The Initial Transitional Support (ITS) program: A profile of offender participation and service delivery

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Background and aims

Reintegration into the community is a complex and challenging process for many offenders. The Initial Transitional Support (ITS) program is designed to assist this process by connecting priority offenders to community-based services. This study aims to better understand offenders' patterns of participation in, and completion of, the ITS, including their referred needs, the nature of ITS casework support, and services received by offenders.

Methods

We examined administrative data for referrals between 2014 and 2017 (N=1450), in addition to random samples of case notes for completed tasks in the three most prevalent domains of need (n = 400).

Results

On average, referrals to the ITS involved three domains of need, most commonly in the areas of accommodation, mental health, and alcohol and other drugs (AOD). More than half of referrals were recorded as 'closed complete', which was associated with a median support period of 12 weeks. Case notes data indicated that completion of the accommodation domain often involved access to short-term accommodation, and many participants were also able to transition to more stable accommodation within the support period. Tasks associated with completion of the mental health and AOD domains usually focused on initial referral to services and help engaging participants with those services over the support period. Completion of the ITS had varying definitions and some participants showed limited evidence of engaging in, or receiving, services before completing.

Conclusion

Our findings contribute to a more nuanced understanding of participation in the ITS and indicate that many priority offenders received appropriate support accessing health and welfare-oriented services in the community. However, completion of the ITS has a complex relationship with service provision to meet offenders' needs, which has implications for implementation and expected impacts of such programs.

INTRODUCTION

Prison populations in New South Wales (NSW) and Australia have recently stabilised or slightly declined following a prolonged period of growth (ABS, 2019). In NSW, the adult prison population grew by one third from 2013 to its peak in May 2018, remaining largely stable through March 2020 (BOCSAR, 2020a).[1] Substantial 'flow' through the prison system sees a much higher volume of people released to the community than the average daily prison population (Avery & Kinner, 2015; Martire & Larney, 2010). These circumstances mean that unprecedented numbers of offenders now face the challenges associated with transitioning into the community (Borzycki, Baldry, & Makkai, 2003; James, 2014; Kendall, Redshaw, Ward, Wayland, & Sullivan, 2018).

Rates of reoffending among released prisoners in NSW are relatively high: 41% versus 21% among other offenders convicted in the same year (BOCSAR, 2020b). This may reflect the challenges that offenders face post-release (Rambostham, 2003; Raynor, 2013; Woolford, 2009). These challenges occur in multiple domains: structural (e.g. accessing accommodation and finding employment), health (e.g. mental health, infectious diseases), psychosocial functioning (e.g. literacy, social skills deficits), family (e.g. disrupted roles or structures) and cultural (e.g. stigma and discrimination) (Berghuis, 2018; Gunnison & Helfgott, 2011; James, 2014; Kendall et al., 2018; Kinner & Wang, 2014; Moore, 2012; Sotiri, 2016). Such challenges may be pre-existing, or may arise from an offender's recent imprisonment (Berghuis, 2018; Fox, 2014); nevertheless, offenders are particularly vulnerable soon after release (Borzycki, Baldry, & Makkai, 2003; Fox, 2014; James, 2014). The rise in short prison sentences without post-

release supervision may also reduce prospects for rehabilitation.

The term 'reintegration' is commonly used to describe the process where an ex-offender is released back into the community after prison, but can also refer to offenders transitioning from community-based sentences (see Griffiths, Dandurand, & Murdoch, 2007). The majority of literature on reintegration focuses on post-release reintegration (for a review see Morony et al., 2019), but comprehensive surveys (e.g. Kenny & Nelson, 2008; Mazerolle, Legosz, & Teague, 2007) suggest that many challenges experienced by ex-prisoners are shared by other community-based offenders. Recent data on NSW adults on parole versus supervised bonds also shows similar rates of alcohol or drug abuse (84% vs. 92%), mental health problems (82% vs. 88%) and poor prosocial behaviour (2% vs. 4%) (Wang, 2019), which may be indicative of the comparable challenges faced during reintegration.

The emerging 'what works' literature (James, 2014) indicates that effective reintegration programs are based on the: 1) Risk-Need-Responsivity model, which addresses the causes of crime, and 2) desistance theories (Berghuis, 2018), which attend to factors that enable the adoption of a crime-free and prosocial lifestyle (Fox, 2014; McNeil, 2012; Petersilia, 2004). Other principles of effective reintegration programs include continuity of care (throughcare), long-term personalised casework, and skilled caseworkers (Berghuis, 2018; Borzycki, Baldry, & Makkai, 2003; James, 2014; Kendall et al., 2018; Mulmat & Burke, 2013; Sotiri, 2016). Strength-based approaches which view offenders as individuals who need help to build capacity to change and engage in reintegration have also been promoted (Berghuis, 2018; Fox, 2014).

Disengagement from support services and other case management is a risk factor for offending (Rankin & Regan, 2004), and a key reason for failure

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[1] A sharp population decline after March 2020 coincided with COVID-19 mitigation measures (Chan, 2020).

in reintegration programs (Gunnison & Helfgott, 2011; James, 2014). Factors linked to disengagement include feeling socially distant from caseworkers (Gunnison & Helfgott, 2011) and perceiving the service system as confusing or intimidating (Nhan, Bowen, & Polzer, 2017). Structural issues within programs (such as overlapping and competing services) can also frustrate offenders and undermine their reintegration efforts (Nhan, Bowen, & Polzer, 2017). Rankin and Regan (2004) argue that people with complex needs require holistic case management, encompassing housing and mental health support in particular, to reduce the risk of disengagement.

Research by CRES (Tran, Thaler, Chong, & Howard, 2019) shows that Community Corrections Officers (CCOs) see supporting offenders' welfare as integral to the success of supervision, but also outside their remit. This is consistent with Community Corrections' advice to CCOs that their main role is to manage offenders to reduce the impact of crime on the community, as a priority over more general social welfare functions. Reintegration is also supported during and after correctional supervision through efforts of (ex–) offenders, their families and communities (Maruna, 2006).

Correctional policy has increasingly recognised the challenges associated with reintegration and the importance of appropriate services to its success (Borzycki et al., 2003; Farabee & Zhang, 2014; Moore, 2012; Kendall et al., 2018). Reintegration programs have been run in many jurisdictions in correctional, community and mixed settings (Berghuis, 2018; Duwe, 2014) and these vary in complexity, including the number and type of domains they target (Fox, 2014; Sotiri, 2016). Most, however, have yet to be rigorously evaluated (Berghuis, 2018; Miller, 2014). Meta-analyses suggest that reintegration programs tend to have a weak, non-significant impact on recidivism (Berghuis, 2018). This holds for case management-

oriented programs (i.e. those akin to the ITS), whereas effects are stronger for more therapeutically-oriented programs (Ndrecka, 2014).

Evaluations of reintegration programs have been criticised for focusing on quantitative analyses of recidivism (Kendall et al., 2018). Recidivism is an insufficient indicator of success for reintegration programs (Berghuis, 2018), especially those which address multiple needs and seek other changes (including changes to drug use, housing, and mental health; Petersilia, 2004). A consequence of this narrow focus is that immediate and in-program benefits, as well as non-operationalised post-release outcomes, often go unnoticed or are not rigorously documented (Mears, 2010; Miller, 2014).

