comes and sees me once a week or once a fortnight. And we'll go up Marrickville, go to a coffee shop somewhere, have a good chat. Talk to me about how I'm doing with my drug use and that. It's not so much the alcohol, it's just drug use…I don't really talk to people. So when I do talk to someone it makes me feel good within myself, because I've never asked for help. I've never reached out and I've never wanted to listen to anybody. Just do my own thing. But coming out of jail this time just…I've asked for help and I want to get help." -interview (CLIENT)

Participants noted that modelling 'how to live' in the community was an important part of the worker-client relationship. Clients felt that simply meeting for coffee and having a conversation with their worker was beneficial, and they appreciated how normal it could feel. Often the conversation was not centred around a problem or issue, but rather felt like a more general catch-up. Modelling how to deal with stress is also a critical part of this.

"Also, how to - if you're finding it too much, I would often say to a client 'Do you need to go outside for smoke?' Just so that they can keep a lid on it because a lot them can combust, completely losing it. So modelling, always modelling. And also, you know, if you're going shopping with them or something and, you know, if a client thinks 'She looked at me funny' I'll say, 'No, they just looked at you. They didn't look at you funny'. So constantly being sort of real to them." -interview (STAFF)

"I think it's very important as a male working with other males to demonstrate that it doesn't have to be this macho toxic masculinity and there are other ways. They've been in jail, that's going to be rampant and it's to demonstrate, 'Well no, actually, I don't agree with that and I don't think all guys talk about women in that way' and these kind of things." -interview (STAFF)

Participants observed how powerful it could be when their worker had also had experience of the justice system or substance use. While lived experience is not essential to forming a strong therapeutic relationship, participants noted that it could act as a "short-cut" to engagement and that there is often an instant relatability whereby clients feel their caseworker really understands what they

are experiencing. Participants commented that this relationship often feels less "textbook" or clinical. Staff with lived experience also highlighted how it can be useful to discuss their own experiences in order to establish common ground with the client, and role-modelling in general.

> *"Not only that, they understand because they've been there and done it too. For real. Had shit happen in their lives. They fully understand when I say 'I don't feel well today'. If I break down on the phone, start crying, they understand why I'm doing it. You know, 'I'm not having a good day today' I'll say. They've actually made me feel that it's okay to say I'm having a shit day."* -interview (CLIENT)

> *"Sometimes like when you just…when I'm on...if I don't answer my phone like in five rings or whatever she'll ring, and she comes over. Yeah so I don't get that chance to like fall into that ditch you know - I don't get out of bed for three days. The managing the drug and alcohol she can speak from experience, you know, I mean so it's not…I'm not sitting there in front of a counsellor who's you know got a PhD in rocket science and they were trying to tell me about you know, yeah, why I should put the pipe down. Do you know what I mean? It's not as if she's sitting there preaching at me about something she hasn't been through. So I respect that a lot, like a lot. Legal issues and stuff - I hate going to court, I just usually don't go. So that's why. Just because I don't want to, I hate court, I hate anything official. If you were to ask me two years ago to sit in here and talk with you like this, there's no way in the world I would have done it."* -interview (CLIENT)

Building trust, respect, engagement and care

As mentioned earlier, participants were clear on the centrality of a strong and trusting relationship between client and worker. This trust is fostered during pre-release engagement while the client is in a relatively stable environment, which provides a better foundation to weather any challenges once in the community. It was also observed that clients tended to view their relationship as primarily being with a particular worker, rather than with CRC as an organisation. However, participants believed the organisational culture overall acted to positively inform and strengthen this relationship. Some participants felt that the relationship with their worker is like an antidote to the institutionalisation they have experienced, and for some longer-term clients there is also a sense of loyalty, belonging and family with the organisation. Workers are viewed as reliable, consistent and 'in the corner' of the clients they are working with.

> *"Since I got out, she's been working really intensively. Yeah, so that's sort of how I came into contact with (CRC worker), like she would come visit me in jail and put a plan together and whatnot. So, since I've got out - I got out on the 3rd of December - I've got a house, I'm doing my programs. I actually just got my parole put on suspended as of yesterday, so yeah, so the 10 negative drug tests don't have to go back until June, which is when I get sentenced for my drug charges. Because I've done so well thus far, I keep going, basically they're gonna put me on 12-month ICO for my drug charges, which lasts five years, so yeah that's pretty much where I'm at the moment is just ticking all the boxes. To make sure I stay out of jail and (CRC worker) is basically my lifeline for all that."* -interview (CLIENT)

The fact that CRC offers a confidential service is another important element of building trust. For instance, clients feel they are able to disclose their drug use without fear of being reported to parole or other authorities. Confidential counselling is closely related to CRC's harm-minimisation approach, because it provides a trusted and safe space for workers and staff to talk about substance use and how to do it safely, minimise use or access other help if needed. The fact that the support is non-

judgemental also assists in building trust. Participants described feeling safe, and that they could disclose any issues or concerns to their worker.

> *"With these girls, with all of them, they're so nice, they're so easy to approach. And friendly too. You need that, especially when you're hard on yourself all your life. These girls, they do an amazing job. I admire…I've got a lot of respect for them, lot of time for them. And they only want the best for you. They don't push you into anything you don't want to do. They don't force you to do anything that you don't want to do. It's a big difference. And they don't make you feel like you're obligated. It's only at your time, at your pace, that you come and join in at these stops. And knowing that it'll benefit you in the long run. And it's a good hindsight to have."*
> -interview (CLIENT)

For some participants, regularity and consistency of contact were considered important in terms of building trust in the working relationship. Similarly, participants also reflected that the fact that workers proactively checked in with them was very valuable. It alleviated the sense of isolation common to many people on release from custody and allowed them to develop a sense of trust that they were in fact 'worth' caring about.

> *"So it was pretty much like a call every week just to check in and see how I am, which was good for me. I didn't realise I actually needed it at the time. Until she started calling and then I could kind of just let her know everything that I've done, which I was proud of. And then the things bad that had happened, so that I could kind of vent too. Like, you know, it was really good."*
> -interview (CLIENT)

Some participants indicated that there can be a tension between building relationships and trust with clients but also setting boundaries, but that actually setting clear boundaries was an important part of building a trusting relationship. Participants also noted the particular challenges faced by Aboriginal staff and clients as a consequence of different expectations within Aboriginal communities, which can make it harder to set professional boundaries.

> *"Well, I think it's about having really, really strong boundaries about work outside work. Looking after your own wellbeing is so crucially important, taking your holidays. Not setting yourself up to be the only person that can assist."* -interview (STAFF)

Participants observed the genuine care and respect for people coming out of prison, and recognition of the resilience of this population. Participants articulated that they felt an acute sense of being 'important' to their worker, and this was often a very different and profound experience. Participants noted that being treated with care and respect helped to build a sense of safety and confidence, especially in terms of asking for what was needed.

> *"From being there for me, you know, taking me, and then slowly I've started to what…They reckon I've done all the work, nah, it's been sort of a...They've made me feel like it's okay to ask, they've given me the confidence back to actually ask for help."* -interview (CLIENT)

> *"Because we advocate for men and women that are so vulnerable, and we understand that the reason why you end up where you are is because of all that's gone before. And it's not just that you're, you know, a bad person. You know, you've made, you know, bad choices. But that could well be because of you've never had any support in your life."* -interview (STAFF)

Participants often expressed experiencing a strong sense of "life happening to them", of feeling disempowered. However, this often shifted through their relationship with their CRC worker.

Participants noted the way workers assisted them to reframe their experience in terms of "surviving" disadvantage and trauma.

Participants identified the complexities of navigating bureaucratic systems in their transition from prison into the community and pointed to the ways workers assisted clients to navigate and make sense of these systems by "walking alongside" them and advocating for them.

Many participants described an overwhelming sense of "alone-ness" in the world, especially in their transition from prison into the community and that the connection with their CRC worker made them feel supported and ultimately less alone in navigating life in the community.

> *"Yeah, they are, they're fantastic. I can't speak for them more highly. Without them, I wouldn't …like I said, if I didn't have them in my life, I can't say enough...just - god, making me speechless sometimes thinking about what I can say about them because they've been everything for me."* -interview (CLIENT)

3.4 Summary

The qualitative interviews found the impact of CRC's support was experienced as extraordinarily positive by clients and staff in the programs under investigation. Participants noted explicitly the ways in which the support both reduced the likelihood of incarceration and improved health and wellbeing. They described the flexible, outreach, person-centred, proactive, relational, non-judgemental and non-exclusionary support and advocacy offered by CRC workers as life-changing in terms of both substance use and recidivism. It was also described as unique in terms of the flexibility of the service delivery model.

The interviews provided an unsurprising and relentless description of the extreme disadvantage experienced by people in the justice system. The clear relationship between substance use, disadvantage and imprisonment was a consistent theme. While there is very little debate about the social drivers of incarceration or the demographics in terms of disadvantage of those who are incarcerated, there is a need to outline how it is that we actually *respond* to this in service delivery. How services work with individuals who have experienced structural and systemic disadvantage is frequently not centred in the design of programs and services. There is an understandable tendency to focus on facilitating individual change. However, this research suggests that understanding the stories of the people that attend services, in terms of not just their individual experiences but also of the structures that have so often and predictably funnelled them into the justice system, is critical. Participants in this research described their experiences of homelessness, poverty, disability, chronic poor health, mental illness, violence and abuse, racism and racist institutions, trauma as children and as adults, and ongoing substance use. Participants had seen their family members incarcerated and had grown up in environments where prison was normalised. Participants also experienced imprisonment itself as a compounding trauma.

This backdrop of disadvantage was threaded throughout the interviews and understood by both clients and staff as critical to understanding the nature of the support provided by CRC, and in understanding why it worked. Participants identified very clearly the practical aspects of support provided by CRC that were fundamental to post-release success and also crucial in terms of meaningful AOD support. Many of these supports are a response to the disadvantage experienced by people prior to incarceration. In order to build lives in the community, participants talked about their need for access to basic services and opportunities: housing, health, legal supports, assistance with

finances, day-to-day support with navigating travel and appointments, and connection with communities. But more than this, participants noted the enormous value in having a worker facilitating this. The qualities of the worker were fundamental in the participants' experience of change; having someone who is genuinely respectful, engaged, non-judgemental and caring was considered crucial.

Participants described long histories and experience of services (both government and non-government) where they have been treated in discriminatory and disrespectful ways. Often attempts to access services had been thwarted because of discrimination. Participants who were clients noted how they felt seen and cared for by their workers. Participants who were staff noted how much respect they had for the resilience and strength of the people they worked with. The nature of the relationship and the approach of the service itself in terms of providing outreach and flexibility was described as essential to post-release success. So too was the way staff were able to maintain engagement in a proactive way, even when things were not going well for clients (including when they had relapsed). The metaphorical and literal experience of clients being "met where they are at" was viewed as hugely important in terms of building a life after prison or a different relationship with substance use. The fact that CRC has workers who also have lived experience of incarceration and substance use was extremely important for some participants and viewed as a fast-track to engagement. Having workers who had also been to prison assisted in the sense of feeling understood and not judged.

Identifying success and efficacy in person-centred support is necessarily relative. For some participants success was about reduced or safer use of alcohol or other drugs; for others it was about finally having somewhere safe to live; while others identified achievements such as paying bills on time as significant. And for many it was about staying out of prison for longer than they had previously managed. The stories woven throughout the interviews make it clear that success is not linear and there are multiple complexities in the journey from both prison to the community, and in the process of shifting relationships with substance use. Success is in large part about engagement between workers and clients. Participants noted that long-term (12 months or longer) support that was based on a community-outreach model and that was person-centred, non-judgemental and provided both a range of practical supports *and* a sense of belonging through the relational casework model was fundamental to post-release success and addressing problematic substance use. Participants were also very clear that the provision of this support made a huge difference in terms of reducing the likelihood of reoffending or returning to prison. For many, this was the first time support of this sort had been offered on release from custody and many attributed the experience of a connection with a CRC worker as being the reason they had managed to stay out of prison. Building a relationship of trust, including trusting over time that the worker would not make promises they could not keep and that they would be honest and supportive, was critical.

4. Client Survey Data Study

4.1 Methodology

The Substance Use Recovery Evaluator (SURE) is a survey (validated in the UK) developed in collaboration with people who have lived experience of substance use by Kings College London. It is comprised of 26 questions across domains of drinking and drug use, self-care, relationships, material resources and outlook on life. It is designed as a holistic health and wellbeing measure and relies on the feedback of individuals over time to track changes.

Study design

The CRC AOD team uses the Substance Use Recovery Evaluator (SURE) as both a therapeutic tool and for reporting outcomes to program funding bodies. These surveys are intended to be administered every three months by the caseworker or the AOD administration worker.

This study was designed to make use of the existing data being collected by the AOD team in order to track and measure any changes in average scores for each question in the SURE survey over a 12-month period from clients' referral in date, with a view to measuring the impact of the program over this time period. There is no external comparison or control group with this aspect of the research design.

Data collection

The SURE survey data is intended to be collected approximately every three months by a client's caseworker or the AOD administration worker by either completing a paper survey or accessing a secure online webform on their work smart phones; this data is then added to a secure online database. The research team requested access to all SURE survey data that has ever been collected by the AOD program. This de-identified data was emailed to the research team in a secure format.

A total of n=364 surveys completed by n=167 clients were provided to the research team. These surveys had been completed between April 2017 and December 2020.

However, not all of these surveys or clients have been included in the analysis. Because the intent of this research is to explore the efficacy of support for people leaving custody, this research selected only those surveys completed within 12 months of the referral in date. 233 surveys completed by 147 clients were included in the analysis. Where clients had completed more than one survey in a month, only the first survey completed in that month was included.

The size of the client cohort varies per month as outlined in the following table.

Table 3: SURE, survey client sample achieved per month from client referral in date

Months since referral	1	2	3	4	5	6	7	8	9	10	11	12
Sample N=	33	34	22	19	28	16	13	14	16	11	11	16

Analysis

The SURE surveys were divided into the time category post-release that they were administered. For instance, surveys completed in the first month were placed in Month 1, surveys completed in the second month in Month 2. The SURE survey data was analysed for a 12-month period from the client's referral in date. Average scores per question were calculated for the cohort of clients in each monthly period. These scores were then analysed to identify any significant differences at 95% confidence using a T-test.

Limitations of method

The reliance on secondary data (surveys administered by caseworkers in the course of their casework duties) resulted in fewer surveys than anticipated and varying numbers of completed surveys in any given time period. The inconsistency of survey administration meant that we were not able to track individuals over time (as initially planned), but instead focused on average shifts in health and wellbeing for the whole cohort over a 12-month period.

Ethics

The following ethics applications were approved for this study:

- UNSW HREC: More Than Low Risk Research Application (HC190209)

4.2 **Findings**

The purpose of this section was to track any significant changes or trends in SURE survey scores in the 12 months after clients started receiving support from CRC's AOD program so as to measure any shifts. The key finding in this regard is that average scores across survey questions remained reasonably consistent and stable in the 12 months after clients were referred into the AOD program. Further, there were few significant differences noted between average scores in Month 1 and subsequent months.

Substance Use

There are six questions measuring frequency of substance use over the past week on a scale of 1 (never) to 5 (every day). Average scores to these questions over the 12 months after AOD clients were referred into the program showed reasonably low scores for alcohol (between 1.1 and 1.9) and street drug use (between 1.3 and 1.7), coupled with slightly higher scores for experience of cravings (between 1.2 and 2.5). Average scores for coping with problems without substances were also high (indicating a high level of coping ability) (between 3.7 and 4.5), as were managing pain and ill-health without substances (3.4 to 4.6) and spending free time on hobbies not involving substance use (3.7 to 4.5). These scores remained reasonably consistent over the 12-month period.

Figure 1: SURE, survey average scores for questions on substance use in the 12 months since start date with AOD program
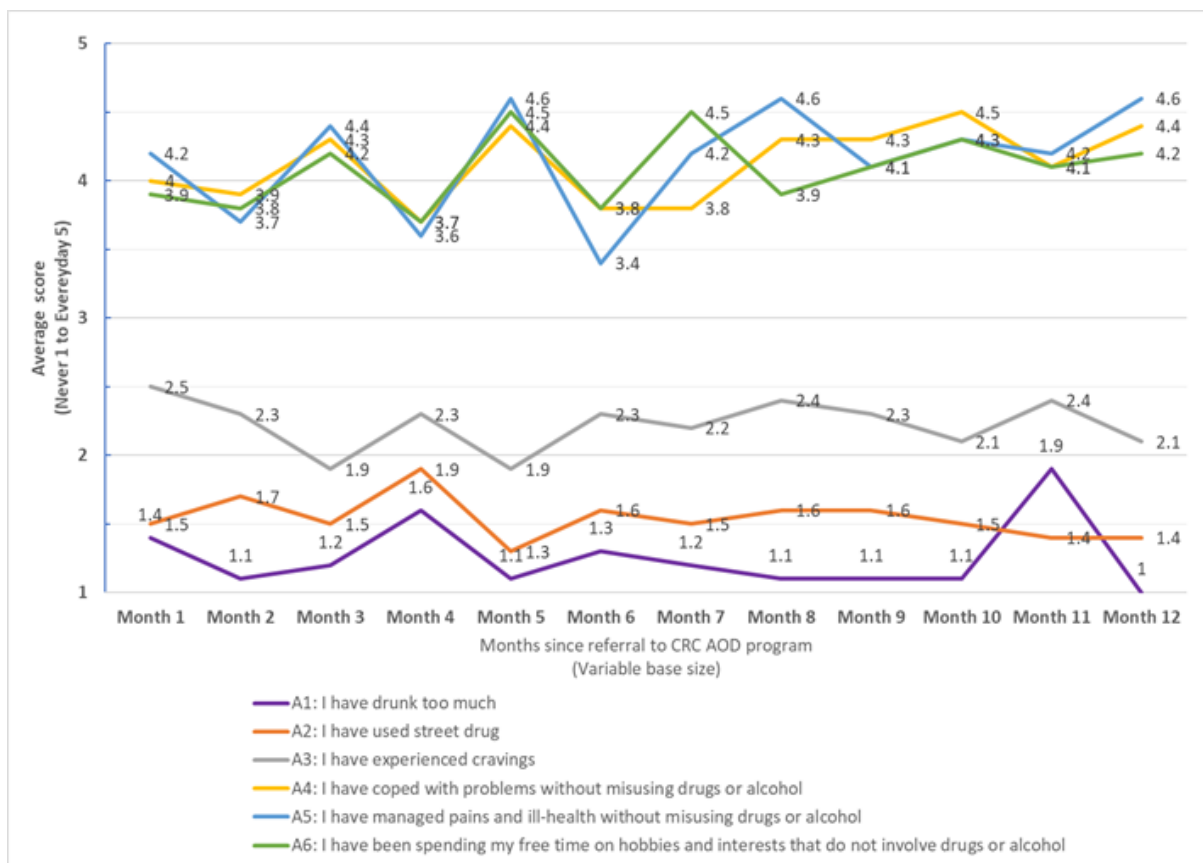
Variable base size: month 1 n=33, month 2 n=34, month 3 n=22, month 4 n=19, month 5 n=28, month 6 n=16, month 7 n=13, month 8 n=14, month 9 n=16, month 10 n=11, month 11 n=11, month 12 n=16

Self-care

The survey has five questions measuring self-care over the past week on a scale of 1 (none of the time) to 5 (all of the time). The results were relatively consistent over the 12-month tracking period and reflect a reasonable level of reported self-care. Average scores for taking care of mental health were higher than the other measures, ranging from 3.6 to 4.1 in 12 months. Scores for self-care of physical health were comparably lower (between 3.0 and 3.9). Having a good daily routine (which could be seen as contributing to stable mental health) was rated reasonably well, achieving average scores between 3.2 and 3.8. Scores for eating well fluctuated more than the other measures, ranging from 2.9 to 3.8. Lastly, sleeping well was consistently lower than the other self-care measures (ranging between 2.9 and 3.5).

*Figure 2: SURE, survey average scores for questions on **self-care** in the 12 months since start date with AOD program*

Variable base size: month 1 n=33, month 2 n=34, month 3 n=22, month 4 n=19, month 5 n=28, month 6 n=16, month 7 n=13, month 8 n=14, month 9 n=16, month 10 n=11, month 11 n=11, month 12 n=16

Relationships

The survey includes four questions measuring the frequency of various aspects of positive/healthy relationships over the past week on a scale of 1 (none of the time) to 5 (all of the time). The highest scoring measure pertaining to relationships was "I have treated others with respect and consideration" (between 4.1 and 4.6), followed by getting along well with people (3.4 to 4.3). The questions related to how clients have been treated by other people scored marginally lower; whereby both "I have felt supported by people around me" and "I have been treated with respect and consideration by people

around me" scored between 3.1 to 4.2. When looking at these scores over 12 months, there were minor fluctuations but no consistent or significant patterns of change.

*Figure 3: SURE, survey average scores for questions on **relationships** in the 12 months since start date with AOD program*

Variable base size: month 1 n=33, month 2 n=34, month 3 n=22, month 4 n=19, month 5 n=28, month 6 n=16, month 7 n=13, month 8 n=14, month 9 n=16, month 10 n=11, month 11 n=11, month 12 n=16

Material resources

There are three questions measuring the frequency of attaining material resources over the past week on scale of 1 (none of the time) to 5 (all of the time). While average scores for the three questions were reasonably consistent in the 12 months for which data was collected, there was some difference between them; scores for managing money well were lower (ranging from 3.3 to 4.0) compared to having stable housing (3.9 to 4.5) and having regular income (3.9 to 4.8).

*Figure 4: SURE, survey average scores for questions on **material resources** in the 12 months since start date with AOD program*
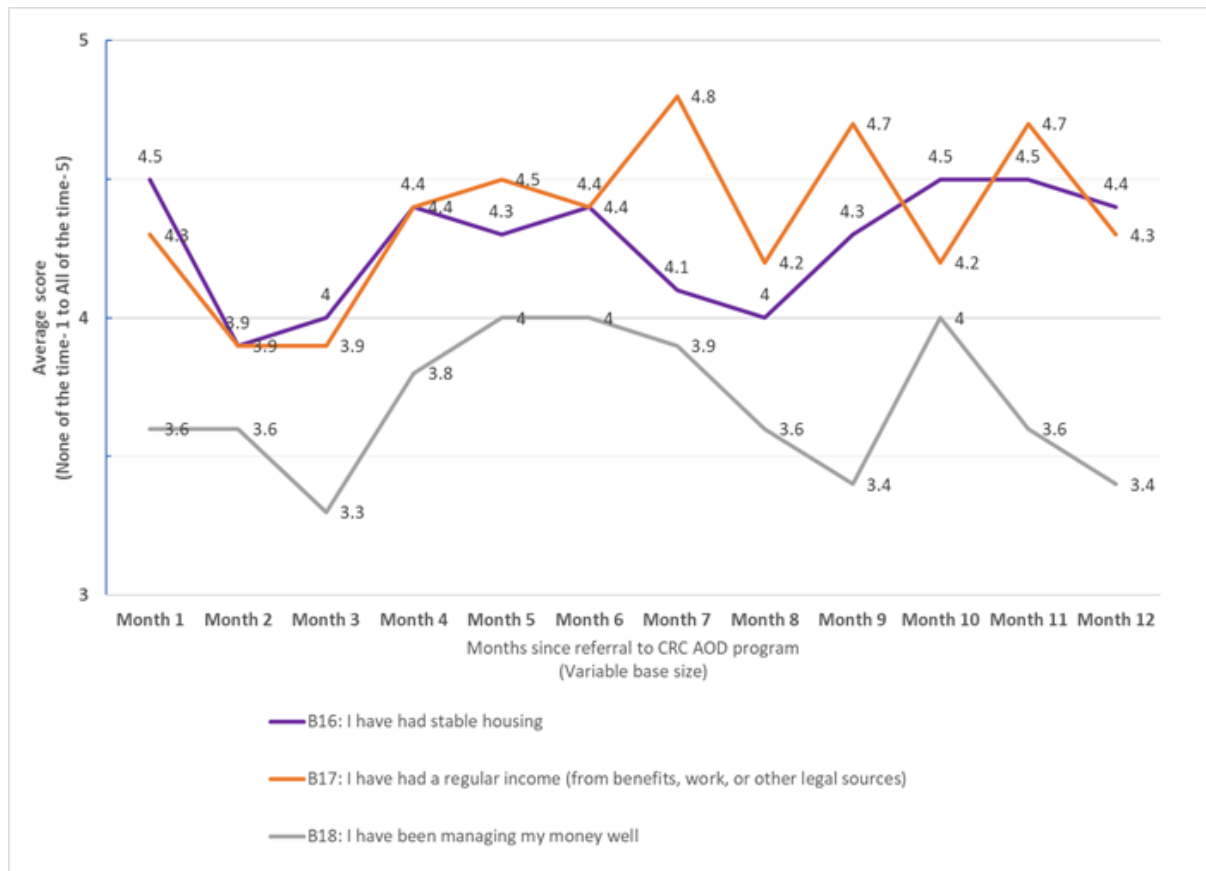
Variable base size: month 1 n=33, month 2 n=34, month 3 n=22, month 4 n=19, month 5 n=28, month 6 n=16, month 7 n=13, month 8 n=14, month 9 n=16, month 10 n=11, month 11 n=11, month 12 n=16

Outlook on life

The final domain of questions in the survey relates to outlook on life over the past week, again using the scale of 1 (none of the time) to 5 (all of the time). Average scores for these questions reflected a similar pattern over the 12 months, whereby scores peaked significantly in Month 5 (as compared to Month 1). "I have had realistic hopes and goals for myself" rated marginally higher than the others (especially in the first six months), scoring between 3.0 to 4.1. Scores for feeling happy with quality of life (2.8 to 3.7) and feeling positive (2.9 to 3.9) were comparable.

*Figure 5: SURE, survey average scores for questions on **outlook on life in** the 12 months since start date with AOD program*
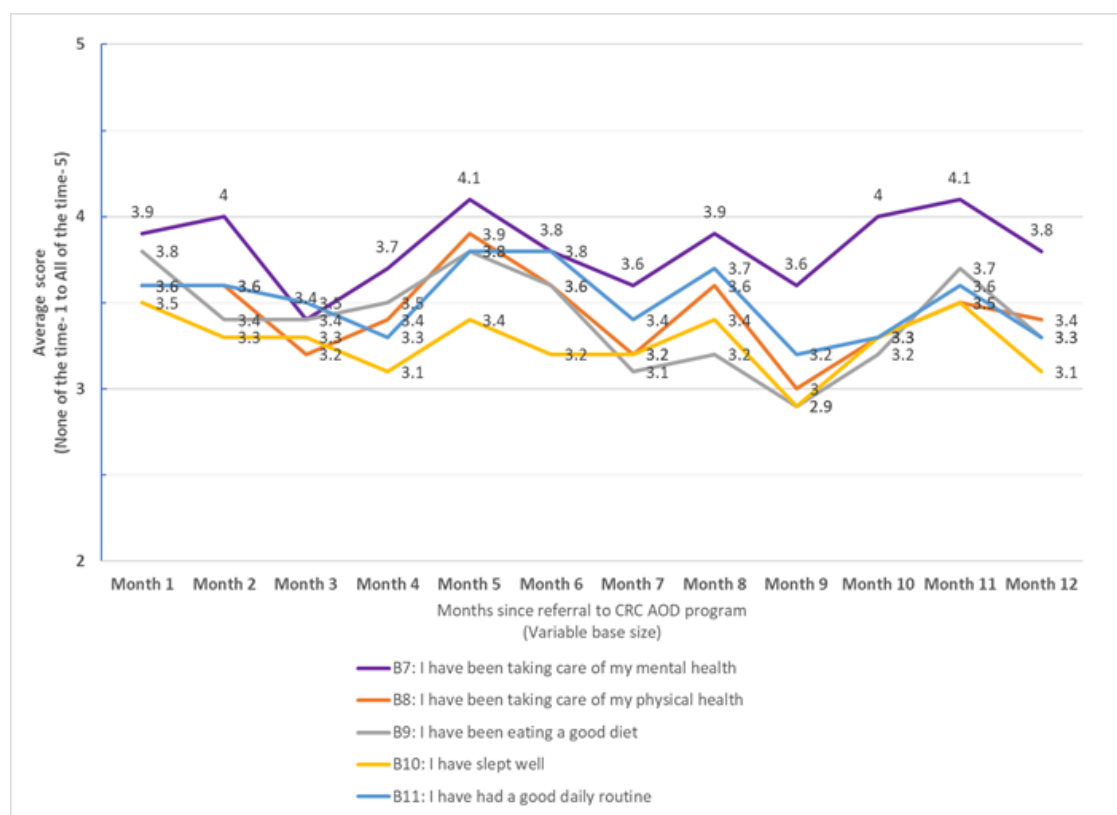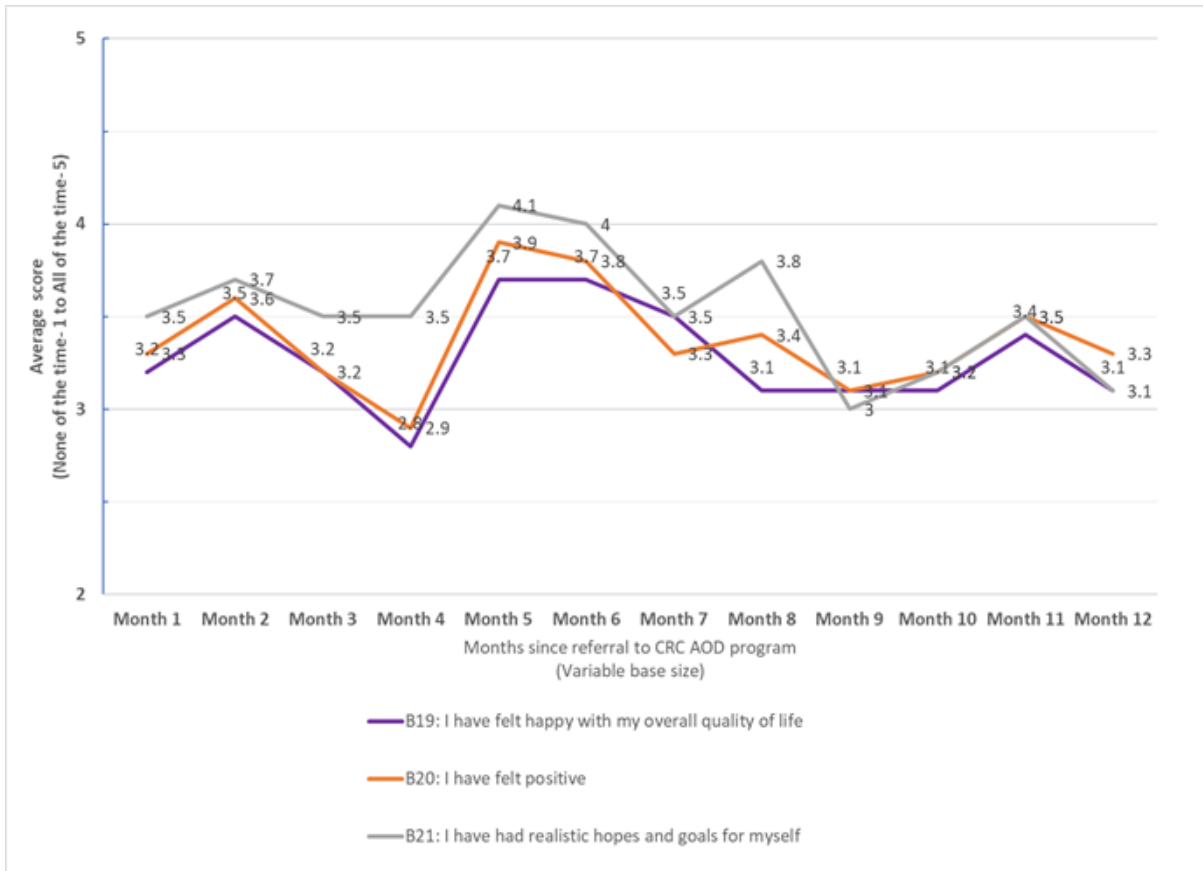

Variable base size: month 1 n=33, month 2 n=34, month 3 n=22, month 4 n=19, month 5 n=28, month 6 n=16, month 7 n=13, month 8 n=14, month 9 n=16, month 10 n=11, month 11 n=11, month 12 n=16

Importance rating

The final section of the survey asks clients to rate the importance of each of the five domains previously queried on a scale of 1 (not important) to 4 (very important). Positively, each of the domains were scored highly and there were only minor fluctuations in importance ratings over the 12 months after clients were referred to CRC. Rating most highly was having resources and belongings (between 3.3 and 3.9); the other domains were largely comparable "reducing or abstaining from drinking or drug taking" (3.0 to 3.7); "looking after yourself" (3.2 to 3.8), "having good relationships with other people" (3.2 to 3.8), and "outlook on life" (3.2 to 3.7)

*Figure 6: SURE, survey average scores for questions on **importance of each domain** in the 12 months since start date with AOD program*
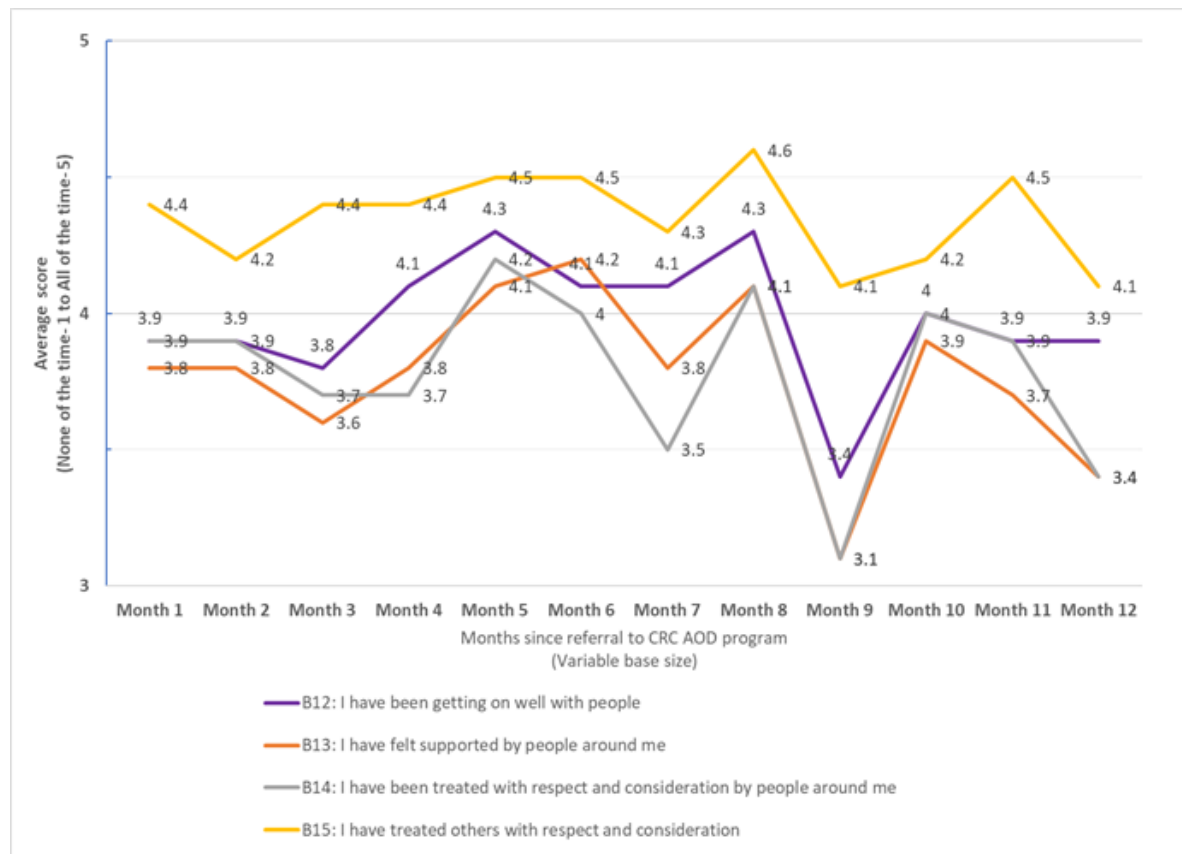
Variable base size: month 1 n=33, month 2 n=34, month 3 n=22, month 4 n=19, month 5 n=28, month 6 n=16, month 7 n=13, month 8 n=14, month 9 n=16, month 10 n=11, month 11 n=11, month 12 n=16

4.2.1 Summary

Substance use scores indicated there was a consistent (but relatively low) level of use throughout the period and relatively high scores in terms of various forms of coping (managing pain, spending time on hobbies unrelated to substance use). Self-care scores also remained fairly consistent over time and reflected a reasonable level of reported self-care, although there were less consistent and lower scores in the domains in terms of sleeping well and looking after physical health, and greater fluctuations in terms of eating well. There was consistency over time in terms of how people viewed their relationships, although this was rated much more positively in terms of treating others with respect when compared to the experience of being treated with respect or feeling supported by others. Material resources questions were also consistent over time, with scores for managing money lower than stable housing and regularity of income.

