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# **Evaluation of the Community Justice Program**

## **FINAL REPORT**

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## Abbreviations

ABI	Acquired Brain Injury
ADHC	Ageing, Disability and Home Care
ANZSOC	Australia and New Zealand Society of Criminology
ARIA	Accessibility/Remoteness Index of Australia
ATI	Alternative to Incarceration program
ATM	Automated Teller Machine
BOCSAR	Bureau of Crime Statistics and Research (New South Wales)
CALD	Culturally and Linguistically Diverse
CJP	Community Justice Program
COSP	Community Offenders Support Programs
CPE	Centre for Program Evaluation
CSNSW	Corrective Services New South Wales
DFATS	Disability Forensic Assessment and Treatment Service
DIS	Drop-in Support
DPC	Department of Premier and Cabinet New South Wales
FACS	Department of Family and Community Services New South Wales
HASI	Housing and Accommodation Support Initiative
HF	Housing First
ID	Intellectual Disability
IRS	Intensive Residential Support
ISP	Integrated Services Program
IQ	Intelligence Quotient
JJ	Juvenile Justice New South Wales
LRCSSL	Large Residential Centres and Specialist Supported Living
MACNI	Multiple and Complex Needs Initiative
NDIS	National Disability Insurance Scheme
NGO	Non-government organisation
NSW	New South Wales
OSSL	On-Site Supported Living
SDS	Statewide Disability Services
SS	Statistical Supplement
SQOL	Subjective Quality of Life
TSPs	Tailored Support Packages

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## EXECUTIVE SUMMARY

The New South Wales Government's Community Justice Program (CJP) provides services for people with an intellectual disability (ID) who have had interaction with the criminal justice system. The primary aim is a justice related one – to reduce the risk of reoffending – and the secondary aims are both justice and disability related – to reduce the risk of harm to individuals and to others, and to improve participants' adaptive functioning and subjective quality of life (SQOL).

The program commenced in 2006 and has progressively been expanded from 34 places in 2007 to 300 places at 30 June 2014. In 2009, the program name was changed from Criminal Justice Program to Community Justice Program, to better reflect that individuals are moving out of the justice system and into community environment.

The program is administered by the Ageing, Disability and Home Care (ADHC) area of the NSW Department of Family and Community Services (FACS). Referral and assessment processes for choosing clients for the program, as well as placement of clients into a particular Service Model, are managed centrally by ADHC. Services are delivered in the majority of cases by non-government organisations (NGOs) and in the minority by ADHC service providers.

The program provides a wide range of clinical support as well as individualised case management. There are 4 Service Models ranging from intense service delivery in a residential setting to drop-in support for those living independently. In decreasing order of intensity the models are:

- Intensive Residential Support (IRS), which provides 24-hour support in a group home environment with capacity to provide high levels of behavioural support.
- On-Site Supported Living (OSSL), which provides a range of accommodation types (e.g. clusters of units, small houses) with access to 24-hour support as required.
- Tailored Support Packages (TSPs), which are used to establish accommodation and support arrangements appropriate for an individual's needs and circumstances. The TSPs are primarily for clients whose needs sit outside of other generally available service models or who require specific support solutions due to their life stage, cultural or geographic location. These packages are used to provide supplementary services for clients in the other service models, especially the DIS.
- Drop-in Support (DIS), which provides regular support for individuals living alone or sharing with others in public or private housing, and has the capacity to reduce levels of support over time.

This range of models is intended to provide differing levels of service with the view to program participants moving between the models before exiting the program. However, in practice the exit rate from the program has been low, partly reflecting the complex needs of CJP clients.

This evaluation comprises three components: quantitative and qualitative evaluations of outcomes; a process evaluation of program implementation; and a financial analysis of program costs.

The **quantitative analysis** could not find any evidence to support the hypothesis that the CJP reduces the likelihood of reoffending. This is not to say that there is categorically no evidence, but rather that this analysis could find no statistically significant reductions in reoffending for CJP participants. A control group of individuals was identified using a propensity score matching process for a broad range of CJP client characteristics ranging from IQ through to gender, age and history with the justice system.

It was found that there was no statistically significant difference between the CJP client group and the control group regarding the likelihood of reoffending, the time to the first reoffence or the frequency and type of reoffences. The reoffending data was examined at 12 months and 24 months after entry into the program or, for the control group, exit from custody.

However, additional analysis of the types of reoffences using the National Offence Index (NOI-2009) categorisation of severity did indicate that for the CJP client group, reoffences at 12 months and 24 months are less severe than their offences over the 5 years prior to entry into the program. This trend also occurred among the non-CJP group.

The **qualitative evaluation** involved feedback from stakeholder consultations and informed a structured analysis of the qualitative data, across the primary and secondary aims of the program (outcomes analysis) and delivery of services (evaluation of process).

The qualitative analysis found that for some clients, the CJP has had a positive impact on their reoffending, either through a reduction in frequency and/or severity of offending behaviour. However, for other clients the CJP has had little to no impact. Overall, stakeholder views were mixed and it was unclear from these consultations whether the program has had an overall positive impact on clients reoffending. However, the qualitative analysis did indicate that the CJP has had many positive impacts on the two disability aims of the program, improving clients' adaptive functioning and Subjective Quality of Life.

Stakeholder discussions highlighted the complexities of delivering high-quality services to the CJP client group which is not only characterised by individuals with an ID and contact with the justice system, but also commonly characterised by individuals having multiple disadvantages and needs.

The **cost analysis** indicated that the annual cost of CJP service delivery ranges from \$77,862 to \$190,613 per place in 2013-14, depending on the intensity of the service model being provided.

Comparisons with similar programs are very limited, but some comparisons with other housing and disability services suggest that: DIS and OSSSL/TSP services are being delivered below the cost of relevant comparison programs or services; but IRS services are provided at a higher cost per place than the main comparison program.

When the National Disability Insurance Scheme comes into operation over the period July 2016-June 2018, there will be an associated shift from the current capped, rationed disability systems to an entitlement-based scheme. Services for individuals with forensic and intellectual disability characteristics will have to be considered within this new context.

**Recommendation 1: Improve data collection to inform service delivery, program assessment and policy development.**

1.1 *Establish data sharing with relevant government agencies and strengthen ADHC and CJP service provider data collection at the client, Service Model and program level.*

- (i) *Encourage accurate and timely collection of client characteristic data on entry to the CJP, including justice history and wherever possible data on other services received (e.g. health and human services previously received by the client).*
- (ii) *Improve the collection of data on other services received for the period the client is in the program, including movement between different Service Models and total hours of support received by Service Model.*
- (iii) *Link historical justice data with program outcomes data at the client level, to inform case management.*
- (iv) *Formalise the collection of human service outcome data at the client level to inform ongoing assessment of the disability aims of the program and effective service delivery.*

1.2 *Consider ways in which the flow of information to service providers about program and clients outcomes can be improved.*

**Recommendation 2: Seek ways to improve service delivery.**

2.1 *Examine whether greater emphasis should be given to specific program activities that will target changes in behaviour that may contribute to reducing reoffending (for example, targeting anger management).*

2.2 *Examine ways to improve service delivery for the following specific client groups: Indigenous people, people from CALD backgrounds, young people, women, individuals with more serious offending histories, and clients in rural and non-metropolitan areas.*

2.3 *Examine ways to encourage appropriate training of CJP staff, recognising that staff are working with clients with complex needs.*

2.4 *Consider ways to improve communication about referral and assessment processes to those potentially making referrals.*

2.5 *Examine how services for this client group will be managed in the context of the transition to the National Disability Insurance Scheme (NDIS).*

# 1 INTRODUCTION

In 2013 the Centre for Program Evaluation in NSW Treasury commenced an independent evaluation of the Community Justice Program (CJP) for the Department of Family and Community Services NSW (FACS), whose Ageing, Disability and Home Care (ADHC) division operates the program. The program provides accommodation and other supports for people with an intellectual disability (ID) who have spent time in custody or are at high risk of recidivism.

## 1.1 Policy context of the CJP

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It has been well-established that people with an ID are disproportionately represented in the prison population internationally and in Australia, with an estimated prevalence rate of ID in the prison population of around 20% in NSW (Fazel et. al. 2008; Hayes 2002, 2005; Haysom et al. 2014; NSW Ombudsman 2008; Riches et al. 2006).

It has also been established that when in a custodial setting, people with an ID are at greater risk of victimisation and have greater mental health needs compared with other prison populations (Riches et al. 2006). They are also more likely to receive different treatment while in prison (for example, with respect to parole or security classifications) (Department of Justice 2007).

In 1996 the NSW Law Reform Commission recommended a range of reforms to prevent and divert people with an ID from entering prisons and to better support them when they come into contact with the criminal justice system (NSW Ombudsman 2008).

In 2001, the NSW Attorney General launched the *Framework Report* (Simpson et. al. 2001), providing a detailed analysis of the human service needs of offenders with an ID and those at risk of offending. It found that there is a number of limitations of service provision for this particular group.

The NSW government announced a 10-year plan – *Stronger Together (2006-2016)* – to provide greater assistance and long term practical solutions for people with a disability and their families. It involved major reforms and service expansion with the aim of increasing capacity by 40% over the first 5 years. The CJP was developed as a specific program to ensure that the complex needs of justice clients with an ID were addressed under the *Stronger Together* plan.

*Stronger Together 2* was introduced for the period 2011-2016 with the aim of further significant increases in funding and expansion of services for disabilities. In December 2013, the NSW government announced *Ready Together*, which continued the growth of disability services announced in *Stronger Together 2*, but also introduced some legislative changes in preparation for NSW's transition to the National Disability Insurance Scheme.

When the National Disability Insurance Scheme comes into operation over the period July 2016-June 2018, there will be an associated shift from the current capped, rationed disability systems to an entitlement-based scheme. Services for individuals with forensic and intellectual disability characteristics will have to be considered within this new context.

## 1.2 About the CJP

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In 2006 the ADHC division of FACS introduced the CJP. The program received 34 clients in its first full year of delivery in 2007 and has been deliberately grown each year to accommodate 300 clients (and 305 program places<sup>1</sup>) by the end of June 2014.

The CJP supports people with an ID who are exiting correctional facilities, and provides accommodation options, specialised accommodation support, pre- and post-release case management, and clinical services targeted to individual need. The program is administered by ADHC and delivered predominantly by 9 different non-government organisations (NGOs), with a minority (around 10 % of total services) delivered by ADHC service providers.

Program delivery comprises different levels of support through 4 Service Models (2 residential and 2 non-residential), as well as specialist clinical and case work support services. Each Service Model varies significantly in the types of services offered and the way that these services are accessed by individual CJP clients. In summary, each CJP client profile is different and the Service Models have been designed with the flexibility to respond to individual client needs. The intention is that clients are able to transition from one Service Model to another as their needs require, including progressively moving out of the program.

### 1.3 CJP objectives

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The primary objective of the CJP is to reduce the risk of reoffending by people with an ID who have exited a criminal justice facility (*CJP Operations Manual*, p.8). Other secondary objectives of the program are to:

- improve adaptive functioning of program participants (that is, the ability to handle common demands in life)
- improve the subjective quality of life (SQOL) of program participants
- reduce the risk of harm to program participants
- reduce the risk of harm to others.

### 1.4 Aims of the evaluation

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The evaluation has three main components: quantitative and qualitative outcomes evaluations, a qualitative assessment of program implementation, and a financial analysis of costs. The aims of each of these elements are as follows:

- The **outcome evaluation** examined the effectiveness of the CJP in achieving its primary aim (reducing the risk of reoffending) and secondary aims (reducing the risk of harm to others and improving clients' adaptive functioning and Subjective Quality of Life (SQOL)). The outcomes evaluation used a combination of quantitative and qualitative methods.

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<sup>1</sup> Clients may occupy more than one place/funding package, depending on their level of need.

- The **process evaluation** comprised a qualitative assessment of program implementation including governance, stakeholder engagement and service delivery to clients.
- The **financial analysis** examined program costs. An economic evaluation was intended to support this research, however, due to the lack of evidence to support any identified ‘cost savings’ from the outcomes assessment and a number of limitations surrounding availability of data, the analysis was restricted to a financial analysis.

A brief summary of the methodology for each component of the evaluation is described in the sections below. A more detailed description of the evaluation methodology for the process evaluation is provided at Appendix A.

## 1.5 Governance

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A Steering Committee for the evaluation was appointed at the beginning of the evaluation to inform development of the evaluation plan and to review the report.

The Committee includes representatives from the following agencies:

- NSW Treasury
- FACS (including the ADHC CJP unit)
- Department of Justice NSW (DOJ)
- Corrective Services NSW (CSNSW)
- Juvenile Justice NSW (JJ)
- NSW Department of Premier and Cabinet (DPC).

A list of Committee members is provided at Appendix B.

An Indigenous Reference Group provided advice to the evaluation team to inform the conduct of the process evaluation as it related to Indigenous clients and stakeholder agencies. A list of the Indigenous Reference Group members is provided at Appendix B.

## 1.6 Ethics approval

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Ethics approval was required because unit record level data was accessed for the evaluation. Approval was obtained from the following organisations:

- National Health and Medical Research Council
- UNSW Australia
- CSNSW
- JJ.

This ensured the research adhered to the principles set out in the *National Statement on Ethical Conduct in Human Research* (2014). The fieldwork was also conducted in accordance with recognised professional and ethical standards in the social and market research industry, for



example the Australian Market and Social Research Society's *Code of Professional Behaviour* (2014) and the Australasian Evaluation Society's *Guidelines for Ethical Conduct of Evaluations* (2013).

## 1.7 Methodology

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### 1.7.1 Outcome Evaluation

The quantitative outcome evaluation assessed whether the primary and secondary justice objectives of the program (reducing the risk of reoffending and reducing the risk of harm to others) have been achieved. Qualitative information was also collected on whether the program had reduced the risk of reoffending, as well as whether the disability-related aims of the program (improving adaptive functioning and Subjective Quality of Life) were being achieved. No qualitative or quantitative data were available on the secondary aim of reducing harm to program participants.

#### 1.7.2.1 Reducing the risk of reoffending (including harm to others)

Three outcome measures were examined:

- the likelihood of reoffending
- the length of time to first reoffence
- the frequency and type of reoffences.

These outcomes were investigated at two points:

- 12 and 24 months after the CJP entry date for those enrolled into the program
- 12 and 24 months after release from custody for those not enrolled into the program.

In addition, violent offences were used as a proxy to measure the risk of harm to others, one of the secondary aims of the CJP.

Data for the analysis were provided by CS, JJ, ADHC and the NSW Bureau of Crime Statistics and Research (BOCSAR). The data linkage undertaken by BOCSAR provided a baseline dataset of 2,677 individuals who had an ID and had been in contact with the criminal justice system. This dataset was then divided into 200 clients who had been enrolled into the CJP (referred to as the CJP client group) and 2,477 who had never been enrolled into the program (referred to as the non-CJP group). The non-CJP group may or may not have received varying levels of other disability and human services, such as services from public housing, in-home assistance, various disability services and other clinical services that are specific to mental health.

For statistical testing, the outcome measures for CJP clients were compared with a selected non-CJP group using a non-randomised quasi-experimental design. The non-CJP comparison group was selected using a one-to-one propensity score matching method using a broad set of characteristics of CJP clients. A comprehensive overview of the characteristics of the full dataset (CJP clients and non-CJP individuals) is provided in the Statistical Supplement (SS) (see Tables S1 and S2). In addition, Tables S3 and S4 in the SS provide a comparison between the matched datasets of 105 CJP clients and 105 selected non-CJP individuals making up the control group.

Standard statistical hypothesis testing procedures were used to compare outcomes between the CJP client group and the selected non-CJP control group. Although the primary aim of the CJP is to reduce the risk of reoffending, a two-sided hypothesis test was performed to detect if there were any unforeseen increases in the risk of reoffending due to the program. Therefore, the analysis tested the null hypothesis that ‘there is no difference between the two groups for each outcome’ against the alternative hypothesis that assumes ‘there is a difference’ (either positive or negative) attributed to the CJP. A p-value of less than 5 % was taken to indicate a statistically significant difference between the two groups.

### **1.7.2 Process Evaluation**

The process, qualitative evaluation involved two rounds of consultations with stakeholders.

Stage 1 of the consultations was with staff of the ADHC CJP unit and National and State disability and legal organisations in NSW Government, academia and the non-government sectors. These consultations were primarily conducted face-to-face, or in a minority of cases by phone. The majority of Stage 1 consultations were completed between May and September 2013, with a minority of consultations taking place in February and March 2014.

Stage 2 of the consultations involved field visits to seven locations around NSW. This included:

- Six sites in metropolitan and regional locations where CJP services are provided: Blacktown, Parramatta, Orange, Wyong, Wollongong and Coffs Harbour. Consultations were conducted with CJP managers and staff, clients, family members/guardians and carers, and local stakeholders.
- Long Bay Correctional Centre where consultations were conducted with former clients of the CJP and Long Bay Additional Support Unit staff.

Stage 2 consultations were completed between December 2013 and February 2014.

The consultations were conducted in small groups for CJP managers and staff respectively, and some of the stakeholders in Stage 1. The remainder of the consultations were conducted individually. The client interviews were conducted jointly with a researcher from the Centre for Disability Studies at Sydney University with expertise in consulting people with an ID (or, for one visit, an Indigenous researcher with this expertise). Clients were recruited by ADHC CJP and NGO CJP service providers in close consultation with CPE.

Follow-up consultations were also conducted with some individuals unavailable during the field visits, and the other four CJP service providers not visited. A list of the stakeholders consulted is provided at Appendix C.

In summary, consultations were conducted with managers and ground level staff from 7 CJP sites, 48 external stakeholders (Stage 1 and 2), 34 clients and 5 family members/guardians/carers.

The consultations were audio recorded except where the participant did not consent. Transcriptions of these consultations were coded thematically and analysed using the NVivo software package (summarised in Appendix B). Thematic analysis is a method for analysing and reporting patterns in qualitative data, and allows the researcher to provide more structured aggregation of qualitative

information by theme as well as by the type of stakeholder interviewed (Braun and Clarke 2006, p.6.).

Qualitative information was used to supplement the quantitative assessment of the primary outcome of reducing the risk of reoffending.

#### **1.7.2.2 Adaptive functioning and SQOL**

No quantitative data sources were available to evaluate the impact of the CJP on its two secondary aims, improving clients' adaptive functioning and improving the SQOL, however a qualitative assessment was made based on stakeholder consultations.

#### **1.7.2.3 Reducing the risk of harm to program participants**

There were no quantitative or qualitative data sources available to evaluate the CJP's impact in reducing the risk of harm to program participants (e.g. fatal or non-fatal self-harm). Accordingly, this was not assessed for the evaluation.

### **1.7.3 Cost analysis**

The outcomes evaluation found that there was no statistically significant improvement in reoffending outcomes of the CJP client group compared with the non-CJP control group. The evaluation was also limited to undertaking a qualitative assessment only of the secondary aims of the program improving adaptive functioning and SQOL due to limited outcomes data for these human services objectives. As a result, no definitive conclusions could be drawn between the CJP client group and the non-CJP group and a cost benefit analysis was not undertaken.

Rather, a cost analysis of program expenditure was undertaken using program data provided by FACS Strategic Finance. Actual program costs for grants and administration of the CJP were provided in aggregate, by Service Model (for NGO service providers only) and by program place. In particular, disaggregated data from 2010-11 to 2013-14 illustrates trends in average annual costs by Service Model.

Some high level comparisons were made between the costs of the CJP compared with other NSW disability and housing programs, in the absence of a similar program to the CJP being available for comparison. However, an assessment of the cost efficiency of service delivery to the CJP group compared with the non-CJP group was unfortunately not possible due to a lack of data about services accessed by the control group.

### **1.7.4 Limitations of the Analysis**

The key limitations of the evaluation include:

- Some areas of NSW were not covered by the site visits (notably, far west NSW), although the CJP providers in those locations were consulted by phone.
- There was a relatively small number of clients (34) and family members/guardians (5) consulted.

- Disability, housing and other human services usage by the non-CJP group was unavailable. This limited the conclusions that could be drawn about the relative costs of individuals being in the CJP compared with the cost of services to individuals in the non-CJP group, who would access more general housing and disability support services. In other words, life costs analysis of non-CJP individuals was not undertaken.
- There are no comparable targeted programs provided within NSW or Australia to allow direct cost comparisons of the efficiency of the CJP.
- It was not possible to attribute changes in outcomes to different service models or to definitively make an efficiency comparison of different services delivered by the CJP due to data limitations.
- Data limitations reduced the CJP client group size and associated matched non-CJP group available for quantitative analysis of outcomes data.
- The sample size for the quantitative analysis is moderate to detect real differences between the CJP client group and non-CJP control group especially when dealing with categorical outcomes. The relatively small sample size was a barrier to performing subgroup analysis.
- The quantitative analysis used a matched comparison group, which could differ from the intervention group, rather than a randomised control group.

## 1.8 Terms used in this report

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Throughout the report the following terms are used to refer to the different categories of people consulted:

- **‘ADHC CJP staff’/‘ADHC CJP unit’** – ADHC staff (part of FACS) who are involved in running the CJP.
- **‘Carer’** – carer of a CJP client.
- **‘CJP providers/CJP service providers’** – operational service providers of the CJP i.e. NGOs or CJP services provided directly by ADHC.
- **‘CJP staff’** – service staff of the CJP (for services delivered by NGOs and ADHC CJP service providers).
- **‘Clients/program participants’** – current and former clients of CJP.
- **‘Family member’** – family member, guardian or carer of a CJP client.
- **‘Guardian’** – guardian of a CJP client.
- **‘Stakeholders’** – includes government and non-government organisations in the areas of disability, health, education, employment, justice and other services.

Other terms used throughout this report:

- **‘ADHC’s criteria for ID’** – intellectual functioning below two standard deviations of the average on a recognised test of intelligence (i.e. an IQ of less than 70), with significant deficits in the functioning of two or more domains, present prior to the age of 18 years; or a specific diagnosis of a syndrome strongly associated with significant ID made in a written report by a health professional or Diagnostic and Assessment Service.
- **‘CJP Operations Manual’** – The key written program document (2012) used to guide the operation of the CJP.
- **‘CJP Service Models’** – the 4 Service Models delivered under the CJP.
- **‘Cognitive disability’** – encompasses people with the diagnostic label ‘ID’ (as defined by the American Association of Intellectual and Developmental Disabilities), and people with Acquired Brain Injury (ABI).
- **‘Forensic disability’ (population)** – those individuals who have a cognitive or intellectual disability and are, or have been, involved with the criminal justice system.
- **‘Forensic disability services’** – those services aimed at providing case management and support for the forensic disability population.

## 2 PROGRAM OVERVIEW

### 2.1 Aims and strategies

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The primary aim of the CJP is to reduce the risk of reoffending by people with an ID who have spent some time in custody either because they have served a custodial sentence or were held on remand. The program facilitates the move from a correctional facility to community integration through the provision of specialised accommodation and support along with pre- and post-release clinical and case management services (*CJP Operations Manual*, p.8).

While community integration is the expected outcome, it is acknowledged that a number of clients will remain part of the program and receive focussed supports, which may include accommodation, in the long term and/or on a permanent basis (*CJP Operations Manual*, p.8).

In practice, a range of secondary aims are also pursued, as noted by the ADHC CJP unit:

- improvement of adaptive functioning of program participants
- improvement of the subjective quality of life (SQOL) of program participants
- reduction of risk of harm to program participants
- reduction of risk of harm to others.

#### 2.1.1 Program principles

The *CJP Operations Manual* (p.10) sets out Program Principles for the CJP that are intended to reflect the *United Nations Convention on the Rights of Persons with Disabilities* which was adopted in 2006, and ratified by Australia in 2008. Broadly these principles include the provision of support that is appropriate to a person's life stage, culture and needs with a focus on a move towards independence and a reduction of offending and risky behaviour.