The Initial Transitional Support (ITS) program

Corrective Services NSW (CSNSW) introduced the Initial Transitional Support (ITS) program in 2014 as part of the Funded Partnerships Initiative (FPI)[2]. The ITS supplements routine Community Corrections supervision by coordinating or arranging reintegration support services for offenders in the community to manage challenges that are commonly experienced post-release or otherwise during community supervision. The ITS takes voluntary referrals for community-supervised offenders who are rated as medium-high or high on the Level of Service Inventory – Revised (LSI-R: Andrews, Bonta, & Wormith, 1995), which estimates their risk of reoffending. Parolees are prioritised for the ITS and comprise the majority of ITS referrals, although offenders on community-based orders are also considered eligible. During its initial phase between 2014 and 2017 (the period considered in this study) the ITS accepted referrals from 20

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[2] The Funded Partnerships Initiative (FPI) provides funding to not-for-profit, Non-Government Organisations to deliver a range of services that support CSNSW with transitional support

Community Corrections offices. These included 14 offices where the ITS operated directly, and 6 'feeder' offices, at which offenders were referred to the ITS in other offices.[3]

CCOs in each office refer offenders to a Caseworker employed by a contracted non-government organisation known as an 'ITS service provider' through a local 'Gatekeeper' (the CCO or Unit Leader who coordinates the ITS at their office). In their referral, CCOs specify a small number of tasks relating to needs that have been identified in the offender's case plan, but that fall outside the usual scope of CCO supervision. These tasks are classified into ten domains that are intended to align with the LSI-R (Morony et al., 2019): accommodation; alcohol and other drugs (AOD); emotional and personal including mental health (abbreviated hereafter as 'mental health'); education and employment; financial services; family and parenting skills; recreation and leisure; cultural support; living skills and social and personal development; and attitude. Most referral tasks request support with needs in the accommodation, AOD or mental health domains (Morony et al., 2019; also see the section *'Referrals by task domain'* below).

If a referral is accepted by the Caseworker, they will attempt to address the tasks in it by identifying and coordinating support to meet these needs. Funding attached to the referral covers approximately 3.5 hours support per week for 12 weeks, extendable by approval. Expectations for ITS activities vary by domain: accommodation activities should involve practically supporting offenders to access suitable housing, whereas AOD and mental health activities should support engagement with services and compliance with relevant case plans. According to program documents, referrals are to be considered 'complete' once all tasks are successfully addressed

and the offender is no longer engaged with an ITS service provider. Caseworkers are expected to create an 'exit plan' for each case, mid-way through the anticipated support period.

This study

As previously mentioned, reintegration support programs often show mixed or limited effects on offender outcomes (e.g. Berghuis, 2018), and this is reflected in existing research on the ITS. A previous evaluation by Morony and colleagues (2019) found that participation in the ITS was not associated with reoffending or return to custody outcomes among parolees; however there was some evidence of a treatment effect on future imprisonment among offenders serving community-based orders. Secondary analyses also suggested that effects of the ITS may vary between Indigenous and non-Indigenous offenders.

One potential explanation for the mixed evidence is that reintegration programs often have a more complex logic model and relationship between participation and service delivery outcomes compared to other offender interventions. While interventions such as cognitive behavioural treatment for criminogenic needs have a direct association between completing the program and having the relevant needs addressed, reintegration programs often serve an intermediary function by linking offenders to other services which are then intended to address their needs. Participation therefore involves multiple parallel and partially overlapping streams of service delivery, each of which could be impacted by challenges to implementation and continuing offender engagement. Given that few studies seek to account for the many intermediate steps between referral and the final outcomes of reintegration support programs (e.g. Berghuis, 2018), there is a need to better understand offenders' participation pathways through such programs and the services and support received.

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[3] The program was expanded in 2017 to cover an additional 12 primary Community Corrections sites.

This study aims to build a detailed profile of offender participation in, and completion of, the ITS. We first describe the cohort of referrals to the ITS between 2014 and 2017, using data from the ITS program database. We then explore participation by analysing a random sample of case notes for accommodation, mental health and AOD tasks that were completed during a similar period. These domains were selected as they are the most commonly included in referrals (see section *'Referrals by task domain'*). Our case note analysis considers the nature of tasks referred by CCOs, efforts of Caseworkers to support offenders, and offenders' use of services during their support period.

METHODOLOGY

Data source, definitions and sampling

All data used in this study was extracted from the FPI database. ITS documentation provided guidance on definitions and expectations for data recording (in the FPI 'portal') and for the provision of support. Referrals that were accepted became active cases until they were closed. Requests to close cases were to be submitted by ITS service providers and verified by Gatekeepers. Closed cases that did not have all tasks addressed were to be 'closed incomplete'. Cases were to be designated 'closed complete' if all tasks were addressed successfully.

This report covers the 14 original sites for which data were available from 2014-2017 (see section *'The Initial Transitional Support (ITS) program'*). For the review of the referral cohort, we extracted administrative data at the referral level (rather than at the individual offender level) for referrals made by CCOs for ITS support between October 2014 and August 2017 (N=1450). To explore participation in the ITS (see section *'Participation patterns'*), we extracted case note data at the task level for referral tasks that were closed (i.e. ceased to be active)

between October 2014 and October 2017 (N=1378). This end-date ensured that participation by referrals at the closure of the referral cohort could be considered. We restricted our case note sample to tasks marked 'closed-complete' to ensure maximum information on program participation. These parameters focus our review on 'completed' participation in the ITS including referral, Caseworker support and service use.

We randomly sampled 200 of the 647 case notes with completed accommodation tasks. After reviewing these data, we concluded that analysis could be viably completed using smaller samples of 100 case notes for AOD (of 516 eligible case notes) and for mental health (100 of 433), as they could effectively cover the range of themes raised in case notes. In each sample, less than five offenders appeared more than once. Case notes were imported to Access for qualitative coding. Where required, descriptive statistics were analysed in SPSS and Excel. We coded two comment fields: one in which CCOs described their referral tasks, and another in which Caseworkers described their efforts to provide support and the services used by offenders. Given that our analysis focused on completed tasks, we use the terms 'case' or 'case note' as our unit of analysis, rather than 'referral'.

Coding framework

Using a qualitative content analysis approach, we developed a coding framework based on an initial review of the case note data. Broadly, this framework distinguished three 'elements' of participation in the ITS: the tasks assigned by CCOs for ITS support, support coordinated by Caseworkers to help complete this task, and services used by offenders during their ITS support period. We assessed the reliability of our coding through blind recoding of 5-10 randomly selected case notes for each domain. A few minor discrepancies from the initial coding were detected and resolved through minor recoding. Some codes

were then combined to create more meaningful analytical categories.

A range of conceptual and practical considerations shaped the application of this framework and should be considered when interpreting the results. First, and most importantly, task data were complete, but not the case note data (i.e. support coordination and service use/accommodation access). The nature of this missing data is examined below in the section *'Quality and extent of case note data'* below. Second, task assignment did not prescribe the type of support that Caseworkers must provide or coordinate. A request for referral to group treatment, for example, could also be addressed through support with existing individual counselling. Third, we report on support coordination if a case note showed that the caseworker and offender had *discussed* services, even if the *use* of these services was not clearly outlined. Fourth, we report on service use only for cases with information on caseworker support. Initial analyses attempted to explore offenders' individual pathways through the ITS (from referral, through support, to service use) but the case note data proved unsuitable for this purpose.