While these findings suggest an overall positive story in terms of consistently managed drug use and self-care over time, the limitations of this aspect of the methodology mean that it is difficult to identify any clear patterns of significance over the 12-month period.

5. Quantitative analysis of CRC client outcomes

This study tracks the trajectory of CRC clients' involvement in the criminal justice system from 2009 to 2019, providing insights into clients' criminal justice contact pre-engagement with CRC programs and post-commencement with CRC programs.

5.1 Methodology

The methodology of this study is an interrupted time series analysis of criminal justice system outcomes of CRC clients who participated in Sydney-based transition and AOD programs between 2014 and 2017. The analysis looks at whether custody and court outcomes over time change following commencement of engagement with CRC. Comparisons are made between different client demographic groups and program characteristics.

The statistical method for this study is a random effects negative binomial analysis using court and custody data from the NSW Bureau of Crime Statistics and Research (BOCSAR) NSW Reoffending Database (ROD) for all CRC clients who participated in particular CRC programs between 2014 and 2017 (four-year period). The rationale for selecting CRC programs within this specified time period (2014-2017) was to allow for a minimum two-year follow-up period, and also because CRC programs had settled into a more consistent format of service delivery due to significant reforms in funding models such as the Family and Community Services (FACS) Specialist Homelessness Services (SHS).

5.1.1 Data sources

The Bureau of Crime Statistics and Research (BOCSAR) NSW Reoffending Database (ROD) contains information on each person who has been convicted of a criminal offence in NSW since 1994. The ROD contains finalised legal actions within the NSW Criminal Justice System (e.g. criminal court appearances, juvenile cautions, youth justice conferences, custody entries and exits). The ROD also contains information on episodes in custody (since 2000).

CRC provided the Bureau of Crime Statistics and Research (BOCSAR) with identifiers of 523 clients who participated in Sydney-based transition and AOD programs from 2014 to 2017. BOCSAR used a process of deterministic matching to link CRC client data to information held in the ROD. De-identified data on finalised legal actions and custody episodes were then provided to the UNSW research team, with a unique case id number per person to enable linking to de-identified CRC client data. De-identified client data were extracted by CRC from the PROWESS database, and this was provided to the research team for linking to the BOCSAR data using the case id.

5.1.2 Descriptive statistics

From the initial sample of 523 clients, 10 were excluded from the analysis as they never engaged with CRC in the community (for example, they were referred in custody and have not yet been released). A further 26 people were excluded because they had previously participated in CRC programs and the focus of the study is on the impact of CRC from the first contact with the program. Finally, four people were removed from the sample due to data anomalies (these four individuals had overlapping data and it was unclear whether or not they were the same people). The final study sample includes 483 CRC clients whose first participation was active in 2014 to 2017.

Table 4: Breakdown of CRC clients involved in this study

Characteristic	Frequency (N=483)	Percent %
Female	263	54.45
Male	220	45.55
Aboriginal	233	48.24
Any juvenile custody	80	16.56
Commenced pre-2014	40	8.28

As shown in the table above, more than half of CRC clients in this study are female and almost half are Aboriginal. Less than one in five (16.56%) had a juvenile custody episode and less than one in 10 (8.28%) commenced their first CRC program participation prior to 2014 (but were still participating in the 2014-2017 study period). The average age at program commencement is 37.20 (range 18.99 to 69.53). Differences in all of these characteristics are controlled for in the analysis.

5.1.3 Interrupted time series analysis

The data were shaped into a panel representing 11 annual time periods from January 2009 to December 2019. The index date, from which pre- and post-change is measured, is the first date of referral to CRC for clients who were referred in the community. For clients referred to CRC while in prison, the index date is the exit date of the corresponding prison episode. The index year was split into two periods, the time up to and including the index date and time after the index date.

Models were run for time in custody, the number of custody episodes, finalised court appearances, proven court appearances and proven offences. Random effects models were used that take into consideration the panel nature of the data (repeated observations for the same individuals over time). The models adjust for the number of days available where a particular year is not fully observed. For example, due to the person turning 18 or dying during the year, or during the index year, which has been divided into days pre- and post-index date. For court outcomes, which are analysed based on the offence date, the models also adjust for days in custody, as this reduces the time available to offend.

Limitations

Interrupted time series analysis is a quasi-experimental design that helps to identify an intervention effect when a randomised trial is not possible (or ethical). The analysis enables measurement of changes over time before and after a point of intervention (in this case the commencement of the first CRC AOD or transition program participation). However, it is possible that other things, such as policy changes or regression to the mean (e.g. a natural decline in justice contacts immediately following an episode in custody), may help to explain these changes. Because the date of intervention varies in this study, a specific policy change is unlikely to explain the results. To help to control for regression to the mean the analyses control for the period leading up to the intervention. To add further rigour, for a subgroup of the CRC study sample where it was possible to identify a similar group of people who did not receive CRC support, additional analysis with a comparison group is conducted in Chapter 6. The findings of a power-analysis are noted at appendix 10.5.

Ethics

The following ethics approvals were received for this study:

- UNSW HREC: Negligible Risk Research Application (HC190724)

- AH&MRC HREC: Research Application meets requirement of the National Statement on Ethical Conduct in Human Research (1682/20)

Approval also had to be sought from Corrective Services NSW (CSNSW) for inclusion of custody data in the ROD.

- CSNSW commissioner Mr Peter Severin provided a letter of approval on 9th April 2020 (D20/0316317)

5.2 **Findings**

The models control for age (centred at the average age at the index date), gender, Aboriginality, any prior juvenile custody episodes. The models also control for whether the index date is before 2014 due to CRC changes at this time,[17] and the period of the index date. As well as simply controlling for these characteristics, models with interactions were also run to evaluate whether the impact of CRC support differs for male and female clients and by Indigenous status. Basic models are presented first to show the overall estimated changes to outcomes for CRC clients post-program commencement. The models with significant interactions are then presented, both as statistical output and graphically. Differences by program characteristics were also investigated and are presented following the overall models. Each model and the results are discussed under the subheadings below.

5.2.1 Average changes in outcomes post-CRC commencement

The statistical output presented in this section looks at changes over time before and after commencement of CRC programs (the index date), controlling for differences between individuals. This shows the overall changes in criminal justice outcomes experienced by CRC clients, on average. However, CRC clients and programs are not homogenous and therefore more complex models are presented in subsequent sections to show differences for subgroups.

Table 5:

Days in custody	IRR	Std. Err.	z	P>z	[95% Conf. Interval]	
Commenced with CRC pre-2014	2.042	0.155	9.38	0.000	1.759	2.370
Any juvenile custody	1.544	0.080	8.34	0.000	1.394	1.710
Female	0.635	0.023	-12.53	0.000	0.591	0.682
Age at index date	0.997	0.002	-1.39	0.163	0.993	1.001

---

17 A number of significant funding and policy shifts occurred prior to 2014 that altered service delivery at CRC, and in the broader sector. This included the Going Home Staying Home Reforms in the homelessness sector, the ending of the NPAH projects and a shift in the way that CSNSW funded post-release services (to a short-term model of support only).

Aboriginal	1.443	0.054	9.71	0.000	1.340	1.553
Intervention period	2.054	0.123	12.06	0.000	1.827	2.309
Initial time trend pre-CRC commencement	1.213	0.012	19.04	0.000	1.189	1.237
Shift post-CRC commencement	0.342	0.029	-12.82	0.000	0.290	0.403
Trend change post-CRC commencement	0.807	0.020	-8.84	0.000	0.770	0.847

Sample size 5,662 observations for 483 individuals. In addition to the control variables in the table, also controls for exposure time (time periods less than a full year). The average number of observation periods per person is 11.7 (range from 5 to 12).

The model output is presented as incident rate ratios (IRR) that show the rate of days in custody compared to (c.f.) the reference case. An IRR of less than one represents a decrease and an IRR of greater than one represents an increase. A p-value of <0.05 indicates statistical significance. The first six variables in the table are control variables. These do not indicate changes before and after CRC, rather they control for any underlying differences between individuals. Net of these underlying differences, the initial time trend variable shows how, on average, days in custody change from one year to the next. The shift post-CRC commencement shows any immediate change following commencement with CRC and the trend change post-CRC shows whether the change year on year changes after commencement with CRC.

Note that to avoid bias from the fact that two in three CRC clients are referred in custody (so their days in custody would naturally be high in the period that CRC engagement commences) the intervention period is controlled for. After controlling for this and other underlying differences, the initial time trend shows that, on average, prior to engaging with CRC the number of days in custody increases every year by 21.3% (IRR 1.213). After commencement with CRC the number of days in custody falls by 65.8% (1-0.342) and the trend over time also falls by 19.3% (1-0.807), on average.

Table 6:

Number of new custody episodes	IRR	Std. Err.	z	P>z	[95% Conf. Interval]	
Commenced with CRC pre-2014	1.823	0.291	3.76	0.000	1.333	2.493
Any juvenile custody	1.357	0.183	2.27	0.023	1.042	1.766
Female	0.624	0.057	-5.17	0.000	0.522	0.746
Age at index date	0.994	0.006	-0.94	0.348	0.982	1.006
Aboriginal	1.574	0.144	4.95	0.000	1.315	1.884
Intervention period	1.209	0.122	1.88	0.060	0.992	1.474
Initial time trend pre-CRC commencement	1.251	0.016	17.74	0.000	1.220	1.282
Shift post-CRC commencement	0.374	0.034	-10.70	0.000	0.312	0.448
Trend change post-CRC commencement	0.784	0.022	-8.84	0.000	0.743	0.828

Controlling for other differences, the initial time trend shows that, on average, prior to engaging with CRC the number of new custody episodes each year increases by 25.1% (IRR 1.251). After commencement with CRC the number of new custody episodes falls by 62.6% (1-0.374) and the trend over time also falls by 21.6% (1-0.784), on average.

Table 7:

Number of finalised court appearances	IRR	Std. Err.	z	P>z	[95% Conf. Interval]	
Commenced with CRC pre-2014	1.391	0.193	2.38	0.017	1.060	1.827
Any juvenile custody	1.289	0.149	2.20	0.027	1.029	1.616
Female	0.654	0.050	-5.50	0.000	0.563	0.761
Age at index date	0.992	0.005	-1.66	0.096	0.982	1.002
Aboriginal	1.561	0.122	5.71	0.000	1.340	1.818
Intervention period	0.912	0.104	-0.81	0.417	0.730	1.140
Initial time trend pre-CRC commencement	1.156	0.013	12.86	0.000	1.131	1.182
Shift post-CRC commencement	0.522	0.043	-7.85	0.000	0.444	0.614
Trend change post-CRC commencement	0.827	0.020	-7.78	0.000	0.789	0.868

To account for the lag between offending and appearing in court, the date of the principal offence is used to capture whether court appearances relate to offending before or after commencement with CRC. Controlling for other differences, prior to engaging with CRC the number of finalised court appearances increases by 15.6% (IRR 1.156) year on year. After commencement with CRC the number of finalised court appearances falls by 47.8% (1-0.522) and the trend over time falls by 17.3% (1-0.827), on average.

Table 8:

Number of proven court appearances	IRR	Std. Err.	z	P>z	[95% Conf. Interval]	
Commenced with CRC pre-2014	1.474	0.207	2.76	0.006	1.118	1.942
Any juvenile custody	1.247	0.145	1.89	0.058	0.992	1.566
Female	0.678	0.053	-4.98	0.000	0.582	0.790
Age at index date	0.990	0.005	-1.90	0.058	0.980	1.000
Aboriginal	1.542	0.121	5.50	0.000	1.321	1.799
Intervention period	0.897	0.104	-0.93	0.353	0.714	1.127

	IRR	Std. Err.	z	P>z	[95% Conf. Interval]	
Initial time trend pre-CRC commencement	1.167	0.014	13.25	0.000	1.141	1.194
Shift post-CRC commencement	0.488	0.042	-8.36	0.000	0.412	0.577
Trend change post-CRC commencement	0.829	0.021	-7.43	0.000	0.789	0.871

Sample size 4,850 observations for 483 individuals. In addition to the control variables in the table, also controls for time available to offend. The average number of observation periods per person is 10.0 (range from 2 to 12).

Again, timing of proven appearances is based on the date of principal offence rather than the date of the final court appearance. Controlling for other differences, prior to engaging with CRC the number of proven court appearances increases by 16.7% (IRR 1.167) year on year. After commencement with CRC the number of proven court appearances falls by 51.2% (1-0.488) and the trend over time falls by 17.1% (1-0.829), on average.

Table 9:

Number of proven offences	IRR	Std. Err.	z	P>z	[95% Conf. Interval]	
Commenced with CRC pre-2014	1.856	0.209	5.49	0.000	1.488	2.315
Any juvenile custody	1.290	0.114	2.89	0.004	1.085	1.534
Female	0.688	0.042	-6.15	0.000	0.611	0.775
Age at index date	0.996	0.004	-1.00	0.319	0.988	1.004
Aboriginal	1.574	0.097	7.40	0.000	1.396	1.776
Intervention period	0.946	0.102	-0.51	0.607	0.766	1.169
Initial time trend pre-CRC commencement	1.201	0.014	15.52	0.000	1.174	1.229
Shift post CRC commencement	0.379	0.033	-11.00	0.000	0.319	0.451
Trend change post CRC commencement	0.821	0.021	-7.84	0.000	0.782	0.863

Sample size 4,850 observations for 483 individuals. In addition to the control variables in the table, also controls for time available to offend. The average number of observation periods per person is 10.0 (range from 2 to 12).

The two previous models count finalised court appearances (in total or where at least one offence was proven). This model looks at the total number of proven offences based on the date each offence occurred. Controlling for other differences, prior to engaging with CRC the number of proven offences increases by 20.1% (IRR 1.201) year on year. After commencement with CRC the number of proven offences falls by 62.1% (1-0.379) and the trend over time falls by 17.9% (1-0.821), on average.

Each of the models above shows a large decrease in criminal justice contacts after CRC clients commence program participation. However, while certain client differences are controlled for, it does not provide a nuanced understanding of how CRC programs may impact certain client groups differently. The next sections look at differences in outcomes for different subgroups.

5.2.2 Outcomes by gender and Indigenous status

This section investigates whether there are different outcomes for CRC clients depending on their gender and Indigenous status. This is done using interactions between these characteristics and other variables in the model. Models with statistically significant interactions are presented. Because the interactions are not straightforward to interpret, in addition to presenting the key results in tables, they are presented graphically using predictions generated from the models to illustrate differences.

Table 10:

Number of days in custody	IRR	Std. Err.	z	P>z	[95% Conf. Interval]	
Aboriginal (c.f. non-Aboriginal male)	1.523	0.133	4.82	0.000	1.283	1.807
Female (c.f. non-Aboriginal male)	0.576	0.031	-10.31	0.000	0.519	0.640
Aboriginal and female (in addition to above)	1.187	0.085	2.39	0.017	1.031	1.367
Initial time trend pre-CRC commencement	1.245	0.016	16.87	0.000	1.214	1.277
Difference in initial time trend if Aboriginal	0.950	0.015	-3.33	0.001	0.921	0.979
Shift post-CRC commencement	0.304	0.039	-9.23	0.000	0.236	0.392
Difference in shift if Aboriginal	1.288	0.209	1.56	0.119	0.937	1.771
Trend change post-CRC commencement	0.761	0.029	-7.07	0.000	0.705	0.821
Difference in trend change if Aboriginal	1.104	0.052	2.12	0.034	1.008	1.210

Sample size 5,662 observations for 483 individuals. In addition to the control variables in the table, also controls for commencement pre-2014, any juvenile custody, age, period of intervention and time available to offend. The average number of observation periods per person is 11.7 (range from 5 to 12).

The reference case for interpreting the results above is non-Aboriginal and male. Compared to this reference case, on average, at the start of the observation period Aboriginal men have 52.3% more days in custody per year (prior to CRC commencement) and non-Aboriginal women have 42.4% fewer days in custody (1-0.576). Aboriginal women have 4.1% more days in custody per year than non-Aboriginal men (1.523 x 0.576 x 1.187 = 1.041). This is clear in the graph below where initially Aboriginal women (the orange line) have slightly more days in custody than non-Aboriginal men (the grey line). Over time (prior to commencement with CRC programs), there is an increasing trend in days in custody of 24.5% for non-Aboriginal people and a slightly smaller increasing trend of 18.3% (1.245 x 0.950 = 1.183) for Aboriginal people. This is seen below in the slope of the blue and orange lines (representing Aboriginal men and women respectively) prior to the index date being slightly flatter than the grey and yellow lines (non-Aboriginal men and women).

Following commencement with CRC, there is an immediate large decrease in annual days in custody of 69.6% (1-0.304) that does not differ significantly by Indigenous status (p=0.119). The trend over time also decreases, by 23.9% (1-0.761) for non-Aboriginal people and by 16.0% for Aboriginal people (0.761 x 1.104 = 0.840: 1-0.840 = 0.160). This results in the previously increasing trend now decreasing slightly (illustrated by the downward sloping lines in the graph after the index date).

Figure 7:

Predicted days in custody by gender and Indigenous status
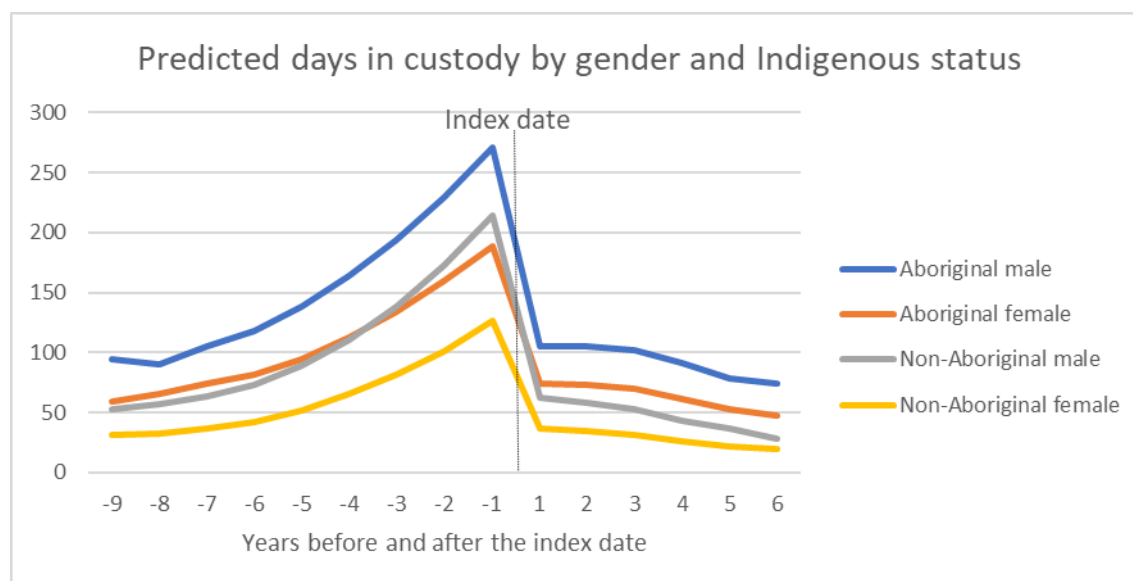
Unlike the time in custody model above, in the models for the number of custody episodes and court appearances there was no significant interaction between gender and Indigenous status, so the final models excluded this interaction. The reference case is still non-Aboriginal and male.

Table 11:

Number of new custody episodes	IRR	Std. Err.	z	P>z	[95% Conf. Interval]	
Aboriginal (c.f. non-Aboriginal)	1.898	0.240	5.06	0.000	1.481	2.433
Female (c.f. male)	0.620	0.057	-5.23	0.000	0.518	0.742
Initial time trend pre-CRC commencement	1.303	0.023	14.69	0.000	1.258	1.350
Difference in initial time trend if Aboriginal	0.929	0.021	-3.23	0.001	0.889	0.972
Shift post-CRC commencement	0.326	0.048	-7.54	0.000	0.244	0.437
Difference in shift if Aboriginal	1.309	0.243	1.45	0.147	0.910	1.884
Trend change post-CRC commencement	0.731	0.034	-6.64	0.000	0.667	0.802
Difference in trend change if Aboriginal	1.116	0.063	1.94	0.052	0.999	1.248

Sample size 4,850 observations for 483 individuals. In addition to the control variables in the table, also controls for commencement pre-2014, any juvenile custody, age, period of intervention and time available to offend. The average number of observation periods per person is 10.0 (range from 2 to 12).

Prior to CRC commencement, Aboriginal people have 89.8% more custody episodes commencing annually than non-Aboriginal people (IRR 1.898). Women (whether Aboriginal or non-Aboriginal) have 38.0% (1-0.620) fewer new custody episodes than men. These differences are seen in the graph below: At the start of the observation period, the blue line is almost twice as high as the grey line (illustrating that Aboriginal men have 89.9% more new custody episodes each year than non-Aboriginal men) and the orange line is almost twice as high as the yellow line (illustrating the difference between Aboriginal women and non-Aboriginal women). Similarly, the distance between

the blue and orange lines and the distance between the grey and yellow lines show the differences between men and women.

There is an initial increasing trend (upward slope) in custody episodes of 30.3% per year for non-Aboriginal people and 21.0% (1.303 x 0.929) for Aboriginal people prior to engaging with CRC. After commencing with CRC, there is a large decrease in custody episodes of 67.4% (1-0.326) for non-Aboriginal people. The trend over time also decreases, by 26.9% (1-0.731). These changes do not appear to be significantly different for Aboriginal compared to non-Aboriginal clients when looking at individual significance (p-value of shift difference=0.147, p-value of trend change = 0.052). However, when these are tested jointly the differences for Aboriginal clients are statistically significant (p=0.000). The size of the initial decrease in custody episodes for Aboriginal people is 57.3% (0.326 x 1.309 = 0.427: 1 – 0.427 = 0.573) and the decrease in the trend over time is 18.3% (0.731 x 1.116 = 0.817: 1 - 0.817 = 0.183).

Figure 8:
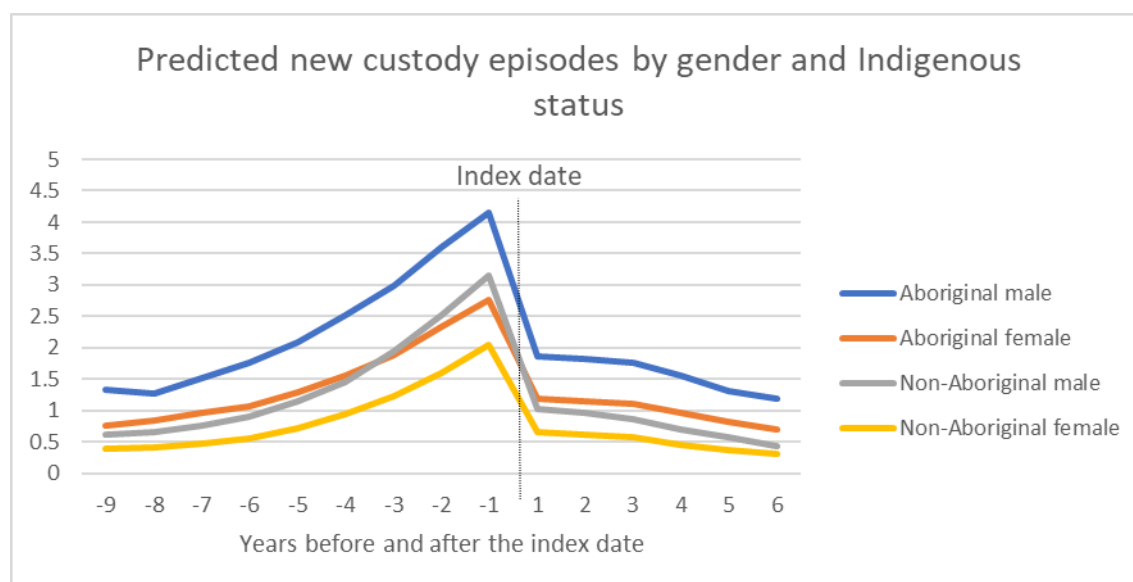
Table 12:

Number of finalised court appearances	IRR	Std. Err.	z	P>z	[95% Conf. Interval]	
Aboriginal (c.f. non-Aboriginal)	1.935	0.209	6.10	0.000	1.565	2.393
Female (c.f. male)	0.651	0.050	-5.56	0.000	0.560	0.757
Initial time trend pre-CRC commencement	1.201	0.019	11.34	0.000	1.163	1.239
Difference in initial time trend if Aboriginal	0.934	0.019	-3.30	0.001	0.896	0.973
Shift post-CRC commencement	0.441	0.057	-6.33	0.000	0.342	0.568
Difference in shift if Aboriginal	1.350	0.224	1.81	0.070	0.975	1.868
Trend change post-CRC commencement	0.814	0.032	-5.27	0.000	0.754	0.878

Difference in trend change if Aboriginal	1.034	0.050	0.69	0.488	0.940	1.138

Sample size 4,850 observations for 483 individuals. In addition to the control variables in the table, also controls for commencement pre-2014, any juvenile custody, age, period of intervention and time available to offend. The average number of observation periods per person is 10.0 (range from 2 to 12).

Prior to CRC commencement, Aboriginal people have 93.5% more court finalisations than non-Aboriginal people (IRR 1.935). Women (whether Aboriginal or non-Aboriginal) have 34.9% (1-0.651) fewer court finalisations than men. These differences are seen in the graph below: At the start of the observation period, the blue line is almost twice as high as the grey line (illustrating that Aboriginal men have almost twice as many finalised appearances as non-Aboriginal men) and the orange line is almost twice as high as the yellow line (illustrating that Aboriginal women have almost twice as many finalised appearances as non-Aboriginal men). Similarly, the distance between the blue and orange lines and the distance between the grey and yellow lines show the differences between men and women.

There is an initial increasing trend in finalised court appearances of 20.1% per year for non-Aboriginal people and a smaller trend of 12.1% (1.201 x 0.934) for Aboriginal people prior to engaging with CRC. Following commencement with CRC, there is an immediate decrease in in finalised court appearances of 55.9% (1-0.441) for non-Aboriginal people. The trend over time also decreases, by 18.6% (1-0.814). While individual tests of differences in the change in shift and trend for Aboriginal clients are not significant (p=0.070 & p=0.488), a joint test indicates that these changes are significantly different (p=0.014). The size of the initial decrease in finalised appearances for Aboriginal people is 40.5% (0.441 x 1.350 = 0.595: 1 – 0.595 = 0.405) and the decrease in the trend over time is 15.8% (0.814 x 1.034 = 0.842: 1 - 0.842 = 0.158).

Figure 9:
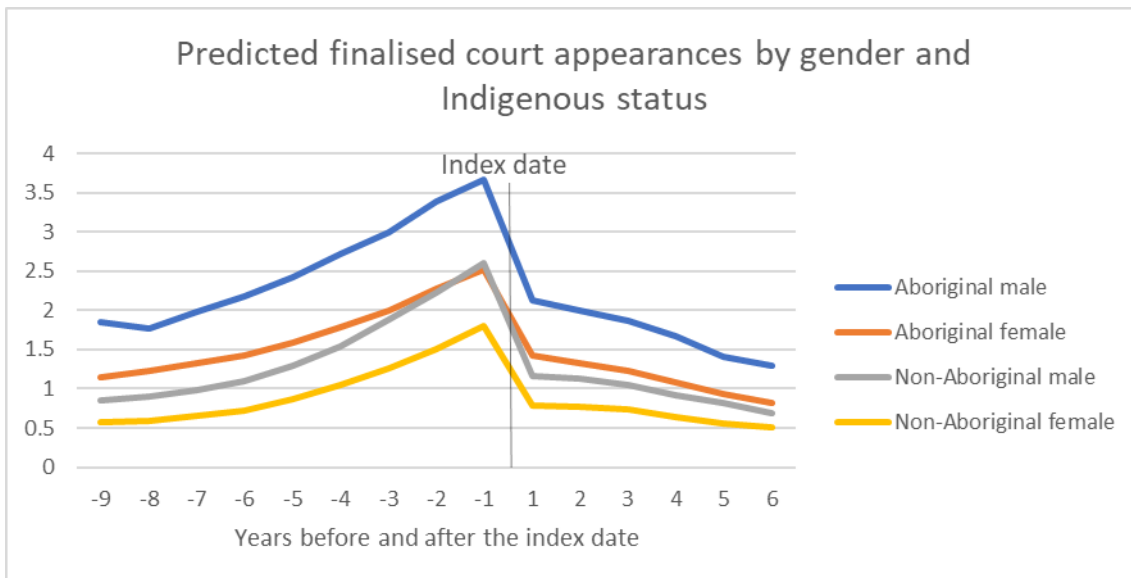
Table 13:

Number of proven appearances	IRR	Std. Err.	z	P>z	[95% Conf. Interval]	
Aboriginal (c.f. non-Aboriginal)	1.910	0.212	5.83	0.000	1.537	2.373
Female (c.f. male)	0.674	0.053	-5.05	0.000	0.579	0.786

Initial time trend pre-CRC commencement	1.209	0.020	11.43	0.000	1.170	1.249
Difference in initial time trend if Aboriginal	0.938	0.020	-3.00	0.003	0.899	0.978
Shift post-CRC commencement	0.426	0.057	-6.40	0.000	0.328	0.553
Difference in shift if Aboriginal	1.276	0.219	1.42	0.156	0.911	1.787
Trend change post-CRC commencement	0.815	0.033	-5.07	0.000	0.753	0.882
Difference in trend change if Aboriginal	1.036	0.052	0.70	0.485	0.939	1.143

Sample size 4,850 observations for 483 individuals. In addition to the control variables in the table, also controls for commencement pre-2014, any juvenile custody, age, period of intervention and time available to offend. The average number of observation periods per person is 10.0 (range from 2 to 12).