### 2.2 Client Services

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The CJP works with clients to establish longer-term, sustainable accommodation and other support arrangements, builds their capacity to live in the community, and addresses factors which have contributed to their complex needs and risk behaviours.

The strategies set out in the *CJP Operations Manual* (p.8) to achieve the program aims are:

- *pre- and post-release case management and clinical services*
- *person-centred assessment and support planning*
- *a range of specialised accommodation support services in a community setting*
- *effective treatment programs*
- *skills development.*

In particular, the CJP provides the following services:

- pre- and post-release cognitive and behavioural support to reduce the risk of reoffending
- intensive case management
- specialised accommodation and other support to clients to integrate and live in the community and maximise their chances of remaining out of custody
- coordination of all service needs.

### 2.3 Service Models

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The differing specialised accommodation support levels provided under the CJP are designed to enable clients to develop skills and take responsibility and control over their lives by transitioning through the service models provided under the program. These models have a decreasing level of personal restriction and increased opportunity for independence while still providing regular and ongoing levels of support services overall. In order of the level of restriction and intensity (from highest to lowest) the service models are:

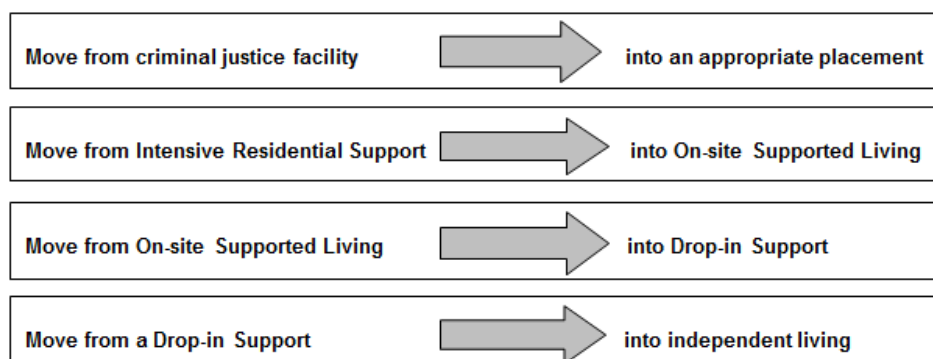
- **Intensive Residential Support (IRS)** which provides 24-hour support in a group home environment. The IRS service has the capacity to provide high levels of behaviour support with a strong focus on understanding, managing and reducing offending and other risk behaviours.
- **On-Site Supported Living (OSSL)** which provides a range of accommodation types (e.g. clusters of units, small houses) with access to 24-hour support. The OSSL support is tailored around the specific needs of clients who require a responsive and flexible approach that facilitates mentoring and support.
- **Tailored Support Packages (TSPs)** which can be used to establish accommodation and support arrangements appropriate for an individual's needs and circumstances. The TSPs are primarily for clients whose needs sit outside of other generally available service models or who require specific support solutions due to their life stage, cultural or geographic location. These packages are used as a supplement for clients in the other service models, particularly the DIS.
- **Drop-in Support (DIS)** which involves regular support for individuals living alone or sharing with others (e.g. friends or family). Clients may be living in a private dwelling or Housing NSW property. The DIS has the capacity to reduce levels of support over time whilst maintaining a level of engagement and monitoring as clients move closer to independent living (*CJP Operations Manual*, pp.41-42).

TSP and DIS packages are allocated to clients on an individual basis and support clients across the State. This contrasts with the IRS and OSSL residential models which are at particular locations..

A key focus of the accommodation support provided under the program is to build clients' capacity to live in the community independently or with support, and to establish long-term accommodation arrangements. The aim is that CJP accommodation support can act as a throughput model (detailed in **Figure 1** below), where people move towards independence as

their skills develop, and their support needs permit, and risky behaviours reduce (*CJP Operations Manual*, p.40).

**Figure 1: CJP flexible throughput accommodation support system**



Source: CJP Operations Manual, p.41.

The CJP operates in a number of locations in metropolitan and regional areas of NSW. This includes:

- metropolitan locations - Sydney (Parramatta, Blacktown), Wollongong
- regional locations - Orange, Coffs Harbour, Broken Hill, Central Coast (Wyang).

Key service delivery characteristics at 30 June 2014 were:

- 19 accommodation services, comprising 7 IRS services and 12 OSSL services
  - 13 accommodations services were provided by NGOs (4 IRS and 9 OSSL)
  - 6 accommodation services were provided by ADHC (3 IRS and 3 OSSL)
- all TSP and DIS (i.e. non-residential) services were provided by NGOs
- a total of 9 NGOs were involved in the program.

## 2.4 Client and place numbers

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At end June 2014 the CJP supported 300 clients who were receiving 305 support packages.

Table 1 provides an indicative allocation of clients across service delivery models. From this it can be seen that by far the largest number of clients were in the DIS (the least intense service model), followed by the OSSL model. There were markedly lower numbers in the IRS (the most intensive) service model and the TSP (which provides supplementary service support packages for those in the DIS model).



**Table 1: Number of services and packages by Service Model**

CJP Service Model	Number of services	Number of packages
<b>NGO Service Providers</b>		
IRS	4	50
OSSL/TSP	9/ Per individual	49
DIS	Per individual	182
Sub-Total	-	281
<b>ADHC Service Providers</b>		
IRS/OSSL	3/3	24
<b>TOTAL</b>	<b>19 + Per individual</b>	<b>305</b>

Source: Data provided by ADHC.

(a) TSP packages are included in the OSSL total packages for reporting purposes

## 2.5 Funding

The program has received a total of \$ 144.1 million in funding in the 9 years from 2005-06 to 2013-14 inclusive. In 2013-14, expenditure for the CJP was \$ 35.7 million (see Table 2).

The forward budget allocation indicates that the CJP will continue to grow over the next four years, with annual spending expected to increase to \$48.2 million by 2017-18. The transition of disability services funding to the National Disability Authority is expected to occur from 1 July 2018.

**Table 2: CJP expenditure 2013-14 financial year**

Support type	2013-14 expenditure (\$m)	Proportion of total expenditure (%)
<b>External CJP Service Providers</b>		
IRS	9.5	27%
DIS	13.8	39%
OSSL/TSP	6.1	17%
Sub-total	29.5	83%
ADHC CJP Providers	2.7	7%
Management and administration	3.6	10%
<b>Total</b>	<b>35.7</b>	<b>100%</b>

Note: There were no funded OSSL packages in 2013-14. Source: Data provided by FACS Strategic Finance.

## 2.6 Referral and entry processes

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To receive CJP services, clients must first be referred and then assessed as eligible for the program. Drawing on the dataset used in this report to describe the demographics of CJP clients,<sup>2</sup> referrals by source are:

- Statewide Disability Services (SDS) within CSNSW (40%)
- ADHC (38%), including 2% from the Integrated Services Program for clients with multiple and complex needs<sup>3</sup>
- Juvenile Justice (14%)
- Other sources (8%), for example the Intellectual Disability Rights Service, Criminal Justice Support Network, Justice Health, NGOs (such as Disability Services Australia), Legal Aid, Community Mental Health services and private psychiatrists.

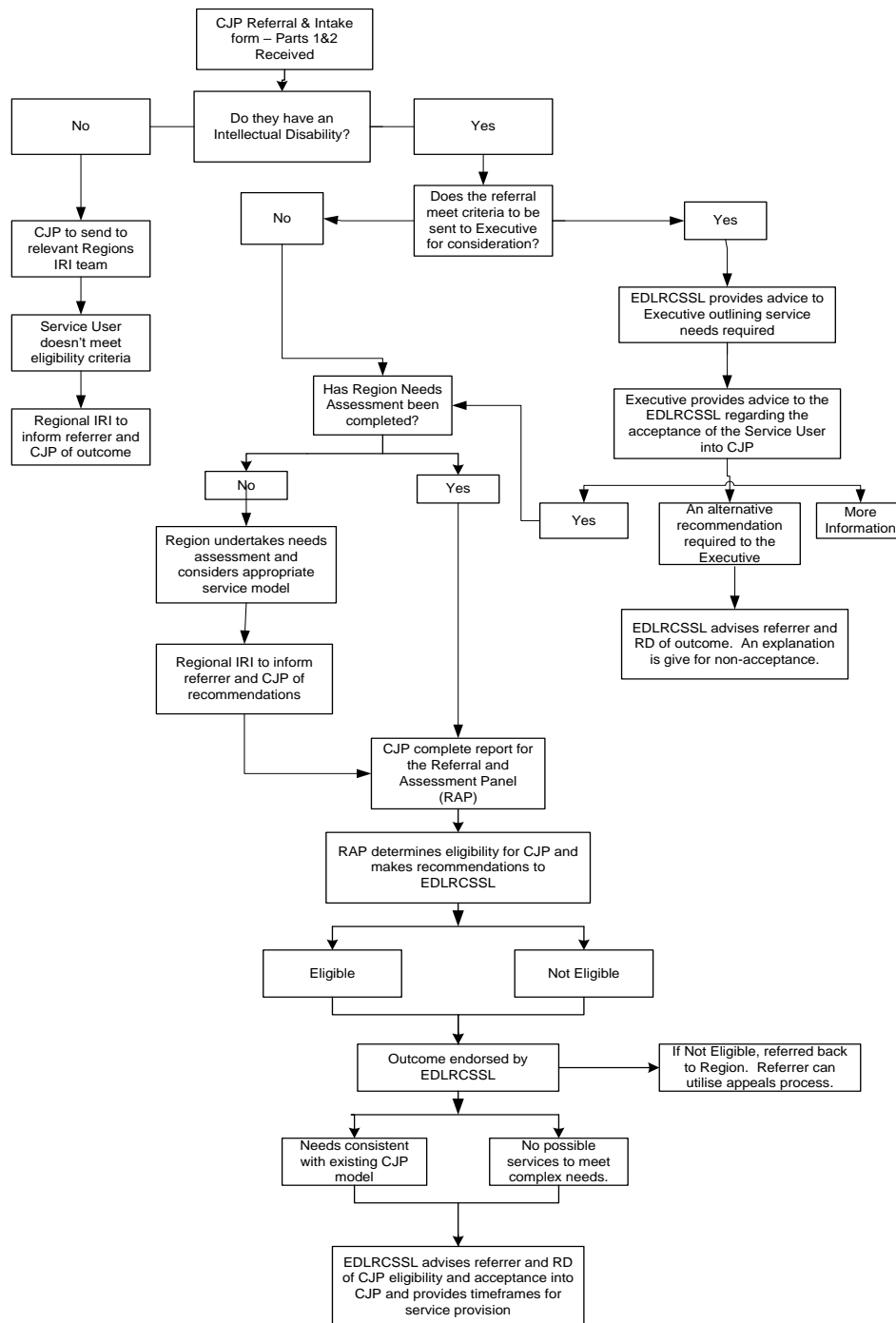
The referral and intake process is described in Figure 2.

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<sup>2</sup> That is, 200 CJP clients who entered the program between 1 June 2006 and 12 August 2013.

<sup>3</sup> The ISP has a fairly similar target group to the CJP, but clients must have a disability or mental illness, and they may or may not have an ID. The program also does not target those with an offending history, although some clients may have this history.

**Figure 2: CJP referral and intake process**



Source: Diagram provided by ADHC.

### 2.6.1 Criteria for admission

The CJP targets people who have a high risk of reoffending and demonstrate a range of disability support needs that are beyond the skills and resources of standard disability services.

The key criteria for admission into the CJP are that the person:

- **Is a permanent resident of Australia and lives in NSW** (or has resided in NSW prior to their most recent period of involvement with corrective services in another State).
- **Has a diagnosed ID according to ADHC’s criteria.** That is, intellectual functioning below two standard deviations of the average on a recognised test of intelligence (i.e. an IQ of less than 70), with significant deficits in the functioning of two or more domains, present prior to the age of 18 years; or a specific diagnosis of a syndrome strongly associated with significant ID made in a written report by a health professional or Diagnostic and Assessment Service.
- **Has established and continuing contact with the criminal justice system.** The person must have spent time in custody either as part of a custodial sentence or on remand while awaiting trial (even if they were subsequently given a non-custodial sentence). They may be described as either a single occasion offender or a regular offender. People accepted into the CJP are identified as being “at significant and imminent risk of reoffending placing themselves at risk of harm”, or that “there is a demonstrated significant risk of the person reoffending which may result in harm to others” (*CJP Operations Manual*, p.15).

It should be noted that referrals who may pose a particularly high risk (i.e. severe violent criminal history or high level psychiatric needs) must be approved by the relevant Executive Director in FACS.

Prioritisation factors considered in the referral process are (in no particular order): immediacy of need, barriers to community living, vulnerability and disadvantage (due to age, cultural and community factors or homelessness), timeliness (eligibility for release from prison in the next 12 months) and suitable placement availability in the CJP (*CJP Operations Manual*, p.16). Children and young people referred to the CJP are considered for admission on the basis of their reoffending risk based on the extent or severity of their offence history (*ibid*).

Since its inception through to October 2014, the CJP had received information on over 700 individuals from various organisations enquiring about CJP support and services. The CJP had received over half of these in formal referrals and there are currently 300 clients in the program.

### 2.6.2 The assessment process

The referral and intake pathway to CJP is a two-step process.

1. A person is assessed and deemed eligible by the ADHC Regional Office for disability support by the particular ADHC Region.
2. The ADHC CJP unit assesses if the person meets the CJP eligibility criteria.

In addition, the person (and/or their guardian) has to consent to participate in the program. The assessment is conducted in different stages and goes through the Vacancy Management Panel<sup>4</sup>.

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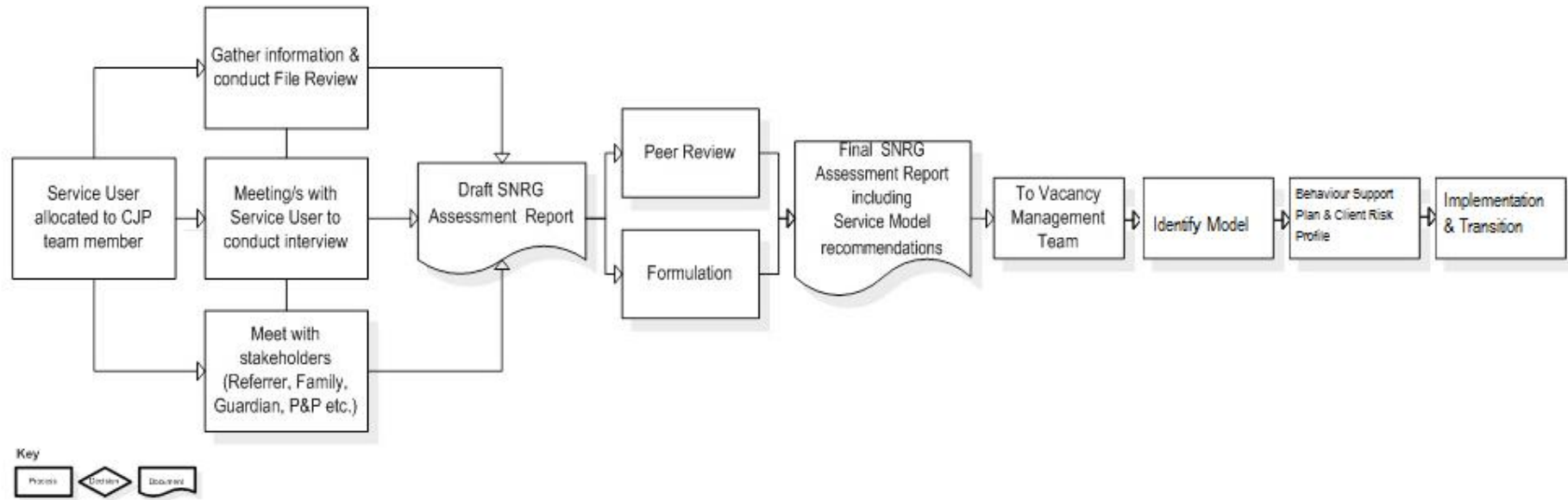
<sup>4</sup> The role of the Vacancy Management Panel is to provide advice to the Executive Director, Large Residential Centres and Specialist Supported Living (LRCSSL) on the entry and prioritisation of referrals to the program (*CJP Operations Manual*, p.16).

The *CJP Operations Manual* (p.17ff) outlines in detail the referral and intake pathway up to the point where the referred person is accepted into the program.

The detailed assessment process is outlined in Figure 3 below. This uses the evidence-based tool developed by the CJP – the Strengths, Needs, Risks and Goals (SNRG) tool. The tool focuses on identifying current behaviours of concern (including offending), aids in the understanding of a client’s current risk profile and identifies support requirements related to adaptive functioning and minimising the risk of harm and reoffending. It assists in the management and prioritisation for service by using objective, structured and standardised assessment measures.

A Good Lives Plan is also developed in conjunction with the SNRG in order to identify long-term goals and support needs. Part of this assessment is to complete a case formulation which aids in the development of focused clinical plans aimed at assisting support workers in caring for the client. These plans are part of current ADHC policies, and include Client Risk Profiles, Incident Prevention and Response Plans and Behaviour Support Plans. Service recommendations assist the CJP Vacancy Management Team to find the most suitable placement.

**Figure 3: Assessment process within CJP**



Source: Diagram provided by ADHC.

### 2.6.3 Entry and placement

When clients are formally accepted into the CJP, they remain with the referring service (i.e. prison, ADHC or other group home, support model) or the ADHC Region takes responsibility for supporting them until the vacancy management panel finds a suitable CJP placement. Offenders about to leave custody on parole can only be formally released once the parole officer approves their placement as suitable and meeting the court parole conditions.

Once admitted to the program, clients are allocated to the most appropriate CJP clinical team, which then commences the CJP internal clinical assessment and case plan process. Based on the clinicians' Service Model recommendations, the vacancy management panel starts searching for suitable CJP accommodation and a Service Model in a location preferred by the client and their guardian or family.

The *CJP Operations Manual* (p.29) notes that service model recommendations may include:

- *the most appropriate accommodation regarding location, type, residence, match of residence staffing*
- *the type of living skills support required (i.e. cooking or providing pro-social interaction)*
- *pre-requisites and transition requirements*
- *behaviour support including: essential strategies, critical incident planning, skills development, environmental management, lifestyle management and treatments*
- *the types of services required (i.e. case management, alcohol and other drugs, mental health, vocational training)*
- *any further assessments required, including their rationale, type, timeframes and priority*

The CJP vacancy management process is centralised and not managed by ADHC Regions. The vacancy management panel is intended to meet weekly to decide on new placements and recommend any transitions of clients between Models. It aims to balance prioritisation of need and risk against appropriate vacancies (*CJP Operations Manual*, p.31).

### 2.6.4 Program Duration

Once accepted into the program, CJP clients can access the program for an unlimited period of time or until their risk of recidivism has decreased so that ADHC Regions can continue to work with the person.

Although clients may be initially placed in the program due to mandated orders, they will continue in the program on a voluntary basis.

## 2.7 Governance

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FACS, through ADHC NSW, is the NSW Government agency that funds and oversees the CJP. The CJP has sat within a number of different directorates within ADHC since its inception, reflecting the complexity of the program. At the time of writing, the ADHC CJP unit was managed by a centralised CJP unit within the Large Residential Centres and Specialist Supported Living (LRCSSL) Directorate of ADHC. The CJP is managed by a Director who

reports to the Executive Director of Community Access, who in turn reports to the Deputy Secretary, Policy and Reform. Under the Director are:

- a business support team.
- a property and purchasing team.
- a clinical practice standards team.
- three clinical/casework teams of clinical consultants, supported by three team leaders and a manager.

The Director of the CJP has day-to-day operational authority, but requires approval by the Executive Director Community Access regarding client acceptance into the program, vacancy management, strategic direction and significant financial decisions. The ADHC Executive is also able to review, as needed, decisions made by the CJP regarding eligibility, client placement, resource allocation and funding.

The CJP External Reference Group provides information and advice in relation to the coordination, planning, implementation and evaluation of the CJP and includes representatives from:

- CSNSW
- JJ
- The Public Guardian
- the Council for Intellectual Disabilities
- Justice Health
- the Forensic Mental Health Network
- the Intellectual Disability Rights Service
- ADHC's Aboriginal Services Directorate
- ADHC's Clinical Innovation and Governance Unit.

Many agencies have a key role in providing services to people with an ID coming into contact with the criminal justice system.

The DOJ, including CSNSW, leads the process of rehabilitation to the point of exit from the correctional facility, and JJ has a similar role for young offenders. ADHC works with CSNSW and JJ to facilitate the transition of identified clients from the corrective facility into the community, into a program or some combination of these. There is also a separate sub-group which focuses on the support needs of young people, given the high representation of this group in the CJP (*CJP Operations Manual*, p.9).

The CJP is also governed by the same policies and procedures that apply to all ADHC funded services for people with an ID. Policies include those relating to managing offending and challenging behaviour, workplace health and safety, and incident reporting.



## 2.8 Role of ADHC and CJP service providers

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ADHC and CJP service providers have distinct but complementary roles under the program. ADHC has an overarching governance and management role involving centralised program and vacancy management, the development and provision of program resources, and consultancy and capacity-building across the sector. In addition, ADHC has a role as a service provider and along with NGO service providers is responsible for day-to-day service provision and coordinating client services.

ADHC's specific role includes:

- Overall program management.
- Providing the central intake point for the program.
- Completion of risk and need assessments for all accepted CJP service users, prior to entry into the program.
- Conducting initial training sessions for accepted CJP providers. CJP senior clinical consultants train CJP providers around assessment, intervention of clinical plans and strategies and implementation of clinical plans across the service system.
- The development and provision of clinical tools and documents to assist service providers in supporting the client. These documents are individually prepared for each CJP client and are updated at a minimum on an annual basis (in accordance with Departmental policies). They include Behaviour Support Plans/ Incident Response and Prevention Plans and Client Risk Profiles.
- Formulating and recommending clinical interventions to NGO partners for each CJP client as detailed in the clinical documents.
- Coordination of services and external programs to provide appropriate support and assistance relating to community integration, and social and economic participation.
- Providing therapeutic clinical evidence-based support, facilitated through trained staff.
- Providing regular specialised clinical advice to funded services and support systems as part of their support to service users.
- Providing specialist consultations as required regarding offending behaviour and people with an ID.
- Managing transitions between services.
- Corresponding with other relevant stakeholders, such as the Mental Health Review Tribunal and the Public Guardian and Trustee.
- Capacity-building across the human services sector.
- Providing advice to government regarding policy and legislation.

The specific role of CJP providers includes:

- Managing day-to-day service provision to CJP service users, in consultation with ADHC as required.
- Providing support outlined in clinical documents from the ADHC CJP unit.
- Responding to client incidents and informing the ADHC CJP unit accordingly.
- Providing regular progress notes and client reports to the ADHC CJP unit.
- Visiting clients in custody and assisting with court appearances.
- Participating in governance and monitoring processes implemented by the CJP.
- Coordinating client services and appointments.
- Liaising with clients to assist in their transition and community integration.

## 2.9 Program policies and documentation

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The CJP is guided by protocols, documents and clinical and non-clinical tools for assessing, managing and collecting data and supporting CJP clients, staff and managers. The main tools and policies relevant to this evaluation are:

- The detailed *CJP Operations Manual (2012)* and Manuals for each Service Delivery Model to guide program implementation and practice. The Operations Manual covers a wide range of issues including the CJP Practice Model, CJP clients, referral and intake, assessment and service modelling, CJP vacancy management, CJP accommodation support models, commissioning accommodation support services, and CJP service delivery.
- ADHC Client Information System for data management.
- The SNRG tool for clinical assessment and case management; this can include risk assessments and behaviour support plans depending on a person's offending history.
- The Client Risk Management Plan, Client Risk Profile and Incident Prevention Response Plan for assessing and managing risk.
- The Assessment of Risk and Manageability with Intellectually Disabled Individuals who Offend (ARMIDILO-G) tool and a version for sexual offenders (ARMIDILO-S).
- The Good Lives Model and the RNR Model as theoretical frameworks<sup>5</sup> guiding best practice in working with offenders with an ID.