REVIEW OF THE REFERRAL COHORT

A total of 1450 ITS referrals were made from October 2014 to August 2017 (inclusive), for 1274 offenders. Of those, 136 (11%) offenders were referred twice and 18 (1%) were referred between three and five times. This referral cohort included 1065 (84%) male and 499 (39%) Aboriginal offenders (status was missing for 91 cases) and the median age at first referral was 33 (range: 17–74). Most offenders (894; 70%) were referred while on parole, as opposed to a community-based order, and 971 (76%) had a medium-high or high LSI-R rating.

Referral outcomes

Table 1 summarises the outcomes of referral for all 1450 referrals and reasons for closure. Almost all (1430; 98%) referrals were accepted for support by Caseworkers. Most referrals (805; 56%) were closed complete, which should indicate that all tasks associated with that referral were successfully addressed (see section *'Quality and extent of case note data'*). Exit plans were reported for 714 (89%) closed complete cases.

Table 1 Referral outcomes including reasons for incomplete case closure (N=1450)

Referral outcome	n	%
Rejected	20	1%
Active (not closed by 31 Aug 2017)	86	6%
Closed complete	805	56%
Closed incomplete	539	37%
Entered custody during ITS support period	165	
Withdrew consent/disengaged or declined assistance	147	
Moved out of the ITS catchment area	52	
Did not attend/consent, or refused admission	50	
Discharged for program non-compliance	29	
Other (e.g. entry to alternate institution preventing ITS support)	99	
Total	1450	100%

Note. Reasons provided for 'closed incomplete' referrals are shown in indented text. Percentages are for the total referral cohort; among all 1344 closed cases, 60% were closed complete and 40% were closed incomplete.

More than a third of cases (539; 37%) were closed as incomplete, indicating that the offender was no longer engaged and had not completed all of their

assigned tasks. The most common reasons for this provided in the FPI database were return to custody (11%) and the category 'withdrew consent/disengaged or declined assistance' (10%).[4] The true prevalence of each reason for non-completion may be higher, because only one reason was recorded for each referral even though more than one could have applied. We consider the reliability of these data and the validity of case closure status (i.e. complete vs. incomplete) in the section *'Participation patterns'* below.

Caseworkers recorded the duration of the ITS support period. For closed cases (n=1344), the median support period was 12 weeks; those that were extended (138; 17%) received a median of 20 weeks' support, compared with 9 weeks' for those that were not (667; 83%). One in six (137; 17%) completed cases received less than 6 weeks' support. For closed incomplete cases, the median support period was 5 weeks.[5] Collectively, these data represent more than 10,000 weeks of support.

Referrals by task domain

Referrals typically included two (262; 18%) or three (716; 49%) task domains (range = 1-7).[6] As shown in Figure 1, accommodation was the most common domain to which referrals for ITS support were made (1059; 73%), followed by AOD (950; 66%) and mental health (736; 51%).[7] Almost all offenders (1227/1274; 96%) were referred for support in one or more of these 'top 3' domains.

Two thirds of all offenders (854; 67%) were referred for support with other domains (most commonly 'living/social'). However, only 1 in 6 offenders (221; 17%) identified more needs in these domains than in the 'top 3' (e.g. was referred for accommodation plus two 'other' domains). Completion rates varied little among closed cases: 54% to 60% for the top 3 domains, 52% to 65% for the others.
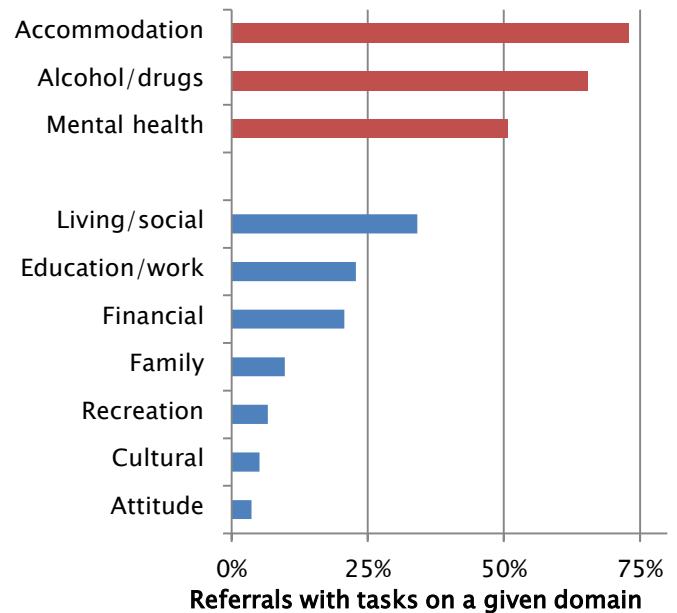
Note. The top 3 domains (in red) are examined in detail in the section 'Participation patterns'.

Figure 1 Task domains to which ITS referrals were made (N=1450 referrals)

PARTICIPATION PATTERNS

Domain-specific coding

The case notes for tasks in the AOD and mental health domains held very similar content. These case notes generally provided information about efforts by Caseworkers to coordinate support for offenders (including making service referrals) and offenders' access of services during their ITS support period.

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[4] The FPI portal allows staff closing the case to select from a list of possible reasons for non-completion.

[5] Most of the remaining cases had been rejected or been active for less than 6 weeks' support.

[6] ITS guidelines suggested a maximum of three task domains per referral

[7] Offender-level percentages were within 2 percentage points of these referral-level percentages. For example, among the 1274 offenders, 956 (75%) were referred to the accommodation domain.

Our coding of accommodation case notes differed from the AOD and mental health coding, reflecting the different program specifications that were set for activities in this domain (see ITS overview in the *Introduction*). Most accommodation case notes provided little detail about caseworker support, such that it could not be coded. Instead, case notes focused on offenders' housing status during their ITS support period. Some case notes described Caseworkers' success with Housing NSW applications but the causal link between caseworkers' support activities and offenders' housing outcomes was rarely clear, especially for ongoing housing.