The pattern for proven court appearances (where at least one offence was proven) is similar to the pattern for all finalised court appearances but the predictions are slightly lower (as can be seen in the graph). Prior to CRC commencement, Aboriginal people have 91.0% more proven appearances than non-Aboriginal people (IRR 1.910). Women have 32.6% (1-0.674) fewer proven appearances than men. There is an initial increasing trend in proven appearances of 20.9% per year for non-Aboriginal people and a smaller trend of 13.3% (1.209 x 0.938) for Aboriginal people prior to engaging with CRC. Following commencement with CRC there is an immediate decrease in proven appearances of 57.4% (1-0.426) for non-Aboriginal clients. The trend over time also decreases, by 18.5% (1-0.815). Again, while individual tests of differences in the change in shift and trend for Aboriginal clients are not significant (p=0.156 & p=0.485), a joint test indicates that these changes are significantly different (p=0.048). The size of the initial decrease in proven appearances for Aboriginal people is 45.7% (0.426 x 1.276 = 0.543: 1 – 0.543 = 0.457) and the decrease in the trend over time is 15.6% (0.815 x 1.036 = 0.844: 1 - 0.844 = 0.156).

Figure 10:
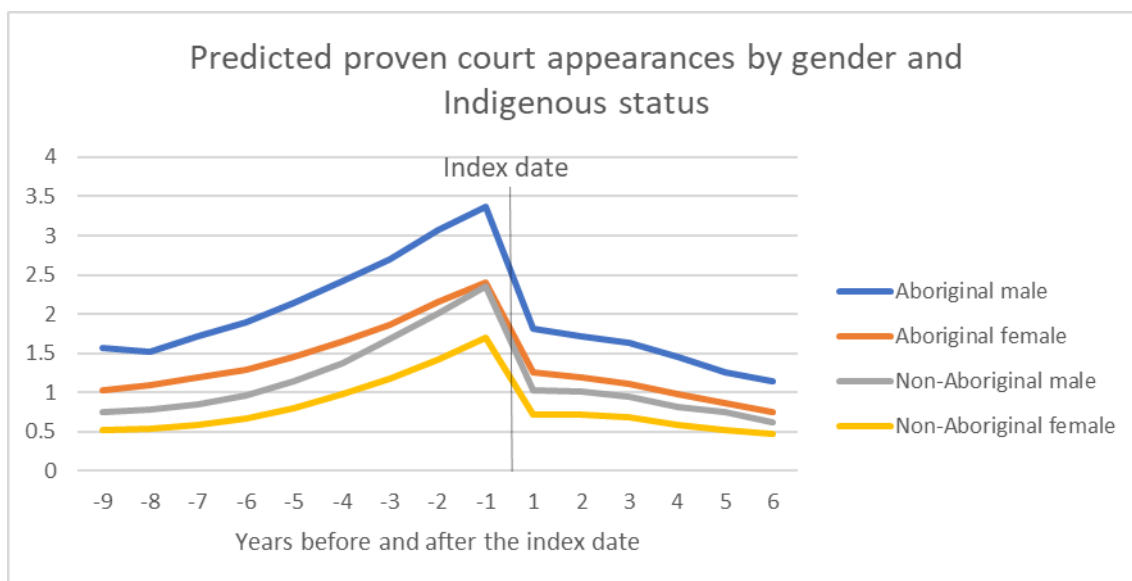
Predicted proven court appearances by gender and Indigenous status

Number of proven offences	IRR	Std. Err.	z	P>z	[95% Conf. Interval]	
Aboriginal (c.f. non-Aboriginal)	1.699	0.205	4.40	0.000	1.342	2.151
Female (c.f. male)	0.599	0.052	-5.96	0.000	0.506	0.709
Aboriginal and female (in addition to above)	1.294	0.153	2.17	0.030	1.025	1.632
Initial time trend pre-CRC commencement	1.249	0.021	13.46	0.000	1.209	1.290
Difference in initial time trend if Aboriginal	0.932	0.020	-3.33	0.001	0.894	0.971
Shift post-CRC commencement	0.339	0.046	-8.01	0.000	0.261	0.442
Difference in shift if Aboriginal	1.233	0.215	1.20	0.230	0.876	1.735
Trend change post-CRC commencement	0.792	0.031	-5.88	0.000	0.733	0.856
Difference in trend change if Aboriginal	1.064	0.053	1.25	0.211	0.966	1.172

Sample size 4,850 observations for 483 individuals. In addition to the control variables in the table, also controls for commencement pre-2014, any juvenile custody, age, period of intervention and time available to offend. The average number of observation periods per person is 10.0 (range from 2 to 12).

When looking at the number of proven offences as opposed to proven appearances the numbers in the graph are higher because there are often multiple offences in one court case. The reference case for interpreting the results above is non-Aboriginal and male. Compared to this reference case, at the start of the observation period, Aboriginal men in the study had 69.9% more proven offences (IRR 1.699) and non-Aboriginal women had 40.1% (1-0.599) fewer proven offences. Aboriginal women have 31.6% more proven offences per year than non-Aboriginal men (1.699 x 0.599 x 1.294 = 1.316).

There is an initial increasing trend in proven offences (upward slope in the graph) of 24.9% per year for non-Aboriginal people and 16.4% (1.249 x 0.932) for Aboriginal people (irrespective of gender). Following commencement with CRC programs there is a large decrease in proven offences of 66.1% (1-0.339) and a reduction in the trend of 20.8% (1-0.792) for non-Aboriginal clients. While individual significance tests did not detect significant differences, a joint significance test found that the shift and trend change differ significantly for Aboriginal clients. The size of the initial decrease in proven offences for Aboriginal people is 58.2% (0.339 x 1.233 = 0.418: 1 – 0.418 = 0.582) and the decrease in the trend over time is 15.7% (0.792 x 1.064 = 0.843: 1 - 0.843 = 0.157).

Figure 11:

Predicted proven offences by gender and Indigenous status
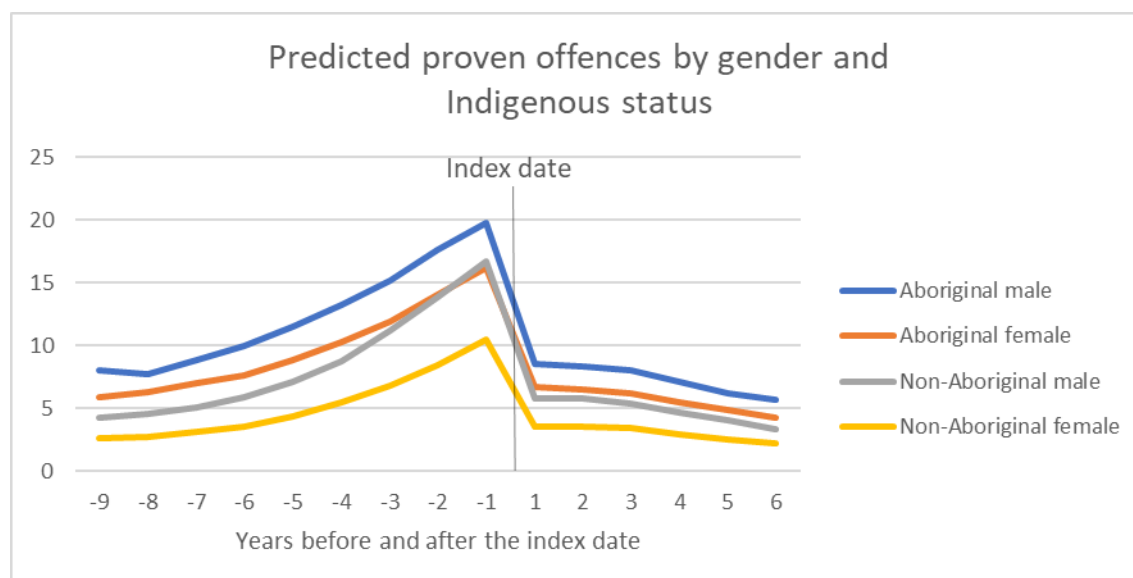
5.2.3 Outcomes by program characteristics

The models presented in this section investigate differences in outcomes for different program characteristics. This is done by interacting the time pre- and post-CRC variables with different program characteristics of interest, including:

- Referred to CRC while in custody
- Program completion
- AOD programs compared with transition programs

Other program comparisons are of interest (ERS c.f. other transition programs, Miranda c.f. other transition programs) but statistically significant differences were not detected. This is probably due to the small sample sizes for these individual programs, which reduces the power to detect differences.

Referred to CRC while in custody

Approximately seven in 10 (337/483) people in the study sample were referred to CRC while in custody and the remaining 3 in 10 were referred from the community. The models in this section investigate differences in criminal justice contacts for these groups.

Table 15:

Number of days in custody	IRR	Std. Err.	z	P>z	[95% Conf. Interval]	
Referred in custody (c.f. community)	1.433	0.128	4.02	0.000	1.202	1.708
Initial time trend pre-CRC commencement	1.106	0.020	5.67	0.000	1.068	1.146
Difference in initial time trend if referred in custody	1.125	0.021	6.31	0.000	1.085	1.167

Shift post-CRC commencement	0.608	0.098	-3.10	0.002	0.444	0.833
Difference in shift if referred in custody	0.437	0.080	-4.53	0.000	0.305	0.625
Trend change post-CRC commencement	0.795	0.036	-5.07	0.000	0.727	0.869
Difference in trend change if referred in custody	1.042	0.053	0.80	0.421	0.943	1.152

Sample size 5,662 observations for 483 individuals. In addition to the control variables in the table, also controls for commencement pre-2014, any juvenile custody, age, gender, Indigenous status, period of intervention and exposure time. The average number of observation periods per person is 11.7 (range from 5 to 12).

At the start of the observation period people in the group who go on to be referred to CRC while in custody have 43.3% more days in custody than people who will be referred from the community. The initially increasing trend in time in custody is also 12.5% higher for this group. This is not surprising given that this group, by definition, are in custody at the time of referral, so it follows that they may be more likely to be in contact with the justice system. To reduce possible bias from the spike in custody at time of referral, the period that culminates with the index date (which for the group referred from custody is the date of prison exit) is controlled for in the analysis.

Controlling for the index period and other differences, after the index date there is a decrease of 39.2% (1-0.608) in days in custody for the group referred from the community and a much greater reduction of 73.5% (1-(0.608 x 0.437)) for the group referred from custody (as is clearly seen in the graph), who had more custody episodes per year previously. There is also a decrease in the trend over time of 20.5% for both groups with days in custody stabilising at a low rate, as is seen by the flattening of the lines in the graph.

Figure 12:
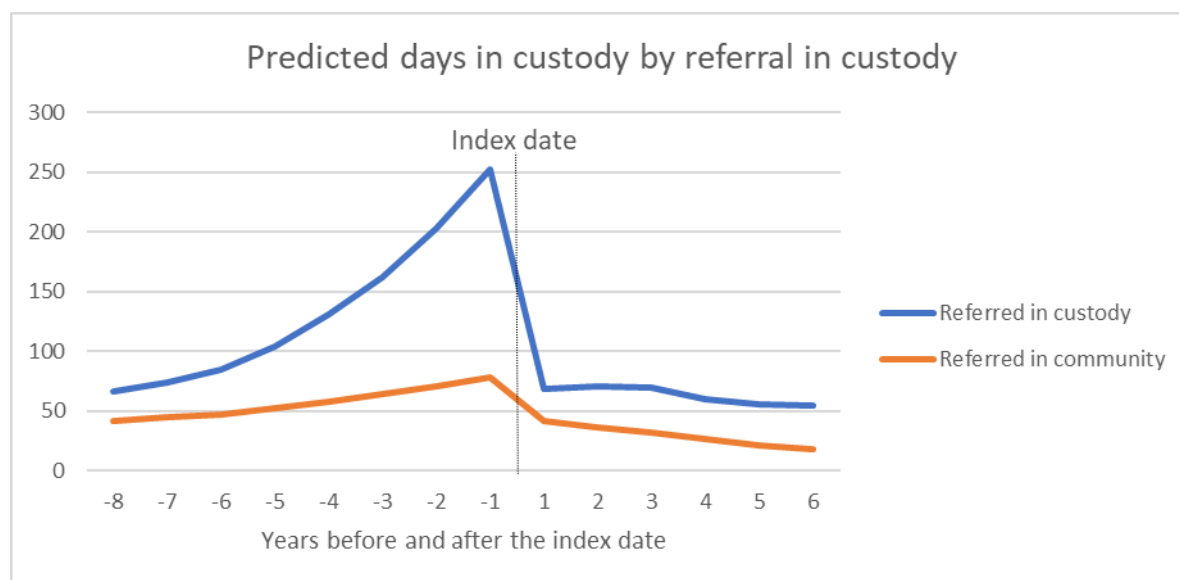
Table 16:

Number of new custody episodes	IRR	Std. Err.	z	P>z	[95% Conf. Interval]	
Referred in custody (c.f. community)	1.831	0.248	4.47	0.000	1.404	2.387
Initial time trend pre-CRC commencement	1.156	0.028	5.91	0.000	1.102	1.213
Difference in initial time trend if referred in custody	1.098	0.029	3.54	0.000	1.043	1.157
Shift post-CRC commencement	0.864	0.158	-0.80	0.425	0.604	1.236
Difference in shift if referred in custody	0.337	0.070	-5.23	0.000	0.224	0.506
Trend change post-CRC commencement	0.744	0.041	-5.37	0.000	0.668	0.829
Difference in trend change if referred in custody	1.086	0.068	1.33	0.184	0.962	1.227

Sample size 4,850 observations for 483 individuals. In addition to the control variables in the table, also controls for commencement pre-2014, any juvenile custody, age, gender, Indigenous status, period of intervention and time available to offend. The average number of observation periods per person is 10.0 (range from 2 to 12).

People who go on to be referred to CRC from custody have 83.1% more custody episodes at the start of the analysis period and a 9.8% greater trend in custody episodes over time than those who will be referred from the community. After the index date, there is a decrease of 13.6% (1-0.864) in custody episodes for the group referred from the community and a much greater reduction of 70.9% (1-(0.864 x 0.337) for the group referred from custody. There is also a decrease in the trend over time after the initial shift following the index date.

Figure 13
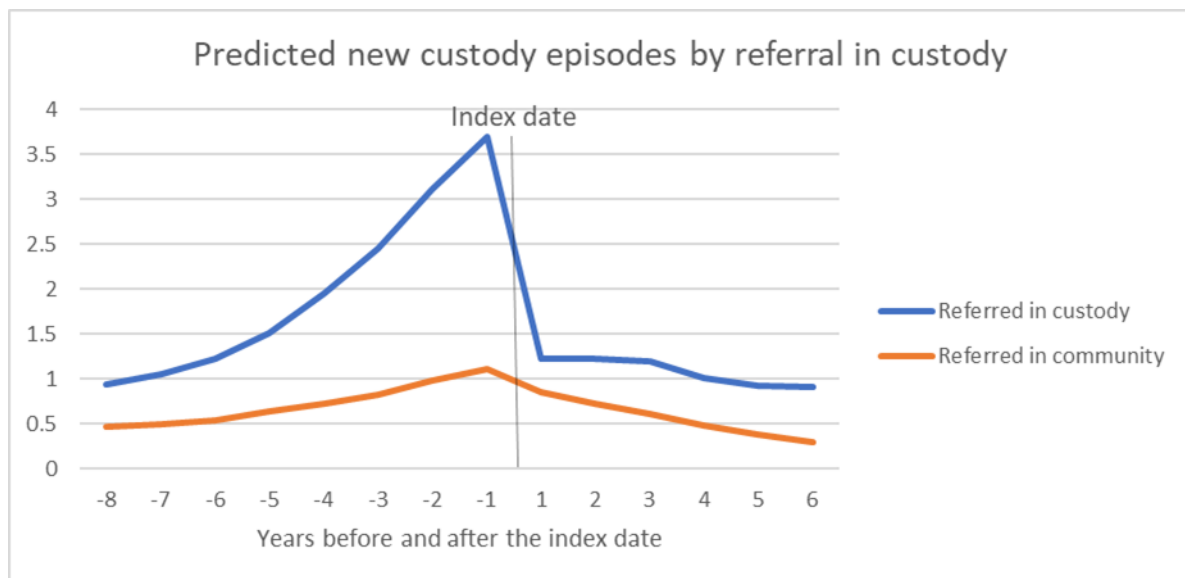
Table 17:

	IRR	Std. Err.	z	P>z	[95% Conf. Interval]	
Number of finalised court appearances						

Referred in custody (c.f. community)	1.578	0.183	3.93	0.000	1.257	1.981
Initial time trend pre-CRC commencement	1.108	0.024	4.70	0.000	1.062	1.156
Difference in initial time trend if referred in custody	1.055	0.025	2.23	0.026	1.006	1.106
Shift post-CRC commencement	0.794	0.125	-1.46	0.143	0.583	1.081
Difference in shift if referred in custody	0.570	0.104	-3.08	0.002	0.398	0.815
Trend change post-CRC commencement	0.821	0.037	-4.36	0.000	0.752	0.897
Difference in trend change if referred in custody	1.018	0.053	0.35	0.729	0.919	1.128

Sample size 4,850 observations for 483 individuals. In addition to the control variables in the table, also controls for commencement pre-2014, any juvenile custody, age, gender, Indigenous status, period of intervention and time available to offend. The average number of observation periods per person is 10.0 (range from 2 to 12).

People who are subsequently referred to CRC from custody begin with 57.8% more finalised court appearances than people who will be referred from the community. There is an initial increasing trend in finalised appearances of 10.8% for people who will be referred to CRC from the community and 16.9% (1.108 x 1.055) for people who will be referred from custody. After the index date, there is no statistically significant downward shift in finalised appearances for people referred in the community, but for those referred while in custody there is an initial significant decrease in finalised appearances of 43.0% (1-0.570). [18] For both groups there is a decrease in trend of 17.9% (1-0.821) per year post-CRC commencement, as is seen in the downward slopes over time after the index date.

Figure 14:

Predicted finaised court appearances by referral in custody
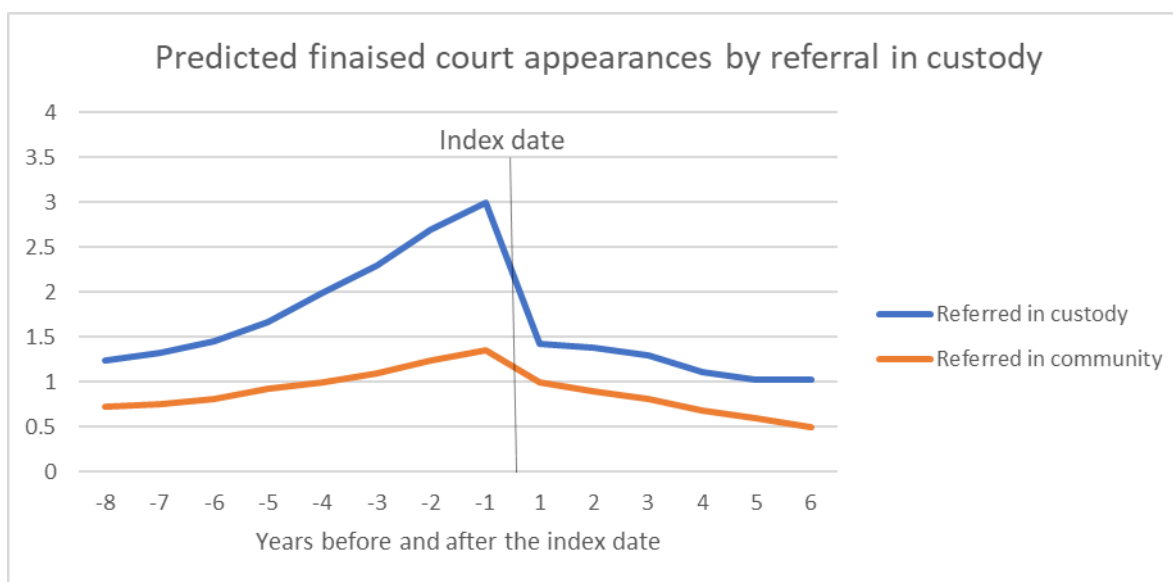
Table 18:

Number of proven appearances	IRR	Std. Err.	z	P>z	[95% Conf. Interval]

---

[18] To be conservative this number was not multiplied by 0.794 as this was not significantly different from 1

Referred in custody (c.f. community)	1.583	0.188	3.87	0.000	1.254	1.998
Initial time trend pre-CRC commencement	1.120	0.025	5.08	0.000	1.072	1.171
Difference in initial time trend if referred in custody	1.051	0.026	2.02	0.043	1.002	1.103
Shift post-CRC commencement	0.741	0.123	-1.81	0.070	0.536	1.025
Difference in shift if referred in custody	0.571	0.109	-2.94	0.003	0.392	0.830
Trend change post-CRC commencement	0.813	0.038	-4.38	0.000	0.741	0.892
Difference in trend change if referred in custody	1.038	0.057	0.67	0.500	0.932	1.155

Sample size 4,850 observations for 483 individuals. In addition to the control variables in the table, also controls for commencement pre-2014, any juvenile custody, age, gender, Indigenous status, period of intervention and time available to offend. The average number of observation periods per person is 10.0 (range from 2 to 12).

Following a similar patter to all finalised appearances, people who are subsequently referred to CRC from custody begin with 58.3% more proven appearances than people who will be referred from the community. There is an initial increasing trend in proven appearances of 12.0% for people who will be referred to CRC from the community and 17.7% (1.120 x 1.051) for people who will be referred from custody. After the index date, there is no statistically significant downward shift in proven appearances for people referred in the community, but for those referred while in custody there is an initial significant decrease of 42.9% (1-0.571).[19] For both groups there is a decrease in trend of 18.7% (1-0.813) per year post-CRC commencement, as is seen in the downward slopes over time after the index date.

Figure 15:
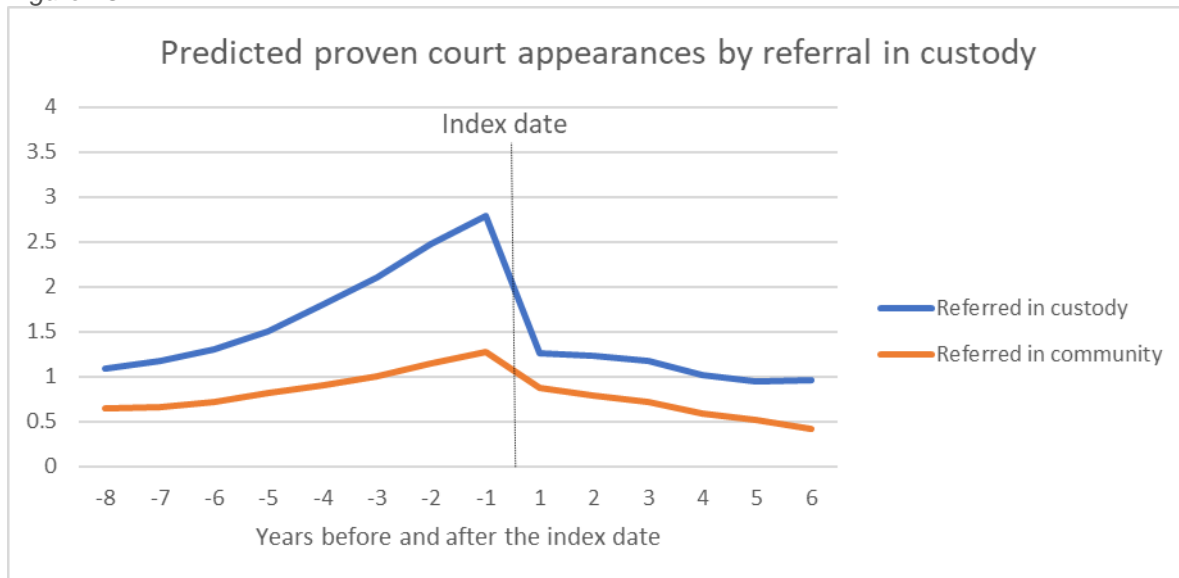
Table 19:

Number of proven offences	IRR	Std. Err.	z	P>z	[95% Conf. Interval]	
Referred in custody (c.f. community)	1.459	0.157	3.51	0.000	1.181	1.801

---

[19] To be conservative this number was not multiplied by 0.741 as this was not significantly different from 1

Initial time trend pre-CRC commencement	1.122	0.025	5.21	0.000	1.075	1.172
Difference in initial time trend if referred in custody	1.088	0.026	3.50	0.000	1.038	1.141
Shift post-CRC commencement	0.735	0.122	-1.86	0.063	0.531	1.017
Difference in shift if referred in custody	0.406	0.078	-4.70	0.000	0.279	0.591
Trend change post-CRC commencement	0.794	0.037	-4.99	0.000	0.725	0.869
Difference in trend change if referred in custody	1.066	0.057	1.20	0.228	0.961	1.184

Sample size 4,850 observations for 483 individuals. In addition to the control variables in the table, also controls for commencement pre-2014, any juvenile custody, age, gender, Indigenous status, period of intervention and time available to offend. The average number of observation periods per person is 10.0 (range from 2 to 12).

Looking at all proven offences, as opposed to finalisations with at least one proven offence, again the pattern is very similar but the predicted numbers in the graph are expectedly higher. People who are subsequently referred to CRC from custody begin with 45.9% more proven offences than people who will be referred from the community. There is an initial increasing trend in proven offences of 12.2% for people who will be referred to CRC from the community and 22.1% (1.122 x 1.088) for people who will be referred from custody. After the index date, there is no statistically significant downward shift in proven offences for people referred in the community, but for those referred while in custody there is an initial significant decrease of 59.4% (1-0.406).[20] For both groups there is a decrease in trend of 20.6% (1-0.794) per year post-CRC commencement.

Figure 16:

Predicted proven offences by referral in custody
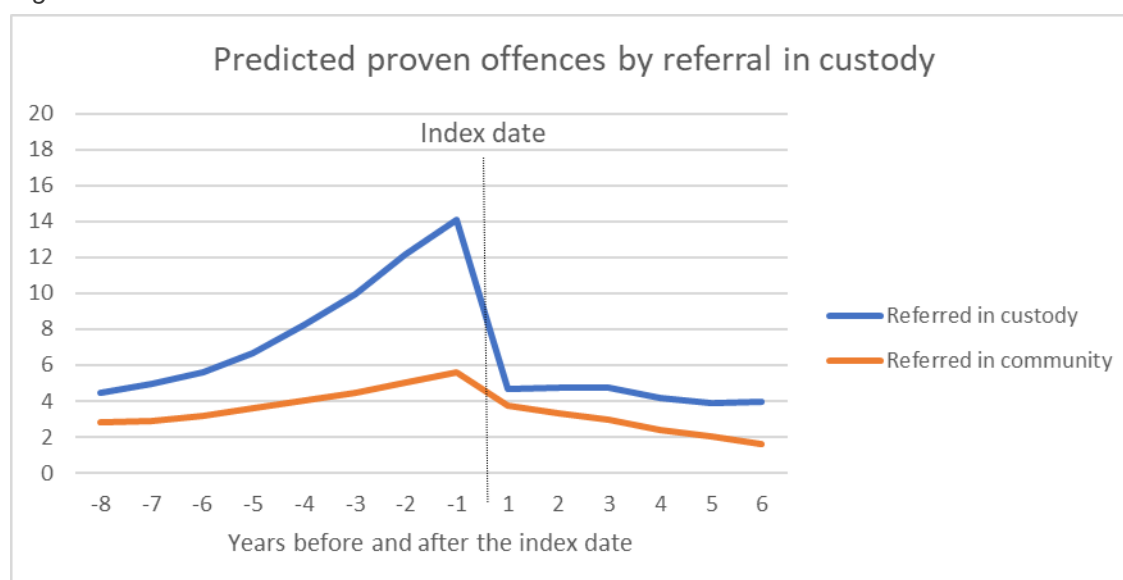
Program completion

Of the 483 CRC clients in the sample, three in 10 (29.6%) completed their first CRC program participation (i.e. their index participation). The analysis presented in this section looks at whether outcomes over time differ for people who completed their index program participation compared with

---

[20] To be conservative this number was not multiplied by 0.735 as this was not significantly different from 1

those who did not complete. There are various reasons people did not complete the program as shown below:

Table 20:

Exit reason	Number	Percent
Completed program	143	29.6%
Client withdrew	96	19.9%
Death	1	0.2%
Lost contact	97	20.1%
Moved out of area	44	9.1%
Returned to prison	67	13.9%
Support withdrawn/service refused	9	1.9%
Transferred to other ADHC projects	3	0.6%
Transferred to other CRC projects	13	2.7%
Not yet exited	10	2.1%

Many CRC clients participate in more than one core program. Comparing those who completed their index participation and those who did not, there is no statistically significant difference in the total number of CRC participations (p-value from chi square test 0.338). Around seven in 10 clients in the study have one program participation, two in 10 have two participations and one in 10 have more than two participations. People who complete their index episode participated for 468 days, on average, compared to 278 days for those who did not complete.

The tables and graphs below present the regression model output for criminal justice outcomes of people who completed their first CRC participation compared with those who did not complete.

Table 21:

Number of days in custody	IRR	Std. Err.	z	P>z	[95% Conf. Interval]	
Program completed (c.f. not completed)	0.641	0.058	-4.94	0.000	0.537	0.765
Initial time trend pre-CRC commencement	1.203	0.013	16.66	0.000	1.177	1.230
Difference in initial time trend if program completed	1.017	0.018	0.93	0.355	0.982	1.053
Shift post-CRC commencement	0.425	0.039	-9.22	0.000	0.354	0.510
Difference in shift if program completed	0.352	0.072	-5.13	0.000	0.236	0.525
Trend change post-CRC commencement	0.803	0.022	-8.03	0.000	0.761	0.847

Difference in trend change if program completed	1.090	0.057	1.64	0.101	0.983	1.207

Sample size 5,662 observations for 483 individuals. In addition to the control variables in the table, also controls for commencement pre-2014, any juvenile custody, age, gender, Indigenous status, period of intervention and exposure time. The average number of observation periods per person is 11.7 (range from 5 to 12).

Prior to CRC program commencement, people who go on to complete their first participation have 35.9% (1-0.641) fewer days in custody than people who do not complete the program. This indicates that people who complete the program are less serious offenders, on average. Both groups, however, have increasing numbers of days in custody over time at a rate of 20.3% per year (IRR 1.203) prior to contact with CRC. After commencing with CRC, those who do not complete the program have an initial decrease in annual custody days of 57.5% (1-0.425) and a decrease in the trend over time of 19.7%. The difference in trend change is not statistically significant for the group who complete the program; however, they have a much larger immediate drop (difference in shift) of 85.0% (1-(0.425 x 0.352)), indicating a stronger program effect for people who complete. As is seen in the graph, those who participate but do not complete the program, despite starting from a worse position, continue to show improvements over time.