Other CJP protocols refer to best practice, reporting procedures, or the use and management of budgets (such as finances to sub-contracted agencies), as well as interagency partnership agreements (i.e. with Reference Groups or other NSW Government Departments).

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<sup>5</sup> These models were not developed specifically for clients with ID, however are widely used in practice.

## 2.10 Theoretical frameworks

The CJP is underpinned by key theoretical frameworks including the:

- General Personality and Cognitive Social Learning Theory of Criminal Conduct
- Risk Needs Responsivity Model for Offender Assessment and Rehabilitation
- Good Lives Model for Offender Rehabilitation.

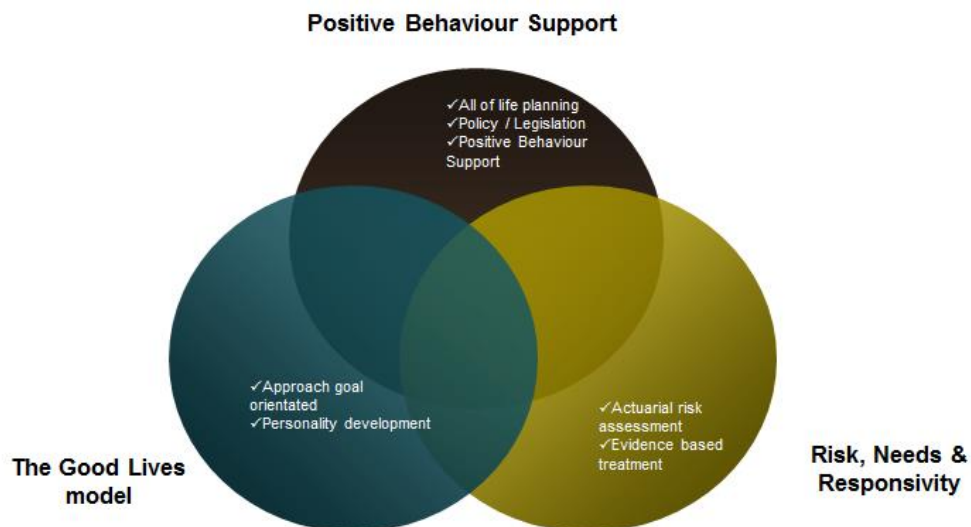
These models are briefly described at Appendix D.

A report commissioned for ADHC has described the CJP as being ‘based on a best practice, evidence-based, contemporary approach to supporting people with a disability with offending behaviour’ (KPMG 2014, p.10).

CJP staff use an individualised approach for delivering services to clients. This means that ADHC CJP clinicians and CJP service providers develop client case plans; daily activities; and risk assessments that are based on the individual’s characteristics and needs.

The Lifestyle Plan was used by most CJP services to develop clients’ short- and long-term goals. CJP staff work with clients on a daily basis using the overarching service delivery approaches. The approaches align with the overarching CJP Practice Model, illustrated in Figure 4 below.

**Figure 4: CJP Practice Model**



Source: *CJP Operations Manual*, p.11.

## 3 LITERATURE REVIEW

### Key points

- People with an ID are disproportionately represented in the Australian criminal justice system as both victims and offenders, with an estimated 20 % of NSW prisoners in 2002 having a diagnosed ID.
- This overrepresentation has been linked to the multiple disadvantages and complex needs characterising this population. This presents significant challenges for service delivery.
- Scottish literature explores the operation and impact of forensic disability services on offending behaviour, though care needs to be taken in applying the findings of these studies to the cultural context of Australia and to the CJP, where a large proportion of clients are from an Indigenous background.
- There are 4 programs in Australia (other than the CJP) providing forensic disability services targeted at individuals involved in the criminal justice system, however these have not been publicly evaluated.
- There are 3 evaluated general health and disability programs (two in NSW, one in Victoria) that highlight the importance of person-centred case management when working with people with complex needs.
- The combined findings of the international and Australian evaluation literature suggest that high quality services for offenders with an ID rely on:
  - a high degree of responsivity to criminogenic need through ongoing, specialised forensic care and rehabilitation
  - prioritisation in treating the anger and aggression of clients
  - adoption of a person-centred management approach.

### 3.1 Methodology for the review

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A literature search was conducted to identify evaluations of programs or services targeting people with an ID involved in the criminal justice system and published between 2004 and 2014, both in Australia and overseas.

The search was conducted using library databases and meta-databases including PsycINFO, MEDLINE, Social Sciences Citation Index, and CINAHL Plus. Search terms included: intellectual, developmental and cognitive disability; criminal justice; leaving prison, custodial settings and facilities; and variations thereof. Relevant literature was also sought through government department websites, Google scholar and recommendations from key government and non-government agencies working in this policy area. The review also identified other relevant programs in Australia that have not been evaluated or at the time of writing did not yet have public evaluation reports available.

### **3.2 The complex needs of people with an intellectual disability**

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People with ID are disproportionately represented in the Australian criminal justice system both as victims and offenders (Baldry et al. 2013; Haysom et al. 2014; NSW Ombudsman 2008). In NSW prisons the prevalence rate is estimated to be 20 % (Hayes 2002).

Historically, various theories have been proposed to explain the link between ID, criminal behaviour and incarceration (NSW Ombudsman, 2008). Evidence has shown that compared with the general population, people with an ID are more likely to experience:

- poor health characterised by higher mortality and increased rates of mental illnesses including schizophrenia and dementia
- disadvantage and social exclusion including poverty, lower educational and economic outcomes, history of out-of-home care and homelessness
- histories of trauma such as physical and sexual abuse and self-harm
- poor social and communication skills related to inattention and hyperactivity.

These interrelated individual and societal factors are linked to the overrepresentation of people with an ID in the criminal justice system (Cockram 2005; Department of Justice 2007; Glaser and Deane 1999; Hayes 2005a; Hayes 2005b; Haysom et al. 2014; Lindsay 2002; Lindsay and Holland 2002; Villamanta 2012).

Identifying and supporting people with an ID as they come into contact with the justice system is important not only from a human rights perspective (AHRC 2013), it is also critical as evidence suggests that contact with law enforcement authorities and time in custody places these individuals at a greater risk of reoffending, victimisation, further mental health and psychiatric problems and ongoing marginalisation (AHRC 2014; Department of Justice 2007; Intellectual Disability Rights Service 2008).

Importantly, the complex needs of people with an ID combine to increase their vulnerability and make them more challenging to support (Baldry et al. 2013, p.223). This is exacerbated by the fact that there has been an increase in the number of people with complex needs in prison; therefore the demand for specialised services has increased (ibid.).

Despite the inherent challenges associated with supporting this client group, unfortunately there have been few formal attempts to evaluate and understand the factors contributing to effective service delivery. Drawing on the limited evidence that is available, the remainder of this review discusses the key factors underpinning successful service delivery to persons with an ID who have come into contact with the criminal justice system.

### **3.3 Forensic disability services in Scotland**

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Lindsay and colleagues have published numerous reports that have evaluated a comprehensive community service for offenders with an ID in Scotland (see for example Lindsay et al. 2002, Lindsay et al. 2004, Lindsay et al. 2006). The service has a 10-bed open unit and a large number of day centres, however most clients are treated while maintaining their community placement. The treatment services are flexible and allow clients to move between day services, out-patient

services, and the small in-patient unit (Lindsay et al. 2006, p.117). The service offers a variety of treatment options tailored to the individual needs of clients including: psychiatric review, medication for concomitant mental illness, anger management, anxiety management, alcohol education, sex education, group treatment for issues related to sexual offending, psychological treatment for individual issues such as abuse, daily living skills and community living skills training where appropriate (Lindsay et al. 2006, p.117).

In one of their earlier works, Lindsay and colleagues (2004) conducted a 7-year follow up of men referred to the service for sexual offences compared with men referred for non-sexual offences. Through comprehensive case file analysis, their study found that a greater proportion of non-sex offenders reoffended (51%) than sex offenders (19%), with an overall rate of reoffending of 34%. Further, the study found a significant reduction in the number of crimes committed by clients of the service up to 5 years after initial referral. The authors concluded that the program showed ‘considerable success’, despite the fact that some clients did reoffend at some point after referral (Lindsay et al. 2004, p.888).

Another subsequent study by Lindsay and colleagues (2006) compared male sex offenders, male non-sex offenders and female offenders referred to the service between 1990 and 2003. Drawing on comprehensive analysis of case files, records of case conferences and interviews, the study found that there were highly significant reductions in the number of reoffences committed over a 12-year follow up period. Further, the authors reported that most reoffences had been committed within the first 3 years following program entry (Lindsay et al. 2006, p.127).

Lindsay’s studies, while drawing upon reliable data that represents a comprehensive cross-sectional sample of individuals referred to a forensic ID service in Scotland, are limited by their lack of a control group. Therefore, a number of external variables may have caused the effects reported in the data (Lindsay et al. 2006, p.128).

It is also unclear to what extent the findings reported by Lindsay are applicable to the cultural context of Australia and the large proportion of CJP clients from an Indigenous background; however, there are some parallels that can be drawn for the CJP in an Australian context.

### **3.3.1 Evidence from Scotland**

#### **3.3.1.1 Responsivity to criminogenic need**

The evidence widely recognises that in order to reduce the risk of reoffending, interventions should target the criminogenic needs of offenders (Andrews and Botna 2007). This may include, for example, addressing pro-criminal attitudes, anger or aggression and/or drug and alcohol abuse.

Recently, Lindsay and colleagues (2013) explored the responsivity of forensic disability services in Scotland to the criminogenic needs of clients. The authors compared 6 service delivery models, collapsed into 3 categories based on shared characteristics. The categories were generic community services, specialist forensic ID community services and secure residential services. The authors found that specialist forensic services were most responsive to the needs of clients and provided the best ongoing service delivery of specific treatments.

The authors discussed several factors that may have limited the responsiveness of the other two service types, namely generic community services and secure residential care services. These included:

- **Severity of disability** – The authors discussed that programs targeting clients with more severe disability might prioritise highly visible disability related issues, in lieu of treating offending behaviour.
- **Lack of cohesion** – Generic programs commonly adopt a multitude of responsibilities extending beyond offending behaviour, which often influences the focus of treatment.
- **Staffing capacity** – Staff of generic community services were commonly overloaded with clients and as a result were limited in providing prolonged treatment to individuals where appropriate.
- **Lacking motivation** – Secure residential services are characterised by a physical barrier that prevents clients from reoffending. It is possible that in this context the motivation for staff to target offending behaviour is reduced in line with the fact that the real risk of clients reoffending is very low.

The evidence presented here suggests that effective forensic disability programs should aim to address the criminogenic need of their clients, through ongoing treatment programs targeted at offending behaviour. The study conducted by Lindsay and colleagues (2013) highlights the importance of specialised and unique forensic disability services such as the CJP, in supporting such a complex and specific target group.

#### 3.3.1.2 Prioritising the treatment of anger and aggression

The positive outcomes reported in Lindsay's reports were associated with multifactorial service delivery approaches that target a number of critical factors. Drawing on the evidence from their studies, Lindsay and colleagues explained that effective services should, as a priority, address problems related to anger and aggression:

*We would consider that anger management treatment or an equivalent should be a constant treatment option in such a [forensic disability] service (Lindsay et al. 2006, p.126).*

Learning to manage their anger and aggression was seen as crucial for clients' ability to successfully engage in occupational and leisure activities. Evidence from the evaluation of the Scottish service indicated that engagement in these types of occupational and leisure activities was crucial in achieving positive offending outcomes. This is because these activities provided clients with 'adaptive opportunities', without which they would be unable to realise any behaviour change (ibid.).

The treatment of aggression was seen to be particularly important for female clients, who tended to present with higher rates of mental illness and histories of personal abuse, which often contributed to high levels of aggression (Lindsay et al. 2006, p.127).

### 3.4 Australian forensic disability services

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Published evaluations for Australian forensic disability services similar to the CJP are minimal. This is despite the existence of a number of programs that deliver services to people with a disability who are in, or at risk of becoming involved in, the criminal justice system. Some of the programs that currently exist in Australia, but at the time of writing did not yet have public evaluation reports available, include:

- **ACSO Victoria**, which commenced as a small support agency for disadvantaged ex-prisoners in 1983. Currently ACSO provides a range of services, including prevention, rehabilitation, case coordination and specialist forensic residential services to people with a disability who were at risk of coming into contact with the criminal justice system, or who are leaving prison, as an alternative to, or diversion from prison. All residential services offer tailored clinical, forensic and mental health, and behaviour support programs.
- **Stepping Stones South Australia**, which is a residential support pilot model that began in 2011 for people with cognitive disability (ID and acquired brain injury) and complex needs leaving secure care, namely, corrections or mental health units. The service is delivered by SA Support Services Inc., an NGO providing holistic support (living skills, health and wellbeing, social connectedness, behaviour support and access to services) in a home-like setting on a farm. The program aims to increase independence and quality of life for participants (Edwards 2013).
- **Disability Forensic Assessment and Treatment Service (DFATS) Victoria**, (formerly known as the Statewide Disability Service), which is very similar to the CJP. DFATS provides time-limited treatment, support and residential services to people with a disability who also display high-risk anti-social behaviour and are involved, or at risk of becoming involved, in the criminal justice system (Victorian Department of Human Services 2012).
- **Community Offenders Support Programs (COSP) NSW**, which is a transitional referral program for people with high to moderate support needs leaving prison who require access to affordable housing and specialist services, including clinical forensic, mental health, drug and alcohol, and disability support. The program was established in 2008 and is operated by CSNSW. The program aims to reduce reoffending and assist people leaving prison to reintegrate into their communities. In August 2013, following a review of the program, the NSW Government announced the closure of most COSPs facilities. The review found that the COSP centres had achieved positive outcomes but ‘overall were costly, inefficient and located in the wrong areas’ (CSNSW, 2013). CSNSW has retained one COSP centre at Malabar (Long Bay) and outsourced another to the NGO sector (CSNSW 2013; Devine 2013). The CJP unit notes that some CJP clients have concurrently been in COSP services whilst in the CJP.

Evidently, there are other services in Australia that target individuals with similar needs to CJP clients, but publicly available evaluations are lacking. This suggests there is a need for a stronger evidence base across the sector to inform policy decisions about the implementation and effectiveness of these types of services.



### 3.5 Evidence from the Australian disability sector

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While the literature search did not identify any evaluations of programs in Australia that targeted individuals with an ID who are in, or at risk of becoming involved in, the criminal justice system, there are a number of notable evaluations relating to mental health and disability programs. These programs include the:

- Housing and Accommodation Support Initiative (HASI) in NSW
- Integrated Services Program (ISP) in NSW
- Multiple and Complex Needs Initiative (MACNI) in Victoria.

The remainder of this chapter will briefly discuss the key findings from the evaluations of these programs. It is important to note that the findings are based on evaluations of programs that are neither aimed at reducing reoffending nor are they specifically targeted at individuals with a criminal justice history, although many of the participants do have a criminal justice history. For this reason, their applicability to the forensic disability population such as clients in the CJP is limited. Nevertheless, the evaluations discussed below provide some useful lessons on the importance of person-centred case management when supporting people with a disability and complex needs. This is particularly important given evidence has shown that people with an ID often experience multiple complex needs and disadvantages.

#### 3.5.1 Housing and Accommodation Support Initiative (HASI) NSW

HASI was implemented in 2003 under the NSW Health Framework. The program aims to provide adults with a mental health diagnosis with access to stable housing, clinical mental health services and accommodation support. Many of the participants also have co-existing conditions (54%), including cognitive disability (13%) (Bruce et al. 2012, p.40).

People using HASI live in the community in social and private housing and have different levels of support needs. Most people entering the program have a history of unstable housing. Almost half have no home prior to starting with HASI because they were in hospital, prison, couch surfing with friends, in unstable accommodation and/or were experiencing primary homelessness<sup>6</sup> (Bruce et al. 2012, p.14).

The most recent evaluation of HASI found that stable housing and sufficient support, combined with access to clinical mental health and other essential services, improved participants' overall wellbeing; mental and physical health; social outcomes such as community engagement; increased independence and daily living skills. Moreover, improvements could be sustained over time (Bruce et al. 2012).

#### 3.5.2 Integrated Services Program (ISP) NSW

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<sup>6</sup> The definition of primary homelessness used by the Australian Bureau of Statistics (ABS) includes people staying in emergency accommodation – on the streets, in parks, squatting or using railway carriages as temporary shelter.

The ISP was established in NSW in 2005. It uses a multi-agency approach to provide wrap-around services including:

- specialised and intensive clinical and non-clinical supports
- person-centred case management and planning
- safe and supported accommodation.

ISP clients must have a psychiatric disorder or problems associated with a brain injury (which can be a key factor associated with risk behaviour), and they may or may not have an ID. While the ISP does not specifically target offenders, most of its clients have had involvement with the criminal justice system (McCausland et al. 2013, p.8). The aims of the ISP are to improve participants' housing stability, social connectedness, overall quality of life (health, mental health and wellbeing), and to reduce the risk of harm to the person and the wider community (Fisher et al. 2014).

The evaluation of the ISP found that participants in the program experienced improvements in a number of key outcome areas, such as decreased frequency and impact of behaviours that posed a risk to them and others. It was reported that this subsequently reduced clients' hospital presentations and involvement with criminal justice services (McDermott et al. 2010). For example, there was found to be a 90% decrease in the number of days spent in an inpatient unit, and a 94% decrease in the number of days spent in custody.

The evaluation found the ISP successfully supported its target group. Positive outcomes were facilitated through flexible service delivery, consistency of support, stability of staff and the ability of the project to learn from experience (McDermott et al. 2010, p.vi). In September 2014 a second evaluation of the ISP was underway.

### **3.5.3 Multiple and Complex Needs Initiative (MACNI) Victoria**

MACNI commenced in 2009 under the *Human Services (Complex Needs) Act 2009*. MACNI is a voluntary time-limited (3 years) specialist service for people who have been identified as having multiple and complex needs, including ID, substance abuse, mental health issues, experiences of homelessness and/or contact with the criminal justice system. MACNI provides coordinated support using a care plan coordination model to develop individualised care plans, and deliver case management and behavioural support services across a range of agencies (Victorian Department of Human Services 2003). This inter-agency approach has been identified as a best practice response for people with high and complex support needs (McVilly 2004).

Several evaluation reports have been published since the start of MACNI on particular aspects of the initiative.

The Snapshot Study (Victorian Department of Human Services 2009) of a small sample of 19 MACNI service users after they had exited the program found that:

- 63% had stabilised their housing situation
- 70% had experienced improvements in their health and wellbeing

- over half (51%) had experienced improved social connectedness with community, family and friends as a result of taking part in MACNI (on average 10 months after leaving the program).

While the initiative had positive outcomes for service users, service providers also reported benefits, such as feeling better equipped and having increased willingness to continue to work with people having multiple and complex needs.

The evaluations of MACNI did not look at the program's impact on reoffending, but a more recent report focused on the complexities of balancing safety for participants, others in the program and the wider community, with the person's autonomy and decision-making in the service delivery process (e.g. consent). It is worth noting that although generally a voluntary program, there were exemptions as 'many MACNI clients have been the subject of compulsory treatment orders or have been in prison for some duration during their assessment and/or care plan implementation' (Victorian Department of Human Services 2012, p.3ff).

Overall the evaluation found that some compulsory orders were useful to the program, especially in the referral process, 'as they have strengthened the capacity of the referrer to encourage the client to participate in the assessment and care planning process' (ibid).

### **3.5.4 Person-centred case management**

A review of the evaluations of the above 3 Australian mental health and disability programs demonstrated the importance of person-centred case management when supporting people with a disability.

Person-centred case management is a well-recognised approach to working with people with a disability and is a central principle underlying the NDIS. Typically it includes an intensive transition period out of custody, other institutional care or homelessness, into stable housing and support arrangements. This is followed by ongoing lower-level case management that is responsive to changing needs, crises, life stages, ageing and individuals' preferences.

## **3.6 Conclusions**

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Evidence has shown that some people with an ID are likely to experience a combination of disorders and disadvantages, commonly referred to in the sector as complex needs. This presents significant challenges for service delivery, which is further exacerbated by the growing number of prisoners with complex needs in Australia (Baldry et al. 2013). While there are a number of programs in Australia that aim to support this client group, particularly on exit from custody, there is a lack of evaluation research that has been conducted to understand the factors underpinning successful service delivery.

Nevertheless, this review did identify a body of Scottish literature around support for offenders with an ID, as well as an evidence base that underpins mental health and disability programs in Australia. These two literature streams suggest that high quality services for offenders with an ID rely on:

## CHAPTER 3

- a high degree of responsiveness to the criminogenic need of offenders through ongoing, specialised forensic support and rehabilitation
- the prioritisation of the treatment of anger and aggression
- the adoption of a person-centred case management approach.

In light of the available literature, caution should be used when considering lessons of service delivery and applicability of previous studies for the Australian context, particularly when considering the needs of the Australian Indigenous offender population. There is undoubtedly a need to further the evaluation research of Australian programs.

## 4 CHARACTERISTICS OF CJP CLIENTS

### Key points

- Comprehensive data on 200 CJP clients indicate that:
  - Almost all clients (94%) were men, over half (53%) were from an Indigenous background, and the majority (80%) lived in highly accessible or accessible areas as defined by the ARIA index.
  - Around three-quarters (76%) of CJP clients were mildly intellectually impaired (IQ 56 – 70) while none were severely or profoundly intellectually impaired (IQ below 30).
- CJP clients tended to have a long history of involvement in the criminal justice system including multiple court appearances, proven offences (often of a more severe nature) and imprisonment.
- CJP clients tended to have a range of other complex needs and characteristics, including mental health issues (70%), substance abuse (80%), family problems and social isolation or limited social connection.
- The most frequent age of first caution or court appearance was 13 years of age, and of entry to the CJP 17 years of age.

### 4.1 Datasets

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As discussed in the next chapter, a full dataset of 2677 individuals was derived from administrative data provided by a number of NSW Government agencies for the purpose of this evaluation. The following descriptions of CJP client characteristics are drawn from a subset of 200 individuals who had been enrolled in the program.

### 4.2 Demographic characteristics

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CJP clients have the following demographic characteristics:

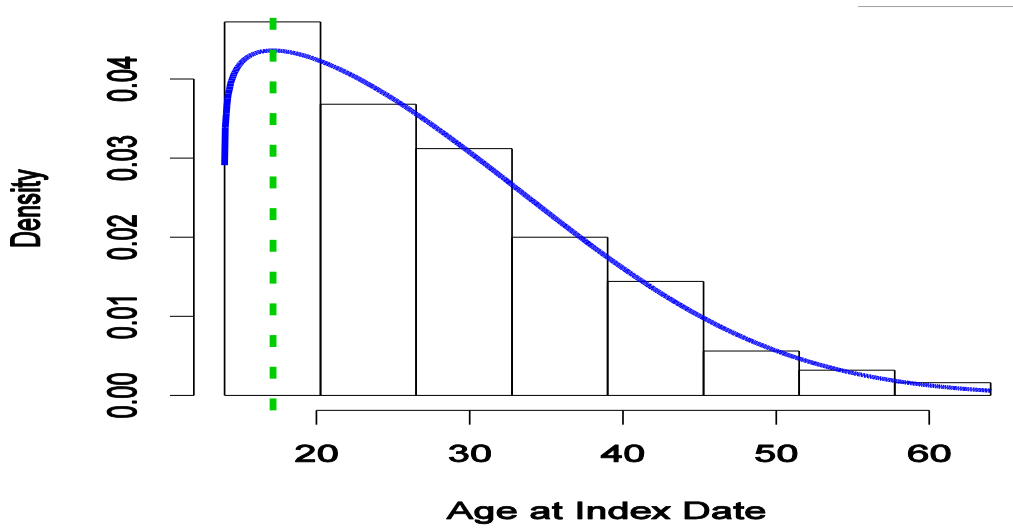
- Almost all were male (94%).
- Over half (53%) identified as Indigenous. This proportion is not only vastly greater than the proportion of Indigenous people in the general population (3%), but also more than double the proportion of Indigenous people in the NSW prison population (22.9%) (ABS 2012, p.32).
- The majority (87%) lived in highly accessible or accessible areas as defined by the Accessibility/Remoteness Index of Australia.<sup>7</sup> Clients from an Indigenous background were

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<sup>7</sup>The Accessibility/Remoteness Index of Australia, sponsored by the Department of Health and Aged Care, uses accessibility by road to services to develop a standard classification and index of remoteness.