Figure 2 summarises the domain-specific coding approach we applied: the tasks assigned by CCOs, support coordinated by Caseworkers (AOD and mental health domains), and services used (AOD and mental health domains) or accommodation accessed by offenders during the support period.
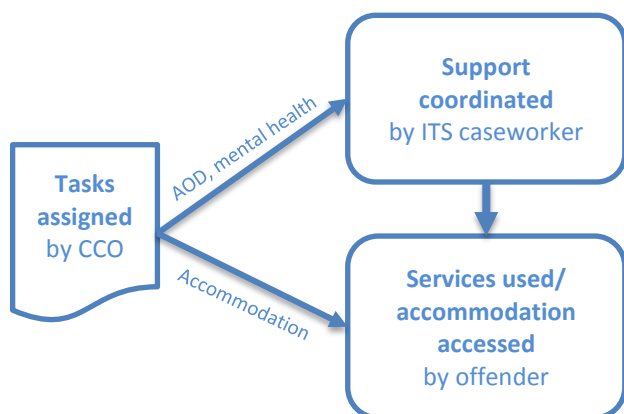

Figure 2 Domain-specific coding

Quality and extent of case note data

Several issues complicated our efforts to quantify activities within each element of the ITS (task, support, accommodation/service use), as described in case notes, for use in our analysis. Critically, it was not possible to code each element for every offender. In some cases, the reviewer was unable to extract information on support coordination (by Caseworkers) or service use (by offenders) within

case notes, or to clearly distinguish between the two. There was no consistent template or approach to case note entry for most elements of the case notes. Thus, decision rules were applied in the content analysis used (see section *'Coding framework'*) so the reviewed data could be quantified. ITS documentation provided examples of suitable case notes and other guidance to service providers; for example that their case notes should show which tasks are complete and how they were completed. However, this guidance did not prescribe how support coordination and service use (or the relationship between these elements) should be documented. Statements regarding technical difficulties with data entry were also identified in some case notes.

A large proportion of the sampled case notes in each domain did not contain sufficient information to be coded against our framework. This includes case notes where caseworker data were *missing* (no information about ITS support or service use), *unclear* (did not indicate the outcome of attempts to engage the offender), or the offender had *disengaged* (including never responded to caseworker attempts at engagement). These cases were marked 'complete' and include information about task requests, so we retain them in our analysis and the related Figures 3–5 below. However, this means that the support described below relates only to cases in which caseworkers discussed services with the offender, regardless of whether the offender took up the suggested service. For case notes with missing or unclear data we scanned the FPI database for other information about the offender's participation, and in some cases found evidence of engagement, such as lengthy and/or extended ITS support periods. Although we cannot use this evidence to quantify participation by these offenders, it does suggest that our prevalence estimates are conservative. Implications of these issues are discussed in the section *'Study limitations'*.

Accommodation tasks

According to CSNSW guidelines, ITS accommodation activities are intended to help offenders gain access to 'suitable' housing arrangements, as well as access to community resources and services to help maintain such accommodation. The guidelines also emphasise that Caseworkers are to provide practical support, rather than to simply refer offenders to other service providers. The following results from our review of 200 case notes for referrals to the accommodation domain detail the tasks assigned by CCOs to Caseworkers, and the housing that offenders accessed during their ITS support period. A high-level pictorial representation of this information is presented in Figure 3 overleaf.

Tasks assigned by CCOs

We identified two broad types of accommodation tasks in the sample of case notes (n=200).[8] Consistent with ITS guidelines, most (159) tasks focused on helping offenders access suitable accommodation. Of these 159, half (79) specified the type of accommodation being sought: typically, this was for long-term housing, rather than temporary accommodation such as crisis beds.

One in four (51) case notes included requests to support offenders in their dealings with Housing NSW (HNSW). Of those 51, most (34) sought help for an offender to complete a public housing application, follow-up on an application or to obtain supporting information. The remaining case notes (17) included requests to assist an offender to negotiate issues with HNSW, such as a debt or previous eviction, to enable them to obtain a new tenancy or resume a previous one. For 12 referrals, tasks sought support both with finding accommodation and dealing with HNSW.

Accommodation accessed by offenders

We categorised specific types of accommodation (shown in column 2 of Figure 3) as either temporary (dark green box) or ongoing (light green box). Where multiple types of accommodation within each category were recorded during the ITS support period, we present the most stable type in each. A total of 76 case notes indicated that offenders accessed ongoing accommodation during the support period, including a public or private lease (38), ongoing accommodation with family and friends (24) or as a tenant in a boarding house or van park (14).

A total of 101 case notes showed that offenders accessed temporary accommodation during the ITS support period. This included 59 in transitional, crisis or treatment beds in motels or boarding houses, funded by HNSW for offenders at immediate risk of homelessness. Accommodation with family or friends in circumstances that the Caseworker or offender deemed temporary or unsuitable (e.g. couch-surfing or overcrowding) was also common (42). Just over half (57) of those who accessed temporary accommodation went on to access ongoing accommodation during the ITS support period.[9]

A small number of offenders did not access accommodation at all during the support period, (or their case notes did not include clear information about accommodation accessed). Most of these disengaged early on (13) or did not clearly engaged with the Caseworker (12). Another 10 offenders entered custody early on and six (6) relocated from the ITS catchment area and thus could not be further supported.

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[8] The wording and nature of tasks assigned to Caseworkers were determined by the CCOs and Gatekeepers doing the referral, and were not selected by the Caseworker.

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[9] The available data did not allow us to establish how such exits aligned with the case status of 'closed complete'.

Accommodation tasks

210 recorded (not mutually exclusive) in 200 case notes

Help accessing accommodation (n=159)

Support dealing with HNSW (n=51)

Accommodation accessed*

177 recorded (not mutually exclusive) in 120 case notes

Ongoing (n=76)

Boarding/ van park (n=14)

Family/friends (n=24)

Public/private lease (n=38)

** (n=57)

Temporary (n=101)**

Transitional/crisis/treatment bed (n=59)

Family/friends (unstable) (n=42)

Custody (n=10)   Relocated (n=6)

Disengaged (n=13)   Unclear (n=12)

*Caseworker data missing (n=39)