Figure 17:
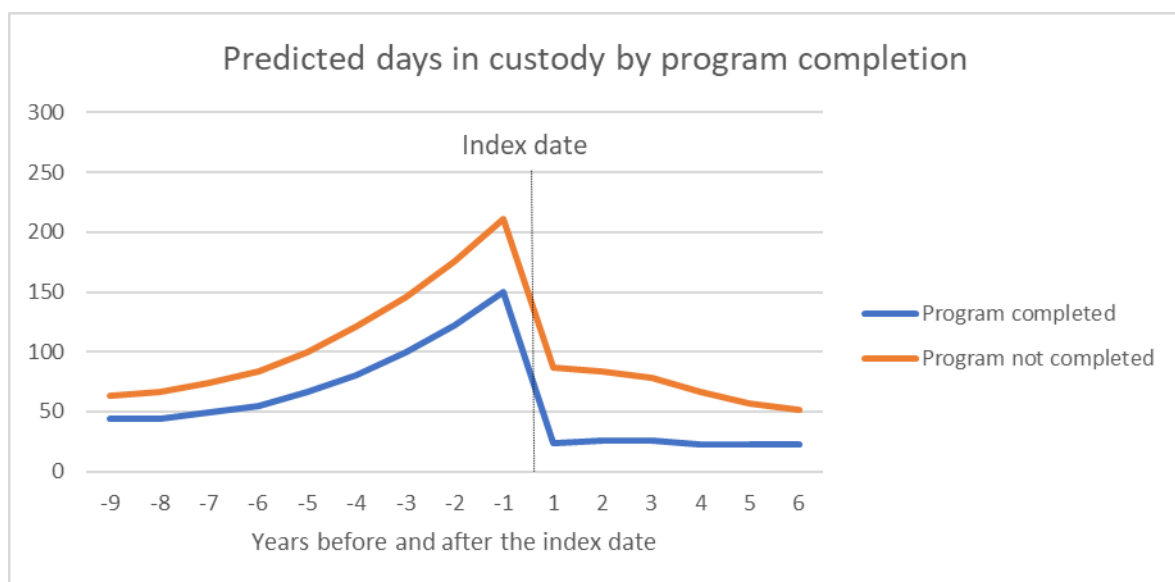
A similar pattern is seen in the number of new custody episodes per year:

Table 22:

Number of new custody episodes	IRR	Std. Err.	z	P>z	[95% Conf. Interval]	
Program completed (c.f. not completed)	0.657	0.090	-3.06	0.002	0.502	0.860
Initial time trend pre-CRC commencement	1.250	0.017	16.09	0.000	1.217	1.285

Difference in initial time trend if program completed	0.986	0.026	-0.52	0.605	0.936	1.039
Shift post-CRC commencement	0.460	0.046	-7.70	0.000	0.377	0.560
Difference in shift if program completed	0.370	0.086	-4.27	0.000	0.235	0.584
Trend change post-CRC commencement	0.762	0.023	-8.83	0.000	0.717	0.809
Difference in trend change if program completed	1.171	0.074	2.50	0.012	1.035	1.326

Sample size 4,850 observations for 483 individuals. In addition to the control variables in the table, also controls for commencement pre-2014, any juvenile custody, age, gender, Indigenous status, period of intervention and time available to offend. The average number of observation periods per person is 10.0 (range from 2 to 12).

When we first observe them, before commencing with CRC, people who subsequently complete their first participation have 34.3% (1-0.657) fewer custody episodes than people who do not complete the program. Prior to CRC, both groups have an increasing trend in custody episodes of 25.0% year on year (IRR 1.250). After commencing with CRC, those who do not complete the program have an initial decrease in custody episodes of 54.0% (1-0.460) and a decrease in the trend over time of 23.8%. People who complete the program have a much larger immediate drop (difference in shift) of 83.0% (1-(0.460 x 0.370)), but a smaller decease in the trend over time of 10.8% (1-(0.762 x 1.171)). The shape of the graph of predicted new custody episodes per year from the model (as with the graph for days in custody above) shows that the decrease in custody outcomes for people who complete the program is sustained (flattening of the line), while those who do not complete start in a worse position but continue to improve over time.

Figure 18:

Predicted new custody episodes by program completion
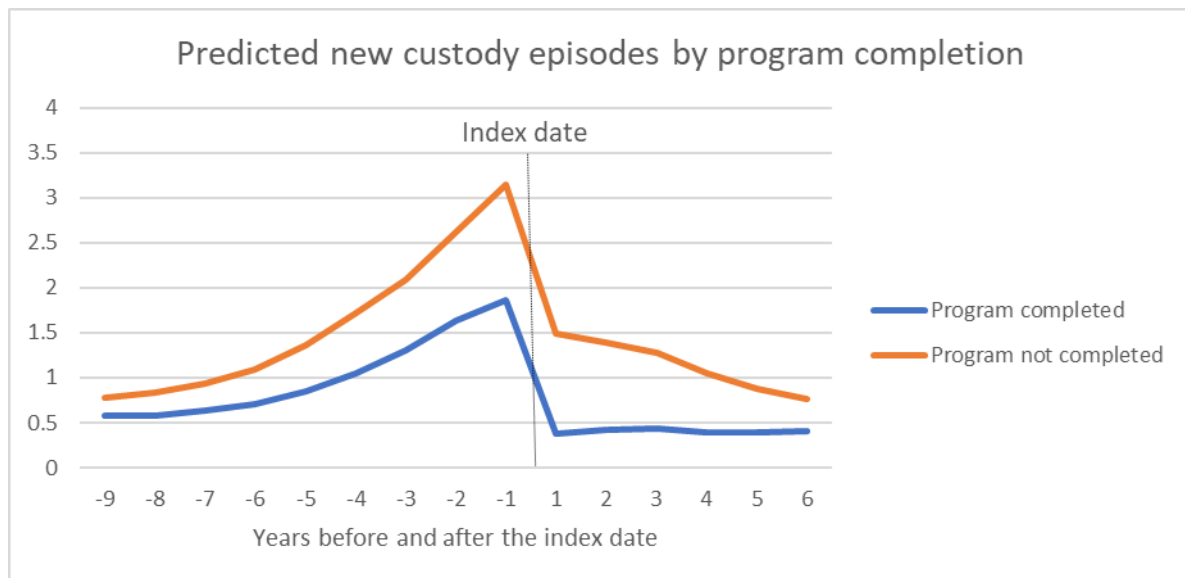
Table 23:

Number of finalised court appearances	IRR	Std. Err.	z	P>z	[95% Conf. Interval]	

Program completed (c.f. not completed)	0.775	0.090	-2.19	0.029	0.618	0.974
Initial time trend pre-CRC commencement	1.160	0.015	11.64	0.000	1.132	1.190
Difference in initial time trend if program completed	0.980	0.023	-0.88	0.379	0.935	1.026
Shift post-CRC commencement	0.618	0.059	-5.07	0.000	0.513	0.745
Difference in shift if program completed	0.513	0.098	-3.51	0.000	0.354	0.745
Trend change post-CRC commencement	0.806	0.023	-7.53	0.000	0.762	0.853
Difference in trend change if program completed	1.117	0.057	2.16	0.031	1.010	1.235

Sample size 4,850 observations for 483 individuals. In addition to the control variables in the table, also controls for commencement pre-2014, any juvenile custody, age, gender, Indigenous status, period of intervention and time available to offend. The average number of observation periods per person is 10.0 (range from 2 to 12).

People who subsequently commence and complete a CRC program initially have 22.5% (1-0.775) fewer finalised court appearances than people who subsequently participate but do not complete their first CRC program. There is an increasing trend in court appearances for both groups of 16.0% per year. After commencing with CRC there is an immediate 38.2% (1-0.618) decrease in finalised court appearances for the group who do not complete and a 68.3% (1-(0.618 x 0.513)) decrease for those who complete. This is seen in the graph as a larger immediate drop (blue line c.f. orange line). For the group who do not complete, while the initial change isn't as great, they continue to show improvement over time of 19.4% per year (1-.806), while the group who complete and had a more immediate program effect have a smaller decrease in trend of 10.0% (1-(0.806 x 1.117)), resulting in a flattening of the curve.

Figure 19:

Predicted finalised court appearances by program completion
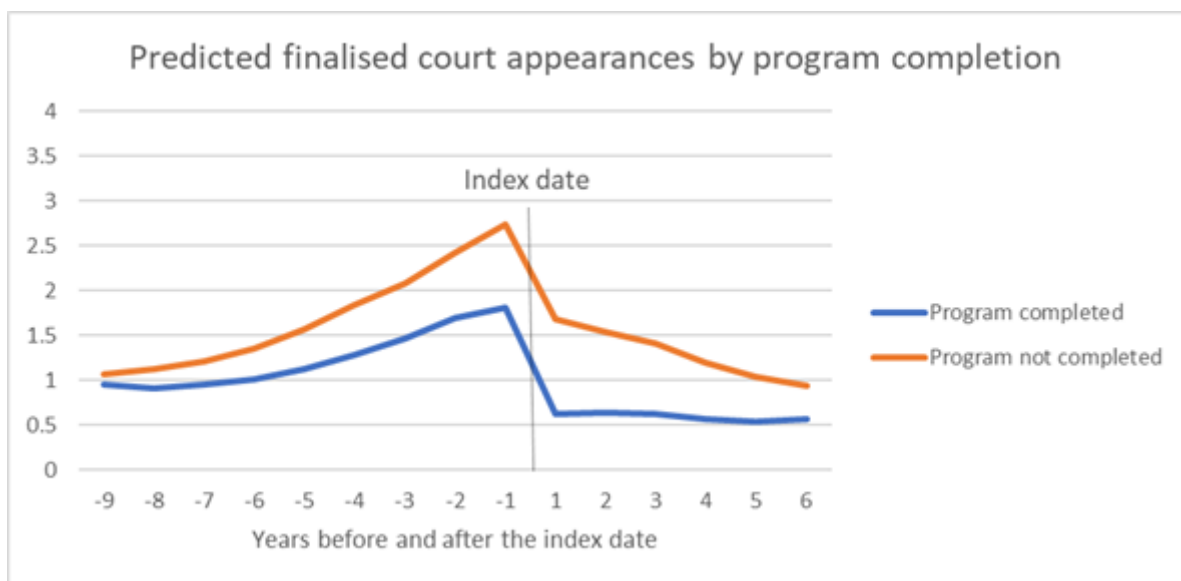
Table 24:

Number of proven appearances	IRR	Std. Err.	z	P>z	[95% Conf. Interval]	
Program completed (c.f. not completed)	0.764	0.091	-2.25	0.024	0.605	0.966
Initial time trend pre-CRC commencement	1.170	0.015	11.93	0.000	1.140	1.200
Difference in initial time trend if program completed	0.983	0.024	-0.71	0.480	0.937	1.031
Shift post-CRC commencement	0.580	0.057	-5.54	0.000	0.478	0.703
Difference in shift if program completed	0.501	0.099	-3.49	0.000	0.340	0.739
Trend change post-CRC commencement	0.809	0.024	-7.18	0.000	0.763	0.857
Difference in trend change if program completed	1.117	0.059	2.08	0.037	1.006	1.239

Sample size 4,850 observations for 483 individuals. In addition to the control variables in the table, also controls for commencement pre-2014, any juvenile custody, age, gender, Indigenous status, period of intervention and time available to offend. The average number of observation periods per person is 10.0 (range from 2 to 12).

The findings for proven appearances (where at least one offence in a finalised appearance was proven) are very similar to the results above. People who subsequently commence and complete a CRC program initially have 23.6% (1-0.764) fewer proven court appearances than people who subsequently participate but do not complete their first CRC program. There is an increasing trend in proven appearances for both groups of 17.0% per year. After commencing with CRC there is an immediate 42.0% (1-0.580) decrease in proven appearances for the group who do not complete and a 70.9% (1-(0.580 x 0.501)) decrease for those who complete. The group who do not complete have a smaller initial change but continue to show improvement over time of 19.1% per year (1-0.809), while the group who complete and had a larger initial decrease in proven appearances have a smaller decrease in trend of 9.7% per year (1-(0.809 x 1.117)).

Figure 20:

Predicted proven court appearances by program completion
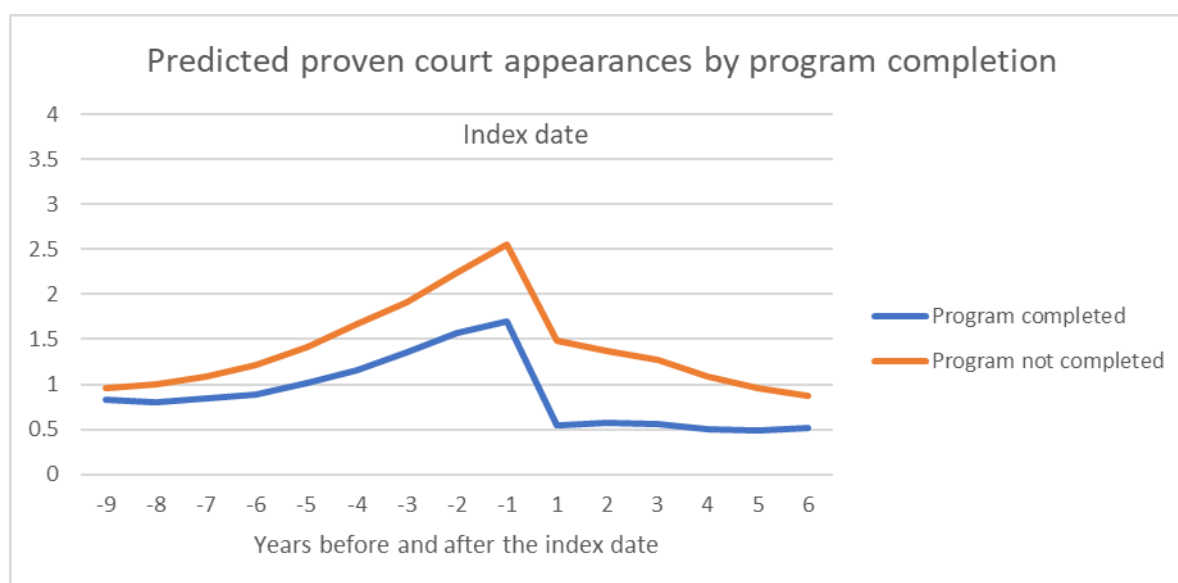
Table 25:

Number of proven offences	IRR	Std. Err.	z	P>z	[95% Conf. Interval]	
Program completed (c.f. not completed)	0.796	0.086	-2.12	0.034	0.644	0.983
Initial time trend pre-CRC commencement	1.207	0.016	14.23	0.000	1.176	1.239
Difference in initial time trend if program completed	0.969	0.023	-1.30	0.194	0.924	1.016
Shift post-CRC commencement	0.455	0.046	-7.83	0.000	0.374	0.554
Difference in shift if program completed	0.511	0.103	-3.32	0.001	0.344	0.759
Trend change post-CRC commencement	0.790	0.023	-7.99	0.000	0.745	0.837
Difference in trend change if program completed	1.166	0.060	2.99	0.003	1.054	1.290

Sample size 4,850 observations for 483 individuals. In addition to the control variables in the table, also controls for commencement pre-2014, any juvenile custody, age, gender, Indigenous status, period of intervention and time available to offend. The average number of observation periods per person is 10.0 (range from 2 to 12).

When looking at the total number of proven offences, as opposed to proven appearances, the predictions are higher but the differences and changes over time are similar in proportional terms. People who subsequently commence and complete a CRC program initially have 20.4% fewer proven offences than people who subsequently participate but do not complete their first CRC program. There is an increasing trend in proven offences for both groups of 20.7% per year. After commencing with CRC there is an immediate 54.5% (1-0.455) decrease in proven offences for the group who do

not complete and a 76.8% (1-(0.455 x 0.511)) decrease for those who complete. The group who do not complete have a smaller initial change but continue to show improvement over time of 21.0% per year (1-0.790), while the group who complete have a larger initial decrease in proven offences and a smaller decrease in trend of 7.9% per year (1-(0.790 x 1.166)).

Figure 21:
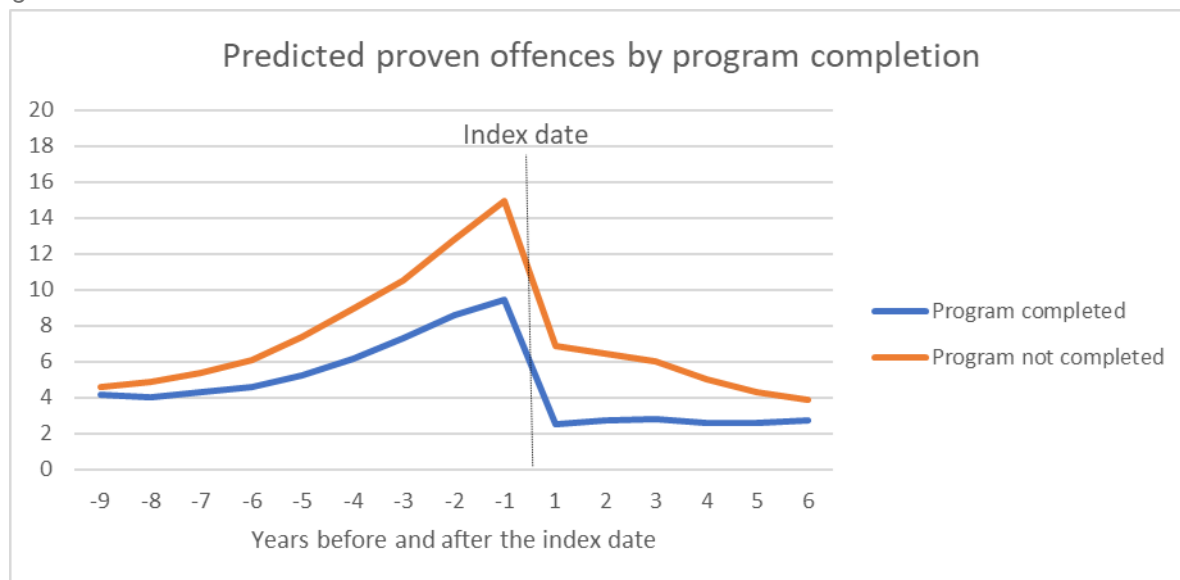
All of the graphs above indicate an immediate large program effect on criminal justice contacts for those who complete their first CRC program participation. The flattening of the curve (blue lines) indicates that this program effect is sustained over time. While those who don't complete have a smaller immediate effect, they continue to show improvements over time.

AOD compared with transition programs

The models below look at whether there is a difference in criminal justice contacts over time, before and after program commencement, for CRC's AOD program participants compared with transition program participants. While some CRC clients (three in 10 of the study sample) have more than one participation, the analysis is based on the first program participation. While it may be of interest to also investigate the impact of multiple types of participation, this is beyond the scope of the current evaluation and would require a different study design.

Table 26:

Number of days in custody	IRR	Std. Err.	z	P>z	[95% Conf. Interval]	
AOD program (c.f. transition)	2.455	0.205	10.73	0.000	2.084	2.893
Initial time trend pre-CRC commencement	1.255	0.014	19.83	0.000	1.227	1.284
Difference in initial time trend if AOD program	0.893	0.015	-6.78	0.000	0.865	0.923
Shift post-CRC commencement	0.306	0.032	-11.31	0.000	0.250	0.376

Difference in shift if AOD program	1.135	0.191	0.75	0.453	0.816	1.579
Trend change post-CRC commencement	0.825	0.025	-6.28	0.000	0.777	0.876
Difference in trend change if AOD program	1.014	0.048	0.30	0.767	0.925	1.112

Sample size 5,662 observations for 483 individuals. In addition to the control variables in the table, also controls for commencement pre-2014, any juvenile custody, age, gender, Indigenous status, period of intervention and exposure time. The average number of observation periods per person is 11.7 (range from 5 to 12).

The model shows a clear difference in people who participate in AOD programs compared to transition programs. The intake criteria for the AOD programs require that clients have a history of AOD use that has resulted in criminal justice system involvement. Priority is given to those who have other forms of disadvantage alongside their AOD use. The vast majority of people in the transition programs also have AOD issues that impact on their justice system involvement, but this is not an intake criterion for entrance into the programs. At the start of the observation period the AOD group have more than twice as many days in custody per year (IRR 2.455) but a smaller increasing trend over time of 12.1% (1.255 x 0.893) compared with 25.5%. Following program commencement, both groups experience a large initial decrease in annual days in custody of 69.4% (1-0.306) and a decrease in the trend over time of 17.5%. A joint significance test was undertaken and confirmed no difference in the size of the shift and trend change for participants in AOD programs compared to transition programs (p=0.303).

As is seen in the graph, the large difference between the two groups closes after CRC program commencement.

Figure 22:

Predicted days in custody by program type
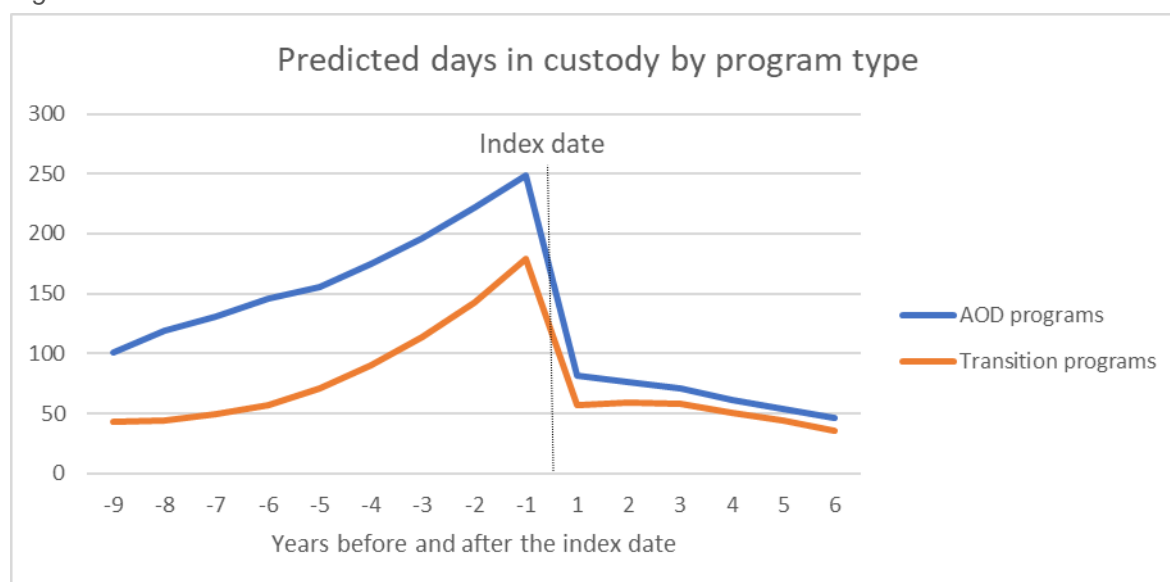
Table 27:

	IRR	Std. Err.	z	P>z	[95% Conf. Interval]	
Number of new custody episodes						

AOD program (c.f. transition)	1.753	0.250	3.93	0.000	1.325	2.319
Initial time trend pre-CRC commencement	1.271	0.018	16.86	0.000	1.236	1.307
Difference in initial time trend if AOD program	0.939	0.024	-2.45	0.014	0.893	0.987
Shift post-CRC commencement	0.370	0.042	-8.74	0.000	0.296	0.463
Difference in shift if AOD program	1.017	0.195	0.09	0.930	0.698	1.481
Trend change post-CRC commencement	0.773	0.027	-7.25	0.000	0.721	0.829
Difference in trend change if AOD program	1.065	0.059	1.13	0.259	0.955	1.187

Sample size 4,850 observations for 483 individuals. In addition to the control variables in the table, also controls for commencement pre-2014, any juvenile custody, age, gender, Indigenous status, period of intervention and time available to offend. The average number of observation periods per person is 10.0 (range from 2 to 12).

The number of custody episodes commencing each year is also higher for the AOD program group than the transition program group, prior to CRC commencement, although this difference is not as great as the difference in time in custody. Initially the AOD group have 75.3% more custody episodes per year, with an increasing trend of 27.1% per year for the transition program group and 19.3% for the AOD group (0.939 x 1.271) prior to program commencement. Following commencement on the programs, for both groups the number of custody episodes reduces by 63% (1-0.370) and there is a further decrease of 22.7% per year (1-0.773). These changes post-CRC do not differ significantly by program type (confirmed with a joint significance test, p=0.334).

Figure 23:
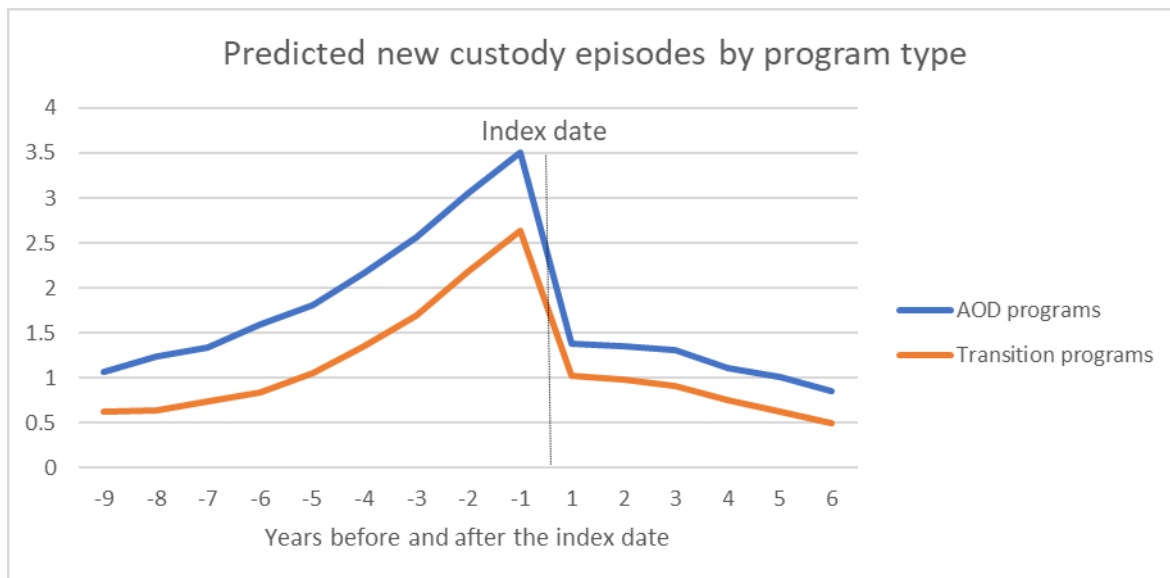
Table 28:

Number of finalised court appearances	IRR	Std. Err.	z	P>z	[95% Conf. Interval]	
AOD program (c.f. transition)	1.335	0.166	2.33	0.020	1.047	1.704
Initial time trend pre-CRC commencement	1.159	0.015	11.63	0.000	1.130	1.188
Difference in initial time trend if AOD program	0.990	0.024	-0.40	0.687	0.945	1.038
Shift post-CRC commencement	0.520	0.052	-6.52	0.000	0.427	0.633
Difference in shift if AOD program	0.979	0.172	-0.12	0.905	0.695	1.381
Trend change post-CRC commencement	0.835	0.025	-5.96	0.000	0.787	0.886
Difference in trend change if AOD program	0.986	0.049	-0.29	0.771	0.894	1.087

Sample size 4,850 observations for 483 individuals. In addition to the control variables in the table, also controls for commencement pre-2014, any juvenile custody, age, gender, Indigenous status, period of intervention and time available to offend. The average number of observation periods per person is 10.0 (range from 2 to 12).

Similar results are found for court appearances with the AOD group starting with 33.5% more finalised court appearances each year and both groups having an increasing trend over time of 15.9% prior to engaging with CRC. After CRC program commencement, people in the AOD and transition programs both have an immediate decrease of 48.0% (1-0.520) and decreasing trend of 16.5% (1-0.835) per year in finalised court appearances. Again, these changes post-CRC do not differ significantly by program type (confirmed with a joint significance test, p=0.903).

Figure 24:

Predicted finaised court appearances by program type
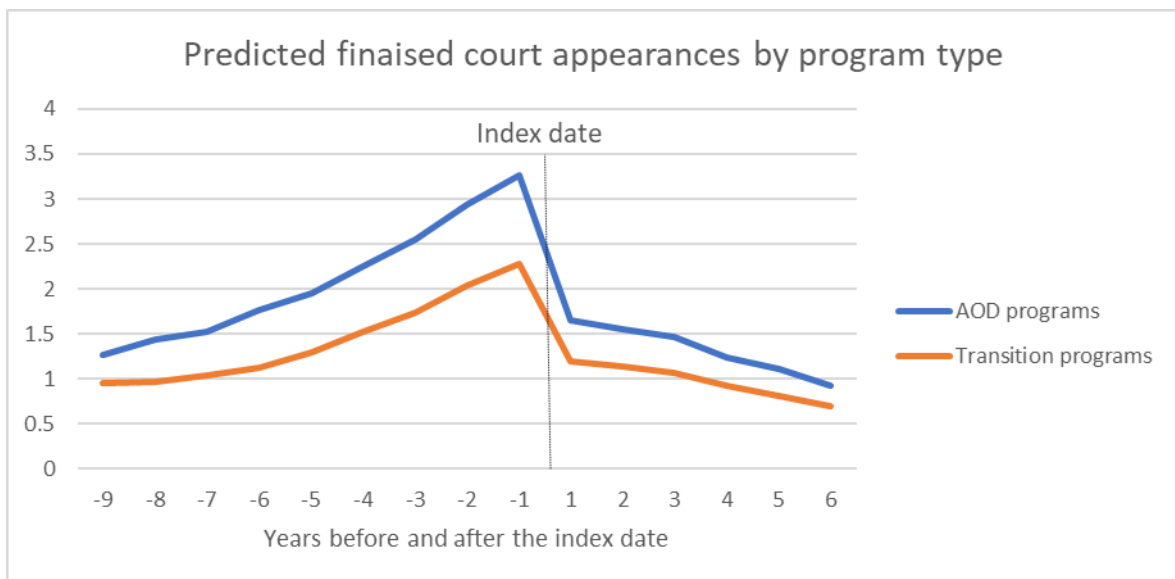
Table 29:

Number of proven appearances	IRR	Std. Err.	z	P>z	[95% Conf. Interval]	
AOD program (c.f. transition)	1.286	0.164	1.97	0.049	1.001	1.651
Initial time trend pre-CRC commencement	1.167	0.015	11.83	0.000	1.137	1.197
Difference in initial time trend if AOD program	0.999	0.025	-0.03	0.976	0.952	1.049
Shift post-CRC commencement	0.495	0.051	-6.83	0.000	0.405	0.606
Difference in shift if AOD program	0.902	0.166	-0.56	0.574	0.629	1.294
Trend change post-CRC commencement	0.840	0.026	-5.64	0.000	0.791	0.893
Difference in trend change if AOD program	0.974	0.051	-0.50	0.617	0.880	1.079

Sample size 4,850 observations for 483 individuals. In addition to the control variables in the table, also controls for commencement pre-2014, any juvenile custody, age, gender, Indigenous status, period of intervention and time available to offend. The average number of observation periods per person is 10.0 (range from 2 to 12).

When looking at proven court appearances, there is an initial difference before CRC commencement of 28.6% for the AOD group compared to the transition group with an increasing trend over time of 16.7% for both groups. After CRC program commencement, people in the AOD and transition programs both have an immediate decrease of 50.5% (1-0.495) and decreasing trend of 16.0% (1-0.840) per year in finalised court appearances. No difference in the size of the change was found by program type (joint significance test p=0.5119).

Figure 25:
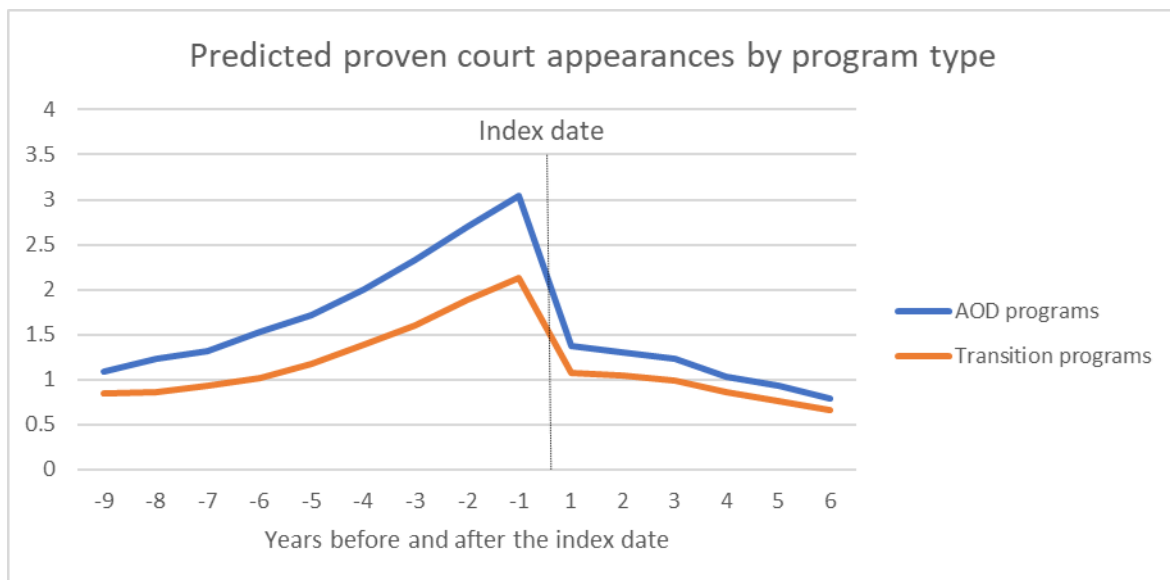
Table 30:

Number of proven offences	IRR	Std. Err.	z	P>z	[95% Conf. Interval]	

AOD program (c.f. transition)	1.219	0.138	1.76	0.079	0.977	1.521
Initial time trend pre-CRC commencement	1.195	0.016	13.59	0.000	1.164	1.226
Difference in initial time trend if AOD program	1.025	0.025	1.02	0.307	0.978	1.075
Shift post-CRC commencement	0.384	0.041	-9.07	0.000	0.313	0.473
Difference in shift if AOD program	0.879	0.165	-0.69	0.492	0.609	1.269
Trend change post-CRC commencement	0.845	0.026	-5.56	0.000	0.796	0.897
Difference in trend change if AOD program	0.926	0.048	-1.49	0.137	0.837	1.025

Sample size 4,850 observations for 483 individuals. In addition to the control variables in the table, also controls for commencement pre-2014, any juvenile custody, age, gender, Indigenous status, period of intervention and time available to offend. The average number of observation periods per person is 10.0 (range from 2 to 12).