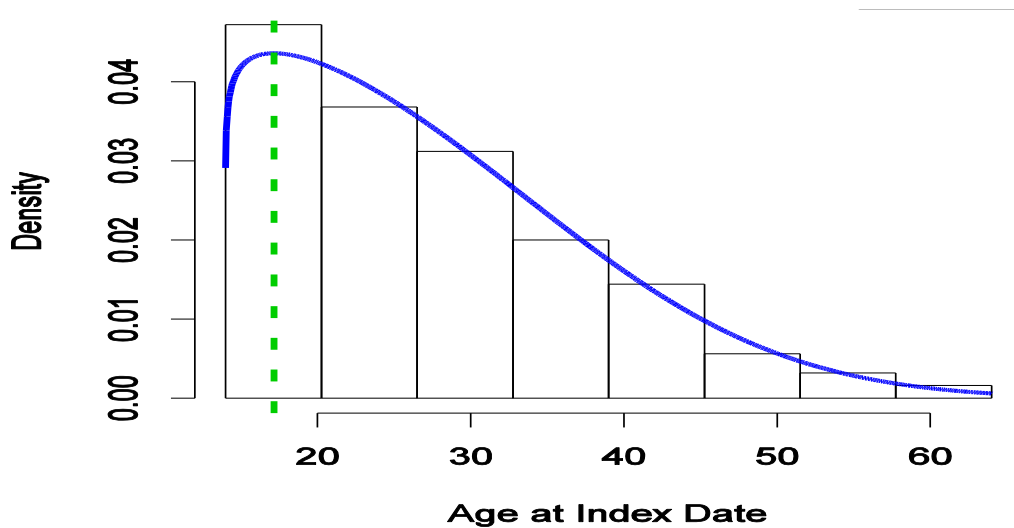
markedly more likely to live in remote or very remote areas compared to those whose Indigenous status was unknown<sup>8</sup> (19% versus 9%).

- The most frequent age at which clients entered the CJP was 17 years (see



- In broad terms, 22% of CJP clients were aged 18 years or under when they entered the program, 26% were between 18 and 24 years of age, and 53% were older than 24 years of age.

Figure 5: Age at CJP entry date



Note: The parametric distribution (blue line) is estimated combining two approaches: that proposed by Freimer, Kollia, Mudholkar, & Lin (1988); and the Generalised Lambda Distribution using maximum likelihood estimation proposed by Su (2007b). The green dotted lines represent the most frequent age of entry date (17 years of age).

<sup>8</sup> Most people in this category are likely to be of non-Indigenous background.

### 4.3 Intellectual disability

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IQ data were available for 143 CJP clients and 1796 non-CJP individuals respectively, for more details refer to SS Table S1. CJP clients had higher levels of intellectual impairment compared with the non-CJP group. For example:

- A higher proportion of CJP clients had a moderate intellectual impairment (IQ of 30-55) (16% compared with 3% for non-CJP individuals)
- A higher proportion of CJP clients had mild intellectual impairment (IQ of 56-70) (75% compared with 43% for non-CJP individuals)
- A lower proportion of CJP clients had borderline intellectual impairment (IQ 70-79) (8% compared with 53% for non-CJP individuals)

The IQ<sup>9</sup> of CJP clients ranged between 42 and 78, and averaged 62.5 (measured across all individual records).

In total:

- 8% were borderline impaired (IQ 70–79)
- 75% were mildly impaired (IQ 56–70)
- 16% were moderately impaired (IQ 30–55)
- none were severely or profoundly impaired (IQ below 30)

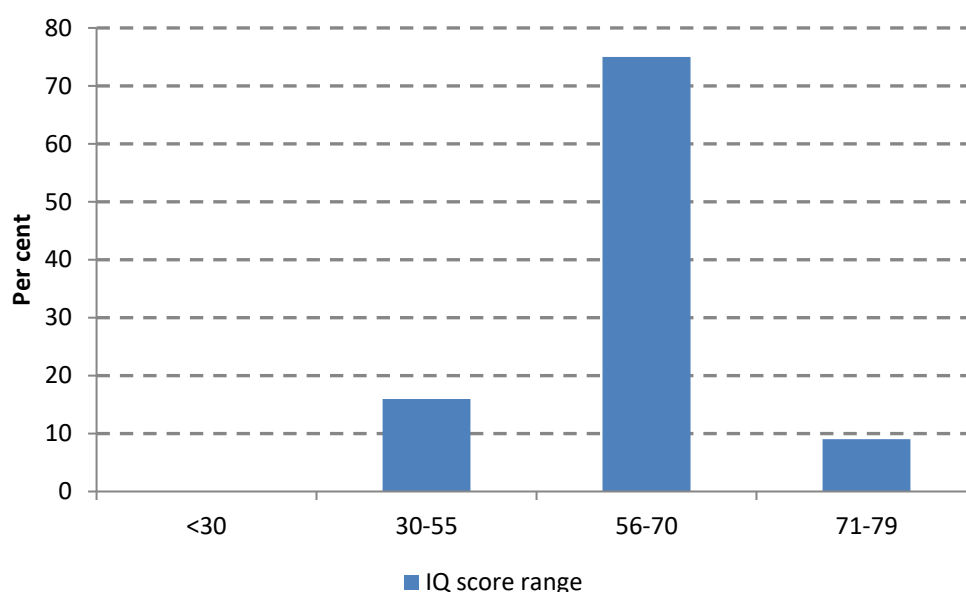
As illustrated in Figure 6 below, the majority of CJP clients were mildly impaired (i.e. had an IQ of 56-70). It should be noted that in practice this category of intellectual impairment is generally associated with significant (not just mild) difficulties in negotiating social situations and relationships, which in turn may contribute to an individual's involvement in the justice system.

This was confirmed in consultations with ADHC CJP unit and CJP services staff who indicated that clients with a mild intellectual impairment did not always identify as having an ID, but had significant deficits in their functional capacity to manage their emotions and relationships. They also often had histories of independent living, even though they may not have had the usual skills for this.

It should be noted that under a strict interpretation of the definition of ID used by ADHC, all clients would have an IQ less than 70 (i.e. below two standard deviations of the average) but in practice a small proportion (8%) had a borderline intellectual impairment.

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<sup>9</sup> Percentages are based on the 143 clients with recorded IQ.

**Figure 6: Intellectual disability**

#### 4.4 Criminal justice history

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This section describes key aspects of CJP clients' criminal justice histories in the five years prior to their date of entry to the CJP.

##### 4.4.1 History of court appearances

Data relating to the history of court appearances suggest that the majority of CJP clients have had a significant involvement with the justice system. For example:

- 88% had court appearances which had resulted in a proven offence of which:
  - 58% had between 2 and 5 court appearances and

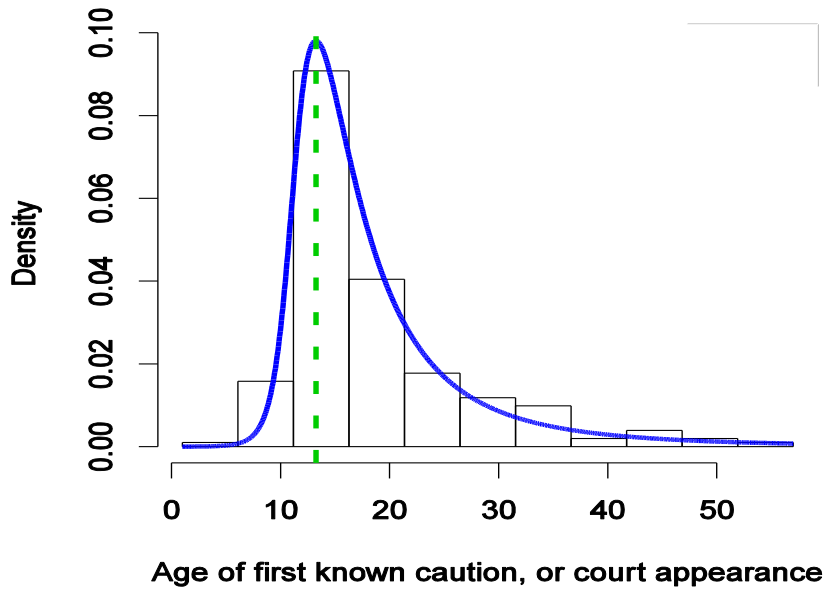
31% had more than 5 court appearances. Court appearances were related to a very wide range of offences – Table S2 of the Statistical Supplement provides further details.

Figure 7 shows that, the most common age of first caution or court appearance by CJP clients was 13 years of age. By broad age category, at the time of first caution or court appearance:

- 65% were aged 18 years and under.
- 16% were over 18 and up to 24 years of age.
- 19% were older than 24 years of age.

**Figure 7: CJP clients, age at first known caution or court appearance**



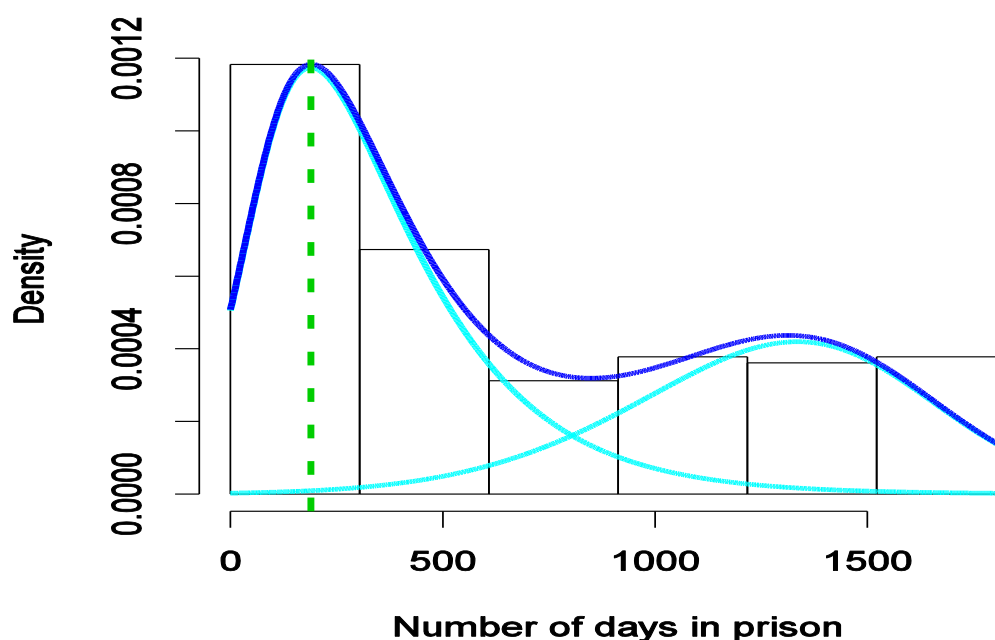


Note: The parametric distribution (blue line) is estimated combining two approaches: that proposed by Ramberg & Schmeiser, (1974); and the Generalised Lambda Distribution using maximum likelihood estimation proposed by Su (2007b). The green dotted lines represent the most frequent age of first offence (13 years of age).

#### 4.4.2 Prison sentences history

- Over the 5 years prior to clients entering the CJP, 74% of clients had a court appearance resulting in a prison sentence. Out of those CJP clients who received prison sentences, 89% had appeared in court up to five times.
- As shown in **Figure 8**, on average the total number of days spent in prison during the 5 years prior to CJP entry was 674 days or 1.85 years. Some CJP clients did spend the entire 5 years prior to entering the CJP in prison. However, the most frequent number of days spent in prison was 191, or approximately 6 months.

**Figure 8: Total number of days in prison for CJP clients over the last 5 years before CJP entry**



Note: Parametric distribution (blue line) is estimated combining two approaches: that proposed by Ramberg & Schmeiser, (1974); and the Generalised Lambda Distribution using maximum likelihood estimation proposed by Su (2007b). Turquoise blue curves represent the two distributions to have the mixture distribution in blue. The green dotted lines represent the most frequent number of days in prison (191 days).

#### 4.4.3 Offences for which CJP clients appeared in court

The offences for which CJP clients had appeared in court are listed in **Table 3: Historical offences by CJP clients in the 5 years before CJP entry**

Type of offence	Percent
Against justice procedures offences	63%
Acts intended to cause injury excluding serious assault resulting in injury	57%
Theft and related offences	57%
Property damage	54%
Breach of community based order	41%
Unlawful entry with intent/burglary, break and enter	41%
Serious assaults resulting in injury	36%
Traffic and vehicle regulatory offence	28%
Illicit drug offence	26%
Robbery	24%

Type of offence	Percent
Breach of violence and non-violence restraining order	22%
Sexual assault and related offences	20%
Homicide and related offences	0%

by frequency.

**Table 3: Historical offences by CJP clients in the 5 years before CJP entry**

Type of offence	Percent
Against justice procedures offences <sup>10</sup>	63%
Acts intended to cause injury excluding serious assault resulting in injury	57%
Theft and related offences	57%
Property damage	54%
Breach of community based order	41%
Unlawful entry with intent/burglary, break and enter	41%
Serious assaults resulting in injury	36%
Traffic and vehicle regulatory offence	28%
Illicit drug offence	26%
Robbery	24%
Breach of violence and non-violence restraining order	22%
Sexual assault and related offences	20%
Homicide and related offences	0%

#### 4.4.4 Section 32 orders

Just over one third (38%) of CJP clients have had court appearances resulting in a Section 32 order. Section 32 of Part 3 of the *Mental Health (Forensic Provisions) Act 1990* (NSW) deals with the situation where a person with an ID (or other conditions) has been charged with a criminal offence which is being dealt with summarily. Section 32 allows the Local Court Magistrate to make an order that the person has their charges dismissed either unconditionally, or subject to conditions (typically, requiring treatment).

#### 4.5 Other issues faced by CJP clients

<sup>10</sup>Defined as an act or omission prejudicial to the effective carrying out of justice procedures other than justice orders. This is further disaggregated into the following groups: subvert the course of justice; resist or hinder police officer or justice official; prison regulation offences and offences against justice procedures not elsewhere included such as fail to appear before court (Pink 2011, p.100).

CJP clients had a wide range of other complex needs, some of which increased their risk of reoffending. The dataset for this evaluation as well as consultations with the ADHC CJP unit (supported by consultations with CJP service providers and clients) indicated that CJP clients had histories of:

- Alcohol and drug abuse (over 80%).
- Mental health issues (over 70%).
- Histories of self-harm and attempted suicide.
- Complex family issues and problems such as negative role modelling and family members with similar experiences of risk behaviours and offending histories.
- Social isolation or limited social connections.
- Traumatic histories resulting in abuse, neglect and removal from family systems.

Intellectual disability may also interact in complex ways with the above issues, particularly substance abuse and psychiatric disorder. People with an ID are an extremely varied group with often quite significant differences in the extent and nature of their intellectual impairments and functional disabilities, as well as their social and family backgrounds. Issues relating to a clients' upbringing, biology, social and psychological factors all contribute to emotional difficulties. In addition, acute or persistent mental illness can present in both typical and atypical ways.

People with an ID are at high risk of developing mental health problems that can go unrecognised and have a major effect on their general wellbeing, personal independence, productivity and quality of life (International Association for the Scientific Study of Intellectual Disabilities 2001).

Taken together with the criminal history data, these factors indicate that supporting CJP clients can be challenging for service delivery because of their wide range of complex and inter-related needs.

## 5 REOFFENDING OUTCOMES: QUANTITATIVE DATA

This chapter should be read in conjunction with the *Statistical Supplement (SS)*, which provides greater technical detail about the methods and results.

### Key points

- The quantitative evidence does not suggest that the CJP produced a clear positive outcome for CJP clients with respect to reoffending. The data showed that very few outcomes were significantly different between the CJP group and a non-CJP control group.
- On average, CJP clients reoffended significantly sooner than the non-CJP group.
  - At 12 months after entry to the program, CJP clients typically reoffended at 104 days compared with 140 days for the non-CJP group since their exit from custody.
  - At 24 months after entry to the program, CJP clients typically reoffended at 148 days compared with 202 days for the non-CJP group since their exit from custody.
- However, time to reoffend analysis illustrates convergence between the probability of reoffending between the CJP client and control groups over time.
- CJP clients were four times less likely to commit a breach of community offence and a traffic offence 24 months after program entry, compared to non CJP clients 24 months after their custodial release.
- Conversely, the non-CJP group committed less robbery offences than CJP clients.
- Using the ABS National Offence Index (NOI-2009) definitions, both CJP and non-CJP individuals have reduced the severity of their offences at 12 and 24 months after program entry or release from custody respectively, compared with the severity of their offences in the 5 years prior to program entry/custody exit respectively.

### 5.1 Methodology

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The analysis identifies whether the CJP has achieved its core intended aim of reducing reoffending, based on three sets of outcomes defined at 12 and 24 months post CJP entry date for CJP clients and on the custody release date otherwise.

The outcomes examined are:

- reoffending at 12 months and 24 months – measured by at least one court appearance where the offence date was within 12 months and 24 months post CJP entry date or custody release date
- length of time to first re-offence at 12 months and 24 months
- recurrence of offences by type – frequency of overall violent and non-violent offences by type within 12 months and 24 months of CJP entry date or custody release date.

### 5.1.1 Quantitative design

A quasi-experimental design was used to assess the effectiveness of the CJP, given that experimental design such as a randomised control trial was not possible (or desirable) in this service delivery context.

Quasi-experimental design is a robust analytic alternative. It provides reliable and unbiased estimates of program effect. By matching<sup>11</sup> baseline characteristics of individuals between the CJP client group and a group of clients not enrolled into the program, individuals with similar characteristics were extracted and called the control group. With this procedure, it was possible to reduce the likelihood that any difference in outcomes between the two groups is due to factors other than the program itself. Still, caution about the conclusions should be exercised because the analysis used a matched comparison group rather than a randomised control group. Unmeasured differences in the characteristics of the groups might account for the results.

### 5.1.2 Full dataset

A baseline dataset was established combining information provided by CSNSW, JJ, ADHC and BOCSAR (see **Table 4**).

**Table 4: Agency and data provided**

Agency	Data provided
CSNSW	Dates of entry and exit from custody Offence information Intelligent Quotient (IQ) score
JJ	Dates of entry and exit from custody Offence information IQ score
ADHC	Demographic information Date of referral to Service Date of acceptance to Service

<sup>11</sup> This process is more formally referred to as a propensity score matching process, as the aim is to match the maximum possible number of characteristics.

Agency	Data provided
BOCSAR	Offending history Reoffending data

The data linkage process was undertaken by BOCSAR and a statement outlining their linkage method can be found in the SS. The resulting dataset consisted of 2,677 individuals who had an ID and had been in contact with the criminal justice system<sup>12</sup>. From the baseline dataset, 200 individuals were identified as current or past CJP clients. The remaining 2,477 had never been enrolled into the program but might have received other types of services such as public housing, in-home support, disability services and other clinical services including those relating to mental health.

Summary statistics of the full dataset are provided in the SS and Tables S1 and S2 present the descriptive statistics of the baseline characteristics split between the CJP client group and all remaining non-CJP individuals.

#### 5.1.2.1 Data limitations

The baseline, linked dataset had some limitations and judgement was exercised as necessary to ensure that the reported numbers were likely to be as accurate as possible. In particular:

- There was a large proportion of missing data (about 28% in both the CJP and non-CJP groups) on two key baseline characteristics, namely IQ score and Accessibility/Remoteness Index of Australia (ARIA). This contributed significantly to the reduction in CJP client group size (and associated matched non-CJP group) from the potential 200 individuals to 105 individuals.
- The sample size of 105 in each group is considered moderate to detect real differences especially when dealing with categorical outcomes. In addition, the relative small sample size was a barrier to performing subgroup analysis.
- There were inconsistencies in some data. For example:
  - There were no homicide re-offences recorded in the data provided, but there were data on the time elapsed before reoffending with respect to this offence. Intuitively, it has been assumed that homicide offences did occur but were inaccurately recorded.
  - There was a lack of information on proven offences data by individual offence type. These were each recorded as zero but the total of all proven offences was greater than zero.
  - In the non-CJP group, the number of individuals recorded as having had a court appearance that resulted in a proven offence is greater than the number of people recorded as having had a court appearance (59 and 51, respectively).

<sup>12</sup> Defined as individuals who have police proceeding against them.

However, it would be expected that a person needs to have a court appearance before conviction so these data appear to be inconsistent<sup>13</sup>.

Overall, all data was cross-checked to minimise any inconsistencies.

### 8.1.1 Statistical testing

Statistical testing was conducted for the set of outcomes described at the start of this chapter to ascertain whether there was any difference (either positive or negative) between the CJP client group and a non-CJP control group<sup>14</sup>.

Standard statistical testing procedures were adopted, with the possibility that if a difference was observed it could be negative or positive (i.e. the ‘two-sided test’). Significance of results was interpreted at the 5% level. A p-value smaller than 5% was interpreted as a significant effect of the CJP service model<sup>15</sup> whilst a p-value greater than 5% was interpreted as insufficient evidence to detect a difference between the two groups on the outcome tested. The difference of proportions for categorical outcomes and means for continuous outcomes along with their 95% confidence intervals are also displayed.

In some instances baseline characteristic data included in the SS was measured discretely – that is, there was a clear yes/no or known/unknown answer. However in other instances baseline characteristic data may have been a continuous measure, such as the number of days spent in prison. Where continuity was a characteristic of the data, additional statistical information was provided.<sup>16</sup> Finally, for certain variables, the percentage of cases was provided along with frequencies.

Because there was a range of outcomes examined to inform whether the main aim of the CJP to reduce the incidence of reoffending was achieved, the results of all three outcomes should be considered in drawing overall conclusions about the effectiveness of the CJP.

## 5.2 Findings of the analysis dataset

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### 5.2.1 Deriving the matched analysis dataset

As outlined in the SS Tables S1 and S2, there are many similarities but also many differences in the characteristics of the CJP clients and non-CJP control group in the total baseline dataset. In some ways the similarities are unsurprising because the dataset has linked individuals with both an ID and criminal justice history. Moreover, although the CJP is targeted at those at risk of reoffending and with complex needs, it also has a range of service delivery models clearly designed to accommodate a range of individuals across the support spectrum. This suggests certain characteristics may be similar between the CJP group and the remaining non-CJP

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<sup>13</sup> See Table S6 in the SS.

<sup>14</sup> The null hypothesis was there was no difference between the two groups for each outcome tested.

<sup>15</sup> That is, the differences were unlikely to be due to chance alone, but due to other factors. The CJP clients and non-CJP control group were matched according to various characteristics, and the remaining difference was assumed to be involvement or not in the CJP.