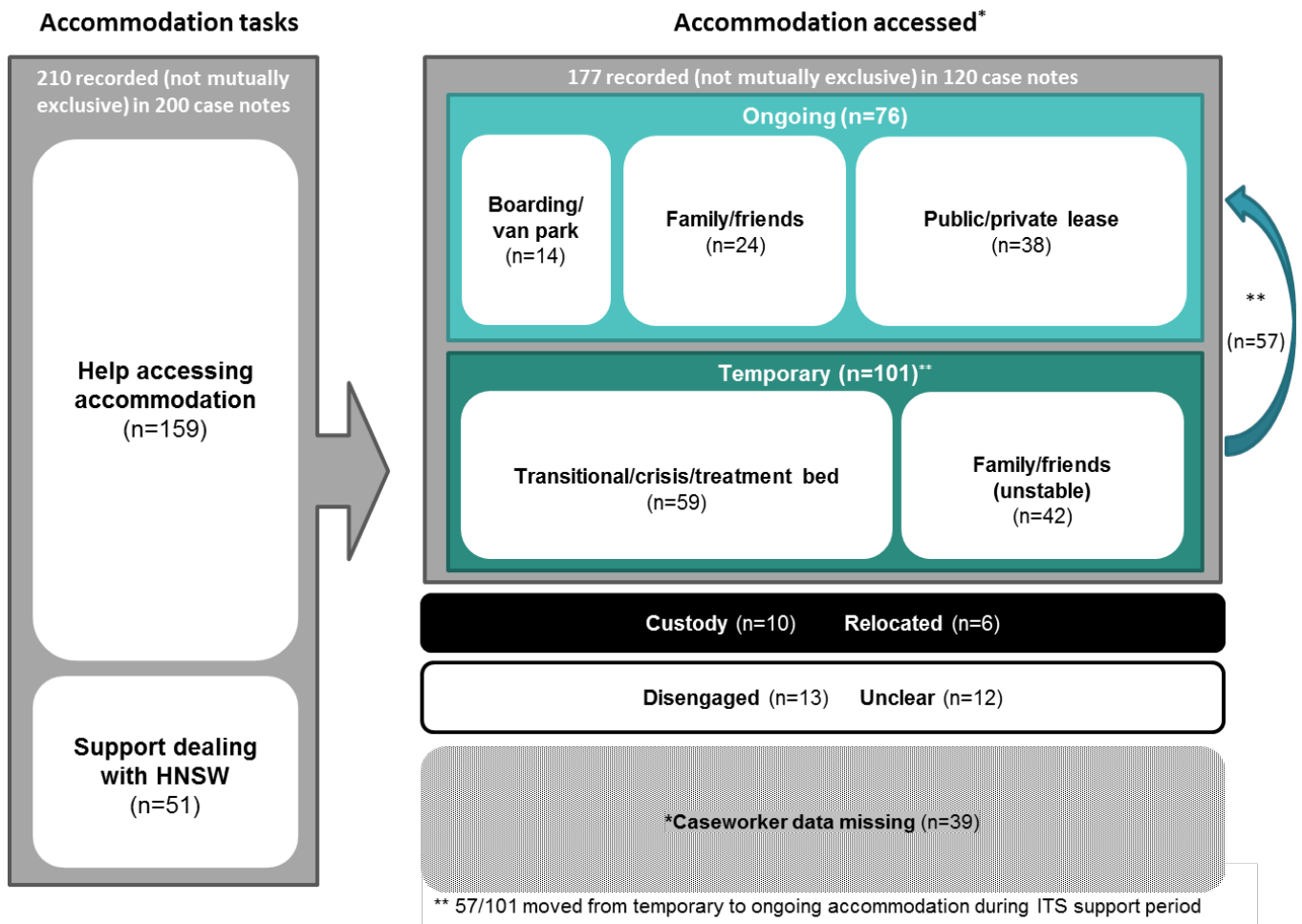** 57/101 moved from temporary to ongoing accommodation during ITS support period

Figure 3 Accommodation tasks assigned and accommodation accessed (n=200 case notes)

Of the 51 offenders for whom CCOs requested for HNSW support, 12 were noted as having secured a public housing tenancy during the support period, which involved reinstatement or relocation rather than a new lease. Another 54 case notes described progress with HNSW applications and issues, often including simply getting on the HNSW waitlist. This suggests that Caseworkers often saw progress with HNSW as an important step towards stable housing, even when CCOs had not explicitly sought this.

Alcohol and other drugs (AOD) tasks

According to CSNSW guidelines, activities in the ITS alcohol and other drugs (AOD) domain are intended to support offender engagement with AOD services and compliance with relevant case plans. This section details the AOD tasks allocated by CCOs,

the support coordinated by Caseworkers, and the services accessed by offenders during their ITS support period, as identified within a random sample of 100 case notes. A high-level summary of this information is presented in Figure 4 overleaf.

Tasks assigned by CCOs

Most (72) AOD case notes included requests for a service referral. These requests tended to be generic (e.g. 'help accessing AOD services') and infrequently specified a particular counselling or rehabilitation service or service type. In 39 case notes, CCOs sought support to maintain or enhance offenders' engagement with AOD services. Most of these requests involved services to which offenders were recently referred and reflected CCO concerns that the offender may disengage or not benefit from the service. In others, CCOs had asked Caseworkers

to provide practical support to enhance engagement, such as appointment reminders or transport.

Many AOD case notes included multiple tasks, typically a request for both referral and engagement support. Requests for general support with AOD issues (20) also tended to be accompanied by other more specific requests. Twelve (12) case notes specifically sought a professional health assessment, most often to support referral to a specialist rehabilitation or counselling service or help with development of a treatment plan.

Support coordinated by Caseworkers

Caseworkers' activities in this domain generally aligned with the description in the ITS guidelines. In most cases (58), caseworkers coordinated one or more types of support for offenders. This normally meant referral to AOD services and/or support engaging with such services. The services to which Caseworkers most commonly referred were outpatient services, such as counselling or AOD group support programs. Referrals were also made to inpatient services, such as detoxification units and residential rehabilitation.

Another common support involved helping offenders engage with AOD services to which they had been referred. This typically involved arranging appointments, providing reminders and assisting offenders to manage practical barriers (such as trouble accessing transport or phone credit), and also included making representations to official bodies. Some caseworkers provided support that had not been explicitly requested, for example making a service referral where the original request
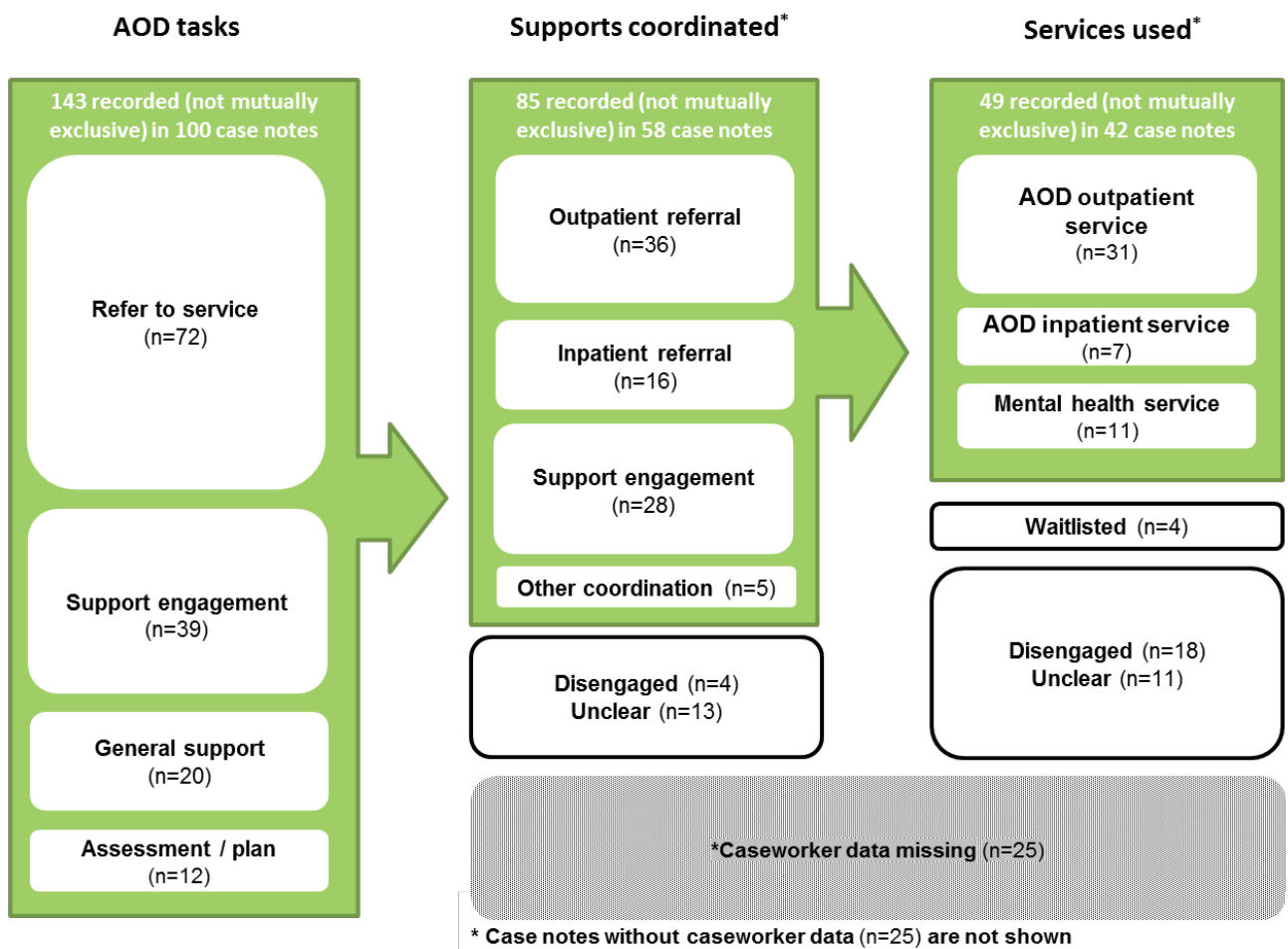