Interestingly, when looking at the total number of proven offences per year, there is no statistical evidence of any initial differences between the AOD and transition groups. While the graph illustrates differences, these are not statistically significant (p values for AOD group c.f. transition group all >0.05). Both groups have an initial increasing trend in proven offences of 19.5% per year prior to CRC program commencement. After commencing with CRC transition program participants have a large immediate decrease in proven offences of 61.6% (1-0.384) and a decrease in trend of 15.5% (1-0.845) per year. A joint significance test of the difference in shift and trend change for AOD program participants is statistically significant (p=0.044). For AOD program participants the initial decrease is 66.2% (0.384 x 0.879 = 0.338: 1 – 0.338 = 0.662) and the decrease in trend is 21.8% (0.845 x 0.926 = 0.782: 1 - 0.782 = 0.218).

Figure 26:

Predicted proven offences by program type
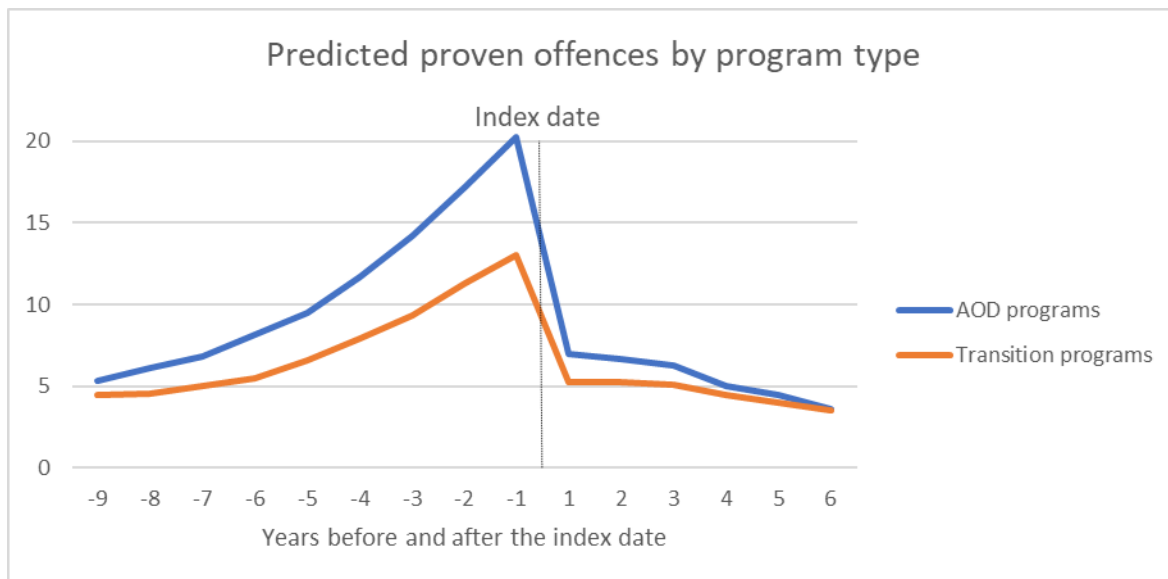
Overall, the results by program type suggest that people who subsequently participate in AOD programs compared with people who will participate in transition programs are in custody more frequently and for more serious offences. The AOD group have more court appearances initially but no significant difference in the number of proven offences. Changes in custody and court appearances pre- and post-CRC commencement are not significantly different by program type, indicating that AOD and transition programs are both effective in reducing contact with the criminal justice system, while there is a slightly greater reduction in proven offences for people on AOD programs.

5.3 Summary

This study found a significant improvement in the criminal justice outcomes of 483 CRC clients who participated in Sydney-based transition and AOD programs between 2014 and 2017 following engagement with CRC. After controlling for key differences, the analysis showed that on average for people after they engaged with CRC:

- the number of days in custody fell by 65.8%

- the number of new custody episodes fell by 62.6%

- the number of finalised court appearances fell by 47.8%

- the number of proven court appearances fell by 51.2%

- the number of proven offences fell by 62.1%

In addition, previously intensifying contact with the criminal justice system for those who became CRC clients reversed after CRC support and either stabilised or declined over time.

Analysis undertaken by Indigenous status showed that after engagement with CRC:

- there is an immediate large decrease in annual days in custody of 69.6%, which does not differ significantly between Aboriginal and non-Aboriginal clients

- there is a large decrease in custody episodes of 67.4% for non-Aboriginal clients and 57.3% for Aboriginal clients

- there is an immediate decrease in finalised court appearances of 55.9% for non-Aboriginal clients and 40.5% for Aboriginal clients

- there is an immediate decrease in proven appearances of 57.4% for non-Aboriginal clients and 45.7% for Aboriginal clients

- there is an immediate decrease in proven offences of 66.1% for non-Aboriginal clients and 58.2% for Aboriginal clients

Further analysis of client outcomes by program characteristics found that:

- people who go on to be referred to CRC while in custody have 43.3% more days in custody than people who are referred from the community

- there is a decrease of 39.2% in days in custody for the group referred from the community, and a much greater reduction of 73.5% for the group referred from custody

- people who go on to be referred to CRC from the community have a 13.6% decrease in custody episodes, while those referred from custody have a much greater reduction of 70.9%.

6. Quantitative databank comparison study and costs findings

This study provides an analysis of the court and custody outcomes for CRC clients vs a cohort of people from the UNSW Mental Health Disorders and Cognitive Disability in the Criminal Justice System (MHDCD) Databank with AOD issues who did not receive CRC support, including an economic analysis.

6.1 Methodology

This study used administrative data drawn from the UNSW Mental Health Disorders and Cognitive Disabilities in the Criminal Justice System (MHDCD) Databank. The study compares outcomes for CRC clients who were referred from custody with comparison data from the MHDCD Databank, which is a linked administrative dataset of people who have been in prison in NSW, to investigate the effect of CRC support. The MHDCD Databank Manager extracted a deidentified comparison group from the databank based on AOD diagnosis, age and exit from custody in the same timeframe as the CRC client group, but who did not receive CRC support. Other differences between the two groups are controlled for in the analysis (changes in criminal justice outcomes: police contact, court appearances and outcomes, custody episodes) and related costs over time are estimated for the CRC client group relative to the comparison group using comparative interrupted time series analysis. The estimated cost savings to the justice system from CRC support are compared with the cost of CRC participation to show the net benefit of CRC (in dollar terms) for male and female clients.

6.1.1 MHDCD Databank

The MHDCD Databank contains linked administrative data for a cohort of 2,731 persons who have been imprisoned in New South Wales. The cohort were drawn from the Inmate Health Survey 2001, the Survey of Reception Prisoners 2001 and the Corrective Services State-wide Disability Service Database (up to 2008). Most of the cohort (eight in 10) have a diagnosed mental-health disorder or cognitive disability. Three in four have a diagnosed alcohol or other drug issue (AOD).

The Databank Manager extracted a de-identified subset of the MHDCD cohort who had an AOD diagnosis, at least one prison exit during the period 2014 to 2017 and who had never been a CRC client. This subgroup was then compared with the subgroup of CRC clients who had their first core program participation in 2014 to 2017 and who were referred from prison.

The index date for analysis for the CRC cohort is the exit date of the prison episode in 2014-2017 during which they were first referred to CRC. The index date for the comparison group is the age at first prison exit in 2014-2017. When comparing these groups by age at the index date the CRC client group were found to be slightly younger (19.0 to 60.8) than the MHDCD comparison group (24.1 to 67.8). Both samples were restricted to a common age range of 24 to 60.

6.1.2 Descriptive statistics

This section describes the characteristics of the final sample for the comparison analysis of 246 CRC clients and 567 people in the MHDCD comparison group. The MHDCD databank includes the following known diagnoses compiled from various administrative datasets:

- Alcohol or other drug problems (AOD)

- Borderline intellectual disability (BID)

- Cognitive disability (CD)

- Intellectual disability (ID)

- Mental health disorders (MH)

- As discussed above, for this analysis the MHDCD comparison sample is restricted to those with an AOD diagnosis.

- The vast majority of CRC clients have AOD problems; however, data collection on this is incomplete so for the purpose of this analysis it is assumed that all CRC clients have AOD problems. CRC do have data on whether their clients have MH disorders or cognitive disabilities (BID or ID). The following complexity groups were derived for both CRC and comparison cohorts:

- AOD only (1)

- AOD and CD or MH (2)

- AOD and CD and MH (3)

The proportion of people with each level of complexity and other characteristics of the CRC and comparison groups are shown below.

Table 31:

Characteristic	Comparison Group (N=567)	CRC client group (N=246)
AOD only	11.64%	18.70%
AOD and CD or MH	48.32%	65.45%
AOD and CD and MH	40.04%	15.85%
Male	93.12%	42.28%
Female	6.88%	57.72%
Aboriginal	36.68%	46.34%
Any juvenile custody	48.68%	16.67%
Age at index date (range)	38.02 (24.05 to 59.96)	37.72 (24.32 to 59.22)

People in the CRC client group are more likely to have a dual diagnosis (AOD and either CD or MH) than the comparison group, who are more likely to have three types of diagnosis (AOD, CD and MH). CRC clients are much more likely than the comparison group to be female, more likely to be Aboriginal and less likely to have had a juvenile custody episode.

The analyses that follow control for these differences to test whether people with AOD issues who receive CRC support after exiting prison have different outcomes to people with AOD issues who exit prison and do not receive CRC support.

6.1.3 Comparative Interrupted Time Series Analysis

Statistical models are used to estimate the impact of CRC support after exiting prison on criminal justice outcomes. The methodology used is "comparative interrupted time series" modelling, which compares differences between an intervention and comparison group before and after an intervention, including multiple time points to control for differences in underlying trends between the groups.[21] The inclusion of a comparison group helps to control for any changes over time that would still have occurred in the absence of CRC support.

In this analysis the intervention group are people whose first CRC program participation commenced in 2014-2017 and who were referred to CRC from prison. The comparison group are people who have also been to prison in the same period but have never received CRC support. The index date for the intervention group, before and after which comparisons are made, is the exit date of the prison episode during which they were first referred to CRC. The index date for the comparison group is the date of the first prison exit in 2014-2017.

For each person in the analysis, the data were shaped into a panel representing 10 annual time periods from January 2009 to December 2018. The index year was split into two periods, the time before and time after the index date. For each period, the models adjust for the number of days available where the year is not fully observed. For example, due to the person turning 18 or dying during the year, or during the index year, which has been divided into days pre-and post-index date. For court outcomes, which are analysed based on the offence date, the models also adjust for days in custody as this reduces the time available to offend.

Models were run for time in custody, the number of custody episodes, finalised court appearances, proven court appearances and proven offences. Each analysis was restricted to the duration of the relevant data, which for custody outcomes is up to 2018 and for court outcomes to 2016.[22] Random effects models were used, which take into consideration the panel nature of the data (repeated observations for the same individuals over time).

6.1.4 Economic Analysis

The regression model can be used to compare the predicted difference in costs over time for people who participate in CRC programs compared to those who do not, controlling for other differences and underlying trends.

Unit costs were allocated per event and used to estimate an overall costs model, estimating the savings to the justice system of CRC support. For each finalised court appearance in addition to court costs we allocated the cost of 6.5 police interactions, which is the average among the MHDCD cohort (this was applied equally to both groups as we do not have data on police interactions for CRC clients). We also added the estimated social cost of crime for each proven offence.

---

[21] Lopez Bernal J, Cummins S, Gasparrini A. The use of controls in interrupted time series studies of public health interventions. Int J Epidemiology 2018; 47:2082–93
Jacob R, Somers M-A, Zhu P, Bloom H. The Validity of the Comparative Interrupted Time Series Design for Evaluating the Effect of School-Level Interventions. Evaluation Review. 2016; 40(3):167-198. doi:10.1177/0193841X16663414
[22] The court data end in December 2017 but this is based on the date of the court finalisation. As the analysis is based on the date of offence, the data were restricted to offence dates up to the end of 2016 to avoid bias from omitted observations due to the lag time from date of offence to date of finalised court appearance.

Unit costs in 2019 dollars were allocated to each outcome. The costs were then summed for the years where all of outcome data were available (1994 to 2008) to give the total criminal justice cost per person per annum. The source and calculations for these costs are explained below.

Police incidents

Police data were not available for the CRC cohort. Therefore, we applied an estimate of 6.5 police incidents per finalised court appearance to both groups (CRC clients and the comparison group), which is the average among the comparison group.

The average cost per police incident was calculated as the cost of police work relating to crime, divided by the number of recorded criminal incidents in NSW including driving offences. Data on incidents including driving are not publicly available but were previously provided to the research team by BOCSAR for the 2014-15 financial year, which was combined with 2015-16 police expenditure data from ROGS 2017 to calculate the cost per incident as follows:

NSW Police expenditure of $ 3,763,368,400[23] from which 20 per cent was deducted to account for police work that does not relate directly to crime (Smith et.al.2014). The remaining budget ($3,010,694,720) was then divided by the number of recorded criminal incidents in NSW for July 2015 to June 2016 (1,425,996 incidents) to come up with a cost per incident of $2111.29. This was then inflated to 2018-19 dollars using the consumer price index (CPI):[24] **$2225.30** in 2018-19 AUD.

Court appearances

Average costs per case by court type (including payroll tax) in NSW in 2018-19 were obtained from the Productivity Commission's Report on Government Services (ROGS) 2020.**[25]**

Children's court:[26]   **$893**

Local (Magistrate) court: **$577**

District court: **$8007**

Supreme court: **$43,752**

Drug court costs were obtained from Goodall et al (2008).**[27]** The mean drug court cost in 2008 was $22,000. This was inflated by CPI to **$27,953** in 2018-19 AUD.

Time in custody

The ROGS (2020) was used to identify recurrent expenditure per NSW prisoner per day:

Net operating expenditure and capital costs per prisoner in 2018-19 $263.09 (ROGS 2020, Table 8A.18) plus payroll tax $8.48**[28]** These were summed to calculate the cost per day per prisoner: **$271.57.**

---

[23] ROGS 2017 Table 6A.1: net recurrent expenditure + payroll tax + user cost of capital + capital expenditure

[24] Australian Bureau of Statistics (2020) Catalogue 6401.0 Consumer Price Index, Australia. (2018-19 CPI = 114.1, 2015-16 CPI = 108.3, 114.1/108.3 = 1.054)

[25] ROGS 2020 Table7A.31, Real net recurrent expenditure per finalisation, criminal, 2018-19 dollars https://www.pc.gov.au/research/ongoing/report-on-government-services/2020/justice

[26] The analysis is restricted to adulthood. However, it is possible to have a children's court appearance at ages 18 to 21 inclusive.

[27] Goodall, S. Norman, R. and Haas, M (2008) The costs of NSW drug court, *Crime and Justice Bulletin #122*, NSW Bureau of Crime Statistics and Research

[28] Total payroll tax for prisons $41,812,000 (see Table 8A.1) divided by 365.25 days per year divided by the average daily number of prisoners 13,495 (see Table 8A.4).

Social costs of crime

For each proven offence we applied an average social cost per crime, derived from Smith et al (2014)[29] and data supplied by BOCSAR on the number of criminal incidents including driving offences in 2015-16. A conservative weighted average social cost of all crimes (which uses a cost of zero if the cost per incident is unknown) based on the distribution of criminal incidents for 2015-16 was calculated as $1334.23 in 2011 AUD.[30] This was CPI inflated to the 2018-19 financial year: **$1,533.09**

Cost savings

Finally, the predicted cost savings from CRC participation are compared to the cost of providing CRC support. This was calculated separately for male and female CRC clients, to reflect the different costs of programs in which men and women participate.

Limitations

As discussed above, the inclusion of a comparison group helps to control for any changes over time that may have occurred in the absence of CRC support. However, to enable a common index date at the time of exit from custody, the analysis was restricted to people in the CRC study sample who were referred from custody. Consequently, the results in this chapter are representative of the majority of CRC clients (70% referred in custody) but may not represent the outcomes of 30% of CRC clients who are referred to CRC in the community. Additionally, we only have a short follow-up period for the analysis, limiting the ability to detect long-term changes. Finally, there are only a small number of women in the comparison group. While gender is controlled for, this limits the ability to detect gender differences. Further analysis with a longer follow-up and more representative comparison group is recommended to address these limitations.

Ethics

The following ethics approvals were received for this study:

- UNSW HREC: Negligible Risk Research Application (HC 200303)
- AH&MRC HREC: Research Application (1682/20)

This study also has the approval of the MHDCD Data Custodian, Professor Eileen Baldry.

6.2 **Findings**

The models control for age (centred at the average age at the index date), gender, Aboriginality and complexity (based on diagnoses). As well as simply controlling for these characteristics, models with interactions were also run to evaluate whether the impact of CRC support differs for male and female clients. Women have lower average rates of all outcomes measured and associated costs. However, the models with interactions did not show any statistically significant differences in the change in outcomes by gender before and after the index date, nor differences by gender between CRC clients and the comparison group. The results without interactions are therefore presented here.

---

[29] Counting the costs of crime in Australia: A 2011 estimate, AIC report series #129 Revised report with corrections to Tables 10, 11 and 20; viewed April 2017

Each model and the results are discussed under the subheadings below. The results of the outcomes models are presented as incident rate ratios (IRR)

Days in custody regression output

Table 32:

Days in custody	IRR	Std. Err.	z	P>z	[95% Conf. Interval]	
Female (c.f. male)	0.562	0.023	-14.01	0.000	0.982	0.991
Initial difference in CRC group (c.f. comparison group)	1.017	0.066	0.26	0.800	0.895	1.155
Comparison group time trend	0.987	0.010	-1.31	0.190	0.968	1.006
Difference in CRC time trend (c.f. comparison group)	1.137	0.015	10.03	0.000	1.109	1.166
Comparison group shift post index date	0.837	0.064	-2.34	0.019	0.721	0.971
Difference in CRC shift post index date (c.f. comparison group)	0.492	0.078	-4.49	0.000	0.360	0.670
Comparison group trend change post index date	0.989	0.023	-0.48	0.629	0.944	1.035
Difference in CRC trend change post index date (c.f. comparison group)	0.976	0.057	-0.42	0.676	0.871	1.094

Also adjusted for age, Indigenous status, complexity, any juvenile custody, the period the intervention commenced and exposure time. Sample size 8,925 observations for 813 individuals. The average number of observation periods per person is 11 (range from 8 to 11).

The incident rate ratios show the rate of days in custody compared to (c.f.) the reference case. A p-value of <0.05 indicates statistical significance. At the start of the observation period there is no significant difference in the number of days in custody per year for the group who will receive CRC support compared with the comparison group. Over time, before the intervention, the number of days in custody increases by 13.7% (IRR = 1.137) per annum for the group who will receive CRC support relative to the comparison group. There is a significant downward shift for the comparison group of 16.3% (1-0.837), indicating an immediate change in time in custody following the index date. However, there is an even greater downward shift of 58.8% (1-(0.837 x 0.492)) for the group who receive CRC support after exiting prison. There is no significant change in trend after the downward shift.

Overall, women have 43.8% fewer days in custody than men (1-0.562). Models including gender interactions found that this gender difference did not change significantly over time or differ for the CRC group relative to the comparison group. The figures below illustrate the average predicted number of days in custody over time for men and women in the CRC group and comparison group respectively.

The initially increasing trend over time for CRC clients relative to the comparison group suggests that CRC are supporting people with greater need and intensity of contact with the criminal justice system.

Following commencement with CRC (the index date) there is a large improvement for CRC clients and the previous gap between CRC clients and the comparison group is substantially reduced.

Figure 27:
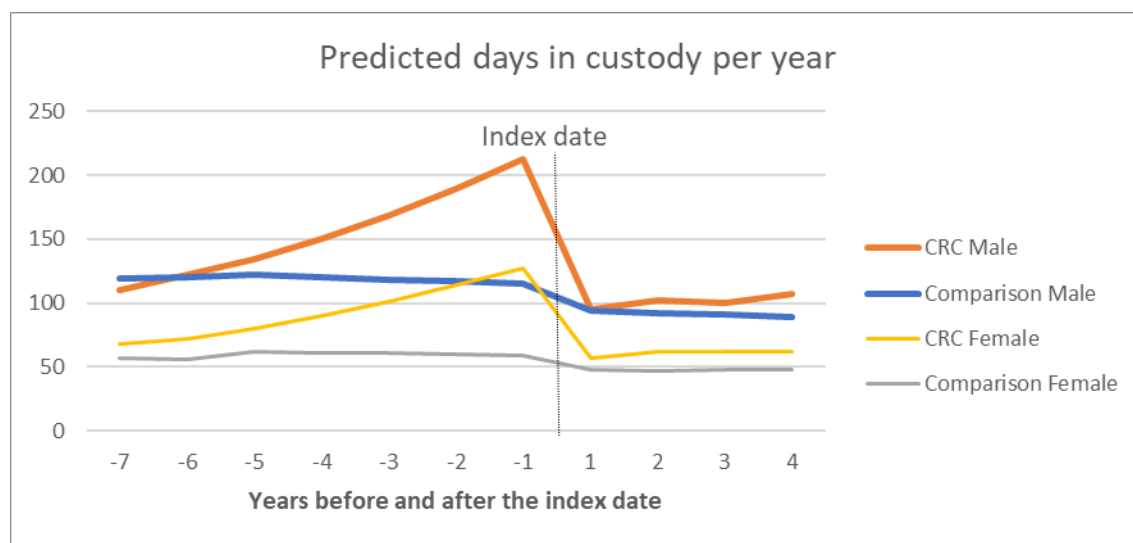
Number of custody episodes regression output

Table 33:

New custody episodes	IRR	Std. Err.	z	P>z	[95% Conf. Interval]	
Female (c.f. male)	0.548	0.052	-6.30	0.000	0.454	0.661
Initial difference in CRC group (c.f. comparison group)	1.186	0.133	1.52	0.130	0.951	1.479
Comparison group time trend	1.045	0.015	2.99	0.003	1.015	1.076
Difference in CRC time trend (c.f. comparison group)	1.174	0.022	8.39	0.000	1.131	1.219
Comparison group shift post index date	1.154	0.100	1.65	0.099	0.973	1.368
Difference in CRC shift post index date (c.f. comparison group)	0.318	0.053	-6.87	0.000	0.230	0.441
Comparison group trend change post index date	0.830	0.024	-6.51	0.000	0.785	0.878
Difference in CRC trend change post index date (c.f. comparison group)	0.989	0.061	-0.17	0.863	0.876	1.117

Also adjusted for age, Indigenous status, complexity, any juvenile custody, the period the intervention commenced and time available to offend. Sample size 7,440 observations for 813 individuals. The average number of observation periods per person is 9 (range from 2 to 11).

At the start of the observation period, there is no significant difference in the number of custody episodes commencing per year for the group who will receive CRC support compared with the comparison group (p=0.130). Over time, before the intervention, there is a small increasing trend in the number of custody episodes per year of 4.5% (IRR = 1.045) for the comparison group and a larger

trend over time of 22.7% (1.045 x 1.174) for the group who will receive CRC support. There is no evidence of a downward shift for the comparison group after the index date (p=0.099). However, for people who receive CRC support there is a large downward shift of 63.3% (1-(1.154 x 0.318)). For both groups, after the index date, there is a decrease in the trend over time of 17.0% (1-0.830).

Overall, women have 45.2% fewer days in custody than men (1-0.548). Models including gender interactions found that this gender difference did not change significantly over time or differ for the CRC group relative to the comparison group. The figure below illustrates the average predicted number of custody episodes per year, before and after the index date, for men and women in the CRC group and comparison group respectively.

Figure 28:
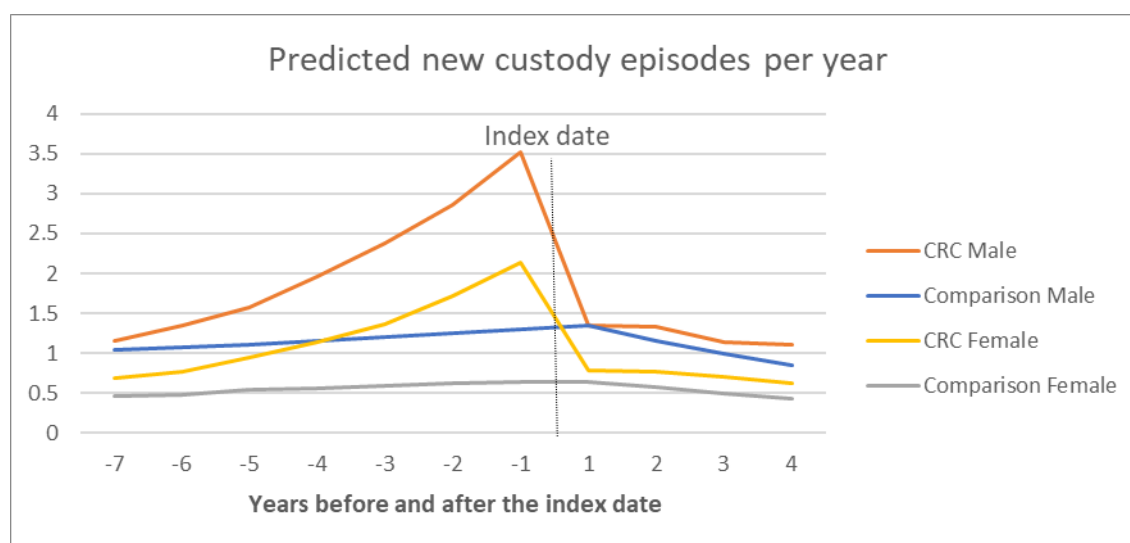
Finalised court appearances regression output

Table 34:

Number of finalised court appearances	IRR	Std. Err.	z	P>z	[95% Conf. Interval]	
Female (c.f. male)	0.619	0.049	-6.04	0.000	0.530	0.723
Initial difference in CRC group (c.f. comparison group)	0.913	0.087	-0.96	0.337	0.757	1.100
Comparison group time trend	1.028	0.012	2.29	0.022	1.004	1.053
Difference in CRC time trend (c.f. comparison group)	1.145	0.021	7.41	0.000	1.105	1.186
Comparison group shift post index date	0.639	0.070	-4.07	0.000	0.515	0.793
Difference in CRC shift post index date (c.f. comparison group)	0.880	0.253	-0.44	0.657	0.501	1.547
Comparison group trend change post index date	1.098	0.055	1.89	0.059	0.996	1.210

| Difference in CRC trend change post index date (c.f. comparison group)	0.725	0.120	-1.94	0.052	0.524	1.003

Also adjusted for age, Indigenous status, complexity, any juvenile custody, the period the intervention commenced and time available to offend. Sample size 5,878 observations for 807 individuals. The average number of observation periods per person is 7 (range from 1 to 9).

At the start of the observation period, there is no significant difference in the number of finalised court appearances per year for the group who will receive CRC support compared with the comparison group (p=0.337). Before the intervention, there is a small increasing trend in the number of finalised court appearances of 2.8% (IRR = 1.028) per year for the comparison group and a larger trend over time of 17.7% (1.028 x 1.145) for the group who will receive CRC support. After the index date there is an immediate decrease in the number of finalised court appearances of 36.1% for the comparison group and no decrease in the trend over time. While the individual significance tests did not detect a significant difference in the size of these changes for the CRC client group, a joint significance test found that the shift and trend change are significantly different for the CRC group relative to the comparison group (p=0.000). For people who receive CRC support, the initial decrease in court appearances is 43.8% (0.639 x 0.880 = 0.562: 1 − 0.562 = 0.438) and the decrease in trend is 20.3% (1.098 x0.725).

Overall, women have 38.1% fewer finalised court appearances than men (1-0.619). Models including gender interactions found that this gender difference did not change significantly over time or differ for the CRC group relative to the comparison group. The figures below illustrate the average predicted number of finalised court appearances per year, before and after the index date, for men and women in the CRC group and comparison group respectively.

Figure 29:
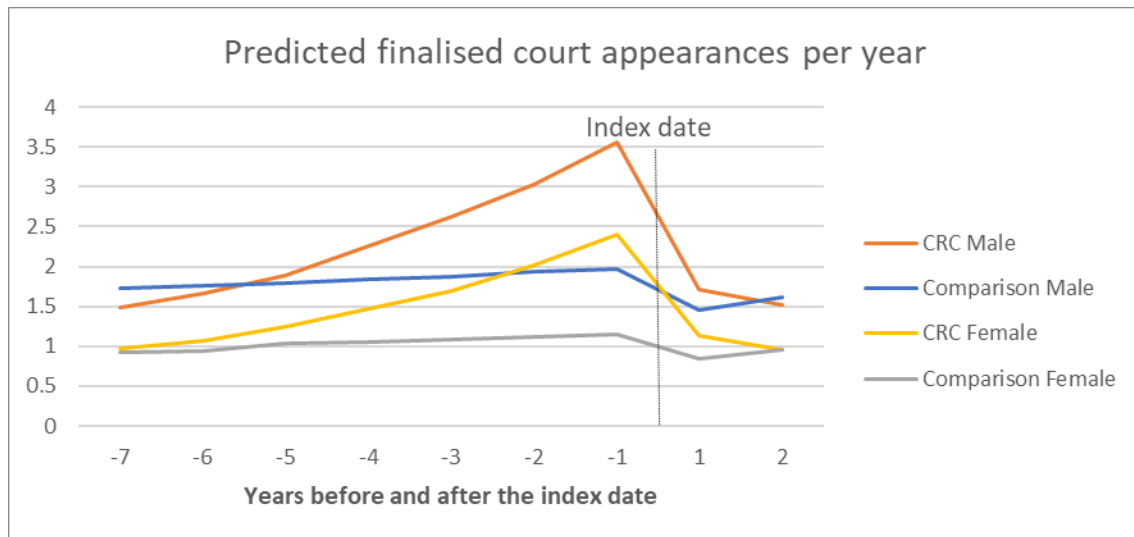
Proven court appearances regression output

Table 35:

Number of proven court appearances	IRR	Std. Err.	z	P>z	[95% Conf. Interval]	
Female (c.f. male)	0.636	0.052	-5.58	0.000	0.543	0.746
Initial difference in CRC group (c.f. comparison group)	0.897	0.088	-1.11	0.269	0.740	1.087
Comparison group time trend	1.016	0.013	1.27	0.206	0.991	1.042
Difference in CRC time trend (c.f. comparison group)	1.165	0.022	8.06	0.000	1.123	1.210
Comparison group shift post index date	0.646	0.074	-3.80	0.000	0.515	0.809
Difference in CRC shift post index date (c.f. comparison group)	0.920	0.276	-0.28	0.780	0.511	1.657
Comparison group trend change post index date	1.141	0.059	2.56	0.010	1.032	1.263
Difference in CRC trend change post index date (c.f. comparison group)	0.661	0.115	-2.37	0.018	0.470	0.931

Also adjusted for age, Indigenous status, complexity, any juvenile custody, the period the intervention commenced and time available to offend. Sample size 5,878 observations for 807 individuals. The average number of observation periods per person is 7 (range from 1 to 9).

At the start of the observation period, there is no significant difference between the group who will receive CRC support and the comparison group (p=0.269). There is no significant trend over time for the comparison group initially but there is an increasing trend in the number of proven appearances of 18.4% (1.016 x 1.165) for the group who will receive CRC support. After the index date there is an immediate decrease in the number of proven appearances of 35.4% (1-0.646) for both the intervention and comparison groups. For the comparison group, however, following the initial decrease there is an increase in the trend in proven appearances over time after the index date of 14.1%. In contrast, for the group who receive CRC support, there is a large decrease in the trend over time of 24.5% (1-(1.141 x 0.661)).

Overall, women have 36.4% fewer proven court appearances than men (1-0.636). Models including gender interactions found that this gender difference did not change significantly over time or differ for the CRC group relative to the comparison group. The figures below illustrate the average predicted number of proven court appearances per year, before and after the index date, for men and women in the CRC group and comparison group respectively. The size of the immediate decrease, in proportional terms, is the same for all groups. However, for men and women in the comparison group there is a significant subsequent increase in proven appearances, while for people who received CRC support there is a significant decrease in the trend over time.