<sup>16</sup> To cover their mean, standard deviation, quartiles (1st, median and 3rd), minimum and maximum.



population. As noted above, in the absence of eliminating differences in baseline characteristics, bias would be introduced into the results of the outcomes evaluation. Accordingly, an optimal matching procedure was implemented including 6 individual characteristics (items 1 - 6 below) and 4 offence history variables (items 7 - 10). This included:

1. age of first caution or court appearance
2. age at date of entry to CJP service or date of release from custody, to which reoffending is measured
3. Indigenous status
4. gender
5. ARIA (Accessibility/Remoteness Index of Australia).
6. IQ score
7. number of court appearances that resulted in a proven offence in the last five years
8. number of court appearances that resulted in a prison offence in the five years prior to the CJP entry date or release from custody date to which reoffending is measured
9. number of court appearances that resulted in a Section 32 order (no conviction, diverted to medical assistance) in the last five years
10. number of days spent in prison in the last five years.

All these variables were selected because they are related to either the reoffending outcomes or to the CJP enrolment. This condition is a key requirement of the matching procedure (Stuart 2010). Other variables that are known, from the literature, to be directly related to reoffending including history of mental health, out-of-home care and victimisation history, and abuse as a child were unfortunately not available in the database analysed. Therefore caution about the conclusions should be exercised (i.e. unmeasured differences in the characteristics of the groups might account for the results).

Any missing information about any of the above characteristics for a particular CJP client meant that their characteristics could not be fully matched to a non-CJP individual in the remainder of the dataset. Accordingly, that CJP client was removed from the CJP client analysis dataset on the basis of a mismatch.

The resulting propensity score matching, where all characteristics could be closely matched, comprised 105 CJP clients (out of a potential of 200) and a selection of 105 individuals as the control group (out of a potential 2,477 individuals).

### **5.2.2 Baseline Characteristics**

A comparison of the resulting demographic and criminal justice statistics between the analysis CJP clients and non-CJP individuals are displayed in the SS Table S4 and **Table 5** below. The matching procedure succeeded as all baseline characteristics were very similar between the two groups (p-value greater than 5%). All subsequent analyses were based on the analysis dataset.

#### **Table 5: Baseline Characteristics**

Baseline Characteristics	CJP (N=105)	Non-CJP (N=105)
Mean age of first caution or court appearance	20	21
Mean age at time of CJP program entry or custodial release	31	32
Indigenous descent	48%	46%
Male	91%	92%
Living in accessible or highly accessible areas according to ARIA	88%	86%
Severe to profound intellectual impairment (IQ score below 30)	0%	0%
Moderately impaired (IQ between 30 to 55)	16%	16%
Mildly impaired (IQ score between 56 to 70)	73%	69%
Borderline intellectual impairment (IQ score above 70)	10%	14%
Received a section 32 order	41%	46%
Had up to five court appearances resulting in proven offence	55%	65%
Had up to five court appearances resulting in prison sentence *(Out of those who received prison sentence)	60%	65%
Average number of days spent in prison (number of days spent in prison range from 0-1830 days)	700	703

### 5.2.3 Historical justice characteristics

All the outcomes examined in this quantitative outcome evaluation relate to various aspects of reoffending. It is therefore useful to summarise the historical justice characteristics of the CJP client group and the non-CJP control group. Full details are provided in the SS, Table S5.

Historical data were examined for individuals over a 5 year period. For CJP clients the period is defined as the 5 years prior to entering the CJP. For the non-CJP control group the period is defined as the 5 years prior to release from custody. Over this period:

- 96% of all individuals in the analysis dataset had a finalised court appearance (95% for the CJP group and 97% for the non-CJP group), and 92% of all individuals in this dataset had proven offence (90% for the CJP group and 94% for the non-CJP group).
- 72% of all individuals in the analysis dataset had a court appearance that resulted in receiving a prison sentence (72% for the CJP group and 71% for the non-CJP group).
- There is provision under Section 32 of the *Mental Health (Forensic Provisions) Act 1990* to divert an offender with an ID out of the criminal justice system and into the human services system for treatment. For the total analysis dataset, 43% of court appearances (41% for the

CJP group and 46% for the non-CJP group) resulted in a Section 32 order being applied and the individual being diverted to a treatment plan with conditions attached<sup>17</sup>.

Table S5 in the SS also provides information about the number of individuals by type of court appearance history. Note that because there may be multiple appearances at court by a single individual over the 5 year period, the total number of court appearances resulting in no conviction combined with the total number of court appearances resulting in imprisonment is larger than the number of individuals in the analysis dataset.

Historical data were also presented about the type and frequency of offences resulting in court appearance. Table 6 below summarises the top five offences resulting in a court appearance for CJP clients and non-CJP individuals. Three out of the top five offences were classified as non-violent with offences against justice procedures being the most frequent of these (68% in the CJP group and 64% in the non-CJP group). Intention to cause injury (excluding serious assaults resulting in injury) was the most regular offence among the violent offences (54% in the CJP group and 57% in the non-CJP group).

**Table 6: Most frequent five offences over historical 5 year period<sup>18</sup>**

<b>Offence</b>	<b>CJP (N=105)</b>	<b>Non-CJP (N=105)</b>	<b>Difference of proportions (95 % CI)</b>	<b>P-value (<math>\chi^2</math> test)</b>
Offences against justice procedure, government security & government operations	68%	64%	4% (-9.02, 16.6)	0.5610
Acts intended to cause injury (excluding serious assaults resulting in injury)	54%	57%	-3% (-16.3, 10.6)	0.6770
Theft and related offences	54%	55%	-1% (-14.4, 12.5)	0.8900
Property damage	53%	45%	9% (-4.9, 22.0)	0.2140
Abduction, harassment and other offences against the person	50%	48%	2% (10.7, 16.4)	0.679

For three offences in particular there were more offences historically committed by the CJP group than the non-CJP group:

- robberies (21% for the CJP group and 12% for the non-CJP group)

<sup>17</sup> In addition, a very small number of individuals were referred to the Mental Health Review Tribunal – 2% across the analysis dataset (3% for the CJP group and 1% for the control group).

<sup>18</sup> See above for definition of the 5 year period.

- sexual assaults and related offences (22% for the CJP group and 13% for the non-CJP group)
- property damage (53% for the CJP group and 45% for the non-CJP group).

There were also two offences where historically the non-CJP group had higher offences than the CJP group:

- vehicle regulatory offences (28% for the CJP group and 47% for the non-CJP group)
- serious assault resulting in injury (32% for the CJP group and 41% for the non-CJP group).

However none of these were statistically significant at the 5% level after adjusting for multiple comparisons.

In sum, there were no significant differences with respect to criminal history and court appearances between CJP and non-CJP groups.

#### **5.2.4 Probability of being enrolled into the CJP**

A cross check on the validity of the matched samples in the analysis dataset was conducted by examining the probability of being enrolled into the CJP based on demographic and justice characteristics of the 105 individuals in the CJP client group and the 105 individuals in the control group. These findings are presented graphically in Figure S4 of the SS and show very strong mapping between the individuals allocated to the CJP client group and those allocated to the control group for the purposes of the evaluation.

#### **5.2.5 Reoffending outcomes**

A key criterion of eligibility into the CJP is that an individual with an ID had already interacted with the justice system and was evaluated as being at risk of further reoffending. If the program was having a positive impact on participants, it would be expected that the risk of reoffending<sup>19</sup> by CJP clients would be lower than the risk of reoffending by the non-CJP control group. To determine whether or not this was the case, tests were conducted at the 12 month and 24 month points, respectively.

For the CJP client group, these points represented 12 months and 24 months after entry into the program. For the non-CJP control group they represented 12 months and 24 months after release from custody. In practice, entry into the CJP should be very closely aligned with release from custody, as the program is designed to assist individuals from their point of exit from custody. Therefore, any possible differences in timing between the measurement point for the CJP group and the non-CJP group would be expected to be extremely minor – that is, only a matter of days<sup>20</sup>.

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<sup>19</sup> Measured first as any court appearance and then split by resulting court appearance outcomes (the latter covering the sub-groups proven offence, referral to the Mental Health Review Tribunal, – diversion through a Section 32 order, prison sentence.

<sup>20</sup> There was no evidence of different pathways into the CJP from the administrative dataset used for this evaluation.

Due to lags between an offence (or in this case a re-offence) occurring and the individual's related court appearance being finalised, it was necessary to consider all court appearances for the CJP client group and non-CJP control group for 3 months beyond the reference points. In other words, offences at the 12 month point were reflected in court appearance data up to 15 months, while offences at the 24 month point were reflected in court appearances up to 27 months.

### 5.2.3.1 Reoffences at 12 months

The details of the 12 month analysis are provided in Table S6 in the SS. It was found that there was no statistically significant difference with respect to the number of people with proven offences (49% for the CJP client group, 56% for the non-CJP group, p-value=0.269). In other words, CJP clients were more than 7 percentage points less likely to have a proven offence compared to individuals in the non-CJP group, 95% CI [-21.1, 5.85].

The most frequent five reoffences resulting in court appearances (**Table 7** below) were consistent with criminal history (**Table 6** above) the main difference was a switch between the most frequent and second most frequent offence, with the remaining three offences being both the same as in history and in the same order.

None of these specific offences were considered to be statistically significantly different between the CJP and the non-CJP groups.

**Table 7: Most frequent five re-offences at 12 months**

Offence	CJP (N=105)	Non –CJP (N=105)	Difference of proportions (95% CI)	P-value ( $\chi^2$ test)
Acts intended to cause injury (excluding serious assaults resulting in injury)	25%	15%	10% (-1.22, 20.3)	0.084
Offences against justice procedures, government security, and government operations	21%	18%	3% (-7.86, 13.6)	0.601
Theft and related offences	20%	16%	4% (-6.59, 14.2)	0.473
Property damage	11%	10%	1% (-7.49, 9.4)	0.825
Abduction, harassment and other offences against the person	9 %	9 %	0% (-7.6, 7.6)	1

The data were also analysed to determine whether there were any other patterns (difference by type of reoffence) between the CJP client group and the non-CJP control group outside of those offences summarised above. It was found that:

- The historical pattern of vehicular offences being higher for the non-CJP group remained unchanged at 12 months (3% of CJP clients, 11% of non-CJP individuals, p-value=0.016; the difference of proportions was -9% with 95% CI = [-15.4, -1.7]).
- CJP clients were twice as likely to receive a Section 32 order where no conviction was recorded and they were diverted from the justice services system to the human services

system for treatment (22% CJP clients, 10% non-CJP group, p-value=0.014; the difference of proportions was 12% with 95% CI = [2.68, 22.1]). This contrasted with the historical pattern (41% CJP clients, 46% non-CJP control group, p-value=0.486; the difference of proportions was -5% with 95%CI=[-18.2,8.63]).

Given the multiple outcomes analysed, and the moderate level of significance, these two results could be interpreted more as a signal than as an indication of the effectiveness of the program. However, in the case of court appearances resulting in diversion under Section 32, it is possible that this may reflect a program effect. That is, CJP clients may be perceived to actually or potentially be better connected to support services that will ensure an adequate human services response to their needs compared with individuals who have never been in the program.

### 5.2.3.2 Reoffences at 24 months

The details of the 24 months analysis are provided at Table S7 in the SS. Although the CJP client group recorded a lower level of reoffending than the non-CJP group (59% of the CJP group, 70% of non-CJP group, p-value=0.113), the result is not statistically significant. CJP clients were more than 10 percentage points less likely to have a proven offence compared to the non-CJP group, 95% CI [-23.4, 2.41].

The ranking of the five most frequent reoffences resulting in a court appearance (Table 8) was identical to the historical offences data summarised in Table 6 above.

**Table 8: Most frequent five re-offences at 24 months**

Offence	CJP (N=105)	Non-CJP (N=105)	Difference of proportions (95% CI)	P-value ( $\chi^2$ test)
Offences against justice procedures, government security, and government operations	28%	34%	-7% (-19.1, 5.81)	0.296
Acts intended to cause injury (excluding serious assaults resulting in injury)	32%	26%	7% (-5.58, 18.9)	0.287
Theft and related offences	30%	25%	5% (-7.25, 16.8)	0.438
Property damage	20%	22%	-2% (-12.9, 9.1)	0.735
Abduction, harassment and other offences against the person	12%	14%	-2% (-11.1, 7.29)	0.685

Similar to reoffending analysis at the 12 month point, none of these 5 most frequent offences were found to be statistically significantly different between CJP client and non-CJP groups.

Also similar to reoffending at 12 months, the pattern of higher vehicular offences among non-CJP individuals was carried over to reoffending at 24 months (7% of CJP clients, 18% of non-CJP individuals, p-value=0.012; the difference of proportions was -11% with 95%CI = [-20.2, -2.65]), and CJP clients were still approximately twice more likely to receive a Section 32 order (24% CJP client, 13% non-CJP individuals, p-value=0.051; the difference of proportions was greater than 10% with 95% CI = [0.053, 20.9]).

However, these results were not considered to be statistically significant, after accounting for multiple hypotheses testing and correcting for the possibility of false positive results<sup>21</sup>.

### **5.2.3.3 Comparison of re-offences at 12 and 24 months**

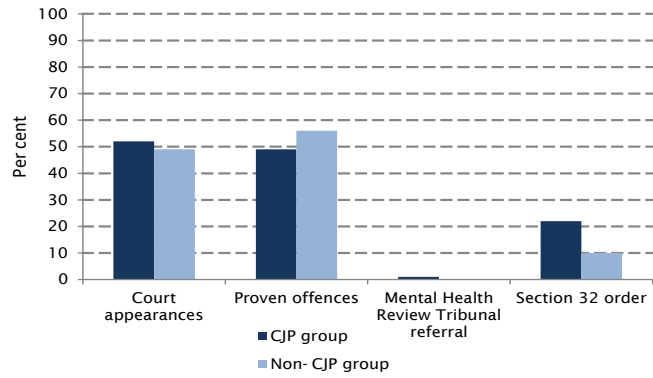
Figure 9a below provides the overall court appearance summaries for reoffending at months 12 and 24. While the percentage of reoffending had increased by month 24, there were no statistically significant differences between the CJP client group and non-CJP control group.

Figure 11 below shows court appearances by type of offence at months 12 and 24. This also illustrates an increase in the proportion of reoffending by month 24.

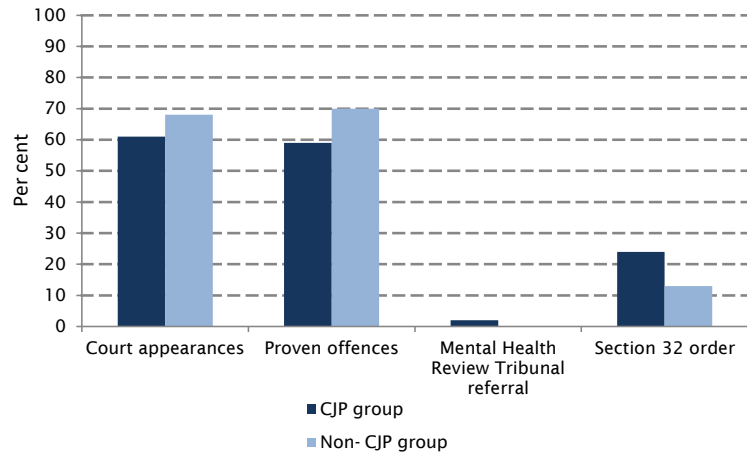
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<sup>21</sup> False positives are also referred to as Type 1 errors. Correction for multiple comparisons is necessary when a range of null hypotheses is being tested. False discovery rate (FDR) correction seeks to reduce or contain the scope for a null hypothesis to incorrectly be identified as true or false. The q-values derived are similar in nature to the p-values in standard hypothesis testing.

**Figure 9a: Court appearances at 12 month (analysis dataset)**

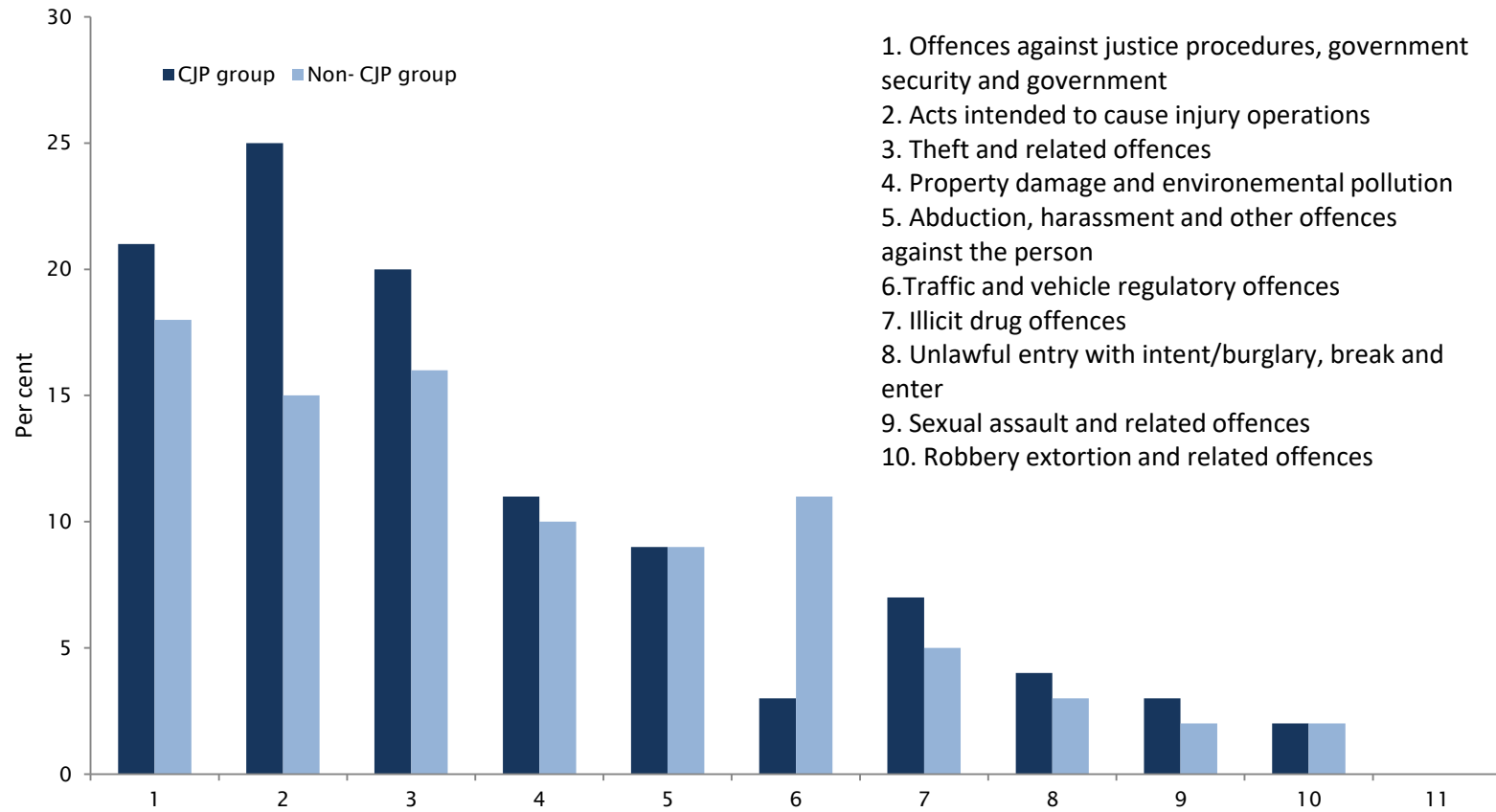


**Figure 10b: Court appearances at 24 months (analysis dataset)**

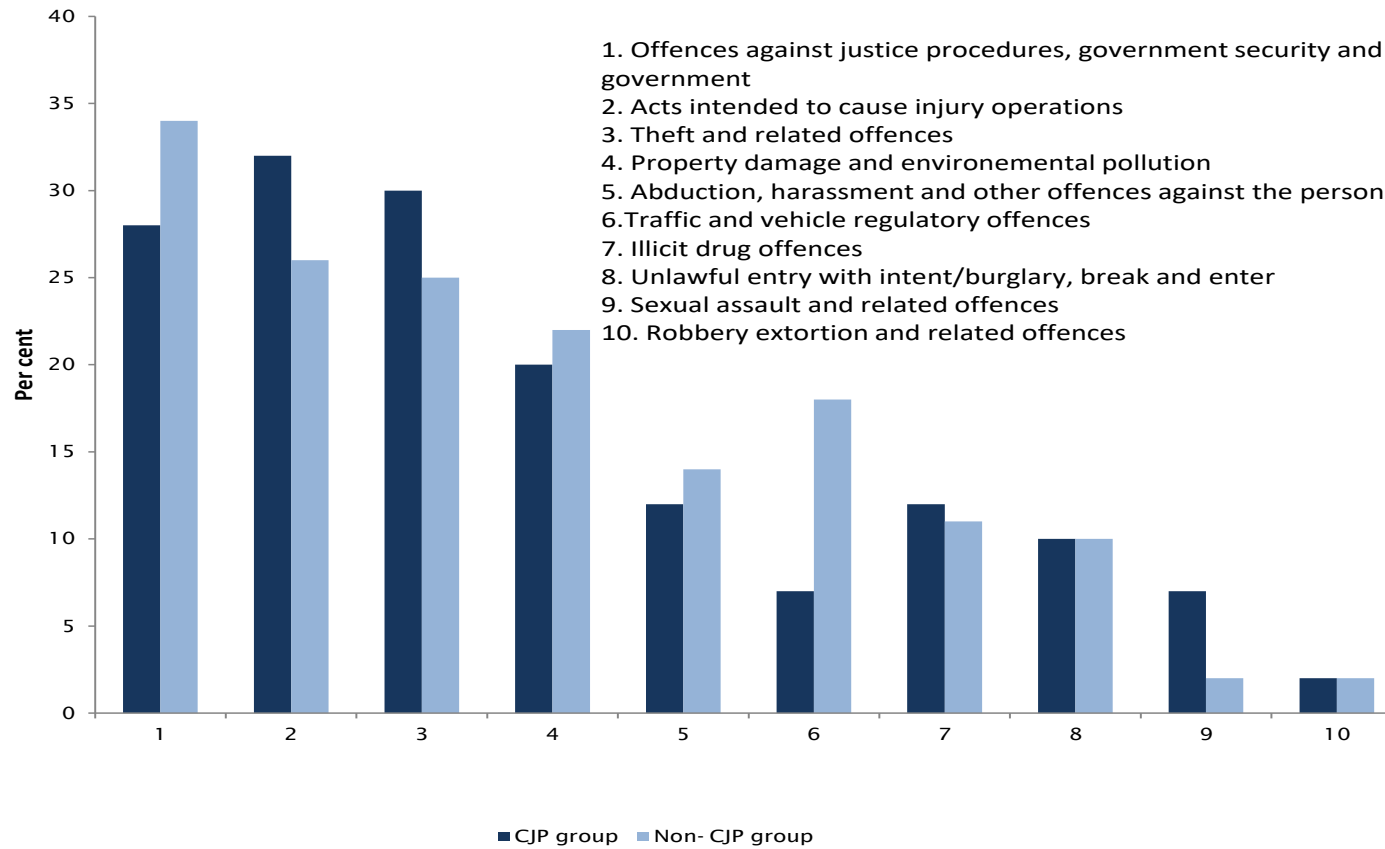




**Figure 11a: Court appearance offence type at 12 month from CJP entry date and custody release date (index date) (analysis dataset)**



**Figure 12b: Court appearance offence type at 24 month from CJP entry date and custody release date (index date) based on the analysis dataset**



### 5.2.3.4 Time to first re-offence

Table S8 in the SS shows the time to first re-offence at months 12 and 24, excluding instances where the only offence was against justice procedures. It was decided to exclude offences against justice procedures when they stand alone as they frequently do not reflect a distinct new offence and can be inflated by police activity.