Figure 4 AOD domain (n=100 case notes)

was for engagement support, or vice versa. Reasons for these changes were not consistently documented, but included changes in the offenders' needs.

Another five (5) case notes ('other coordination' in the figure) noted that offenders received services independent of the ITS, with caseworkers reviewing and recording the offender's status over the ITS support period. A further 17 offenders did not clearly engage with the Caseworker and were not able to be supported through the ITS, often despite many attempts at contact by the Caseworker. The nature of the attempted coordination was unclear for 13 of these, while four (4) had disengaged from the ITS before the caseworker could attempt to make contact.

Services used by offenders

Details of service use during the ITS support period were available for 42 offenders of the 58 for whom Caseworkers provided AOD support. Use of AOD-focused outpatient services (31) including individual counselling and groupwork was much more common than of inpatient services (7) including residential rehabilitation or detoxification centres. Eleven (11) case notes described the use of broader mental health services including prescription and medication compliance. A further 33 offenders did not have a record of service use during the ITS support period. This included 11 for whom we have no clear information about engagement with the Caseworker and 18 who rejected referrals or disengaged despite caseworkers' efforts to support this engagement. The remaining four (4) offenders with no record of service use were waitlisted for services and were not able to access services before the end of the support period due to lack of capacity.[10]

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[10] As noted above, the remaining 25 case notes had no comment from the ITS caseworker.

Mental health tasks

According to CSNSW guidelines, activities in the mental health domain are intended to 'support engagement with mental health services and compliance with [a] mental health [care] plan (MHCP)'. Figure 5 presents a high-level summary of Mental Health referral tasks from CCOs (100 case notes), along with information about support coordination and service use (for 75 casenotes that contained caseworker data).

Tasks assigned by CCOs

The most common tasks or requests from CCOs were for referrals to new services (71), or support engaging with existing services (62), whereas 41 cases sought both referral and engagement support with the referral. Some referral requests specified the type of mental health service being sought (e.g. psychiatrist, psychologist or support group/program), others sought medical services for physical ailments, but many requests were non-specific (e.g. 'referral to mental health services'). Common engagement requests were to remind offenders of appointments, encourage their attendance, and help them comply with requirements of treatment (medication especially). Case notes for fewer offenders (21) included tasks related to seeking a professional assessment, often as part of developing a MHCP such as a request for a neurological diagnosis.

Support coordinated by Caseworkers

Most case notes (67) showed evidence of support coordination by Caseworkers, typically referring offenders to services (47). Most (38) of these referrals were to generalist services such as counselling and group programs but several referrals were made to GPs, psychiatrists or other medical practitioners. Case notes showed 26 cases of Caseworkers helping offenders engage with services (in 17 cases, after referring them to the service) and 19 of arranging assessments (often to

support a MHCP). As for the AOD domain, support sometimes extended beyond the assigned task, such as making a requested service referral and then providing engagement support. Seven (7) case notes did not clarify what support was provided by the caseworker, in some cases because the offender was already receiving services and did required further assistance.

Service use by offenders

For 50 offenders, case notes contained information about service use; 33 of these entailed counselling or programs, predominately outpatient and individual, rather than group-based, and often relating to anger management or AOD treatment.

Psychiatric treatment involving diagnosis and prescription, and sometimes liaison between caseworkers and service providers to support use of medication as featured in 16 case notes. Nine (9) case notes described use of other medical services (such as GPs, dentists and neurologists). Development or review of a MHCP was noted in only five (5) cases but could have occurred in others without being recorded. At the end of the ITS support period, four (4) offenders were waiting to access services, 11 had not engaged with the caseworker (and thus not used services coordinated by the ITS), and 10 did not have clear information about service use. The remaining 25 case notes had no comment from the Caseworker.
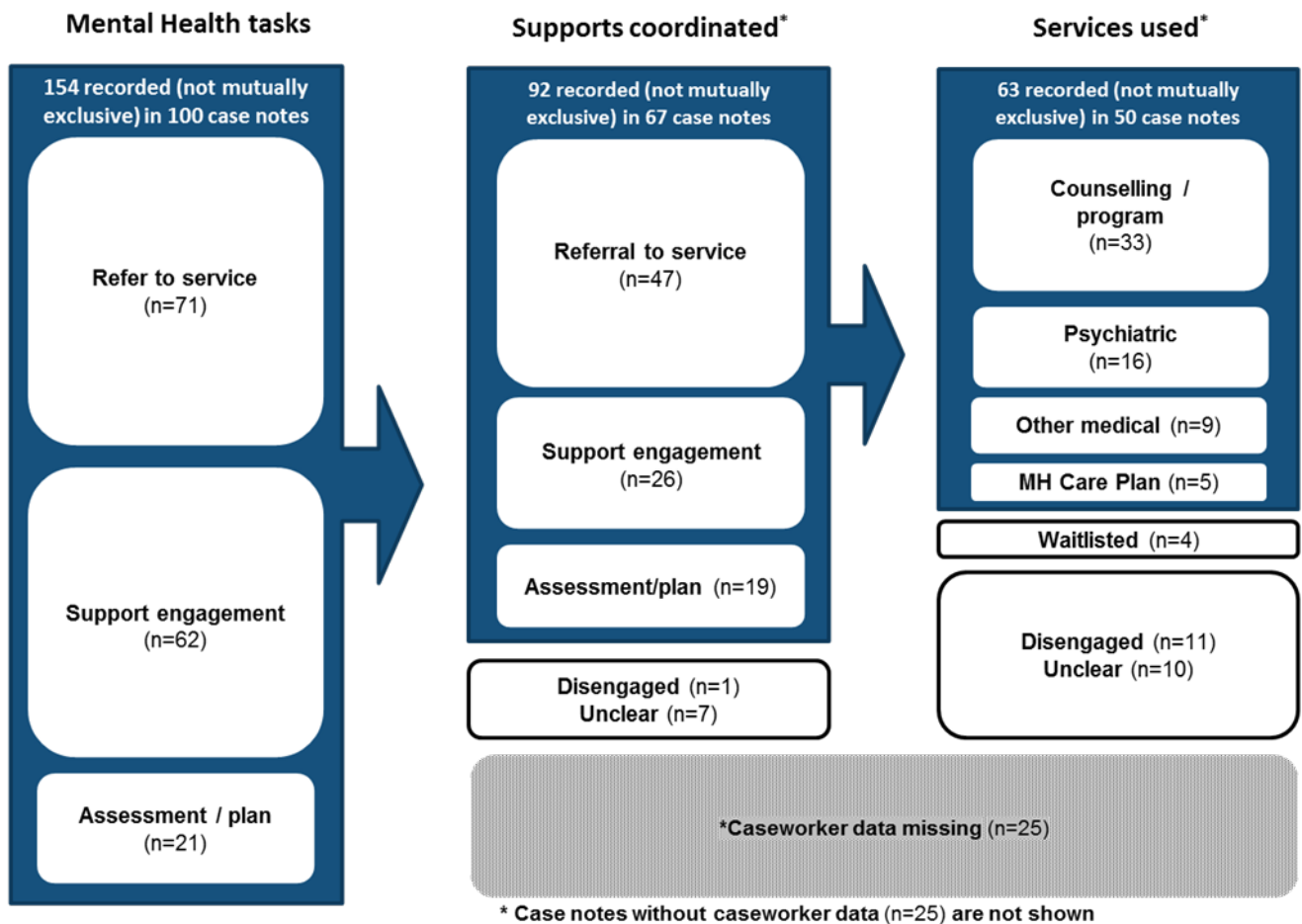