Figure 30:

Predicted proven court appearances per year
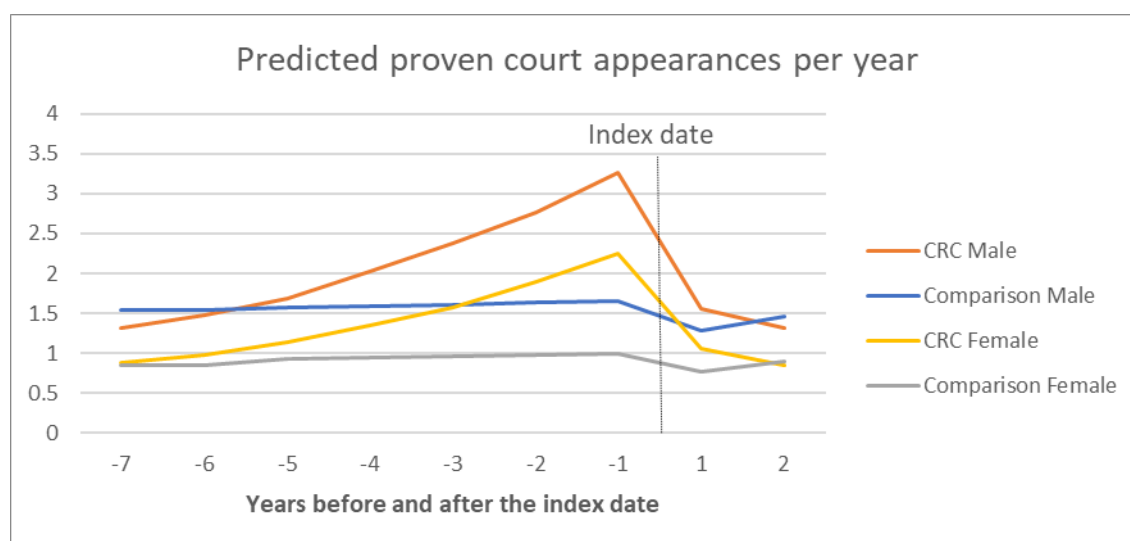
The model for the total number of proven offences, below, also provides evidence of improvement for people who receive CRC support relative to the comparison group.

Proven offences regression output

Table 36:

Number of proven offences	IRR	Std. Err.	z	P>z	[95% Conf. Interval]	
Female (c.f. male)	0.643	0.043	-6.65	0.000	0.564	0.732
Initial difference in CRC group (c.f. comparison group)	0.816	0.073	-2.28	0.023	0.685	0.972
Comparison group time trend	1.050	0.013	3.81	0.000	1.024	1.076
Difference in CRC time trend (c.f. comparison group)	1.186	0.023	8.78	0.000	1.142	1.232
Comparison group shift post index date	0.745	0.084	-2.59	0.010	0.597	0.931
Difference in CRC shift post index date (c.f. comparison group)	0.500	0.157	-2.21	0.027	0.271	0.925
Comparison group trend change post index date	0.995	0.052	-0.09	0.931	0.899	1.103
Difference in CRC trend change post index date (c.f. comparison group)	0.812	0.148	-1.14	0.255	0.568	1.162

Also adjusted for age, Indigenous status, complexity, any juvenile custody, the period the intervention commenced and time available to offend. Sample size 5,878 observations for 807 individuals. The average number of observation periods per person is 7 (range from 1 to 9).

At the start of the observation period, the group who will receive CRC support have 18.4% (1-0.816) fewer proven offences per year than the comparison group. Initially, there is a small increasing trend over time for the comparison group of 5% per year and a larger increasing trend of 24.5% (1.050 x 1.186) for the group who will receive CRC support. After the index date there is an immediate decrease in the number of proven offences of 25.5% (1-0.745) for the comparison group and a much larger decrease of 62.8% (1-(0.745 x 0.500)) for the group who receive CRC support. Following the initial decrease there is no change in the trend over time for the comparison group (p=0.931) or for the group who receive CRC support (p=0.255).

Overall, women have 35.7% fewer proven offences than men (1-0.643). Models including gender interactions found that this gender difference did not change significantly over time or differ for the CRC group relative to the comparison group. The figures below illustrate the average predicted number of proven offences per year, before and after the index date, for men and women in the CRC group and comparison group respectively. The graphs show the larger decrease for people who receive CRC support after the index date, relative to the comparison group.

Figure 31:
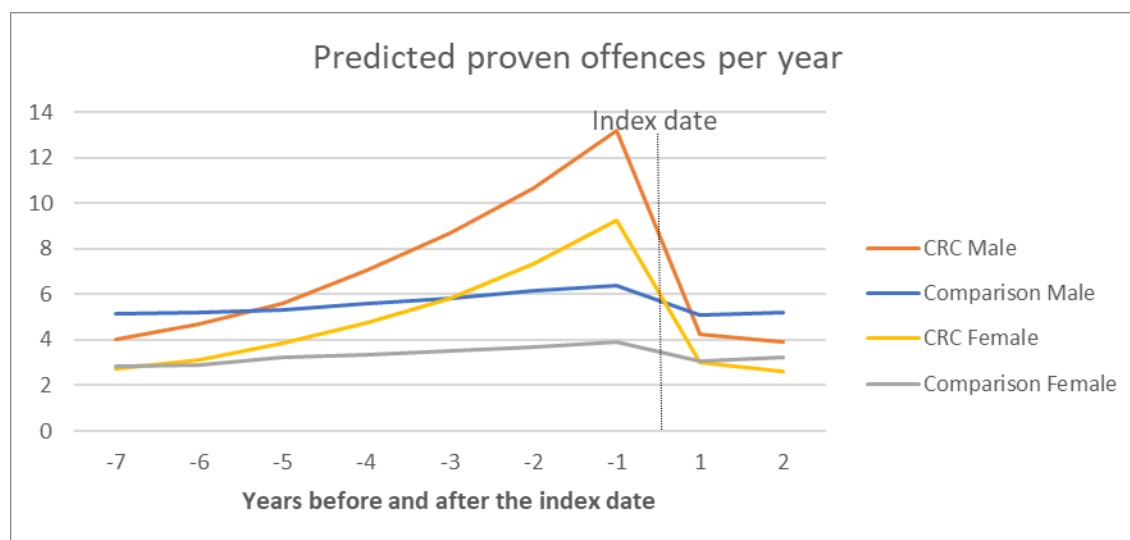
The final model presented below estimates the relative costs of criminal justice contacts over time for people who receive CRC support compared with the comparison group. In this model the output is presented as coefficients, which represent dollars (2019 AUD).

Criminal justice costs regression output

Table 37:

Criminal justice costs	Coef.	Std. Err.	z	P>z	[95% Conf. Interval]	
Female (c.f. male)	-17759.22	2486.07	-7.14	0.000	-22631.83	-12886.62
Initial difference in CRC group (c.f. comparison group)	479.28	3647.64	0.13	0.895	-6669.96	7628.52
Comparison group time trend	1151.45	370.24	3.11	0.002	425.80	1877.11

Difference in CRC time trend (c.f. comparison group)	4215.02	578.57	7.29	0.000	3081.04	5348.99
Comparison group shift post index date	-26874.35	5265.85	-5.10	0.000	-37195.23	-16553.47
Difference in CRC shift post index date (c.f. comparison group)	-3615.81	13360.85	-0.27	0.787	-29802.58	22570.97
Comparison group trend change post index date	6159.31	2177.16	2.83	0.005	1892.16	10426.45
Difference in CRC trend change post index date (c.f. comparison group)	-9652.28	6728.67	-1.43	0.151	-22840.24	3535.68

Also adjusted for age, Indigenous status, complexity, any juvenile custody, and the period the intervention commenced. Costs have been anualised based on the number of days in the period. Sample size 7,144 observations for 813 individuals. The average number of observation periods per person is 9 (range from 6 to 9).

There is no initial cost difference at the start of the observation period. However, consistent with the previous models, which show increasing criminal justice contacts for the people who go on to receive CRC support, the CRC group have a larger increase in trend in costs over time of $4,215.02 per year prior to commencing CRC programs. After the index date, there is an initial decrease in criminal justice costs of $26,874.35 but an increase in trend of $6,159.31 for the comparison group. While the individual tests do not show the significance of differences in these changes for the CRC client group (p=0.787 and p=0.151), a joint significance test shows that the differences for the CRC group are statistically significant (p=0.000). For people who receive CRC support the initial decrease is $30,490.16 (26,874.35 + 3615.81) and the trend is decreasing by $3,492.98 every year (9652.28-6159.31). Overall, the cost savings per CRC client is $13,268.09 one year after the intervention (the difference in post-intervention shift plus difference in trend change). Each year the cost savings increase by another $9,652.28 (the difference in the trend change). This is illustrated in the table below:

Table 38:

Year post index date	Change comparison group (-26,874.35 + 6,159.31 x years)	Change CRC group (-30,490.16 -3,492.98 x years)	Cost savings ($)
1	-20,715.04	-33,983.13	13,268.09
2	-14,555.738	-37,476.112	22,920.37
3	-8,396.432	-40,969.09	32,572.66

CRC program costs over one year were divided by the number of new male and female clients per program to provide an estimate the total cost of $7992.35 per female client and $14,797.62 per male client.[31] While CRC clients participate for varying amounts of time, with some benefiting from ongoing support over multiple years, on average people in the overall study sample participated for a period spanning 450 days (range 0 to 3240 days). Based on this, approximately 80% of the cost of CRC participation is incurred in the first year and 20% in the second year post-commencement with CRC.

---

[31] Note this method is equivalent to estimating at the total cost of the program per client, assuming that each year the same number of people continue participation into the following year. This can be proven by example.

The table below compares the cost savings based on the regression model and the cost of CRC participation for male and female clients over three years post-commencement of the first program participation.

Table 39:

Year post commencing with CRC	Cost savings per client	Cost of CRC per female client	Cost of CRC per male client	Net benefit per female client	Net benefit per male client	Total net benefit of 275 new clients per year[32]	
1	13,268.09	6,393.88	11,838.10	6,874.21	1,429.99	$	1,337,819.15
2	22,920.37	1,598.47	2,959.52	21,321.90	19,960.85	$	5,725,376.45
3	32,572.66	-	-	32,572.66	32,572.66	$	8,957,480.95
Total	68,761.12	7,992.35	14,797.62	60,768.77	53,963.50	$	16,020,676.55

In total, over three years, CRC produces an estimated cost savings of approximately 16 million dollars to the justice system. This is based on a subset of CRC clients who were referred to CRC while in custody, representing 70% of CRC clients. Based on the analysis in Chapter 5, CRC clients who were referred in the community start with fewer justice contacts prior to engaging with CRC and, hence, have smaller decreases post-intervention. The cost savings for this group may therefore be lower than what is estimated in this chapter.

Conservatively, if we assume that the above cost savings only apply to 70% of CRC clients, the cost savings reduces to $48,132.79 per person (68,761.12 x 70%), on average. This still results in an average net benefit of $40,140.3 per female and $33,335.16 per male client. The total net benefit for 275 new clients commencing the program then becomes $10,347,883.99. This is a very conservative estimate.

The actual net benefit of CRC for each annual cohort of new clients is expected to be between $10 million and $16 million over three years.

6.3 **Summary**

The initially increasing trends over time in criminal justice contacts for CRC clients (prior to engaging with CRC) relative to the comparison group suggest that CRC are targeting people with greater need and histories of contact with the criminal justice system. Following commencement with CRC there are large improvements for CRC clients in custody outcomes and the previous gap between CRC clients and the comparison group is substantially reduced. There is also evidence of a post-intervention effect on court *appearances* and *proven offences* for people who receive CRC support relative to the comparison group. These improvements result in significant cost savings to the justice system. For an annual cohort of 275 new CRC clients the estimated net benefit to the justice system over three years is between $10 million and $16 million.

---

[32] Of the 275 new clients, 63.1% are female and 36.9% are male (a small number of clients of unspecified gender were allocated evenly between male and female for the purpose of this analysis).

7. Matched comparison case studies and costs findings

This study involved the compilation of two case studies of CRC clients and matching them with two people drawn from the MHDCD Databank to enable comparative analysis of pathways and social and economic outcomes associated with CRC's model of specialist holistic support.

7.1 Methodology

7.1.1 Case Studies

Drawing on the social science conceptualisation of a case study as an empirical inquiry that investigates a contemporary phenomenon within its real-life context (Yin 1994, 13), the case studies of CRC clients and those drawn from the MHDCD Databank provide in-depth insights into the institutional contact and treatment of people with mental and cognitive disability and histories of AOD use in the criminal justice system.

Two case studies of CRC clients were selected based on de-identified case notes: a woman and a man whose background and experiences reflect that of a broader cohort of CRC clients. Both were non-Aboriginal, as agreed with the NSW AH&MRC, given there were no Aboriginal investigators on this evaluation. Both case studies were clients during the period examined whose trajectories illustrate particular pathways of interest that are typical of CRC clients.

Those CRC clients were matched with de-identified individuals in the MHDCD Databank who were not CRC clients, but who have similar demographic backgrounds and histories of contact with the criminal justice system. This enabled the comparison of the CRC clients' actual pathways and outcomes with what their unsupported trajectories may have been through drawing on the court and custody outcomes for two real individuals in the MHDCD Databank with similar demographic and diagnostic backgrounds. The two possible pathways for the case studies are therefore able to be quantified – the supported pathway of the CRC clients vs their likely unsupported pathways.

This approach enables investigation of any differences in trajectory and criminal justice contact in more detail, and the development of an economic analysis of CRC's model of support.

7.1.2 Economic analysis

Undertaking an economic analysis of comparative case studies drawing on the MHDC Databank has been used by the UNSW research team for past evaluations,[33] developing a methodology for calculating all tangible costs allowed for by the data, including direct costs (those that can be directly attributed to a service or intervention), indirect costs (those not directly attributable but necessary to the delivery of the service or intervention, i.e. management and administration costs) and capital costs where possible. This involves calculating unit costs for each interaction and service associated with each agency in the Databank and applying those to available data for each case study. This study builds on the methodology developed for those evaluations, applied to the CRC case studies and their matched comparisons drawn from the MHDCD Databank.

---

[33] See for example Reeve, R., McCausland, R., Dowse, L., & Trofimovs, J. (2017). 'Economic evaluation of criminal justice support network. Intellectual disability behaviour Support program'. Sydney: UNSW; McCausland, R., Reeve, R., & Gooding, P. (2019). 'The economic case for improving legal outcomes for accused persons with cognitive disability: an Australian study', *International Journal of Law in Context*, 15, 367–389.

This study aimed to estimate the economic costs of police contact, court appearances and custody for CRC clients, and to use that to develop a broader analysis of the economic benefit of CRC support through comparison with a matched comparison case study not supported by CRC. The cumulative costs of the MHDCD Databank case studies' instances of criminal justice contact (each police incident, each court appearance, each night in custody) and that of the matched CRC client comparator were calculated.

Limitations of method

As we only had linked data for the CRC clients for their court outcomes and custody, we were only able to quantify their criminal justice-related costs. The more extensive linked data available in the MHDCD Databank means we are also able to cost certain health, legal, child protection and housing support and outcomes for the matched comparison case studies. If we had been able to access this level of holistic, multi-agency data for the CRC case studies as well, this would have enabled a more comprehensive cost benefit analysis of CRC's support for Amy and Ben.

The following ethics approvals were received for this study:

- UNSW HREC: Negligible Risk Research Application (HC 200303)

This study also has the approval of the MHDCD Data Custodian, Professor Eileen Baldry.

7.2 Case Studies

7.2.1 'Amy'

Amy is a 45-year-old woman who was supported by CRC for five years between 2015 and 2020. Amy is currently out of custody for the longest period in her adult life.

Amy has a history of complex trauma and homelessness, depression and anxiety, chronic substance use and involvement in the criminal justice system. Since the age of 18 until she became a client of CRC, Amy has been in and out of prison consistently, with very little time spent in the community. Her imprisonment has almost always been related to her use of heroin. Her heroin use, in turn, was a response to the many traumatic events she experienced as a child, a young person and as an adult.

Amy began running away from home from the age of 8. Amy has complex trauma stemming from multiple events in her early childhood and a serious sexual assault experienced when she was a young teenager. She first became homeless at the age of 13, and as a teenager spent her time in Kings Cross in Sydney, where she found a community of people who accepted her and were also using drugs.

When Amy was 14, she entered into a physically abusive relationship with a much older man. This relationship lasted for five years. He introduced her to heroin. At 16 Amy became pregnant to him, and at 17 she gave birth to her baby boy. When her baby was 10 months old he was removed from her care and placed into the care of the state as a consequence of the serious drug use and violence of her living situation. For almost two decades Amy had very little contact with her son, who also went on to spend time in custody as both a young person and an adult.

Amy's partner was incarcerated when she was 18 and after that she was homeless again for around a decade, couch surfing or sleeping rough. She lived briefly in transitional housing provided by a Kings Cross health service but was unable to maintain the tenancy due to chronic drug use and periods of

incarceration. She was also briefly housed in longer-term housing through Housing NSW in July 2013 but began using drugs heavily and subsequently ended up in custody for 12 months in 2014.

Amy has a range of physical and mental-health conditions, many of which require ongoing treatment and support. She has been diagnosed with depressive illness, anxiety and substance use disorder. Amy has a long history of substance use (poly-use of heroin, ice, marijuana, benzodiazepines). She is currently on the methadone treatment program and notes that her use of heroin was the primary motivating factor for committing crime (in order to fund her use). She also has epilepsy, Hepatitis C, deep vein thrombosis and numerous other serious health complaints. She is unable to walk far without experiencing pain.

CRC transitional support

Amy was a client of CRC's Women's Transition program for 18 months beginning in early 2015, when the CRC Women's Transition program started supporting Amy in custody. Two months prior to her release the CRC worker began meeting her, building rapport, developing a case plan and organising accommodation post-release. Amy was looking at exiting prison into homelessness, so a key focus of the program was to support Amy with finding housing. Her case worker supported Amy to complete her applications for priority public housing and to set goals in terms of life after prison.

Amy was able to access 28 days of temporary accommodation when she was released, with a view to moving into a more secure accommodation situation following this.

CRC also worked with Amy to assist her to meet her parole requirements. Amy had very rarely finished parole without breaching, but this time she was very motivated to stay out of prison and wanted help and support with this. Amy found parole distressing and felt she was treated poorly by the people in the Community Corrections office. CRC assisted initially with transporting and accompanying her to appointments, and later reminding her of appointments when she was comfortable attending on her own. Her CRC worker also advocated on her behalf when needed (including when there were, for example, demands from parole to attend appointments that clashed with other urgent medical appointments).

CRC spent a lot of time assisting Amy with her immediate financial needs, including access to Centrelink support through completing forms, supporting her in appointments and advocating on her behalf for the right payments. CRC also helped with other administrative essentials such as getting a Medicare Card, concession card and opening a bank account.

CRC also took Amy to the GP to address some of her complex physical health concerns. Amy had grown to mistrust the medical establishment and felt that her physical health concerns were not taken seriously because of her drug and alcohol use. CRC advocated for her health needs to be looked at with care and respect and accompanied her to multiple appointments in order to support this process.

Although Amy's first four weeks out of custody were stressful for her, she met all her parole conditions and didn't use drugs or alcohol. However, after she had completed her 28 days of transitional accommodation she was facing homelessness again, and ended up spending some time couch-surfing and sleeping rough. Although CRC helped Amy to secure a bed at a homeless shelter, this environment was not a good fit for her and triggered a relapse into quite serious drug and alcohol use, which in turn provoked a range of other serious health issues.

CRC continued to work to find Amy more suitable stable accommodation. She was offered housing through a community-housing provider, however because the property was in an area that Amy knew

to be high risk in terms of her drug and alcohol use, she decided not to take it. CRC continued to support Amy to find secure suitable accommodation. During this time, Amy couch-surfed and stayed in various crisis and transitional accommodation. Finally, more than a year after she had exited custody, she received permanent housing through Housing NSW. Amy currently remains living in this property and CRC has supported her to maintain her tenancy.

CRC AOD support

Prior to Amy's release from prison, CRC transition workers supported Amy to connect with the Kirketon Road Centre in order to try and support her methadone treatment. However, after her relapse while homeless and with concern about her escalating AOD use, Amy also started accessing AOD counselling from CRC. Amy continues to receive this support.

This AOD support involves regular face-to-face outreach counselling meetings with Amy, typically at her place of residence or another location convenient to her. This counselling is client-focused, and meetings work around addressing whatever is most pertinent to Amy that week. This has primarily involved engaging Amy in reflective conversations about her AOD use and triggers for use, how to minimise harm when she is using and provide options for reducing her use, such as detoxing, rehab and support meetings. CRC has also supported Amy with pharmacotherapy and guidance on how to use pharmacotherapy to reduce AOD use. CRC has also worked to encourage Amy to form healthy relationships and develop new interests and skills, and has connected her with other services as needed.

In the four years that Amy has been receiving AOD counselling from CRC, her substance use has been managed well and stabilised overall. While Amy continues to use substances intermittently, she is motivated to reduce her use and can go for periods without using. The work that CRC does with Amy helps her to manage her use and identify the triggers for increased use and how to safely manage that. For example, during Amy's engagement with CRC she developed a relationship with a man who uses ice and subsequently began to use ice with him, which had a very negative impact on her mental health, culminating in Amy self-harming and a subsequent hospital admission. CRC supported Amy through this, encouraging her to reflect on the influence of this relationship and to resume NA meetings. Overall, the support of CRC has helped Amy to gain greater insight into the influences on her use, which provides an opportunity to better manage it. Amy has identified that she wants to minimise her use and is working towards maintaining pharmacotherapy with the goal of moving from methadone to buprenorphine.

In addition to CRC's support to manage substance use, CRC's AOD team also supported Amy throughout a number of other incidents and crises, including liaising with FACS about a potential eviction, supporting Amy to reconnect and build a relationship with her son and the complexities of this, as well as managing a difficult and threatening relationship with a flatmate.

Amy attributes being able to stay out of custody to the support received from CRC, both in terms of housing, transitional support and drug and alcohol support. She notes that even when she used and relapsed, she never felt judged by CRC workers. She is looking to continue her AOD support and counselling, she is proud of her home and is slowly rebuilding a relationship with her son. Amy says she is determined not to go back to prison, as there is too much at stake in the community for her now. She has said that before now, she didn't really have much to stay out of prison for.

Amy's criminal justice costs before and after CRC support

Table 40:

	Unit cost	Age 33-36 pre-CRC support		Age 37-40 post CRC support	
		Units	Cost	Units	Cost
Police	$2225.30 per incident	8	$17,802.40	0	$0
Courts	Varies by court type	4	$9,738.00	0	$0
Social cost of crime	$1553.09 per proven offence	8	$12,264.72	0	$0
Corrections	$271.57 per custody day	575	$156,152.75	0	$0
CRC support	Transitional program $4284.88 AOD program $11,195.22			2	$15,480.10
TOTAL			**$195,957.87**		**$15,480.10**

Figure 32:
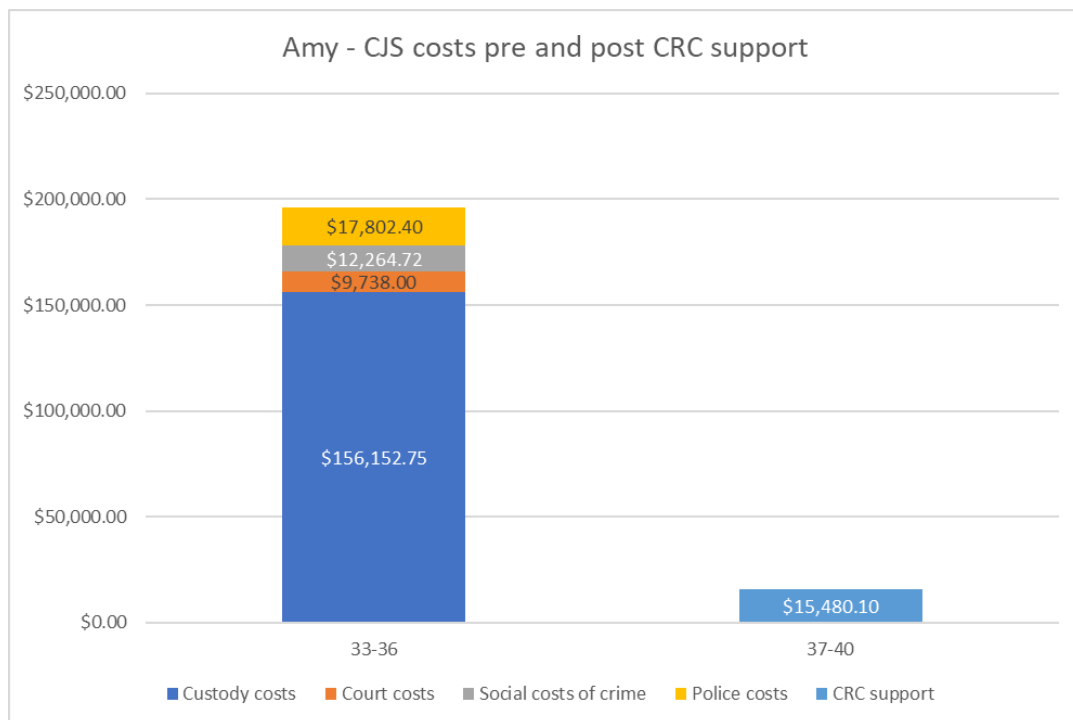
- The women's transition service that provided support for Amy has 2 FTE workers + contributes to a manager, and is funded to support 80 clients p/a
- Taking the overall budget for the service and dividing it by the number of new clients supported each year, the average total cost per client of the service is calculated as $4284.88

- AOD transition support program that provided support for Amy has 3.6 FTE workers + contributes to a manager, and is funded to support 94 clients p/a
- Taking the overall budget for the service and dividing it by the number of new clients supported each year, the average total cost per client of this program is $11,195.22

Amy's criminal justice costs without CRC support

Table 41:

	Unit cost	Age 33-36		Age 37-40	
		Units	Cost	Units	Cost
Police	$2225.30 per incident	4	$8,901.20	18	$40,055.40
Courts	Varies by court type	2	$1,154.00	9	$5,193.00
Social cost of crime	$1553.09 per proven offence	12	$18,397.08	18	$27,595.62
Corrections	$271.57 per custody day	761	$206,664.77	345	$93,691.65
TOTAL			$235,117.05		$166,535.67

The matched comparison for Amy drawn from the MHDCD Databank is a non-Indigenous woman of the same age who had a similar background and trajectory until the age of 36. She was sexually abused as a child, left school at year 7, has a history of homelessness, mental health and AOD issues, primarily heroin use, and had a child removed from her care. She has a history of contact with police and incarceration for drug-related crimes including theft in the four years leading up to age 37. Tracking this woman's contact with the criminal justice system from the age of 37 illustrates what Amy's pathway may have been if she had not received CRC support.

Figure 33:
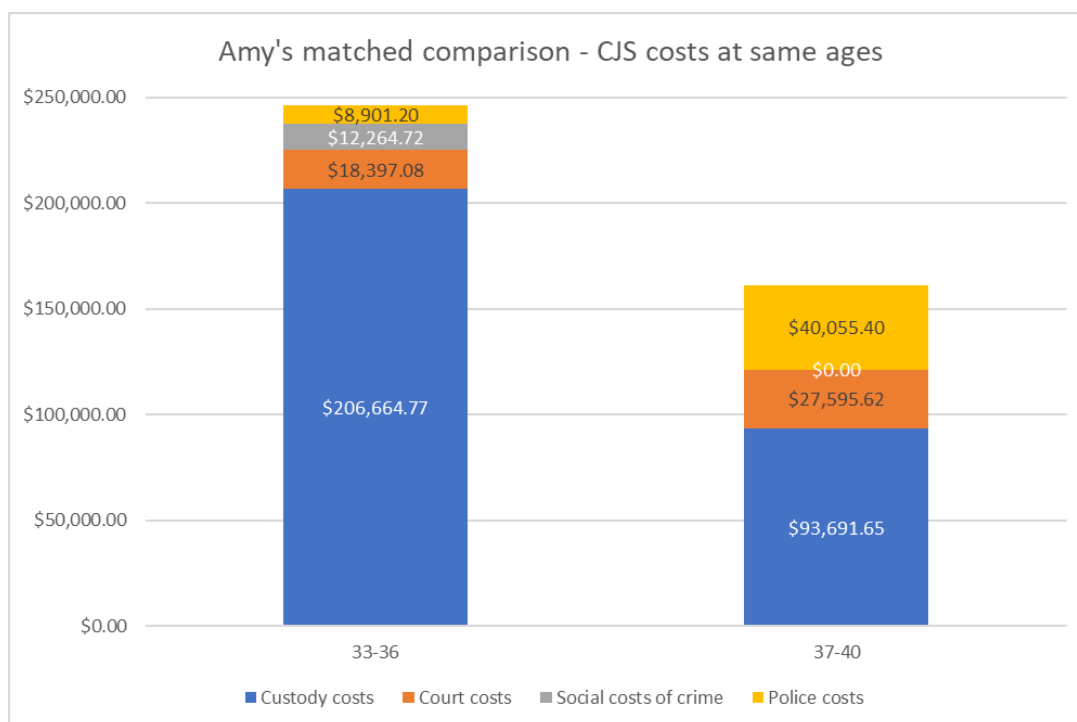
Analysis

For Amy, support provided by CRC has meant she is currently out of custody for the longest period in decades. Amy's contact with the criminal justice system has long been connected with her AOD use

and homelessness, which stemmed from multiple traumatic events in her early life. This case study demonstrates how CRC's model of support works in practice: connecting and planning with Amy two months before her release from custody, assisting her to meet her parole requirements, providing support around her finances, housing and health needs as well as AOD issues, and also continuing to support her long-term without judgement or punitive conditions. It was difficult to find an individual in the MHDCD Databank who matched Amy's background and trajectory precisely; while many women in the criminal justice system come from backgrounds of complex trauma and problematic AOD use, the most direct match for Amy first identified in the MHDCD Databank had died of an overdose. This is an all too common and devastating outcome. The woman who was then matched with Amy also experienced a decline in her contact with the criminal justice system from the age of 37-40, but without CRC support her criminal-justice costs remained more than $150,000 more costly than Amy's. The long-term CRC support provided in Amy's case has enormous social and economic benefits, offsetting decades of police, court and custody contact.

7.2.2   Case Study: 'Ben'

Ben is a 28-year-old man who was supported at CRC for 12 months from 2017 following a three-year period in custody. Ben was identified as having a number of complex and interacting mental-health and substance-use issues, alongside a borderline intellectual disability.

Ben was born in the Pacific Islands and immigrated to Australia with his family when he was 8 years old. His parents divorced when he was a teenager. Around this time, Ben began using drugs (primarily marijuana and ice) and alcohol. He also began associating with a social group who were viewed and targeted by police as being associated with gang-related crime. Ben's first interactions with police occurred when he was 13 years old, and his first Juvenile Justice order was at the age of 14.

Ben was first diagnosed as having paranoid schizophrenia when he was 16 years old. This diagnosis preceded multiple admissions to hospitals and mental-health units, including many scheduled involuntary admissions. Ben also regularly came into contact with police and the youth justice system, and by the time he was 18 had been in and out of youth justice custody seven times. Ben's sentences as a young person were for a range of different offences (theft, robbery, assault), all of which were related to his drug use, the interaction of his mental illness and drug use, and also his interactions with police. During this period he had very little consistency in terms of treatment for his mental illness and he also was without support for his drug and alcohol use. His active drug use also prevented him accessing mental-health services and other youth services.

Ben was sentenced to adult custody at the age of 20 for three years on robbery-related offences. During this time in custody Ben also received a diagnosis of borderline intellectual disability. This disability had not been recognised when he was a child or a teenager. While in prison Ben also received consistent medication for his schizophrenia, and although Ben disliked the medication (and the impact it had on how he felt more generally), he continued to medicate while in custody.

When Ben was referred to CRC he had been in prison for close to three years. He was anxious about being released. He didn't have anywhere to live, he had experienced some highly traumatic events in custody and he felt very ashamed about the fact he had been in prison. He was worried about what people on the outside would think of him. When CRC first met with Ben in custody (three months prior

to his release), he was very withdrawn, anxious and quiet. He was, however, clear that he wanted support when he got out of prison. He was also very clear he didn't want to go back into custody.

CRC Extended Reintegration Service support

Ben was referred to CRC's Extended Reintegration Service (ERS) program. This service involves CRC providing intensive case management working with staff from a community mental-health service and Housing NSW to provide wrap-around support.

CRC developed a pre-release plan and worked very closely with Ben to support him with integration into the community following his release. This included meeting him on the day of his release, transporting him to the accommodation that had been sourced through Housing NSW and supporting Ben to move into his accommodation. CRC assisted Ben to furnish his place and organised brokerage so that Ben was able to purchase basic essentials in terms of clothes, food and toiletries.

Ben was also supported to meet his parole requirements. Ben's disability could mean that sometimes he needed additional assistance understanding what the conditions of parole were, help reading and understanding communication from Community Corrections and support in remembering when to attend appointments. Similarly, CRC worked closely with the community mental-health team to support Ben to understand his medication requirements, the nature of his mental illness and to assist him in taking his medication safely and consistently. Ben struggled to obtain the correct Centrelink benefits and found the process of dealing with Centrelink overwhelming. CRC worked with Ben to advocate for his correct Centrelink payments and also to provide budgeting and financial support.