For the purpose of the time-to-event analysis, any client who committed a re-offence was recorded 1 at the time they first reoffended, while a client who did not commit a re-offence was recorded 0 (censoring) at the end of either 12 months or 24 months.<sup>22</sup>

The pattern of first re-offences over time for CJP clients and non-CJP individuals is illustrated in Figure 13 below. This chart illustrates that:

- On average, CJP clients reoffended more quickly than the non-CJP group
  - at 12 months, CJP clients reoffended at an average of 104 days compared with an average of 140 days for non-CJP individuals (p-value 0.049). In other words, CJP clients were likely to reoffend 36 days sooner compared with the non-CJP group, 95% CI = [-73, -0.12].
  - at 24 months, CJP clients reoffended at an average of 148 days compared with an average of 202 days for non-CJP individuals (p-value 0.0478). In other words, over a follow-up period of 2 years, CJP clients were likely to reoffend 54 days sooner than the non-CJP group, 95% CI = [-108, -0.53]
- For both endpoints, the results were still marginally significant at the 5% level.
- Although CJP clients had a lower probability of not reoffending in the first 12 months, from around 15 months the probability of not reoffending became similar to the non-CJP group, with convergence by the end of 24 months.
- The points at which half the clients in each group are reoffending occur around 5 months in the CJP group and 7 months in the non-CJP group.

Time to re-offence was also considered excluding instances where the only offence was against justice procedures, as justice offences when not related to any other offence, can reflect increased police activity as opposed to being linked with a distinct new offence by an individual. However this analysis (Table S8 of the SS refers) did not yield substantially different results:

- At 12 months, CJP clients reoffended at an average of 102 days compared with an average of 147 days for non-CJP individuals.
- At 24 months, CJP clients reoffended at an average of 152 days compared with an average of 209 days for non-CJP individuals.

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<sup>22</sup> This censoring of the data is part of the estimation of the Kaplan Meier curve.

## 5.2.6 Recurrence of offences

### 5.2.4.1 At the 12 month point

Tables S9 and S10 in the SS provide a summary of the analysis of recurrence of offences within 12 months of either CJP entry date or custody release date.

Recurrence of offences data were analysed according to two broad categories: violent<sup>23</sup> and non-violent<sup>24</sup>. Each of these categories comprised 6 different offences and these were also analysed individually.

Because this analysis is not concerned with what proportion of individuals in the CJP client group and non-CJP control group are reoffending, but rather the rate at which multiple re offences are occurring, a suitable analytic tool to consider is the ratio of re-offence rates between the CJP and non-CJP groups.

The resulting estimated Incidence Rate Ratio (IRR)<sup>25</sup> is greater than 1 if CJP clients are more likely to reoffend and less than 1 if non-CJP individuals are more likely to reoffend. The results indicated that:

- For the broad category of violent offences, there was no statistically significant difference between the two groups in the frequency of reoffending. The IRR was 1.12 (p-value 0.775, 95% CI = [0.49, 2.56]) (Table S9 in the SS provides further details).
- For the broad category of non-violent offences, there was also no significant difference between the two groups in the frequency of reoffending. The IRR was 1.08 (p-value 0.807, 95% CI= [0.55,2.13]) (Table S10 in the SS provides further details).

At the individual offence level, the results indicate that:

- Statistically significant differences were found for two non-violent offences: theft and traffic offences.
  - CJP clients were more than twice as likely to commit a theft offence 12 months after the CJP entry date (IRR was 2.43, p-value =0.041, 95% CI = [0.97, 6.19])
  - CJP clients were twenty times less likely to commit traffic offences (IRR was 0.05 p-value =0.001, 95% CI = [0.01, 0.33]).

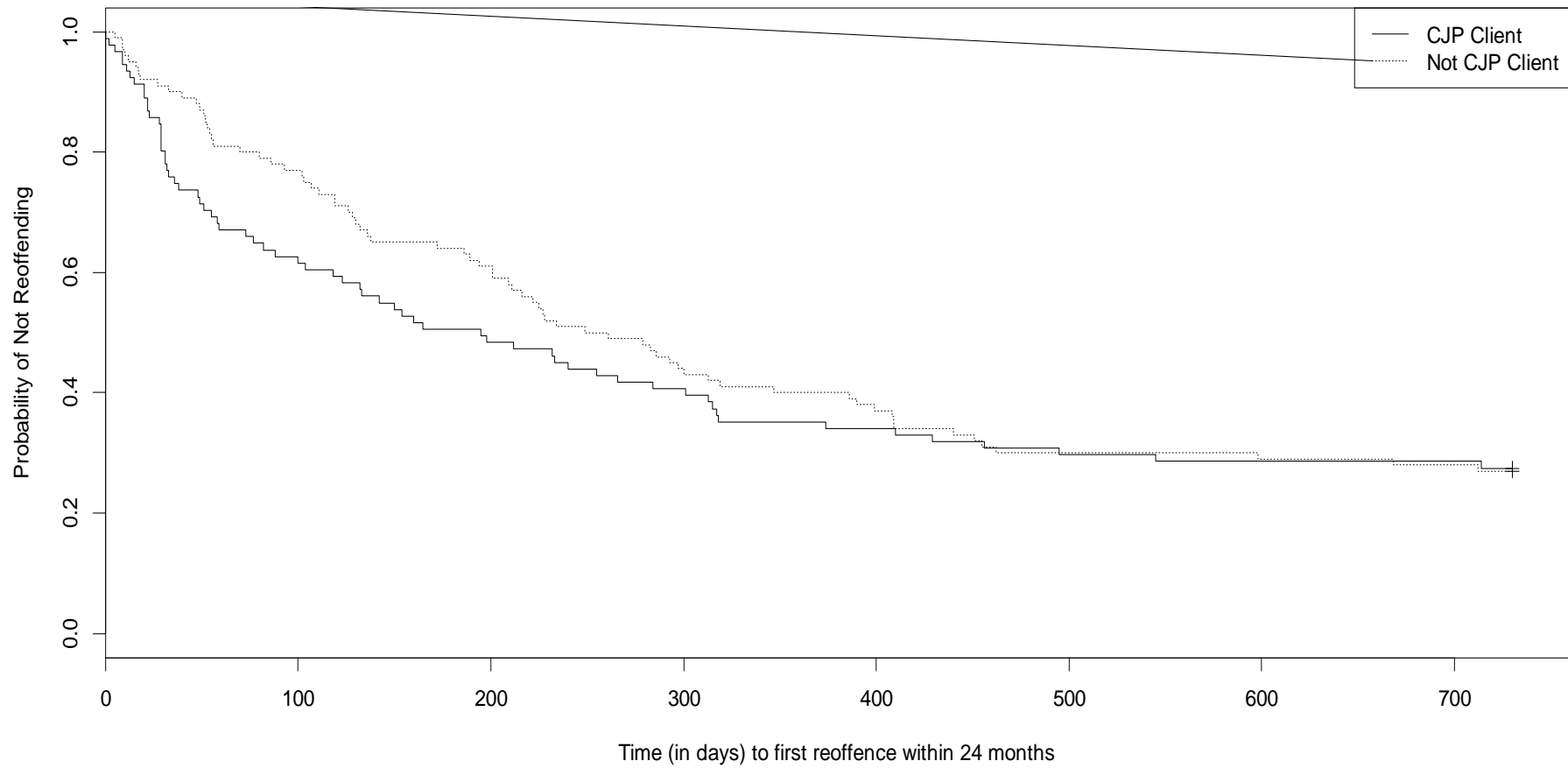
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<sup>23</sup> Violent comprise serious assault, serious violent offences, non-serious violent offences, sexual offences, breach of a community order and breach of a violence order.

<sup>24</sup> Non-violent offences comprise breaking and entering, theft and related offences, property damage, traffic and vehicle offences, offences against justice procedures, drug possession.

<sup>25</sup> The IRR was estimated using a negative binomial model, with an adjustment for the number of days the client or individual is out of custody over the follow up period of 12 months.

**Figure 13: Kaplan Meier curve analysis for time to first re-offence (analysis dataset)**



#### 5.2.4.2 At the 24-month point

Tables S11 and S12 in the SS repeated the previous analysis and focused on the reoffending frequency at 24 months and found similar results. That is, there was no significant difference between the overall frequency of reoffending between the CJP client and non-CJP groups.

Notably, the difference between the recurrences of theft offences found at the 12 month point had disappeared at 24 months, indicating that this offence was not sustained over time.

The recurrence of traffic offence was sustained at the 24-month follow-up period. Although much less significant than at the 12 month point, CJP clients were four times less likely to commit a traffic offence than their non-CJP counterparts (IRR of 0.25, p-value =0.013, 95% CI = [0.08, 0.79]).

In addition the frequency of breach of community order offences was significantly higher in the non-CJP group at 24 months (IRR 0.26, p-value =0.007, 95% CI = [0.1, 0.7]). In other words, CJP clients were four times less likely to commit a breach of community order offences. Breach of community order offences were classified as violent offences as they include both new offences (which may be violent in nature) and breach offences.

As there was no variable recorded to assess the effect of the program on reducing harm to others, recurrences of violent offences were used as proxies. Based on the results above, there was no evidence to suggest the risk of harm was reduced among CJP clients.

#### 5.2.7 Seriousness of offences

The seriousness of offences was examined by applying the Australian Bureau of Statistics National Offence Index 2009 (NOI-2009) definitions to the offences and reoffences in the full dataset, and the matched dataset. The NOI-2009 Index ranges from 1 (the most serious offence) to 157 (the most minor offence), with three broad sub-groups<sup>26</sup>; Serious (NOI-2009 from 1 to 64), Moderate (NOI-2009 from 65 to 96), and Minor (NOI-2009 from 97 to 157). More details of clients' profiles in relation to seriousness of offences are provided in Table S4 and Figures S2 and S3 in the SS. Court appearances were used as a proxy for proven offences for 5 years prior to CJP entry or custodial release data due to data limitations.

#### 5.2.8 Seriousness of offences – full dataset

The seriousness of offences for the full dataset is presented in Figure S5. Individuals 5 years prior to CJP entry or to custodial release are represented on the y-axis, while the seriousness of proven offences during 2 years after CJP entry or custodial release is represented on the x-axis (Figure S5). 181 out of 200 CJP clients did have known court appearance histories compared with 1995 out of 2,477 non-CJP individuals. Overall, Figures S3 and S4 show a trend to commit less serious offences over the two years after program entry/custodial release for both CJP clients and non-CJP individuals. In addition, Table S4 shows that 77 CJP clients and 635

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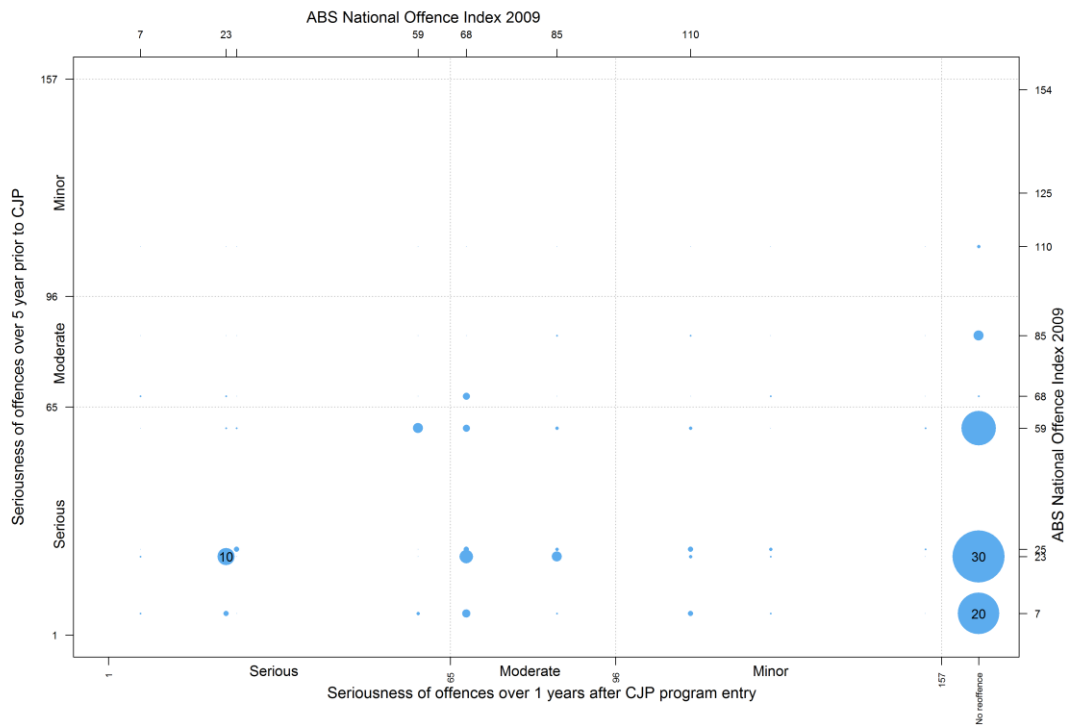
<sup>26</sup> Ziersch and Marshall (2012)

non-CJP individuals with known court appearance histories did not reoffend over the two years after CJP entry/custodial release respectively.

**5.2.9 Seriousness of offences – matched sample**

In Figure 13, the y-axis represents the seriousness of individuals’ offences 5 years prior to CJP entry or to custodial release date. The x-axis shows the Index representing the severity of offence over the 12 months following program entry. The volume of the dot represents the recurrence of incidents: the larger the dot, the higher the recurrence of the incident. For instance, 20 clients who had committed an offence indexed 23 in the 5 years prior to CJP entry did not re-offend over the following 12 months, while 14 clients committed the same offence indexed 23 (serious assault resulting in injury) before and after their entry into the program.

**Figure 14: Seriousness of re-offences at 12 months compared to 5 years prior to CJP entry for all CJP clients with known historical offence**



The x-axis in Figure 14 represents clients with the most serious proven offence over the 12 months follow up after the program entry while the y-axis represents clients who committed a known offence over the 5 years prior to CJP entry. Court appearance was used as a proxy to determine the seriousness of offence 5 years prior to CJP entry and then described using the NOI-2009. The size of the dot represents the recurrence of incidents, with larger dots representing a greater frequency. For instance, 20 clients who had committed an offence classified as indexed 23 in the last 5 years before CJP did not re-offend over the 12 months follow-up after the program entry, while 14 clients committed the same offence indexed 23 (serious assault resulting in injury) before and after their entry into the program.

**5.2.10 Level of resources provided within the CJP and reoffending status**

ADHC provided data on the total cost of service received by CJP clients. Using cost as a proxy for the level of resources received by CJP clients (i.e. the CJP Service Models), an examination could be made as to whether there was a difference in reoffending outcomes due to the CJP Service Model under which they received services.

A simple analysis was conducted to compare the cost distribution of reoffending versus non-reoffending clients at month 24, to see if there was a difference between them. This is shown in Error! Reference source not found., which indicates there was significant similarity and overlap in cost behaviour between CJP clients who have and have not reoffended, and suggests that the type of CJP Service Model does not appear to have a significant impact on reoffending. A further linear regression analysis was conducted to examine the adjusted cost difference between CJP clients who have and have not reoffended at month 24, adjusting for the following factors:

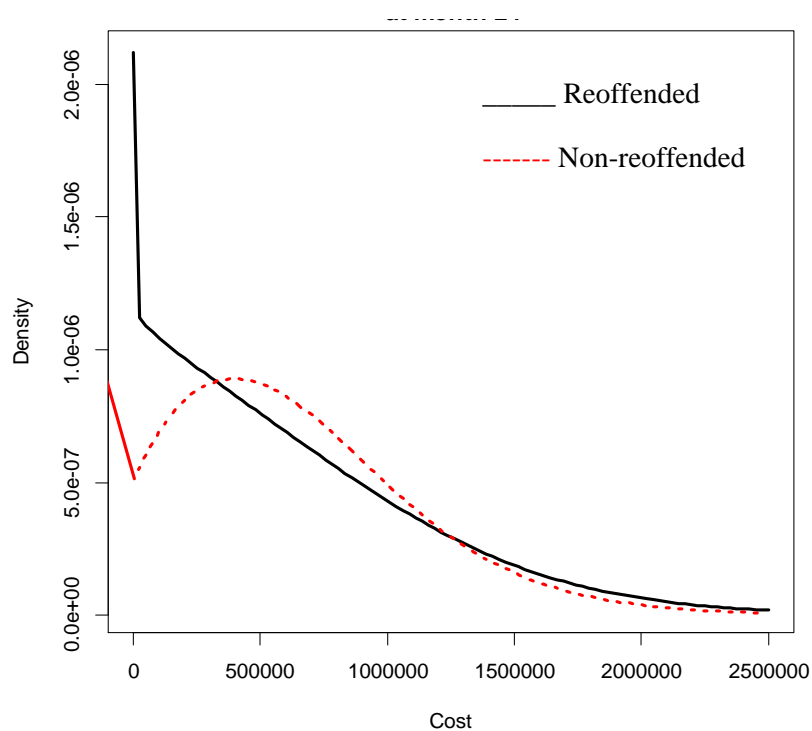
- age at first known caution, or court appearance
- age at CJP entry date or custody release date, Indigenous status, gender, and IQ score
- mean ARIA
- the number of court appearances that resulted in a Section 32 order in the five years prior to CJP entry date or custody release date
- the number of days spent in prison in 5 years prior to CJP entry date or custody release date
- the number of court appearances resulting in injury, Abduction, or Deprivation of Liberty, or robbery, in the five years prior to CJP entry date or custody release date.

The average total service cost was very similar (no significant difference) between those who reoffended and those who did not at month 24.<sup>27</sup>

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<sup>27</sup> Assumptions associated with linear regression analysis were met.



**Figure 15: Cost distributions of reoffended and non-reoffended clients<sup>28</sup>**

### 5.3 Conclusion

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The analysis of a large dataset for people with an ID and contact with the criminal justice system allowed the identification of 200 people who had current or past involvement in the CJP and a large dataset from which a comparison set of non-CJP individuals could be identified.

A matching process across a wide range of demographic, ID and justice characteristics allowed a tightly defined analysis dataset comprising 105 CJP clients and 105 non-CJP individuals – the latter effectively comprising a control group.

By disallowing any individual CJP client from the dataset that was not fully matched as closely as possible to a non-CJP individual, this established a situation where the statistical results were more likely to reflect the effects of the program (as opposed to individuals' characteristics) than if a large, less clearly defined dataset had been used.

Some data limitations were identified above, but judgement has been exercised to minimise the impact of these on the quality of the dataset and thus the quality of the statistical analysis findings.

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<sup>28</sup> At 24 months; Cost distributions were fitted by FKML (Freimer, Kollia, Mudholkar, & Lin, 1988) Generalised Lambda Distributions using maximum likelihood estimation (Su, 2007a, 2007b)

Although a range of reoffending outcomes were analysed, there was no overall clear evidence to support the premise that the CJP service delivery model reduces clients' reoffending compared with individuals who have had no involvement in that program.

- At 12 months after entry to the program (or exit from custody), 49% of CJP clients and 56% of non-CJP individuals had reoffended, which was not statistically significant at the 5% level.
- At 24 months after entry to the program (or exit from custody), 59% of CJP clients and 70% of non-CJP individuals had reoffended, which again was not statistically significant at the 5% level.
- On average, CJP clients reoffended approximately 36 days quicker than the non-CJP group at 12 months and approximately 54 days quicker at 24 months. These results were statistically significant.
  - However, the time to reoffence analysis also illustrated that over time there was convergence between the probability of reoffending between the CJP and non-CJP groups. While the probability of not reoffending was lower in the first 12 month for CJP clients, in the period 12 to 24 months there was convergence of the CJP and non-CJP groups.
- At 12 and 24 months there was no significant difference between the CJP client group and non-CJP control group for the recurrence of offences (for violent and non-violent re-offences).
- There were some differences in recurrence of three specific offences – theft at 12 month, traffic offences at both 12 and 24 months and breach of community orders at 24 month between the CJP and non-CJP groups. However, in light of the multiple outcomes tested, these were very limited indications of the positive effectiveness of the program.

It should be noted that this quantitative chapter examined certain justice outcomes based on the dataset made available to the CPE from a range of agencies involved in service delivery. Analysis of other objectives of the CJP including improvements in individuals' adaptive function and subjective quality of life are discussed in the following chapters.

## 6 REOFFENDING OUTCOMES: QUALITATIVE DATA

### Key points

- Consultations gave a mixed and complex picture about the impact of the CJP on clients' risk of reoffending.
  - Some believed the CJP has improved reoffending, particularly through the facilitation of a reduction in the severity and/or frequency of offending.
  - Others felt that the CJP has had little or no impact on reoffending.
- The consultations highlighted some key factors underpinning positive reoffending outcomes. These included:
  - effectively engaging clients in the program, particularly in the earliest stages
  - providing an appropriate level of support and supervision to address clients' individual needs
  - effective responses by CJP providers when clients do reoffend.

### 6.1 Methodology

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The qualitative evaluation sought the views of CJP staff, ADHC CJP staff, external stakeholders, clients and family members as to whether the CJP was perceived to have improved offending behaviour. These consultations enabled the evaluation to consider individual client experiences, as well as the overall impact of the program on reoffending.

#### 6.1.1 Data limitations

There were some data limitations that should be considered when interpreting the findings in this chapter. They include:

- Some CJP staff and external stakeholders had limited knowledge of clients' offending behaviour over time, while others did not feel comfortable commenting on the impact of the program in reducing reoffending.
- Most individuals consulted based their views on contact with a small number of CJP clients. Often discussions were focused on higher risk clients (such as those who had committed a sexual offence) and while this may reflect the complexity of supporting clients with a serious offending history, it does not necessarily represent the experiences of the CJP client group as a whole. For this reason, it is possible that the views expressed in this chapter are skewed towards participants with a history of violence.

## 6.2 Findings on reoffending

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Consultations indicated a mixed and complex picture about the program's impact on the risk of reoffending. Some CJP staff, ADHC CJP staff and external stakeholders felt the program had a major impact on reoffending, while others felt there had been minimal or no impact.

In one consultation a CJP staff member described the program as having had a 'huge impact on clients not reoffending', while another stakeholder described the CJP as only having 'modest success'. A justice stakeholder explained 'I can't think of one [out of the 6 or more clients] who hasn't [been] breached or who hasn't offended'. Other staff and stakeholders reported that 'it's not been really clear-cut' and some felt it was 'hard to... comment' on the impact of the program on reoffending.

### 6.2.1 Feedback from staff and stakeholders

While the qualitative data presents an unclear picture on the overall impact of the CJP on reoffending, consultations suggest that at an individual client level there appears to have been at least some improvements in offending.

Consultations indicated that at least some clients had stopped offending altogether since commencing in the program. This included some clients with histories of serious and/or repeat offending. For instance, one justice stakeholder reported: 'We have had some very dangerous people who have been... well-managed [in the CJP] and who haven't reoffended'. Another justice stakeholder reported that for 4 out of the 5 CJP clients they were aware of 'persistent, potentially dangerous offending and anti-social behaviour has been managed... they have kept out of trouble and haven't come back'.

More commonly, consultations highlighted that in some cases the CJP had a positive impact on the severity and/or frequency of client reoffending.

- **A reduction in the severity of offending:** Instances were described where clients moved towards committing less serious offences upon entering the program. For example:
  - One client was described as having 'a lengthy history of offending'. During his time in the CJP for the first time ever he breached a parole order without committing a further offence.
  - One client had a history of repeat sex offending and after 6 months in the program he had not reoffended. Shortly thereafter he committed a shoplifting offence at the corner fruit store and was returned to custody.
- **A reduction in the frequency of offending:** Some interviewees talked about clients who had increased the time between offending behaviour. For example, one justice stakeholder explained: 'I think the periods of time between offences probably grew larger'.

For these individuals, who are characterised by multiple and complex needs and often have significant criminal justice histories, these small changes are crucial achievements and indications that for at least some clients, the CJP may have contributed to improvements in offending behaviour.

It is important to note, however, that these views were expressed by only some of those consulted, and others believed the program had little or no impact in this regard.