Figure 5 Mental health domain (n=100 case notes)

DISCUSSION

The ITS supplements routine Community Corrections supervision by arranging and coordinating additional support to assist offenders' integration into the community. By working with parolees and other priority community-based offenders – some of whom may not have been incarcerated – the ITS operationalises a broad definition of reintegration support.

This study aimed to expand upon previous evaluations (e.g. Morony et al., 2019) by building a more detailed understanding of offenders' participation in, and completion of, the ITS. Despite some limitations which are discussed below, the results of this study also provide valuable insights into the facilitating role of Caseworkers, as well as the challenges entailed in fulfilling this role. The following sections review our understanding of program participation and discuss emerging implications of our study for ITS implementation and outcomes.

Understanding participation

To identify the overall reasons for referral and the most common offender domains of need, we analysed administrative data for all 1450 CCO referrals for ITS support during the study period, covering a total of 1274 offenders.[11] A random subset of 400 case notes for 'closed complete' cases, involving the most common domains of need, were then examined to assess the support coordinated by caseworkers and types of services or accommodation accessed by offenders.

Caseworkers coordinate diverse health and welfare-Reasons for referral were diverse and usually identified multiple needs. The majority of referrals

to the ITS included tasks on three domains: accommodation, alcohol and other drugs (AOD), and mental health. This is consistent with the broader literature on the needs of offenders exiting custody (e.g. Sotiri & Russell, 2018). Referrals to each of the remaining domains were less common (as low as 4% for 'attitudes'), however most referrals included at least one of these domains.

CCO referral data were generally complete and tasks were consistently aligned with ITS specifications, however, case note comments were usually generic (e.g. 'refer to AOD service', 'support engagement in treatment'). Moreover, case notes revealed a broad range of support that generally matched the referral task. The health and welfare focus of these tasks and support is consistent with the concerns that CCOs express for offenders' welfare along with their focus on the rehabilitation and monitoring roles of supervision (Tran, Thaler, Chong, & Howard, 2019). In some cases, caseworkers adapted the task and support to match changes in offender needs during the support period. However, many case notes had no caseworker comment or did not contain clear information about support or service use.

Almost all accommodation referrals involved requests to locate suitable accommodation for the offender, and a small proportion sought help with a Housing NSW application. Case notes generally lacked information on relevant support or service use, but most described the types of accommodation that were accessed during the ITS support period. Offenders typically spent time in temporary accommodation, which may be associated with elevated recidivism risk (Baldry et al., 2006), and some caseworkers noted concerns about the suitability of housing accessed by offenders. Temporary housing was characterised by instability and usually involved changes in housing status during their support period. Some offenders moved between unstable forms of housing but

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[11] As indicated in the review of the referral cohort, 12% of offenders received multiple referrals (typically, two).

many progressed to more ongoing, suitable housing. Progress with HNSW was described for many cases, most of which had not set HNSW progress as a task, suggesting that many caseworkers share Sotiri and Russell's (2018) view that safe and stable housing is a prerequisite for reintegration.

AOD and mental health case notes offered different insights: for these domains, CCOs often requested referrals to services as well as support with ongoing service engagement. While we did not have extensive qualitative data to explore the reasons for these types of requests, it is possible that CCOs may commonly consider previous poor engagement with services when referring specific offenders to the ITS, or view a benefit of the ITS as providing additional support for processes of engagement. Correspondingly, caseworkers' most common activities in these areas involved referrals and continuing engagement support. Offenders used a wide range of services, most often in an outpatient setting.

Completing the ITS and what this means

The results showed that more than half of ITS referrals made over the study period were formally recorded as 'closed complete'. While this finding reflects the aggregate of extensive positive efforts to engage and provide services to priority offenders, it nonetheless indicates that many offenders did not or were unable to complete the support episode. Common reasons for non-completion included participant disengagement as well as more instrumental factors such as reimprisonment and relocation, highlighting the motivational and logistical challenges associated with providing support to the target cohort.

Offender attrition from programs and services is a well-recognised issue (e.g. Gunnison & Helfgott, 2011; James, 2014), which was demonstrated in the gross recorded rates of ITS completion found in this study. However, our analysis of case notes indicated that completion of the ITS is not easily defined and has a complex relationship with offender engagement and service delivery outcomes. For example, we frequently observed additional instances of partial or total disengagement among participants who had their support episode marked as 'closed complete'. It appears that in some cases, completion of the ITS amounted to active efforts to engage participants in services over the allotted support period, regardless of whether they actually received those services.

Implications

The findings derived from this study have a number of implications for implementation of the ITS, the potential for such programs to impact reoffending, and for conceptualisations and measurement of participation in the ITS more generally.

Engagement problems reduce opportunities to provide support

Disengagement from, and underutilisation of, services by offenders can hinder their integration into the community (Gunnison & Helfgott, 2011; James, 2014). Complex needs are known to complicate engagement (see Rankin & Regan, 2004), in part because needs in one domain can hinder efforts to address others (Sotiri & Russell, 2018). The results of our study highlight how engagement can affect implementation of the ITS and the extent of service provision that participants receive. As described previously, a large proportion of offenders referred to the ITS were not able to be engaged with the program for the duration of the support period. Unsurprisingly, this was a major factor in offenders' profiles of participation in the ITS, with those who completed the ITS receiving more than double the median support period compared to cases of non-completion. Our case notes analysis also indicated engagement problems had substantial resource

costs, so that many 'closed complete' cases involved Caseworkers making ongoing, but often unsuccessful, efforts to establish and maintain active involvement from participants.