It became clear through working with Ben that family was a large part of his life, and he was close with both his father and his three brothers. CRC helped Ben to maintain these connections through encouraging him and transporting him to attend family gatherings. Ben was initially apprehensive about attending some family events as he felt very ashamed and embarrassed by both the fact he had been in custody and also about his mental illness. Over time, Ben recognised that his family supported and loved him. The sense of shame and the fear of being identified as someone who had been to prison also presented a barrier to Ben in terms of everyday life activities such as grocery shopping, attending GP appointments, using recreation facilities and accessing government services like Centrelink. CRC worked to involve Ben's father in these activities as much as possible because this gave Ben confidence, normalised the experiences and also because Ben's dad was able to be a role model for him so that interactions in those settings were primarily positive.

As Ben's connection with family and services became anchored and solid, his drug use also stabilised. Ben's family discouraged him from using marijuana, which was his drug of choice, because they recognised the negative impact it had on his mental health, and Ben seemed to respect their guidance. Ben's CRC case workers were very transparent and non-judgemental in their conversations with him about drug use and he felt that he was able to be honest when he had used. They continued to check in with him and supported him to keep his use at a level that was not putting him at risk in terms of his mental-health issues or a return to prison.

The biggest challenge for Ben on the outside was managing his mental illness. For the CRC worker, this involved the challenge of supporting Ben to continue to take his medication and engage with mental-health services. Ben regularly questioned why he needed to take medication. The side effects of the medication to treat his schizophrenia had a negative impact on his energy (it made him lethargic) and also noticeable and negative impacts on his motor skills and communication. Ben understandably regularly weighed up the extent to which maintaining his medication regimen was 'worth it' because he didn't like how it felt. Ben's CRC case worker opened up this conversation,

empathising with Ben, talking with him openly about his mental illness and its symptoms, and encouraging Ben to look clearly at how it had historically impacted on his behaviour, including the way that when Ben hadn't taken medication he had ended up in trouble with the police and locked up. Ben's caseworker was able to work closely with the mental-health team and Ben to look at ways of mitigating the impact of the side effects of the medication, and also supported Ben to regularly monitor and communicate the issues of the medication with his community mental-health team so that dosage and administration could be assessed and reviewed.

During the year that Ben was on the ERS program (a program that is capped at 12 months engagement by funding providers), Ben achieved stability in the community in a number of key areas, including managing housing (for the first time ever), finances, medication and his drug use safely. Ben did not have any significant mental-health episodes nor any engagement with the criminal justice system during this time. The 12 months post-release for Ben were the longest that he had stayed out of contact with the justice system. CRC ensured that Ben and his family recognised the significance of this achievement and worked to build up Ben's confidence about his ability to succeed on the outside, and to manage his mental health and drug and alcohol use, as well as his ability to remain close to his family.

Ben's criminal justice costs before and after CRC support

Table 42:

	Unit cost	Age 18-22 pre-CRC support		Age 23-25 post CRC support	
		Units	Cost	Units	Cost
Police	$2225.30 per incident	54	$120,166.20	0	$0
Courts	Varies by court type	6	$10,892.00	0	$0
Social cost of crime	$1553.09 per proven offence	10	$15,330.90	0	$0
Corrections	$271.57 per custody day	1267	$344,079.00	0	$0
CRC support	ERS total cost per client			1	$36,316.25
TOTAL			**$490,468.10**		**$36,316.25**

Figure 34:

Ben - CJS costs pre and post CRC support
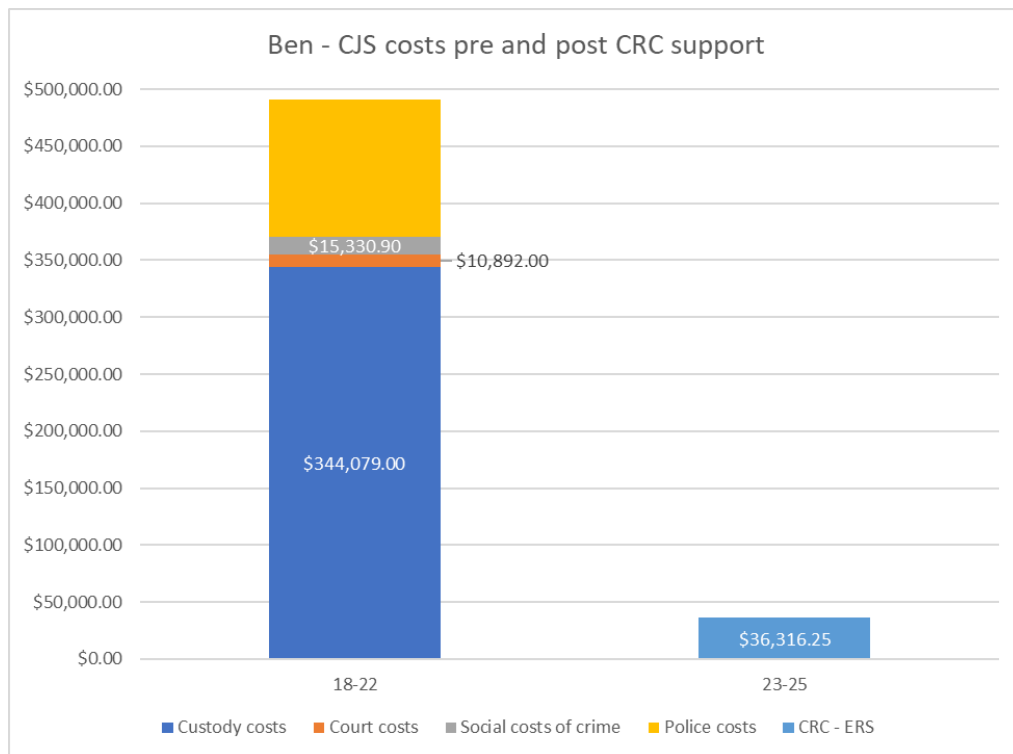
- The Extended Reintegration Service that provided support for has 2.4 FTE workers + contributes to a manager, and is funded to work with 20 clients p/a
- This program works with people with diagnosed serious mental illness and/or disability.
- Taking the overall budget for the service and dividing it by the number of new clients supported each year, the average total cost per client of this service is **$36,316.25**

Ben's criminal justice costs without CRC support

The matched comparison for Ben drawn from the MHDCD Databank is a non-Indigenous man of a similar age, background and trajectory until the age of 23. He has been diagnosed with borderline intellectual disability and has a history of AOD use, including cannabis, and mental-health issues including paranoid schizophrenia. He spent time in custody as a young person and had seven adult custody episodes up to the age of 23. Tracking this man's contact with the criminal justice system from the age of 23 illustrates what Ben's pathway is likely to have been if he had not received CRC support.

Table 43:

	Unit cost	Age 18-22		Age 23-25	
		Units	Cost	Units	Cost
Police	$2225.30 per incident	89	$198,051.70	18	$40,055.40
Courts	Varies by court type	8	$4,616.00	2	$1,154.00
Social cost of crime	$1553.09 per proven offence	17	$26,402.53	3	$4,659.27
Corrections	$271.57 per custody day	667	$181,137.19	386	$104,826.02
TOTAL			**$410,207.42**		**$150,694.69**

Figure 35:

Ben's matched comparison - CJS costs at same ages

- Custody costs
- Court costs
- Social costs of crime
- Police costs

18-22:
- Police costs: $198,051.70
- Social costs of crime: $26,402.53
- Court costs: $4,616.00
- Custody costs: $181,137.19

23-25:
- Police costs: $40,055.40
- Social costs of crime: $4,659.27
- Court costs: $1,154.00
- Custody costs: $104,826.02
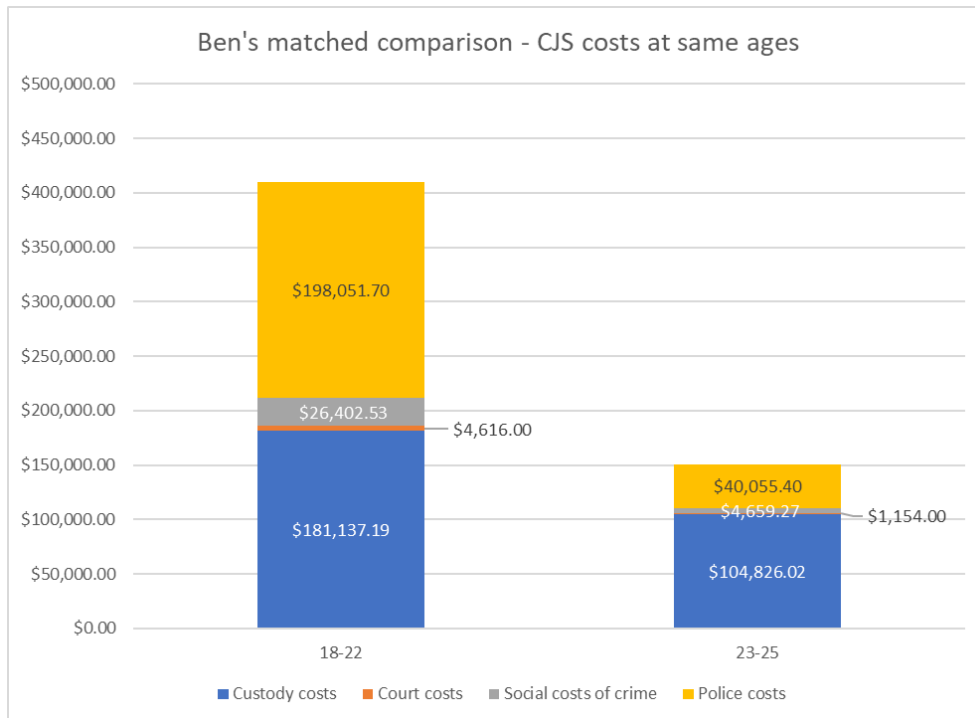
Analysis

Ben's experience of being diagnosed as an adult with borderline intellectual disability for the first time while in custody is all too common. Compounded by AOD and mental-health issues, Ben's experience of incarceration from a young age was deeply traumatising. His referral to CRC while serving a three-year period in custody and critical transition support when leaving prison provided him with the intensive case management that is all too rare, in particular for people with what are often referred to as 'complex support needs': the compounding effects of having a cognitive disability and mental health and AOD issues. Many services are funded and work in 'siloes' that mean they don't work with people with multiple and complex support needs. CRC enabled wrap-around support that assisted Ben to secure and keep stable housing, meet his parole requirements, provide help with finances and ensure he was receiving the correct Centrelink payments, helped him to manage his mental health and AOD issues and rebuild and maintain a strong connection to his family. The 12 months Ben was on the program were the longest period of time he had stayed out of contact with the criminal justice system since he was 13, demonstrating a clear cost benefit of CRC's intensive case management support model.

7.3 Summary

These case studies illustrate the role that CRC support can play in the trajectories and experiences of two people who have experienced significant disadvantage and long histories of contact with the criminal justice system. Costing their contact with the criminal justice system before and after receiving support from CRC highlights the economic as well as social benefits of providing CRC's model of specialist, holistic support to people leaving custody. As noted earlier in this report, the

average cost per day in NSW custody per person is $271.74, which amounts to almost $100,000 per year. The cost of residential rehabilitation is also significant, estimated by the Network of Alcohol and Drug Associations (NADA) to range from $114 - $837 per day.[34] These case studies are only quantifying the criminal justice costs to the government vs the benefits of CRC support; there would be other costs to the federal and state governments in providing housing, health and Centrelink benefits to Amy and Ben once their lives had stabilised. However, the savings are evident by observing their prior contact with the criminal justice system, which cost the NSW Government hundreds of thousands of dollars. This contact and associated costs cease after CRC participation and the total costs are reduced to the cost of CRC, which is ~$15,000 in Amy's case and ~$36,000 for Ben. There are likely to be significant longer-term savings, given the nature of the support CRC had provided Amy and Ben and the meaningful lives they were forging outside of the criminal justice system.

It is important to note that economic analyses should not become the most important factor in determining the worth of a program or service, or indeed in calculating the benefit of supporting people to stay out of prison. The qualitative study of this evaluation provides extensive evidence of the human cost of incarceration and the individual, community and intergenerational benefits of supporting people to live and thrive outside of custody. This study was grounded in the reality that economic arguments inform policy and programming decisions, and these case studies do provide evidence of the ways in which, for individuals who have for many years been 'managed' by and entrenched in the criminal justice system, there are significant costs associated with police time, court proceedings and incarceration that can be offset by CRC's model of holistic, long-term support.

---

[34] NADA (2019) Submission to the NSW Health Minister and NSW Ministry of Health for the provision of additional residential rehabilitation and withdrawal management beds in NSW at https://www.nada.org.au/wp-content/uploads/2019/03/NADA-Submission_-NSW-AOD-Beds_120319.pdf (accessed March 2021)

8. Conclusion

This evaluation found that the support provided by the Community Restorative Centre made a significant difference in the lives of people leaving custody at risk of incarceration and requiring support around their use of drugs and alcohol. In summary:

- People leaving prison and receiving CRC support experienced a significant reduction in criminal justice system contact relative to a comparison cohort
- CRC support had a dramatic impact on clients' trajectories, with the CRC intervention significantly reducing their contact with the criminal justice system (including time in custody and rates of reoffending)
- There are significant social and economic benefits to CRC programs, particularly when compared to the costs of incarceration for people experiencing multiple and complex disadvantage and disability.
- The practical and relational components of the support model were fundamental in assisting CRC clients to change both their CJS trajectories and their relationship with drugs and alcohol.
- The way in which support is provided (flexible, outreach, relational, long-term) and the manner in which people who have experienced incarceration and disadvantage are treated by workers (respectful, non-judgemental, compassionate, consistent) is a fundamental factor in achieving change (in a range of different areas, including breaking cycles of recidivism and alcohol and other drug use).
- Both the AOD and the transition/reintegration programs were effective as interventions, with both projects having an impact on the lives of CRC clients in terms of disrupting criminal justice system trajectories, assisting in shifting drug and alcohol use, and building lives in the community.

9. References

Angell, B., Matthews, E., Barrenger, S,. Watson, A. Draine, J. (2014) 'Engagement processes in model programs for community re-entry from prison for people with serious mental illness', *International Journal of Law and Psychiatry*, Vol. 37, 2014, 490–500.

Australian Bureau of Statistics (2020) Catalogue 6401.0 Consumer Price Index, Australia.

Australian Bureau of Statistics (2020) 'P*risoners in Australia 2020'*, accessed March 2021, <https://www.abs.gov.au/statistics/people/crime-and-justice/prisoners-australia/latest-release#prisoner-characteristics-australia>

Australian Institute of Health and Welfare (2018) '*The Health of Australia's prisoners 2018'*, accessed March 2021 https://www.aihw.gov.au/reports/prisoners/health-australia-prisoners-2018/summary

Australian Law Reform Commission (2018). '*Pathways To Justice–Inquiry Into The Incarceration Rate Of Aboriginal And Torres Strait Islander Peoples*' (ALRC Report 133), accessed March 2021, <https://www.alrc.gov.au/publication/pathways-to-justice-inquiry-into-the-incarceration-rate-of-aboriginal-and-torres-strait-islander-peoples-alrc-report-133/2-context/social-determinants-of-incarceration>

Baldry, E, Dowse, L, McCausland, R & Clarence, M (2012) *Lifecourse institutional costs of homelessness for vulnerable group*s. Report to the Department of Families, Housing, Community Services and Indigenous Affairs. Canberra: Australian Government.

Baldry, E, McCausland, R, Dowse, L & McEntyre, E (2015) *A Predictable and Preventable Path: Aboriginal people with mental and cognitive disabilities in the criminal justice system*. Report of the IAMHDCD Project, 2011-205.

BOCSAR (2020) NSW Custody Statistics, NSW Bureau of Crime Statistics and Research, March.

Borzycki, M and Baldry, E. (2003) 'Promoting integration: The provision of prisoner post-release services', *Trends and Issues in Crime and Criminal Justice*, Australian Institute of Criminology: Canberra, No. 2, 2003.

Butts, J.A., and Schiraldi, V. (2018) '*The Recidivism Trap'*, accessed March 2021, < https://www.themarshallproject.org/2018/03/14/the-recidivism-trap>

Community Restorative Centre (2016) *'Alcohol and Other Drugs Transition Program Evaluation report'*.

Gilbert, J and Elley,B. (2015) 'Reducing recidivism: An evaluation of the pathway total reintegration programme', *New Zealand Sociology*, Vol. 30, No. 4, 2015, 15–37

Goodall, S. Norman, R. and Haas, M (2008) The costs of NSW drug court, *Crime and Justice Bulletin* #122, NSW Bureau of Crime Statistics and Research

Hunter, B., Lanza, A., Lawlor, M., Dyson, W., Gordon, D. (2016) 'A strengths-based approach to prisoner re-entry: The fresh start prisoner re-entry program', *International Journal of Offender Therapy and Comparative Criminology*, Vol. 60, No. 11, 2016, 1298–314.

Justice Health & Forensic Mental Health Network (2017) '*2015 Network Patient Health Survey Repor*t', accessed March 2021, <https://www.justicehealth.nsw.gov.au/publications/2015_NHPS_FINALREPORT.pdf>

Kendall, S., Redshaw, S., Ward, S., Wayland, S., and Sullivan, E. (2018) 'Systematic review of qualitative evaluations of re-entry programs addressing problematic drug and alcohol use and mental health disorders amongst people transitioning from prison to communities', *Health and Justice*, Vol. 6, No. 4, 2018.

Jacob R, Somers M-A, Zhu P, Bloom H. (2016) The Validity of the Comparative Interrupted Time Series Design for Evaluating the Effect of School-Level Interventions. *Evaluation Review*. 2016; 40(3):167-198. doi:10.1177/0193841X16663414

Lopez Bernal J, Cummins S, Gasparrini A. (2018) The use of controls in interrupted time series studies of public health interventions*. Int J Epidemiology* 2018; 47:2082–93

McCausland, R., Baldry, E., Dowse, L., & Reeve, R. (forthcoming). '*The economic costs to government of people with mental and cognitive disability being managed by criminal justice agencies*'.

McCausland, R., Baldry, E., Johnson, S., & Cohen, A. (2013). *People with mental health disorders and cognitive disability in the criminal justice system: Cost-benefit analysis of early support and diversion*. Report for the Australian Human Rights Commission.

McCausland, R., Reeve, R., & Gooding, P. (2019). 'The economic case for improving legal outcomes for accused persons with cognitive disability: an Australian study', *International Journal of Law in Context,* 15, 367–389.

 McNeill, F., Farrall, S., Lightowler, C., and Maruna, S. (2012) Re-examining evidence-based practice in community corrections: beyond 'a confined view' of what works. *Justice Research and Policy*, 14 (1) UNSW Sydney.

NADA (2019) Submission to the NSW Health Minister and NSW Ministry of Health for the provision of additional residential rehabilitation and withdrawal management beds in NSW at https://www.nada.org.au/wp-content/uploads/2019/03/NADA-Submission_-NSW-AOD-Beds_120319.pdf (accessed March 2021)

Padgett, D,. Gulcur, L. and Tsemberis, S. (2006) 'Housing first services for people who are homeless with co-occurring serious mental illness and substance abuse', *Research on Social Work Practice*, Vol. 16, No. 1, 2006, 74–83

Reeve, R., & McCausland, R. (2019). '*Calculating the criminal justice, health and human services costs for the MHDCD Databank: updated method'*. Sydney: UNSW.

Reeve, R., McCausland, R., Dowse, L., & Trofimovs, J. (2017). '*Economic evaluation of criminal justice support network. Intellectual disability behaviour Support program'*. Sydney: UNSW.

ROGS (2020) Table7A.31, Real net recurrent expenditure per finalisation, criminal, 2018-19 dollars https://www.pc.gov.au/research/ongoing/report-on-government-services/2020/justice

Sentencing Advisory Council (2021) '*Released Prisoners Returning to Prison*', accessed 27th March 2021,<https://www.sentencingcouncil.vic.gov.au/statistics/sentencing-trends/released-prisoners-returning-to-prison>

Sotiri, M (2020) Building Pathways Out of the Justice System: Supporting Women and Reducing Recidvism, in *Precedent* Issue 161, November/December 2020

Sotiri, M (2019) Statement to the Special Commission of Inquiry into the Drug 'Ice', accessed March 2021 https://www.iceinquiry.nsw.gov.au/assets/scii/evidence/custodial-services-and-community-corrections/day-6/Statement-of-Mindy-Sotiri-dated-27-August-2019.pdf

Sotiri, M (2015) '*An exploration of best practice in community based reintegration programs for people leaving custody in the US and the UK'* The Winston Churchill Memorial Trust of Australia, accessed March 2021 < https://www.crcnsw.org.au/wp-content/uploads/2016/11/Sotiri_M_2015_Prisoner_reintegration_services_and_community_sector_organisations_2015-optimised.pdf>

Sotiri, M and Russell, S (2018) 'Pathways home: How can we deliver better outcomes for people who have been in prison?', *Housing Works*, Vol. 15, No. 3, 2018, 41.

WEAVE (2020*) Creating Futures Justice Program Evaluation Report 2020*, accessed March 2021 < http://www.weave.org.au/wp-content/uploads/2018/01/Creating-Futures-Evaluation-_-Executive-Summary.pdf>

Women's Justice Network (2016) *Adult Mentoring Program Evaluation report.*

10. Appendices

10.1 Terms of Reference, Aboriginal Reference Group

- The purpose of the reference group is to provide guidance, advice, expertise and feedback on the data analysis, interpretation and publication of research findings. CRC as a non-Aboriginal organisation is seeking to ensure analysis is culturally relevant, and meaningful for Aboriginal populations.

- The Aboriginal Reference Group will be made up of Aboriginal experts in the criminal justice system, both internal and external to CRC.

- Members of the reference group and/or Aboriginal staff working at CRC who are interested in co-authoring publications from the evaluation will be encouraged and supported to do so.

- The reference group will assist in ensuring that the findings and outputs of the evaluation will be available and accessible and to broader audiences including Aboriginal community-controlled organisations and others working in this space, to understand 'what works' in post-release support for Aboriginal people in the criminal justice system.

- The Aboriginal reference group will work with CRC and UNSW researchers to develop recommendations from the research that are culturally meaningful for Aboriginal populations. Depending on the evaluation findings, these might, for instance, focus on the need for resourcing models of service delivery and community development programs that might assist in building effective pathways out of the justice system for First Nations people.

- The Aboriginal Reference group will provide advice with regard to the theoretical, conceptual and cultural lenses that should be adopted (i.e., holistic Indigenous Health Frameworks, Healing approaches) with regard to the analysis of data, and recommendations with regard to building sustainable and culturally meaningful pathways outside of the criminal justice system.

- This evaluation is part of a broader strategy to build the evidence base to support meaningful pathways outside of the justice system, and into the community. Exploring culturally meaningful pathways for Aboriginal and Torres Strait Islander people out of the justice system is central to this approach. The Aboriginal Reference Group is made up of people with extensive experience of the criminalisation and incarceration of Aboriginal people and will oversee the analysis and publications of the evaluation to ensure they are culturally sensitive and appropriately contextualised.

- All members of the Aboriginal Reference Group will be compensated for their time, with each individual being paid $50 per hour for participation. This will include at minimum participation in 6 hours of meetings but may also include additional time spent on the project between August and December 2020.

- The reference group will also have the opportunity to build skills in quantitative data analysis and research via the shared expertise of UNSW researchers in this space.

10.2 CRC Client Stratification Guide

Table 44:

CRC Client Qualitative Stratification Matrix

Program Stream	Location	Gender	Age	Aboriginal	Total
AOD	Mixed	Male N=6 Female N= 2	18 to 34 years n=4 35 to 44 years n=7 55 years and over n=2	N=2	8
ERS (Extended Reintegration Service)	Mixed	Male N=1 Female N=1	18 to 34 years n=1 35 to 44 years n=1		2
Miranda	Penrith	Female N=5	18 to 34 years n=2 35 to 44 years n=2 55 years and over n=1	N=2	5
Nepean Blue Mountains Transitional Service	Nepean/ Blue Mountains	Male N=3 Female N=2	18 to 34 years n=2 35 to 44 years n=2 55 years and over n=1	N=1	5
Newtown Boarding House Project (Transition)	Inner City	Male N=4 Female N=1	18 to 34 years n=2 35 to 44 years n=2 55 years and over n=1	N=1	5
Women's Transition	Inner City	Female N=5	18 to 34 years n=2 35 to 44 years n=2 55 years and over n=1	N=2	5
				8	**30**

Table 45:

CRC Staff Qualitative Stratification Matrix

Position	Length of time at CRC	Team/ Program stream	Lived experience	Total
Team manager	N/A	AOD n=1 Women's Transition n=1 ERS/ Wentworth	N/A	3
Case worker	Less than 2 years n=4	AOD n=4 Women's Transition n=1	N=2	8

	2 years or more n=4	ERS n=1		
		Nepean Blue Mountains Transitional Service n=1		
		Newtown Boarding House Project n=1		
Total across variables	As above	AOD =5	As above	10
		Women's Transition n=2		
		ERS n=1		
		Nepean Blue Mountains Transitional Service n=1		
		Newtown Boarding House Project n=1		

CRC Client Qualitative Client interview guide

Interview information and introductions
- Thanks for taking the time out to meet with me today.
- Before we start on the interview itself, I want to give you the background to why we're doing the interview and to go through the consent form.

About the evaluation:
- This interview is part of a bigger research project that is trying to find out about how well CRC is doing in supporting our clients.
- We're talking to around 30 people who have had support through a worker at CRC.
- This interview is important because CRC wants to get better at the work that they do supporting people when they come out of prison. To help with this, they want to get feedback and ideas from people who have been through the process of getting out of prison and trying to get support.

Confidentiality
- This interview is confidential which means I won't be telling anyone what you said and when the research team writes about the interviews your name won't be mentioned. If we do mention or quote something you have said in the report of this project, we will give you a different name (a pseudonym)– so no-one will know that you said it.
- Even though the interview is confidential I'm still bound by the same legal requirements as your caseworker to report if you say anything that suggests that you are at risk of hurting yourself or anyone else.
- I don't know, and I don't need to know, why you were in prison- so if you want to chat about that in our discussion that is fine, but also there is no need to if you don't want to.
- All data collected in this project will only be able to be accessed by the researchers for the project and will be password protected so no-one else can read it.

Audio recording
- To make sure we collect the responses accurately, we want to record the interview. Do you give permission for me to record the interview using this recording device?
- Any identifiable information that is collected about you in connection with this study will remain confidential and will be disclosed only with your permission, or except as required by law as I mentioned just before.

Discomfort
- We are asking questions about how CRC has helped you since you got out of prison, and I know there is a chance this might bring up some difficult memories, thoughts or feelings. Please let me know if you are feeling uncomfortable about anything I'm asking you, and I'll check in with you throughout the interview as well to see how you're going.
- You are totally free to stop the interview at any time. If you withdraw from the research, we will destroy any information that has already been collected.

Structure of the interview
- The interview is loosely structured by way of this discussion guide, which covers a few different topics and activities.
- The interview will take around an hour, maybe more, maybe less depending on how much you have to say.
- There are no right or wrong answers, and we want your honest answers about how CRC is doing!

Client background and history
To start with perhaps you tell me a bit about yourself… You can tell me whatever you feel like sharing so I can get to know you a bit better...
- You could start with your name, where you live now, how you like to spend your days, any interests you might have?

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

Time in prison (if this doesn't come out naturally in above discussion)
- If you feel comfortable enough to share, I'd like to know a bit about how much time you've spent in prison in your life? How many months, or years?
- How many stints have you had in prison?
- How long have you been out of prison?

Main needs and services being accessed in general overview
- What would you say were the main things you needed support or help with since coming out of prison? Just off the top of your head? Maybe we can write down a list?
- And which of these have you been getting support with?
  - This can be from anyone at all- might be CRC, might be somewhere else?

Prompt: Who has been providing that support?

If been in prison before ask:
- And what about in the past, did you get any formal support from anyone when you got out of prison?
  - What services/ support?
  - Were they useful? If so, how?

In-depth exploration of CRC
Emotional/ attitude
We're now going to talk in more detail about how you feel about CRC...
- I don't want you to think about this too hard or anything, how do you feel about CRC overall?
  - What are the first feelings or thoughts that come to mind?
    - Prompt: Do you feel good, bad, indifferent towards CRC?
  - What makes you say that? Can you tell me more about that?

Functional/ practical
OK before we talked a bit of about the support you've been getting from CRC… I just want to go into a bit more detail about exactly how CRC is helping you.
- So first off how long have you been seeing someone from CRC?
  - Did someone from CRC come and visit you when you were still in prison?
  - What did they do for you when you were in prison?
  - Was this useful?
- And what kinds of things have CRC been helping you with overall? (let's write them down)
  - What are the main things that come to mind?
  - Anything else?

Prompts:
- How has CRC helped you with? (show cards with both words and pictures)
  - Getting somewhere to stay (short term)
  - Getting somewhere to stay (longer term)
  - Taking you appointments (like to Parole, Centrelink, Housing)
  - Going to the doctor
  - Help with managing and understanding alcohol and drug use
  - Getting on opiate replacements
  - Getting into a rehab
  - Help with your mental health
  - Help with other health issues
  - Connecting with family
  - Connecting with friends or community
  - Having someone to talk to/ meet up with
  - Getting into other activities (art, music, sport, reading)
  - Getting work
  - Managing your finances/ budgeting
  - Support with legal issues/ going to court

- Now looking at all these things CRC helped you with, which would you say are the most useful for you? And why?
    - Can we order these cards from most useful to least useful?
    - Why were they useful/ not useful?

Gaps in CRC support
- OK now that I have a really good idea about what CRC has been helping you with, I'd like to find out if you have any thoughts or feedback about how CRC could be better supporting you with these things?
    - Explore fully…
- Or is there anything else CRC could be doing to better support you? If so, what would that be?
    - Can you give me an example?

Wrap up and close
- End the interview and check in with the client about how they are feeling.
    - Refer to supports on consent form if needed.
- Thank client for their time.

CRC Client Qualitative Staff interview guide

Interview information and introductions
- Thanks for taking the time out to meet with me today.
- Before we start on the interview itself, I want to give you the background to why we're doing the interview and to go through the consent form.

About the evaluation:
- We're doing an internal evaluation of CRC which has been funded by a grant from NSW Health.
- The evaluation aims to comprehensively investigate the impact of the CRC model and importantly provide a best-practice evidence base of how to support people leaving prison.
- The specific importance of these interviews is to gain detailed feedback and insight directly from CRC staff about their experience with the CRC model.

Confidentiality
- All interviews conducted as part of this study will be kept confidential (subject to any legal requirements), and data will be de-identified in analysis and reporting (meaning your name or any other identifiable information will not be attached to your responses).
- All data collected in this project will be kept on secure limited access CRC servers, and also password protected and accessible only by the named researchers.

Audio recording
- To ensure we collect the responses accurately, we seek your permission to digitally record the interview using a digital recording device.
- Any identifiable information that is collected about you in connection with this study will remain confidential and will be disclosed only with your permission, or except as required by law.

Discomfort
- We don't expect the questions asked during the interview to cause any harm or discomfort, however if you experience feelings of distress as a result of participation in this study you can let the research team know and they will provide you with assistance.
- You are free to stop the interview at any time. If you withdraw from the research, we will destroy any information that has already been collected.

Structure of the interview
- The interview is loosely structured by way of this discussion guide, which covers a few different topics and activities.
- There are no right or wrong answers, and we want your honest opinion!

Staff CRC context
To start with can you tell me about your role at CRC?
    - What is your position?
    - How long have you been in this role?
    - How long have you worked at CRC?
    -
- Can you tell me about what kinds of tasks you undertake in this role?
    - What would a typical day look like for you?
- What do you personally like about your work here at CRC? Why?

o What is the one thing that motivates you to get out of bed and come to work?
- And what do you dislike, or find more challenging about your work? Why?
    o If you could change anything about your work here at CRC, what would that be?

Characteristics and needs of clients

Managers only:
- How many people are you managing?
- What are their key tasks?
- How would you describe your staff's current clients?
- What are their main needs?
- What do your staff do for them/ help them with?
    o How does this change throughout the time that you are working with them?
    o Probe:
        - Pre-release
        - First few weeks of release
        - Mid term
        - Longer term
- Are there any particular types of clients that have higher or different needs? How are their needs different? What do you have to do for them?

Caseworkers only:
- What is your current caseload?
- How would you describe your current clients?
- What are their main needs?
- What do you do for them/ help them with?
    o How does this change throughout the time that you are working with them?
    o Probe:
        - Pre-release
        - First few weeks of release
        - Mid term
        - Longer term
- Are there any particular types of clients that have higher or different needs? How are their needs different? What do you have to do for them?

Defining successful case-management for CRC clients

OK so now that I know a bit about your current role, your clients and what you do for them, I want to do a little exercise where you reflect about what successful case-management at CRC looks like.
- Can you describe for me what successful case-management would look like when working with a pretty typical client?
    o What are the elements or factors that contribute to successful case-management in your opinion? Anything else?
    o Has this changed in your time at CRC at all? Why?
- What about the opposite- what does less successful case-management look like?
    o What contributes to this?
    o What are the barriers to successful case-management?

Key strengths and weaknesses strengths of the CRC model

I'm now going to ask you to reflect on CRC at an organisational level.
- How well does CRC as an organisation do case-management overall?
    o What makes you say that? In what respects?
    o Can you give an example?