### 6.2.2 Feedback from clients and family members

Clients and family members consistently highlighted the positive impact the CJP had on reducing the frequency and/or severity of offending behaviour. Both family members consulted reported that from their observations the program had reduced clients' reoffending. With one exception, all clients stated or agreed that the program had helped them to 'keep out of trouble' or stay out of prison. One client explained:

*[The CJP staff are] there to ... help me stay out of trouble and they've done it. I'll be honest, I've been in trouble [before entering the CJP]. I haven't been sent to jail for about three and a half years and that's excellent. I was going in and out. Everyone used to say to me you've been in jail, you're going to keep on going in.*

Of 7 former CJP clients, 4 were in prison at the time the evaluation was conducted and three of these reported experiencing their longest period out of prison since being in the CJP. One client explained: 'I was only out of prison for 7 months, but that's as long as I've ever stayed out since I was 18'. The other former client did not report any positive impact on reoffending and had been in and out of prison for 20 years, with his longest period out of prison being 5 months.

It is important to note that there was a difference between the feedback clients and family members provided, compared to the views of staff and stakeholders. That is, clients and family members gave a markedly more positive picture in terms of the impact of the program on reoffending. There are some inherent limitations in relying upon the views of clients and family members as an indication of outcomes. This is because it is well-recognised that some people with an ID may be more likely to 'agree' with statements made to them (Beail 2002; Clare and Gudjonsson 1993). While the question guide was designed to minimise the possibility of this occurring, there were some instances where clients 'agreed' with the interviewer that the CJP had, for instance, helped 'keep [them] out of trouble'.

## 6.3 Key factors influencing the risk of reoffending

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Those consulted were not specifically asked to identify the key factors associated with positive reoffending outcomes. However, common themes emerged from discussions with CJP staff and external stakeholders that related to the program's impact on the risk of reoffending. This included:

- effectively engaging clients in the program, particularly in the early stages of the program
- providing an appropriate level of support and supervision to address clients' individual needs
- effective responses to offending by CJP providers.

### 6.3.1 Effectively engaging clients in the program

It was reported by CJP staff and stakeholders that clients were less likely to reoffend when effectively engaged in the program. Conversely, clients were seen to be more prone to offending behaviour when they were not effectively engaged.

One particular category of ‘disengaged’ clients identified were those who were not motivated to participate in the program, but who expressed an interest in doing so for instrumental reasons. For example, some clients may have expressed interest in the program since they felt it was a way of meeting criminal justice requirements, which would enable them to be released from prison.

A staff member from a service providing DIS, OSSL and IRS services reported that clients who were disengaged from the program were primarily in the DIS service. While the staff member did not explain why this was likely to be the case, it is possible that it is because the DIS model provides non-residential, less intensive support, and allows greater independence (particularly at night). For these reasons it may have been more complex for staff to keep them engaged and easier for the client to avoid participation in the program.

However, these comments contrast with another stakeholder who identified that the flexibility and focus on individual plans provided by the DIS model are strengths of that model.

Although the ADHC CJP unit reported using some strategies to identify those with a substantive interest in engaging in the program versus those with a more instrumental interest, concerns were raised in the consultations that suggested the assessment process may not effectively manage this problem.

#### **6.3.1.1 Importance of early engagement**

Staff from several CJP services reported that effective client engagement was particularly critical in the earliest stages of clients’ involvement in the program (i.e. the first few days, weeks and two to three months). This was reportedly an especially high risk time for reoffending and required close and effective management. The early stages were particularly high risk because:

- Clients were experiencing a period of major adjustment following their release from the prison environment.
- The CJP service may not have been well-prepared for the client’s arrival, and services were often unable to commence the engagement process whilst the client was in prison. This was often due to the relatively short period of notice given to services about prospective clients’ arrival.
- Clients had particularly complex needs and were considered at a high risk of reoffending once released from prison.

CJP staff gave various examples of when the initial period following the clients' release from prison had been both effectively and ineffectively managed by the service. On the one hand, a CJP staff member described how one client was well managed because:

*...his first couple of days out of gaol were pretty stressful for him and if it hadn't been for the staff [being] on hand at that time I have no doubt that he would have done something major to somebody in the community.*

In a different example a CJP staff member described another client who reoffended because 'nothing was in place' by the CJP service for his arrival, and when he arrived after being released directly from prison, he reportedly had \$600 in cash in his pocket. The CJP staff member explained that this client 'stepped [his] foot out of the van... 20 minutes later he was gone' and subsequently went on to reoffend.

According to some CJP staff, some CJP clients deliberately reoffended so they could return to prison, because it was difficult for staff to achieve engagement, and prison was the environment 'where they feel most comfortable'.

### **6.3.2 Addressing clients' individual needs**

A second key factor that contributed to positive reoffending outcomes was the provision of an appropriate level of support and supervision to address individual client needs. This is an illustration of the broader principle of person-centred case management, which is a key feature of the CJP and well-recognised good practice in the disability field.

#### **6.3.2.1 Accepting clients based on capacity**

Consultations indicated that in some instances the CJP has accepted clients who required a higher level of support and supervision than could actually be provided in the program. Further, it was crucial that clients were placed in the most appropriate Service Model to meet their needs.

Examples were provided of clients who did not reoffend because the model they were placed in best suited their needs. For instance, a Service Model providing a high and appropriate level of supervision and control allowed less opportunity to reoffend, particularly in a residential setting (OSSL and especially the IRS). This included, for example, clients who could only go into the community with 'line-of-sight' surveillance by a staff member.

However, sometimes clients had reoffended because they had not been placed in the appropriate Model. In some instances these placements were due to vacancies not being available in the most suitable Model (a problem reported by all the CJP services consulted). There were also instances where clients reoffended because they felt overly restricted by the high level of supervision and control in IRS services, which triggered them to assault staff or other clients. One client consistently observed: 'they used to follow me around and it made me angry.' ADHC reported that in some instances this provided justification for placing clients in a less restrictive model from entry. Similarly, it was also reported that conflict with other clients, especially when living together closely in the residential services (OSSL and IRS) occasionally triggered assaults.

#### **6.3.2.2 Tailoring support to meet individual clients' needs**

The provision of tailored individual support to meet clients' needs, and specific risk factors that related to their reoffending, contributed to positive reoffending outcomes. This included:

- linking clients with other relevant services to address their specific needs through counselling, mental health and behavioural support, alcohol and drug therapy and/or anger control management
- providing emotional and practical support to clients when required
- helping clients to avoid risky situations, such as socialising with friends who may have a negative influence on the client.

6 CJP clients attributed their success in not reoffending to the fact that they were kept 'occupied' and 'busy' with domestic and leisure activities. Supporting the client to participate in pro-social activities and social engagement is a core part of the CJP.

Some CJP staff, stakeholders and clients identified the importance of tailored support for effectively managing clients with substance abuse issues. One client reported that being in the program enabled him to stay away from drugs. The client explained: 'that's one great thing because I had a very high drug addiction, which was out of control and that's what led me to go into custody'. It is clear that the role of ADHC and CJP service providers in providing opportunities for social engagement was a key factor in improving quality of life and fulfilment for CJP clients.

### **6.3.3 Effective responses to offending by CJP services**

CJP staff discussed the importance of effectively responding to incidents of client offending behaviour.

#### **6.3.3.1 ADHC requirements related to client offending**

ADHC has a number of requirements, stipulated within ADHC policies and CJP service provider contracts that relate to the reporting of critical incidents in services provided directly or funded by ADHC. The ADHC CJP unit has contracts with each service provider that state, among other responsibilities, that 'incidents' (including offending) should be reported to the ADHC CJP unit within 24 hours.

The general ADHC *Incident Management Policy* (2010) aims to ensure a consistent and coordinated approach to identifying, reporting and investigating incidents of any kind across ADHC-funded services. This policy outlines a 7-step process, which includes a requirement that all staff who are involved in or witness an incident to report it as soon as practicable to various specified levels within ADHC.

In addition, the specially adapted *CJP Guide to Incident Reporting Categories* (2014) was developed to ensure ADHC management can easily identify high priority incidents that require action. This policy allows senior management to manage critical issues and not get caught up in responding to routine problems that CJP staff are able to deal with using their own expertise and experience.

According to the ADHC CJP unit, this policy was developed because it was recognised that the program supported clients with complex needs and a wide range and high degree of risks to themselves and others. This meant that CJP clients regularly displayed behaviours that required



incident reporting, posing a challenge to management, as serious incidents were easily overlooked due to the volume of incidents being reported.

The nature of the CJP meant that there may have been a high frequency of Category 1 and 2 incidents (the more serious incidents which required reporting) that related to offending and/or risk behaviours. Where these incidents formed a regular behaviour pattern for an individual (e.g. itinerancy or theft), they were monitored through the CJP database incident report register, rather than being reported under Category 1 or 2.

The *Suspected Illegal Activity by Accommodation and Respite Service Users Procedures* (2013) sets out the process for reporting suspected illegal activity. It was developed to facilitate a consistent approach to potential criminal incidents committed by clients of any service provided or funded by ADHC. This included whether to report incidents to the police, based on advice from ADHC's Law and Justice Branch (*CJP Operations Manual*, p.6).

However, the *Disclosure of Client Information in Instances Where There is Perceived Risk to Others* (2013) policy advises all ADHC-funded services (including the CJP) that only indictable offences should be reported. This policy is again based on legal advice from ADHC's Law and Justice Branch.<sup>29</sup>

In addition to these supports, clients' behaviour support plans provide direction for specific clients around when it might be advisable to contact police in order to reduce risk of harm to others.

### 6.3.3.2 Discretion to report non-indictable offences to police

CJP staff suggested that there may potentially be a considerable amount of 'low level' non-indictable criminal activity by clients where CJP staff exercise discretion in whether such activities should be reported to the police (as discussed above). It also appeared that there were some differences across CJP sites in how they responded to this issue.

- On the one hand, a staff member from an IRS service run by ADHC (whose staff appeared to have a higher level of expertise in dealing with offenders compared to those CJP services run by NGOs) explained that all client offences are reported to police regardless of their nature. In discussions with clients they reportedly give clear messages 'that there are limits and there are behaviours [they] won't accept', and that staff 'won't cover them up because that will lead to more offences'.
- On the other hand, it appeared that the more typical approach by CJP services run by NGOs was to only report indictable offences to police, and lower level offending was only sometimes reported. CJP staff cited various examples of cases where they had not reported offences to police because it was felt that:

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<sup>29</sup> Other ADHC policies and documents of relevance to reporting of offending by CJP clients include: the Criminal Justice Resource Manual (2009) which provides information about supporting people with an ID in the criminal justice system; and the ADHC Justice Services Policy (2009) which deals with various issues relating to children, young people and adults with an ID who are in, or at risk of, contact with the justice system as victims, witnesses or offenders.

- the offences were too trivial
- the offences were more symptomatic of the client's ID or psychiatric disorder than a criminal offence
- it was more productive to use the incident as an example for the client to 'learn from'
- reporting to police would have had a negative impact on the service's relationship or work with the client.

However, several justice stakeholders raised concerns that the CJP services did not deal very effectively with client offending. It appeared that these comments related to the CJP services run by NGOs, who provide the majority of CJP services. These stakeholders felt that on occasion the CJP services run by NGOs had:

- deliberately ignored offending by clients
- not been strict enough about reporting offences to the police and other relevant justice authorities who needed to be kept 'in the loop' (e.g. parole officers)
- not provided strict enough rules, boundaries and messages to clients that offending behaviour was unacceptable and would not be tolerated.

Stakeholders felt that in some instances this approach had encouraged or directly led to reoffending by clients because they thought they could 'get away with it' and that the service was 'a bit of sanctuary' where they would not be held accountable for their offending. These stakeholders attributed this to limited expertise by the NGO service providers in supporting clients with complex needs including significant offending histories and mental health problems, insufficient direction on this issue from ADHC, and too great a focus on a 'disability' versus 'criminal justice' approach.

They also highlighted that the same behaviour could be viewed differently through these two lenses. As one justice stakeholder explained 'they may have done something which I would consider a sexual offence but a disability worker would say "well, that is just challenging behaviour, we will let him" '. However, it is important to reiterate here that sex offenders represented a small proportion of CJP clients and are not necessarily representative of the experiences of CJP clients more broadly.

Another justice stakeholder similarly stated:

*The two... [CJP clients who] have reoffended... didn't have consequences whilst in the program for anything that they did, which did allow them to reoffend.*

A manager of an NGO service provided some confirmation of this issue. He described how staff did not know how to support people to act within the boundaries of the program if they have complex behaviours that challenge their authority.

The manager contrasted the approach in the CJP with what was described as a more 'regimented' approach in mental health and substance abuse services.

## 6.4 Insufficient focus on the CJP's reoffending aim

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Two aspects of the findings strongly indicated that there was not a clear and specific focus by ADHC and the CJP services on achieving reoffending outcomes. A manager of an NGO service encapsulated this view:

*If you look at the CJP as purely an accommodation support service, I think it's not doing too bad. But if you think about all those things that we signed up to do particularly around...reoffending, the supports are just not there for that.*

This highlights the tensions and complexities associated with running a cross-cluster government program for forensic disability clients, and which may require a distinct, sophisticated approach to address apparently conflicting support needs. This in turn requires the program to cross, and take account of, two fields that tend to have different philosophies and approaches to working with clients.

ADHC CJP staff reported that in the earlier period of the program's operation there was a heavy focus on the disability side of the program and relatively little on the offending side. However, it was reported that the focus on offending had increased in more recent years.

### 6.4.1 Ongoing analysis of quantitative reoffending data

The CJP is a unique program that supports a client group with particularly high support needs, commonly characterised by multiple disorders and disadvantages. This is compounded by the fact that there is relatively little established professional training in NSW to upskill staff working with the forensic disability population. As a result, practitioners are commonly trained in general disability support and this may have contributed to an insufficient focus on the CJP's reoffending aim. This lack of focus may also be related to the fact that there has been limited high level, systematic analysis and reflection on quantitative data about clients' reoffending to inform service providers.

The ADHC CJP unit also reported having requested that CJP services provide data on client incidents including offending behaviour. There has been inconsistent compliance with this request and not all services provide such data. Accordingly the unit reported that it has been difficult to obtain accurate and timely offence and incident data, on either a current or historical basis.

This has meant that CJP services have not had reoffending data available to them at either a program or individual service level (although all services have copies of all client incident reports). Only one staff member noted having seen some data on this issue, at a conference presentation by ADHC.

The consultations also suggested that there was uncertainty, ambiguity and some differing views both within and outside the CJP about how reoffending should be measured.

## 7 DISABILITY OUTCOMES

### Key points

- Examples were given of improvements in CJP clients' adaptive functioning across a range of life skills. A minority of examples suggested that the CJP has not improved adaptive functioning.
- The potential for improvements in adaptive functioning can be large, depending on clients' existing life skills. However there may also be limitations to the scope for improving adaptive functioning, reflecting the permanent nature of clients' ID, unstable life histories and the impact of custody periods on developing life skills.
- A range of examples was given of improvements in CJP clients' SQOL. Two examples were also given where CJP clients' SQOL may be negatively impacted: where participation in the IRS Service Model restricts freedom and thus SQOL; and where Indigenous clients are located away from their country and community.

The literature on ID and reoffending, especially the Scottish literature summarised earlier in this report, highlights the intermediate outputs or outcomes that are a precursor to changes in offending behaviour. Steps taken to target improvements in specific behaviour characteristics of clients with an ID involve a focus on anger management and better social engagement. Without addressing underlying behavioural and health issues, it is difficult for individuals to visibly move toward achieving better reoffending outcomes. In practice, life skills development assists people to move towards a greater level of independence, hence reducing the risk of reoffending through their ability to make safer life choices.

### 7.1 Methodology

In the absence of any quantitative data, qualitative data from stakeholder discussions was analysed to assess the extent to which CJP clients have experienced an improvement in either adaptive functioning or SQOL.

CJP and ADHC staff, external stakeholders, family members and clients were asked to comment on whether the CJP had improved client adaptive functioning and/or SQOL.

#### 7.1.1 Definitions of adaptive functioning and SQOL

Adaptive functioning is defined as:

*The extent to which a person can handle common demands in life and how independent they are compared to others of a similar age and background.*

The CJP takes into account a range of abilities related to three skill areas:

- Practical skills such as how clients manage their home and personal care, finances, using a telephone, transport, staying safe and healthy, following schedules and routines, and gaining and keeping employment.
- Social skills such as how to behave, talk to and understand others, how clients feel about themselves, how they solve problems, ability to make decisions for themselves or whether others influence them, how they follow rules, obey the law, and whether they are easily taken advantage of.
- Conceptual skills such as the ability to plan and organise, and use abstract concepts such as time, money and numbers.

SQOL is defined for the purpose of the CJP as an overall general wellbeing that comprises subjective evaluations of physical, material, social and emotional wellbeing together with the extent of personal development and purposeful activity, all weighted by a personal set of values.

### **7.1.1 Data Limitations**

CJP staff, ADHC CJP staff and a small number of external stakeholders and family members commented on the disability outcome areas. Out of the 33 stakeholders interviewed, about half (17) could comment on adaptive functioning, and just over a quarter (9) could comment on SQOL. Amongst the 5 family members consulted, only 2 could comment on adaptive functioning and SQOL. Some clients also gave examples of how the CJP had helped them in relation to these two areas.

It is important to note that while staff operating the CJP may be more likely to have a vested interest in perceiving positive changes as a result of the program, they may also be in the best position to observe those changes.

Factors indicated by stakeholders limiting their ability to assess changes in adaptive functioning include:

- Limited sustained contact by some stakeholders and family members with CJP clients.
- Difficulty in drawing conclusions around whether there has been an overall improvement in clients' adaptive functioning and wellbeing.

## **7.2 Adaptive functioning**

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Stakeholder opinions about whether improvement to adaptive functioning had occurred and the extent of improvement were mixed. However, stakeholder comments were largely positive. It was also noted that many clients had low life skills when they entered the CJP.

Positive examples of improvement to client adaptive functioning identified by clients and stakeholders include:

- **Personal health and wellbeing.** This included marked improvements in personal hygiene (including showering, dental hygiene, and wearing clean clothes), cooking skills, shopping for food and other items, eating healthily, regularly exercising and better identification and management of any physical ailments. For example a family member reported that one particular CJP client:

*Is obviously happy to do his shopping. Before he would never go to a supermarket, he had to be forced.*

- **Life and vocational skills to assist independent living.** This included skills related to living independently in their own accommodation or CJP properties and undertaking tasks such as housework and gardening. These skills were often developed through TAFE courses. One client explained:

*It's helped me out a lot. I've learned how to mow a lawn – I sometimes do gardening, mow lawns. ... I do my own washing... I put all the dishes away, stack the dishes in the dishwasher. [I'm] learning how to mop floors and sweep floors and clean toilets and things like that.*

- **Financial management.** This included budgeting which helped to ensure essential expenses and bills were paid and enabled clients to save up for major items. Through these process clients came to better understand 'value for money'. One CJP client reported that the CJP:

*Help[ed] me to like budget, so I can spend my money on the stuff that I need and stuff that won't get me into trouble. ...It was a bit hard there with gambling and that at first, but after I got counselling... I started looking at things a bit different.*

Further, a CJP staff member cited an example of a client who was in the program for a year and saved money to buy a television, sound system, game console and computer hard drive. The client is also saving to buy a fridge and washing machine, so that 'when public housing comes through, he's got everything there to move out'.

- **Social communication skills including anger management and consideration of others.** This included being less argumentative and developing the skills to live with other people and 'respect...their space'. One CJP staff member observed in relation to a current CJP client:

*His life's been very levelled, his anxieties have come down... he listens and he's much more willing to do what you ask him to do and doesn't argue... and he is one of the first guys to help them out of the bus and see they're okay. All that sort of stuff is coming out now. With the aggression put to one side he's really showing that he has a very caring side.*

Examples were also given of clients whose behaviour was still undesirable in these areas but who had made some improvements: 'After they have screamed and threatened to kill you, ringing back and actually caring about you enough to think, "I shouldn't have done that," gaining insight into it'.

- **Dealing with practical life issues.** This included things such as learning to drive or getting a driver's licence, using telephones and automated teller machines (ATMs).

There were two examples where it was felt that there had been no improvements in adaptive functioning:

- One OSSL staff member felt that clients had become less responsible and independent in the program compared with being in an ADHC group home, because clients have to do less for themselves and have less responsibility.
- One family member felt that there had been no improvement in the adaptive functioning of the client, despite considerable efforts by staff to assist her with this on a daily basis.

The comments indicate opportunities for improved management, such as staff training and supervision to respond to individual client needs.

### 7.2.1 Potential improvements

Consultations indicated that potential improvements in adaptive functioning may be limited by factors such as the permanent nature of ID and clients' complex life histories, which both add to the challenge of improving life skills.

One CJP staff member commented: *'It wouldn't be fair to think there will be 100% independent living, it's not realistic'*. Several clients made similar comments, indicating that they could not ever envisage living without the support of this, or another similar, program: *'I'll still need the help from staff when I move out'*.

In interpreting these comments, it is important to consider that the aim of disability support is to build on an individual's particular capacity, rather than attain full independence. A point made by a number of CJP staff and stakeholders was that CJP clients often entered the program with very low levels of adaptive functioning skills. This was related to factors including their ID and their often chaotic or unstable life history. Another critical issue was their period of imprisonment (particularly where this had been for a lengthy period of time), where they had been restricted from undertaking activities such as shopping, cooking, housework, using public transport and telephones. As one disability stakeholder commented, *'it's that kind of systematic, day-to-day routine that's never been applied to them'*.

CJP staff and stakeholders gave examples of a prospective CJP client who is *'56 [years old] and he's never bought his own clothes... [or] done grocery shopping for himself'*. Another current female client was *'eating from the floor [and] she wouldn't wear clothes'* when she first started in the CJP.

Thus, while there may be considerable potential for improvement in life skills, there may also be practical limitations that need to be addressed within the person's support plan.

## 7.3 SQOL

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Improvements in adaptive functioning are expected to translate into people having greater confidence and feeling better about themselves, resulting in an overall improvement in personal wellbeing and SQOL.

Improvements most commonly identified in consultations were:

- **Improved mental health.** This included better management of psychiatric conditions, and reducing or eliminating substance abuse for clients with those issues. For example one CJP client reported that entry into the program has

*Kept me away from illegal substances, it's kept me off marijuana, amphetamines, ecstasy, heroin and alcohol.*

- **Improved safety, security and stability.** This included having safe and stable accommodation that clients associated with 'home'. The support of CJP staff was also crucial in improving stability, by assisting with practical day-to-day tasks and problems, and providing emotional support and mentoring, as well as brokering clients' relationships with other agencies. For example one CJP staff member explained.

*[I can] help be that middle man and help bridge that gap and up-skill those other agencies who don't know how to work with our clients, and give them the support to actually allow the clients to receive a service.*

- **Greater social inclusion and involvement in leisure and community activities.** This included attending community outings with CJP staff such as church and bowling; developing skills through art courses and music lessons, and undertaking volunteer work. These activities allowed CJP clients to make new friends and networks. One client explained:

*The [program] helps me with my shopping, groceries, I go bowling, I go clubbing. I like doing all those things. It helps me get out into the community.*

- **Improvement in family contact and relationships.** Although CJP clients often had complex and difficult family relationships, it was reported that there had been some improvements in this area since entering the program. One client explained

*Since I've engaged with the CJP, it's helped me to...regain that trust with my father, to regain the trust with my sister, with my brother and my mum.*

Several examples were also given of CJP clients forming and maintaining long-term relationships with partners and children.

- **Improved self-confidence.** One justice stakeholder explained:

*I think [the CJP] builds up the self-confidence because it seems to be run in a very respectful way. In other words, you are encouraged to be good; you are not forced to be good.*

While the majority of those consulted discussed the positive outcomes of the CJP on SQOL, there were two areas identified where a small number of those consulted felt the program had had a negative impact on client's SQOL.