Previous commentary by Morony et al. (2019) suggested that particular features of the ITS, including the voluntary nature of the program in addition to delays between release from custody and referral to the program, may be instrumental to problems with engaging some offenders. Given that CCOs typically refer offenders to the ITS for support with needs outside of routine correctional supervision, delays may mean that these needs go unmet for some time. Unmet needs may also evolve by the time ITS support becomes available, which could further complicate engagement.

ITS support can facilitate processes of offender reintegration, but limitations should be considered

The results of this study do suggest that many priority, high-needs offenders can be assisted in accessing and engaging in services through the ITS. However, reintegration needs are often significant, co-occurring, and take long periods to address. Caseworkers typically have less than three months to assist offenders in addressing multiple needs, and often considerably less time in the event of attrition or prolonged initial efforts to engage offenders with the program. The patterns of case notes data illustrated that this period is often much less than is required to meet offenders' underlying welfare needs (e.g. for a public housing tenancy, psychiatric stability, or sustained abstinence from AOD use). This relates both to the complexity of offenders' needs, and also the challenges and time required to mobilise resources to support those needs. For example, analyses indicated that caseworkers often use the flexibility afforded by support period extensions to overcome barriers to service provision, such as ongoing needs to promote offender engagement or delays securing access to a service.

Given the complexity and extent of many offenders' needs, it may be unfeasible that reintegration programs such as the ITS can continue to support participants for the periods required to achieve full resolution of those needs. Offenders have established needs when entering the program, and will almost invariably have ongoing needs when they exit ITS support. In this regard, it may be appropriate to conceptualise the aims or outputs of such programs in reference to the initial processes of securing access to community-based services and establishing the foundations for continued engagement in services. Greater emphasis on throughcare could also help to address more instrumental barriers to service provision by allowing for advanced planning and timely delivery of services when needed.

These results offer insight into the program's effects on recidivism

By better understanding the activities (e.g. engagement) and outputs (e.g. completions) of the ITS, our study may help to interpret the modest, inconsistent impacts of the ITS identified in Morony et al. (2019). As discussed in the previous sections, challenges with offender engagement and the limited support timeframe have implications for treatment intensity and the potential for further dilution of intended dosage. This is consistent with our analyses of outcomes associated with completion of the ITS, which suggested that completing the support period is a relatively modest indicator of whether, and the extent to which, services have been delivered to meet offenders' case management needs.

Our results also showed that most ITS referrals were made for domains such as accommodation, AOD and mental health, which may have a bearing on how the program impacts upon outcomes such as

reoffending. Ndrecka (2014) observed that the non-significant effects of 'case management/service-referral'-based reintegration programs on recidivism may reflect their failure to address antisocial attitudes or adhere to the RNR model. Among the ITS domains, 'attitude' was the only major criminogenic need (Bonta & Andrews, 2007; Gendreau, Little, & Goggin 1996) that was explicitly addressed, but was the least frequently used. Other criminogenic factors like 'companions' and 'personality' were not considered (although mental health referrals may have addressed related needs). Accommodation and mental health have not traditionally been viewed as risk factors for recidivism (Latessa & Lowenkamp, 2005) but as barriers to service engagement.

We did not explore the reasons behind CCOs' tendencies to refer some domains more frequently than others. However, possible reasons for this may include the prevalence of unmet need among offenders; the receptiveness of the ITS to requests for varying specific needs; and CCOs' perceptions of the program's purpose or effectiveness. The health and welfare focus of the main domains referred to the ITS appears to match CCOs' views that addressing major criminogenic needs (including attitudes) is a primary function of routine community supervision (Tran et al., 2019).

Incomplete data limits insight into program participation and outcomes

Deriving an understanding of offenders' participation in, and outcomes of, the ITS was complicated by the available program data. Administrative data from the FPI database was largely complete, but was restricted to categorical data and frequency counts (e.g. case completion status, referral domain, support duration) and there appeared to be substantial variation in applied definitions of case completion. We therefore sought supplementary information on the nature of support from Caseworkers' case notes. Case notes were

generally suited for this purpose; however they were not recorded in a systematic manner and often lacked any caseworker comment at all.

While more systematic and complete information on support and service use would shed considerable light on ITS operations, related challenges may be inherent to such programs to some extent. Given the multiple influences on offenders' case management in the community and parallel streams of services provided, it may be difficult for Caseworkers to clearly identify relationships between their support actions and the services received, or to gauge the offender's compliance with or benefits derived from each of those services. The intermediary role of Caseworkers in securing services also necessitates flexibility in outcome definitions; for example, offenders can complete the ITS support period while being at various different stages of accessing and completing services. Notwithstanding these considerations, future ITS evaluation and operations may benefit from instituting standardised protocols for defining case closures, structured case note entries and minimising missing data.

Study limitations

The foregoing discussion detailed a number of limitations of the program data: in some cases data were missing or unclear, and case notes did not always provide clear and consistent information about the relationship between caseworker support and offender service use.

Some other limitations are noted. Due to the structure of the data and the complexity of real-life interactions between offender needs and services utilised, we were not able to cover the full dynamics of individual participation. Instead, we reported aggregate-level results, for discrete elements of completed tasks, for a subset of three ITS domains. Cases typically involved multiple tasks and/or multiple domains, and the ITS supports individuals

across, not merely within these domains. In this regard we identified examples of interaction between domains, such as requests and support for mental health needs that were described in AOD case notes. Interactions between domains may present challenges or opportunities for offender integration; for example, Morony et al. (2019) observed that housing problems may reduce engagement in AOD treatment but that AOD problems may also be a barrier to housing (e.g. hostels that demand sobriety; also see Sotiri & Russell, 2018). However, it was not possible for our analyses to comprehensively account for domain interactions within the scope of this study.

A second limitation of our case note analysis is that it may not generalise to all participants. We used an unstratified random sample of case notes, encompassing the most common activities of the ITS and most participants, but it is unclear whether samples were representative of all ITS participants. We also did not examine case notes for offenders who did not complete the ITS or referrals to less common task domains, which could have unique patterns of participation and service provision.

Lastly, we were unable to systematically compare parolees with offenders on community-based orders within the scope of this study, which has previously been identified as a potentially important distinction in ITS operations (Morony et al., 2019). Future analyses could explore differences in service needs and outcomes for these groups. However, delineating parolees from other ITS referrals is challenging. Many offenders on community orders have been incarcerated, and the psychosocial profiles of these groups have much in common. Alternatively, there may be utility in examining how participation in the ITS differs between offenders who are referred immediately after prolonged prison terms compared to those who have no recent history of imprisonment.

Conclusion

This study continues CRES' series of evaluations of the ITS by developing a more nuanced profile of offenders' participation in, and completion of, the program. The results suggest that the ITS presents a viable channel for motivated offenders to access reintegration services that supplement routine community correctional supervision. Consistent with the aim of the ITS, caseworkers made extensive efforts to coordinate a variety of health and welfare-oriented reintegration support, rather than providing direct services. The data suggest that engaging (both reaching and retaining) offenders in this voluntary program is an important challenge for Caseworkers. The health and welfare emphasis of the ITS, its narrow window of support, and treatment dilution through attrition have implications for the intermediate outcomes of the program and its impact on recidivism. A forthcoming study (Thaler, Nelson, & Howard, in preparation) aims to further develop our understanding of ITS implementation and factors shaping referral, support and coordination.

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