- How would you describe the "CRC model" or approach?
- What are the key strengths of the CRC model?
    o Why?
    o Can you give any examples?
- And what are the key weaknesses of the CRC model?
    o Why?
    o Can you give any examples?

- What do each of the following things mean to you, and how well do you think CRC does them? And why?

o   Throughcare
o   Community based, flexible outreach
o   Long-term relational case work and counselling
o   Housing first

I now have a few specific things I want to get your feedback on about the CRC model and its effectiveness.
- How well do you believe the CRC model to contributes towards?
  o   Reducing contact with the criminal justice system
     ▪   How? Can you give any examples?
  o   AOD use management and recovery/ harm minimisation?
     ▪   How? Can you give any examples?
  o   Help with mental health issues
     ▪   How? Can you give any examples?
  o   Help with access to housing both temporary and long-term
     ▪   How? Can you give any examples?
  o   Help getting employment or building skills for employment
     ▪   How? Can you give any examples?
  o   Improving pro-social skills, such as healthy relationships and building/ re-establishing connections with community and family
     ▪   How? Can you give any examples?

- Is there anything else CRC contributes positively towards that we haven't discussed yet?

Gaps in CRC model

To finish up today's interview we're now going to do a bit of a brainstorm about how you think the CRC model could be improved.
- Are there any gaps in the current model? If so, what are they? How can they be addressed?
- Are there any other lost opportunities for providing better support to clients? If so, what are they? How can they be addressed?
- Are there are other ways CRC could strengthen or improve its model? If so, what are they?
- Anything else at all before wrap up?

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

10.3 SURE Survey

SURE survey average scores for questions on substance use in the 12 months since start date with AOD program

Table 46:

Months since start date with AOD program	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
N=	33	34	22	19	28	16	13	14	16	11	11	16
A1: I have drunk too much - *Never (1) to Everyday (5)*												
Average	1.4	1.1	1.2	1.6	1.1	1.3	1.2	1.1	1.1	1.1	1.9	**1.0***
St.dev	0.9	0.4	0.6	1.2	0.4	1.0	0.4	0.4	0.3	0.3	1.4	0.0
A2: I have used street drugs- *Never (1) to Everyday (5)*												

Average	1.5	1.7	1.5	1.9	1.3	1.6	1.5	1.6	1.6	1.5	1.4	1.4
St.dev	0.9	1.3	0.9	1.4	0.8	1.0	1.1	1.2	1.2	0.7	0.5	0.5

A3: I have experienced cravings- Never (1) to Everyday (5)

Average	2.5	2.3	1.9	2.3	1.9	2.3	2.2	2.4	2.3	2.1	2.4	2.1
St.dev	1.5	1.6	1.2	1.7	1.4	1.5	1.3	1.6	1.5	1.2	1.6	1.3

A4: I have coped with problems without misusing drugs or alcohol- Never (1) to Everyday (5)

Average	4.0	3.9	4.3	3.7	4.4	3.8	3.8	4.3	4.3	4.5	4.1	4.4
St.dev	1.2	1.5	1.1	1.5	1.0	1.2	1.4	0.8	1.2	1.0	1.6	0.9

A5: I have managed pains and ill-health without misusing drugs or alcohol- Never (1) to Everyday (5)

Average	4.2	3.7	4.4	3.6	4.6	3.4	4.2	4.6	4.1	4.3	4.2	4.6
St.dev	1.2	1.7	1.0	1.6	0.8	1.6	1.2	0.6	1.5	1.4	1.3	0.9

A6: I have been spending my free time on hobbies and interests that do not involve drugs or alcohol- Never (1) to Everyday (5)

Average	3.9	3.8	4.2	3.7	**4.5^**	3.8	4.5	3.9	4.1	4.3	4.1	4.2
St.dev	1.3	1.5	1.2	1.5	0.9	1.3	0.8	1.3	1.3	1.1	1.2	1.2

Significant differences at (95% confidence level) between month 1 and subsequent months are indicated with * for lower scores, and ^ for higher scores.

*Table 47: SURE, survey average scores for questions on **self-care** in the 12 months since start date with AOD program*

Months since start date with AOD program	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
N=	*33*	*34*	*22*	*19*	*28*	*16*	*13*	*14*	*16*	*11*	*11*	*16*

B7: I have been taking care of my mental health- None of the time (1) to All of the time (5)

Average	3.9	4.0	3.4	3.7	4.1	3.8	3.6	3.9	3.6	4.0	4.1	3.8
St.dev	1.2	1.0	1.3	1.1	0.8	1.2	1.2	0.9	1.1	1.0	0.9	1.0

B8: I have been taking care of my physical health- None of the time (1) to All of the time (5)

Average	3.6	3.6	3.2	3.4	3.9	3.6	3.2	3.6	**3.0***	3.3	3.5	3.4
St.dev	1.1	1.3	1.3	1.3	1.1	1.2	1.1	1.2	0.8	1.4	0.9	1.0

B9: I have been eating a good diet- None of the time (1) to All of the time (5)

Average	3.8	3.4	3.4	3.5	3.8	3.6	**3.1***	3.2	**2.9***	3.2	3.7	3.3
St.dev	1.2	1.2	1.2	1.2	1.1	1.3	1.0	1.1	1.3	1.3	1.3	1.1

B10: I have slept well- None of the time (1) to All of the time (5)

Average	3.5	3.3	3.3	3.1	3.4	3.2	3.2	3.4	2.9	3.3	3.5	3.1
St.dev	1.3	1.3	1.1	1.2	1.3	1.2	1.0	0.9	1.1	1.3	1.2	1.2

B11: I have had a good daily routine- None of the time (1) to All of the time (5)

Average	3.6	3.6	3.5	3.3	3.8	3.8	3.4	3.7	3.2	3.3	3.6	3.3
St.dev	1.2	1.1	1.1	1.2	1.2	0.8	1.0	1.2	1.2	1.2	1.4	0.9

Significant differences at (95% confidence level) between month 1 and subsequent months are indicated with * for lower scores, and ^ for higher scores.

*Table 48: SURE survey average scores for questions on **relationships** in the 12 months since start date with AOD program*

Months since start date with AOD program	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12

N=	33	34	22	19	28	16	13	14	16	11	11	16
B12: I have been getting on well with people- None of the time (1) to All of the time (5)												
Average	3.9	3.9	3.8	4.1	4.3	4.1	4.1	4.3	3.4	4.0	3.9	3.9
St.dev	1.0	1.0	1.0	0.9	0.7	0.9	0.8	0.5	1.2	0.9	1.0	0.5
B13: I have felt supported by people around me- None of the time (1) to All of the time (5)												
Average	3.8	3.8	3.6	3.8	4.1	4.2	3.8	4.1	3.1	3.9	3.7	3.4
St.dev	1.0	1.2	1.1	0.8	0.9	0.9	1.0	0.8	1.3	1.0	1.1	0.8
B14: I have been treated with respect and consideration by people around me- None of the time (1) to All of the time (5)												
Average	3.9	3.9	3.7	3.7	4.2	4.0	3.5	4.1	**3.1***	4.0	3.9	3.4
St.dev	1.0	1.0	1.0	0.9	0.8	1.0	1.2	0.5	1.2	0.9	1.1	1.0
B15: I have treated others with respect and consideration- None of the time (1) to All of the time (5)												
Average	4.4	4.2	4.4	4.4	4.5	4.5	4.3	4.6	4.1	4.2	4.5	4.1
St.dev	0.8	0.7	0.6	0.7	0.6	0.7	0.8	0.5	0.7	0.6	0.7	0.6

Significant differences at (95% confidence level) between month 1 and subsequent months are indicated with * for lower scores, and ^ for higher scores.

*Table 49: SURE, survey average scores for questions on **material resources** in the 12 months since start date with AOD program*

Months since start date with AOD program	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
N=	33	34	22	19	28	16	13	14	16	11	11	16
B16: I have had stable housing- None of the time (1) to All of the time (5)												
Average	4.5	3.9	4.0	4.4	4.3	4.4	4.1	4.0	4.3	4.5	4.5	4.4
St.dev	1.0	1.6	1.4	1.3	1.3	1.4	1.5	1.5	1.4	0.9	1.2	1.2
B17: I have had a regular income (from benefits, work, or other legal sources)- None of the time (1) to All of the time (5)												
Average	4.3	3.9	3.9	4.4	4.5	4.4	4.8	4.2	4.7	4.2	4.7	4.3
St.dev	1.3	1.5	1.4	1.1	1.3	1.4	0.6	1.4	0.5	1.3	0.5	1.3
B18: I have been managing my money well- None of the time (1) to All of the time (5)												
Average	3.6	3.6	3.3	3.8	4.0	4.0	3.9	3.6	3.4	4.0	3.6	3.4
St.dev	1.5	1.4	1.2	1.0	1.4	1.2	0.5	1.2	1.3	1.1	1.0	1.3

Significant differences at (95% confidence level) between month 1 and subsequent months are indicated with * for lower scores, and ^ for higher scores.

*Table 50: SURE survey average scores for questions on **outlook on life in** the 12 months since start date with AOD program*

Months since start date with AOD program	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
N=	33	34	22	19	28	16	13	14	16	11	11	16
B19: I have felt happy with my overall quality of life- None of the time (1) to All of the time (5)												
Average	3.2	3.5	3.2	2.8	**3.7^**	3.7	3.5	3.1	3.1	3.1	3.4	3.1
St.dev	1.0	1.2	1.0	1.0	0.8	0.9	1.0	1.1	0.9	1.1	1.0	0.8
B20: I have felt positive – None of the time (1) to All of the time (5)												
Average	3.3	3.6	3.2	2.9	**3.9^**	3.8	3.3	3.4	3.1	3.2	3.5	3.3
St.dev	1.1	1.0	1.0	1.1	0.8	0.8	0.8	1.0	1.0	1.3	1.0	1.0
B21: I have had realistic hopes and goals for myself- None of the time (1) to All of the time (5)												

Average	3.5	3.7	3.5	3.5	**4.1^**	4.0	3.5	3.8	3.0	3.2	3.5	3.1
St.dev	1.1	0.8	0.8	1.0	0.7	0.8	0.7	1.1	1.3	1.3	0.9	1.1

Significant differences at (95% confidence level) between month 1 and subsequent months are indicated with * for lower scores, and ^ for higher scores.

*Table 51: SURE survey average scores for questions on **importance of each domain** in the 12 months since start date with AOD program*

Months since start date with AOD program	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
N=	*33*	*34*	*22*	*19*	*28*	*16*	*13*	*14*	*16*	*11*	*11*	*16*
C1: Reducing or abstaining from drinking or drug taking- *Not important (1) to Very important (4)*												
Average	3.5	3.3	3.4	3.2	3.8	3.6	3.0	3.7	3.3	3.1	3.1	3.4
St.dev	0.9	0.9	0.8	0.9	0.5	0.5	1.1	0.5	0.9	0.9	1.2	1.1
C2: Looking after yourself (physically taking care of yourself, mentally taking care of yourself, having a good diet, sleeping well, having a good routine) - *Not important (1) to Very important (4)*												
Average	3.4	3.5	3.5	3.2	**3.8^**	3.4	3.4	3.5	3.2	3.5	3.4	3.3
St.dev	0.7	0.6	0.7	0.8	0.4	0.6	0.9	0.5	0.9	0.8	0.7	0.8
C3: Having good relationships with other people (getting on with people, feeling supported by people, being treated with respect, treating others with respect)- *Not important (1) to Very important (4)*												
Average	3.3	3.4	3.4	3.2	**3.8^**	3.4	3.4	3.5	3.4	3.5	3.5	3.4
St.dev	0.8	0.7	0.8	0.8	0.4	0.5	0.7	0.9	0.7	0.5	0.7	0.6
C4: Having resources and belongings (stable housing, regular income, managing money)- *Not important (1) to Very important (4)*												
Average	3.6	3.6	3.6	3.3	3.9	3.6	3.6	3.6	3.3	3.5	3.7	3.6
St.dev	0.5	0.7	0.7	0.8	0.4	0.5	0.5	0.5	0.7	0.8	0.5	0.5
C5: Outlook on life (having a good quality of life, feeling positive, having realistic hopes and goals)- *Not important (1) to Very important (4)*												
Average	3.5	3.5	3.4	3.2	3.6	3.6	3.4	3.7	3.2	3.4	3.3	3.4
St.dev	0.6	0.6	0.7	0.9	0.7	0.5	0.8	0.5	0.8	0.8	0.5	0.7

Significant differences at (95% confidence level) between month 1 and subsequent months are indicated with * for lower scores, and ^ for higher scores.

10.4 **Good Practice in Reintegration**

Please note these principles have been published by one of the authors (Sotiri, M) in a number of previous publications, including most recently Precedent, issue 161, Nov/December 2020

https://www.justicereforminitiative.org.au/building_pathways_out_of_the_justice_system

1. **Reintegration framed outside of the lens of rehabilitation**. There is a need to create and facilitate pathways for people leaving prison that focus on addressing systemic barriers to reintegration and access identities and ways of living outside of the justice system. This means addressing explicitly barriers to reintegration including discrimination, poverty and homelessness. For First Nations populations, identity is often related to culture, family and community. Non-prison' identities might also be accessed in the form of employment, volunteering and educational opportunities. The critical point here, is that reintegration should not be framed in terms of addressing offending, but rather about building a life *outside* of the prison environment. [ii]

2. **Service delivery incorporating systemic advocacy.** Service delivery must include a significant advocacy component that addresses structural barriers for individuals (such as access to housing, employment, education, health and social security benefits), and advocate systemically for change when it is required (for instance, in the case of discriminatory employment practices). Systemic advocacy sees workers walking alongside people leaving custody and challenging the multiple forms of perpetual punishment experienced by people with criminal records and those who have experienced imprisonment.[iii]

3. **Pre-release engagement**. Meeting and working with people prior to release is vital to building the engagement necessary to sustain the casework relationship, building trust between the person in prison and the community organisation on the outside, and practically planning for re-entry into the community with complex needs populations.[iv]

4. **Holistic, relational and long-term casework models**. People with long histories of trauma, combined with the 'referral fatigue' often experienced by this group, require long-term support in order to build engagement and trust. Long-term support also allows people the opportunity to develop the skills required to navigate frequently hostile or unwieldy service systems.[v]

5. **Community-based and community-led outreach**. Services that work with people with long histories of involvement in the criminal justice system need to operate outside of the criminal justice system and in the communities in which people are living.[vi]

6. **Housing first approaches** Support must be concrete, and people need somewhere safe and secure to live. People require a solid base from which they can make the changes required to stay out of prison.[vii]

7. **Genuine collaboration with people with lived experience of incarceration at all levels of program delivery.** The expertise of people who have themselves been to prison is critical in both the design and delivery of community-based reintegration services. [viii] [ix]

---

[i] See WEAVE, *Creating Futures* (Evaluation report, April 2020); Women's Justice Network, *Adult Mentoring Program* (Evaluation report, 2016); Community Restorative Centre, *Alcohol and Other Drugs Transition Program* (Evaluation report, 2016).

[ii] Sotiri, Churchill Fellowship report

[iii] M Sotiri and S Russell, 'Pathways home: How can we deliver better outcomes for people who have been in prison?', *Housing Works*, Vol. 15, No. 3, 2018, 41.

[iv] M Borzycki and E Baldry, 'Promoting integration: The provision of prisoner post-release services', *Trends and Issues in Crime and Criminal Justice*, Australian Institute of Criminology: Canberra, No. 2, 2003; J Gilbert and B Elley, 'Reducing recidivism: An evaluation of the pathway total reintegration programme', *New Zealand Sociology*, Vol. 30, No. 4, 2015, 15–37; B Angell, E Matthews, S Barrenger, A Watson and J Draine, 'Engagement processes in model programs for community re-entry from prison for people with serious mental illness', *International Journal of Law and Psychiatry*, Vol. 37, 2014, 490–500.

[v] Gilbert and Elley, 15–37; Angell et al, 490–500; B Hunter, A Lanza, M Lawlor, W Dyson and D Gordon, 'A strengths-based approach to prisoner re-entry: The fresh start prisoner re-entry program', *International Journal of Offender Therapy and Comparative Criminology*, Vol. 60, No. 11, 2016, 1298–314.

[vi] D Padgett, L Gulcur and S Tsemberis, 'Housing first services for people who are homeless with co-occurring serious mental illness and substance abuse', *Research on Social Work Practice*, Vol. 16, No. 1, 2006, 74–83; S Kendall, S Redshaw, S Ward, S Wayland and E Sullivan, 'Systematic review of qualitative evaluations of re-entry programs addressing problematic drug and alcohol use and mental health disorders amongst people transitioning from prison to communities', *Health and Justice*, Vol. 6, No. 4, 2018.

[vii] Padgett et al, above

[viii] Sotiri, above

10.5 Power Analysis

The power of an analysis is the probability of detecting an effect if it exists. The statistical modelling in this section is complex and power calculations are not possible using standard tools, even in relatively sophisticated power analysis software such as G*POWER. However, we have undertaken power analysis of our sample to detect mean differences by gender and Indigenous status. The figures below show the effect size calculations for a significance level of 5%, and power of 90%, based on the actual sample sizes used in the analysis. Based on Cohen's d measures, a small effect size is d=0.20, medium d=0.50, large d=0.80. The results below suggest that our samples are large enough to detect at least medium effect sizes by gender and Indigenous status. However, small differences may not be detectable.
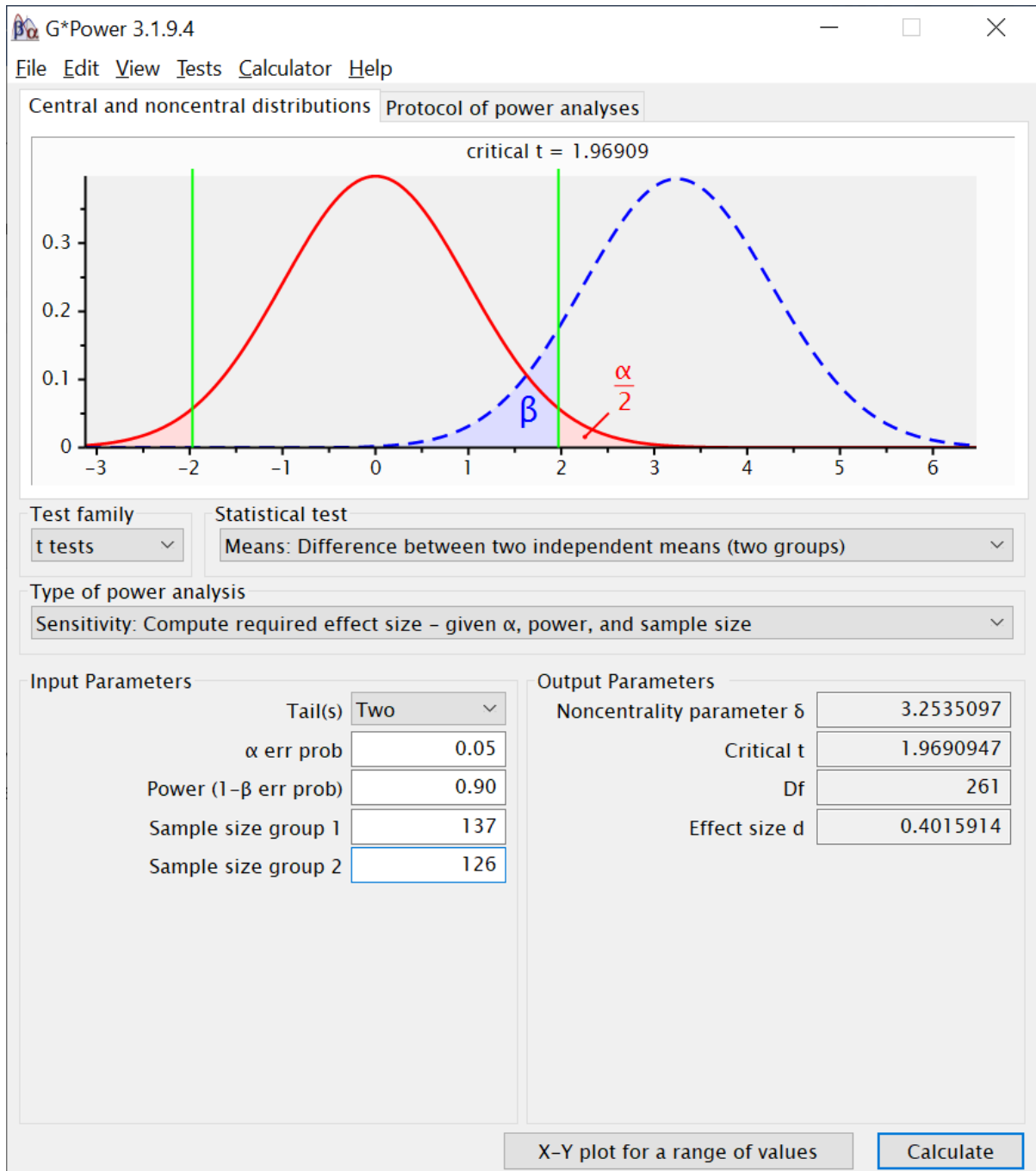
Non-Aboriginal, female vs male: our sample has power to detect at least a medium effect (effect size 0.41)
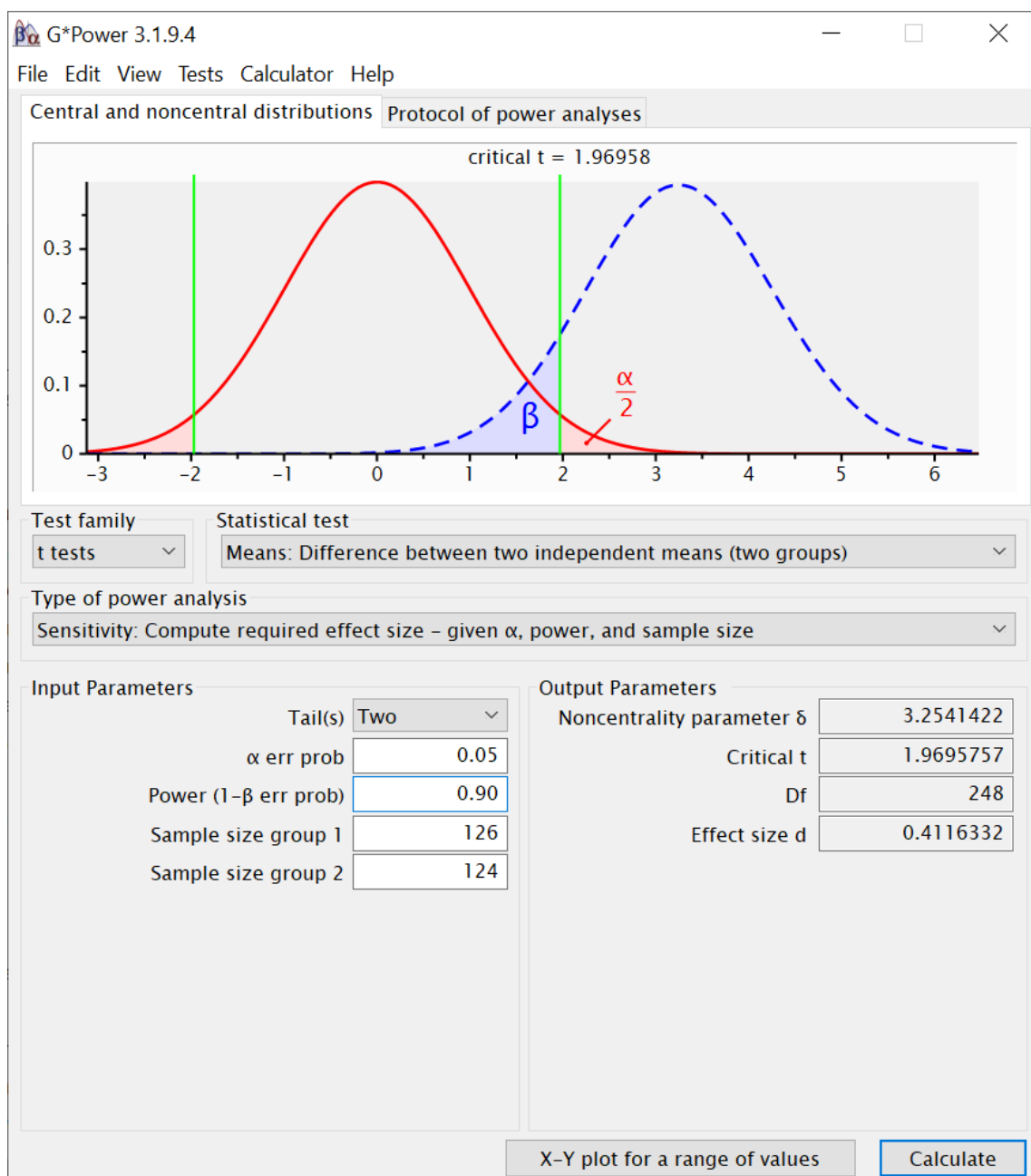
Aboriginal, female vs male: our sample has power to detect at least medium effect (effect size 0.43)
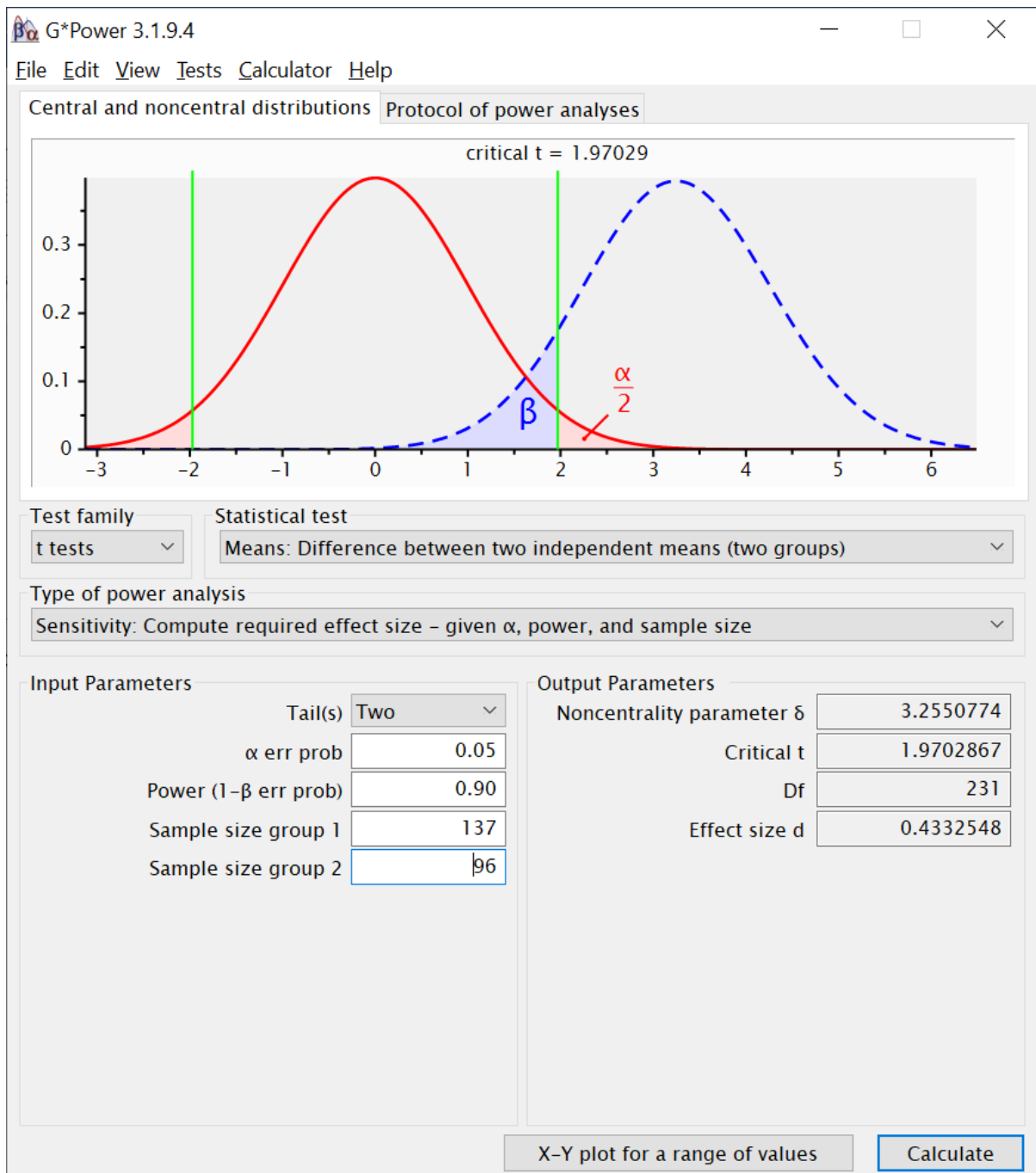
Female, Aboriginal vs non-Aboriginal: our sample has power to detect at least medium effect (effect size 0.40)

Male, Aboriginal vs non-Aboriginal: our sample has power to detect at least medium effect (effect size 0.44)
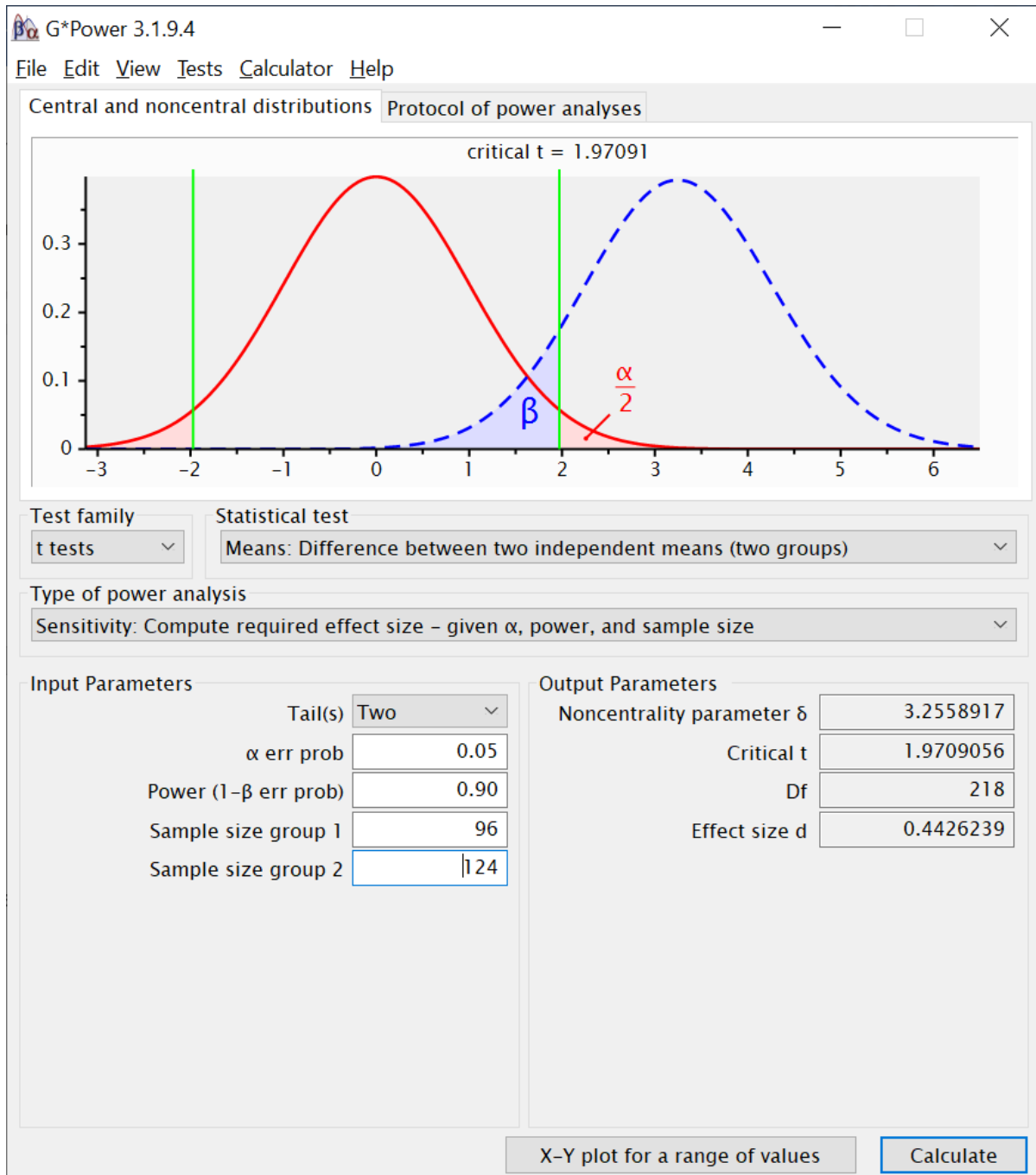
CONTACT DETAILS FOR THIS EVALUATION:

Dr Mindy Sotiri   mindy@justicereforminitiative.org.au

Dr Ruth McCausland   ruth.mccausland@unsw.edu.au