These two issues were:

- **Restrictions associated with IRS services.** In order to manage the risks associated with supporting clients in the most intensive Service Model, there is a high level of supervision (e.g. constant line-of-sight surveillance by staff). Two CJP staff, a few clients and one criminal justice stakeholder felt that as a result of this, the SQOL of clients was negatively impacted due to restrictions on clients' personal freedoms.
- **Indigenous clients distanced from their Country.** This involved clients becoming geographically isolated and disconnected from their home communities due to placement in CJP services away from their usual place of residence and/or their families. This was considered particularly problematic for clients from an Indigenous background because of their strong cultural connection to the land and their local communities.

## 8 PROGRAM OPERATION – CLIENT PATHWAYS

### Key points

- Referral processes were reported to work well when the client was clearly within the eligibility criteria and the processes started early.
- However, some stakeholders noted that the complexity around processes and the time and resources involved to make referrals was a disincentive, especially considering a successful placement for an individual into the program was not guaranteed.
- Most CJP staff thought that more lead time to prepare for the entry of new clients (one to three months ideally) would have improved the effectiveness of the entry processes and the corresponding outcomes for clients.
- From the full dataset of 200 CJP clients, 58% were in one Service Model only throughout their time in the CJP, 28% moved from a higher to lower service intensity Service Model, 11% moved from a lower to higher service intensity Service Model and 3% changed service intensity but in no consistent direction.
- Allocation of clients to the most appropriate Service Model has to take account of a wide range of factors, including where and when vacancies occur. Strengths and limitations of the different Service Models were identified by service providers and other stakeholders.
- From the full dataset of 200 CJP clients 84% were current CJP clients, 10% were exited clients and 6% were suspended clients.
- CJP staff reported several barriers to clients exiting from the CJP including: shortage of suitable and alternative accommodation options; limited willingness of other services to accept clients; and limited capacity of clients to move towards independent living.

### 8.1 Referral and assessment processes

External stakeholders and CJP staff reported that a large number of referrals (from SDS, ADHC, and the Criminal Justice Support Network) related to people identified and assessed for eligibility while in custody. This is an important finding in light of the research conducted by Baldry and colleagues (2013) that the majority of people with an ID are not formally assessed and identified as having an ID until they enter custody. Thus, the CJP is potentially accessing a population who otherwise may have not had access to appropriate services.

Referral processes were reported to work well when the client was clearly within the eligibility criteria and the processes started early, though there were challenges posed by the length of time (up to several months) some referrals took. Lengthy processes were attributed to:

- Complicated and partly unclear referral mechanisms. For example, understanding the order for completing ADHC regional and CJP eligibility processes.

- Instances of unclear eligibility criteria. Specifically, whether a person was definitely required to spend a night in custody to be eligible for the program and how to prioritise between different potential clients.
- Difficulties in the availability of information.
- The number of stakeholders and agencies involved in the assessment, collection and provision of information to the ADHC CJP unit.
- The capacity of the ADHC CJP unit (including the Vacancy Management Panel) to process the information in a timely manner.

Stakeholders highlighted that these lengthy processes were unsuitable for some target groups such as offenders with a short prison sentence and young offenders living in the community on probation, whose needs demanded a quick response. For example, a justice stakeholder commented that once a young person had left custody, or when living in the community on probation, there was only a short opportunity when the young person would be willing to engage in a program such as the CJP.

ADHC noted that the assessment process has to take into account the need for clinicians to explore potential clients' risks to themselves and others and the need to obtain reliable information about clients' histories and background – both of which can often be time-consuming.

Some stakeholders noted that the complexity around processes and the time and resources spent on making referrals was a disincentive, especially considering a successful placement was not guaranteed. In some cases this was reflected in a reduced willingness to make referrals or even stakeholders choosing not to make referrals at all.

Some stakeholders also felt that the outcomes of the assessment process were not sufficiently transparent and were not communicated adequately to them. This was seen to be a result of insufficient communication and feedback from ADHC and the ADHC CJP unit around the progress and outcomes of the assessment process, including reasons why an individual may not be accepted into the program. This made it difficult to ascertain the status of the application (e.g. whether there was missing information in the application or whether the prospective client had been accepted into the program).

- Lack of publicly available information (i.e. on websites) for those making individual referrals (such as those from courts and lawyers).

Stakeholders noted two situations where clients may not have been appropriately assessed for the program: firstly, where it emerged that clients had higher needs than the program typically supports and secondly, where clients were eager to participate in the program in order to obtain a permanent address and satisfy parole conditions, but were less keen to actually engage in the program. ADHC noted that they seek to avoid the latter situation occurring by using deception testing tools when psychologists complete the assessment process, and by interviewing correctional staff about the willingness of potential clients to be involved in the program.

Some CJP service staff expressed concern about their lack of involvement in the referral and assessment processes. They reported that this often resulted in the matching of clients to service models that were unsuitable to address their needs, and ultimately had implications for the outcomes for clients.

## 8.2 Entry and initial placement

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Most CJP staff thought that more lead time to prepare for the entry of new clients (one to three months ideally) would have improved the effectiveness of the entry processes and the corresponding outcomes for clients. They said the current average time of entry into a Service Model (after the client was accepted into the program and the CJP service was notified) was 10 to 14 days, or in some cases even shorter.

As a consequence, CJP staff did not always have enough time to engage with the client while the client was still in custody. Longer lead times would have assisted in developing a better understanding of client needs and behaviour patterns, successfully mitigate risks for clients and staff, as well as allowing adequate time to develop a management and goal setting plan with the individual prior to entry to the program. A CJP manager explained:

*I don't want that information [the person's needs and behaviour patterns in prison] second hand from a clinical perspective [provided in the SNRG]. I want to know what his behaviours are like, how he interacts... and be able to talk to the prison staff that work in the unit where our client is, to give me a sense of this client.*

At worst, the CJP and prison staff spoke of isolated examples where clients leaving custody were asked to travel unsupervised from prison to a train station close to their CJP accommodation, but when staff arrived to pick them up they had disappeared. According to staff, this type of incident occurred because they had little time to prepare and organise the practicalities of transport and pick up.

Stakeholders suggested a range of reasons for the short lead time from acceptance to program entry to a Service Model: privacy issues, CJP internal communications, the role of prison welfare staff in not unnecessarily raising client expectations (resulting in clients being upset if delays then occur) and clients' short custody periods.

CJP service providers noted that they had little involvement in choosing or making recommendations about who they could and could not accept into their service. This was particularly problematic as CJP staff were not provided the opportunity to consider:

- The mix of clients in shared accommodation premises. For example, individuals who may have been perpetrators of particular crimes such as sexual offences sharing with individuals who have been victims of such crimes.
- Triggers that might change a person's behaviour (for example, a client may not like red-haired staff).
- The capacity of staff to meet an individual's needs.

A CJP manager explained:

*I know what my staff skillset is, that they [the ADHC CJP unit] don't know, so having input into vacancy management would mitigate risks to clients and staff.*

However, there was also some recognition that processes have improved over time. One manager said, *'Now we speak up more when we think the placement isn't right'*, and others noted that their concerns were being acknowledged more regularly than before. However, there were still some CJP managers who said that they sometimes reviewed and voiced concerns regarding a placement but generally maintained that their voice had little weight in changing a decision.

CJP staff and some of the referring justice stakeholders (i.e. CSNSW, Community Corrections) said the placements were sometimes inconsistent with the CJP Service Model recommendations about the type of support model the client required. Compromises arose from the challenges of matching clients who had particular needs or were at high risk of reoffending with the appropriate service provider and Service Model. This was further complicated by the relatively small number of vacancies that became available in the program.

### **8.3 Movement between Service Models**

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From the full dataset of 200 CJP clients, it was found that:

- 88 people (58%) were in one Service Model only throughout their time in the CJP. This comprised 9 people in the IRS, 24 in the OSSSL, 41 in DIS and 14 supplementary support packages through the TSP.
- 43 people (28%) moved from a higher to lower service intensity Service Model.
- 17 people (11%) moved from a lower to higher service intensity Service Model.
- 5 people (3%) changed service intensity but in no consistent direction.

Clients who changed service intensity but in no consistent direction were generally those who had moved between Service Models three times.

Such internal moves between the CJP Models were mainly due to the changing needs of clients and the clients' preference to live in a different location where perhaps only one type of Support Model was available. The process for transitioning clients between Service Models follows a similar process to the decision making and placement for new client entry into the program.

Investigation of client movements between Service Models highlighted that while the program had been designed for people to move through the Models from high-intensity and supervised support (IRS Service Model) through to less supervision and more independence (DIS Service Model), this did not always happen in practice and did not fit with the needs of some clients.

Consistently, CJP staff indicated that some CJP services used strategies (with the support of the ADHC CJP unit) to create greater flexibility within the Service Models, to better meet client needs.

For example, if a client required 24-hour support and could benefit from living by themselves, sometimes services placed the client in a DIS model and attached 2.5 support packages,<sup>30</sup> which would allow the person to have 24-hour support while living alone. Such strategies were used to either protect the other clients in a group home or reduce the negative influence of some group home settings.

These strategies were only possible in services funded to deliver more than one Service Model type, or that were delivering the individual support packages with more staff. This illustrates a more general point made in the consultations, that services which offered a range of Service Models found it easier to meet client needs and transition clients within a service.

Some CJP service providers felt that many clients would have benefited from starting with a higher level of support (24 hours) and then slowly moving towards lower levels of support and greater independence. Limitations to movement between models included:

- Locations of Service Model not aligning with client needs - some clients reported that they would have liked to live in supported accommodation close to their family home, however this option was not available.
- Risks associated with leaving well-developed individual support services – there was limited incentive for clients and staff to transition clients between Service Models where considerable time had been spent in developing links in the local community for the client, particularly if a lower level Service Model is not in the same area.

According to the ADHC CJP unit, movement between Service Models needs to consider:

- Program level factors including systemic factors, service provider resourcing, service provider experience and staff training.
- Individual level factors including clients' psycho-social functioning, level of independence, Corrective Services involvement and compatibility with other clients.

Some ADHC CJP staff suggested that the vacancy management process could be reviewed to improve responsiveness. The Vacancy Management Panel is intended to meet weekly, but it could take up to several weeks to convene a meeting if senior managers were not available. This caused problems when CJP services were waiting for approval to move a person in response to an emergency or risk situation. Out-of-session vacancy management meetings were convened occasionally but the process has not been standardised.

### **8.3.1 IRS and OSSL Residential Service Models**

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<sup>30</sup> CJP Services can attach one or more service packages to each client. Each package equates to a specified number of hours of a support workers' time with the client.

The IRS was regarded as being particularly effective in dealing with clients offending behaviour, and as one IRS staff member reported: *'our success rate with these clients [is] very high, almost 100%*'. The intensive supervision of the model allowed less opportunity for client disengagement from the program.

However, it was also noted that the high level of control and supervision underpinning this service could make clients feel 'too restricted' and result in them absconding or leaving the program. A CJP staff member recommended that there be 'better communication' with clients before they enter an IRS Service so that they are well-prepared for the level of control and supervision under which they will live. Lack of communicating the Service Model environment can de-motivate clients from active participation and ultimately lead to their disengagement from the program.

The IRS Service Model was identified by stakeholders as having a high level of staff expertise, reflecting the need to support the program's highest risk clients. Staff worked with clients to enhance life skills and independence, including cooking, cleaning and attending appointments. Some service providers explained that realistic expectations and effective processes were required for successful transition from the IRS to OSSL models, and from the OSSL model to independent living

The level of support provided in the IRS and OSSL Models was seen as crucial for addressing clients' complex needs and assisting them to improve their adaptive functioning skills. One OSSL staff member observed; *'these 24/7 places are ideal because these [clients]... are like little kids, they need their house mothers and case workers'*. Another OSSL staff member explained; *'they can wake up [in the middle of the night] and knock on the door and say hey... I need some tablets to make me feel better'*.

Whilst the OSSL Model is characterised by a lower level of supervision than the IRS Model and has a lower staff to client ratio, it was considered to be particularly effective because of its potential to act as a conduit to transition clients to one of the non-residential models. One OSSL staff member explained: *'[This Model] sets them up for independent living'*.

Due to the nature of residential services, clients resided in group homes. This increased the potential for conflict between incompatible clients who lived in close proximity. One OSSL staff member explained: *'[the] mixing and matching of these people in these services is done by vacancy, not... by cohort of people living together'*. This process meant that clients were often 'mismatched' and this was known to trigger offending behaviour such as assaults. One OSSL staff member also reported issues with 'negative peer influences', stemming from the mixing of incompatible clients in group homes.

### **8.3.2 DIS Service Model and TSP supplementary support**

The DIS is a non-residential Service Model, generally servicing lower risk clients in their own homes (public or private housing) and have a worker for an allocated number of hours per week, according to client needs. The worker meets the client in their own home or in the community.

Overall, the clients interviewed were happy with the quantity and flexibility of the service. Most clients knew which days their key worker came and how long they stayed. Most staff called the

client in the morning to confirm they were coming and to talk about the plan for the day (based on the client case plan). Flexibility in support and access to staff mobile telephone numbers were cited as particularly important for clients.

The DIS Service Model is considered particularly beneficial because of the provision of tailored, one-on-one support for each client. A CJP provider commented: *'it is one-on-one and you can find out exactly what their needs are from that day and what they need, you sort of respond to it straight away'*. In contrast, in a group home (under the OSSL or IRS Service Models) *'it's a bit harder to do because everybody's got different needs'*.

Stakeholders recognised that the DIS Service Model provides more scope for clients to test and develop their adaptive functioning skills while they are living independently in the community. This Model is important because it provides a service for clients who would not be suitable for the group home settings that defines the IRS and OSSL Models. Staff members from a couple of CJP services observed that some DIS clients *'aren't built for group homes'* and are *'better off on their own'*.

A justice stakeholder observed that DIS Model is good for clients who only need *'that little bit of extra support and someone they can call'*, but need a higher level of support than that provided by mainstream ADHC disability services.

However, CJP staff indicated that the number of hours of support provided per week (i.e. the service package) did not always align with the needs of the client. In some cases, clients were receiving intensive support from CJP staff a few hours per day, when in fact they might have benefited from engaging with other external clinical or therapeutic services, as well as participation in social activities. In other cases, particularly for those clients in regional locations, clients were visited one or two days per week, but would have benefited from daily assistance.

However staff from NGO-run CJP services identified that clients in the DIS Model are more difficult to engage and to keep engaged in the program because it is easier for clients to avoid regular contact with staff. As a result of this, sometimes staff may need to be extremely persistent to even meet with the client (for example, if clients avoid being at home when staff call).

A staff member of a CJP service providing IRS, OSSL and DIS services noted that clients of the DIS Model tended to be less motivated to engage with the program than clients in the other Models. This contrasts with other comments by staff that the DIS Model can be very flexible and successful in meeting client needs.

The TSP is used to provide clients with necessary additional support and can be applied to clients in any of the other three Service Models.

## 8.4 Exiting the program

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From the full dataset of 200 CJP clients, it was found that:

- 168 (84%) were current CJP clients



- 19 (10%) were exited clients
- 13 (6%) were suspended clients.<sup>31</sup>

Of the small number of clients that did leave the CJP, some left because they reoffended, others voluntarily left to live with their family, and others left the program because they were no longer required to live in a supervised support model (e.g. legal case closed with no court conditions). Some clients left once their probation period ended (CJP is mostly a voluntary program).

However, overall these figures suggest that very few clients left the CJP to be supported in another service or to live independently in the community. This was mainly because staff felt they were not ready to live independently, or they did not have adequate support in the community to do so. The problems some individuals may face in exiting support programs is summarised by the following quote, which may have relevance for a range of clients with different types of offence histories:

*It can be difficult to discharge an individual who has previously committed a sex offence because another service, such as a training or housing association that has accepted him is wary of continuing if he is no longer coming to treatment. In this way, professionals view continuing treatment as an insurance against possible future incidents (Lindsay et al. 2013, p.179).*

Interviews with some clients and staff suggested that there are risks to cutting back the level of support, as some clients might feel abandoned or rejected and therefore can be at greater risk of reoffending.

Some CJP staff reported that they did not have enough guidance about how to identify and support people who may be ready to transition or exit the program. One CJP manager reported that they had transitioned several clients at once and felt that it would have been better to use a staggered approach over time.

CJP offered most clients who reoffended the opportunity to return to their placement (or the program) once they again exited from custody. Several staff also noted that keeping in touch with clients who had re-entered prison was a useful strategy for maintaining relationships. CJP had a policy that a client who returned to prison or had chosen to leave the program could return, provided it was within 6 months. However, the program re-entry option was not applied consistently and CJP staff described an example where a client was offered a return placement after they served an 18 month custodial sentence, during which time the service provider kept their placement free (not knowing exactly when the client would be released from custody).

CJP staff reported several barriers to clients exiting from the CJP:

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<sup>31</sup> These figures are drawn from the demographic characteristics and intellectual impairment dataset and cover CJP clients who entered the program between 1 June 2006 and 12 August 2013.

- Shortage of suitable and alternative accommodation options in the community that had the capacity to support the complex needs of clients, including those with offending histories.
- Limited willingness of other services to accept clients that might put staff and other clients at risk.
- Constraints on client readiness including personal capacity and criminal justice assessments. For example, parole officers might determine that a client has a high risk of reoffending and consequently court conditions prevent them from exiting the CJP.
- Limited capacity of clients to move towards independent living. This is often compromised due to: years of institutionalisation, out-of-home care, prison and mental health wards; complex support needs; and insufficient support to engage the person in that goal.
- Insufficient clinical guidance, therapy and policy frameworks to enable CJP staff to identify and support clients to achieve independence.

## 9 PROGRAM OPERATION – SERVICE DELIVERY

### Key points

Key challenges for service delivery include:

- Linking to appropriate local services who understand individuals with forensic and intellectual disability needs.
- Meeting the needs of specific sub-groups of clients identified by service providers and other stakeholders as not being as well supported as other clients. This includes: Indigenous clients and those from culturally and linguistically diverse communities, young people and women, individuals with more serious offending histories, and clients living in rural and non-metropolitan areas.
- Recognising the challenges of a service that operates across disability and justice areas.
- Some uncertainties around the transition to the NDIS, including whether the skills to deliver forensic disability services will be available, whether assessment and referral services for individuals in custody will continue and how accommodation support services will be provided.

### 9.1 Person-centred case management

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ADHC CJP clinicians and CJP service providers develop client case plans, daily activities and risk assessments with the client based on the individual's characteristics and needs. This person-centred approach is a long-recognised principle for working with people with all types of disability and was regarded by CJP staff and external stakeholders as a key strength of the program. CJP service providers reported that this approach was most effective for clients who were:

- referred to the most appropriate CJP Service Model
- motivated to change
- adequately supported to engage with the program and make changes in their life.

Clients, CJP NGO staff and external stakeholders also seemed to agree that having an 'intimate' case plan helped to support clients to remain away from the criminal justice system.

The time staff spent on gathering information about a client ensured a solid and accurate understanding was gained around the circumstances of the referral, and also enabled service managers to make informed decisions about the clients' treatment plan. One Service Manager explained:

*Part of our assessment is around trying to get everything that we know about this client into one solid document so that we can then know where we have to go from a clinical sense.*

Once clients entered the program, the person-centred approach allowed staff to work with clients on a daily, weekly and longer-term basis to determine individual goals and life plans. The process of actually engaging with the client was also deemed particularly important, as it allowed staff to verify the information they had collected prior to the client's entry into the program. It also allowed the building of trust, which was believed to be a central component for success within the program. Another Service Manager discussed:

*...things that I've observed that we do very well are building relationships and the strength of that relationship and more so trust...That in person-centred practice in understanding that everything comes from the client...I guess...we can be there to support them not to create ideas for them. So it's their choices and we're supporting them with what the goals are coming from that person-centred approach.*

## 9.2 Risk management

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Risk management is part of the risk-needs-responsivity principles that form part of the CJP Practice Model. The term 'risk' refers to the likelihood that certain behaviours will occur in the future. Risk management is conducted through various aspects of the CJP including:

- The assessment and evaluation of client needs, used to inform the development of subsequent clinical plans and provide an outline of the client's complex behaviours and management strategies as a way of minimising the risk of them occurring and/or the impact on others.
- Incident Prevention and Response Plans to reduce risks to the client, and define practices and procedures that applied to the daily activities that staff coordinated for clients. For example, some clients needed to be accompanied when walking to the shops, while others had to remain in 'line of sight' at all times.
- All the CJP services reported in the consultations that they had risk management plans to protect clients and staff. For example, one service provider reported that all their clients had access to a landline phone and had mobile phones on them for emergencies. Other safety procedures were in place, including having their residence checked monthly for safety and hazards.

Overall, the consultations suggest that the CJP's risk management approach worked effectively when it was consistently applied. An example of good practice was where the service provider developed response plans for after-hours crises.

There were some challenges associated with risk management and these tended to reflect difficulties with overall service delivery. For example, it was harder to manage clients' clinical and therapeutic needs when they lived in rural and remote areas with limited access to local services.

There were two specific areas of service delivery discussed in the consultations where risk management was regarded as particularly important:

- Helping clients to safely and effectively connect to local services, employment, education and social activities. For example, staff discussed risks with potential employers (or employer agencies) when linking clients to these services.
- Supporting clients to maintain contact with family and friends. Many service providers reported that some clients' families had negative influences on them, and therefore it was important that staff supported clients during family visits.

### **9.3 Positive relationships and communication**

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Almost all service provider staff reported 'building rapport' with clients as the first step to effectively planning activities and setting goals. Almost all managers, staff and external stakeholders reported that the commitment of staff to working with clients was one of the most effective aspects of the CJP. All CJP service providers talked about the importance of a positive, goal oriented approach consistent with Positive Behaviour Support defined under the CJP Practice Model.

Stakeholders said that building positive relationships and trust was especially important for Indigenous clients and young clients, as they were most likely to disengage from the program.

### **9.4 Goal setting and case planning**

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It was reported that clients were supported to set goals around daily and weekly activities including shopping and banking, attending appointments or visiting family. Many staff mentioned the importance of these activities in maintaining structure for the clients. Staff also helped clients to develop long-term goals. These included:

- staying out of gaol
- finding their own accommodation
- getting help with alcohol and drug addictions
- reuniting with family
- returning to education and employment.

Longer-term planning was regarded as particularly important for clients with alcohol and other drug issues as alcohol and drug issues often prevent clients from achieving other goals, such as reuniting with children or finding a job. Long-term goal setting was crucial for facilitating positive change and reducing the risk of reoffending.

Case planning meetings were considered particularly important in allowing CJP staff and clients the opportunity to talk about how to achieve these short and long-term goals. For clients with alcohol and drug issues case planning and management involved:

- intensive clinical support and rehabilitation
- counselling and medication
- positive distractions and activities for clients.

Further, for clients with alcohol and drug issues and those with a history of sexual offending, case planning and management involved finding local community services to support them.

One example of good practice was explained by a service provider in relation to a client on parole, who had developed in consultation with CJP staff a 12-month lifestyle plan. The client was then able to address each issue stage by stage, which included reducing their medication and seeking employment. The plan included steps for transition out of the CJP, including living arrangements after exiting the program. The provider described this as the ‘perfect transition’ because ‘*[although] ...all the details changed, [we] just went through the process that was planned*’.

There were some challenges associated with the setting of goals with CJP clients:

- **Balancing support and empowerment.** Some CJP service providers found it challenging to balance the organisation of activities for clients (such as accompanying them shopping), with empowering clients to make their own decisions and act independently.
- **Unlimited timeframe.** There were differing staff views about whether the unlimited timeframe should be replaced by a more formalised timeframe for clients' involvement in the CJP to assist with the development of and progress towards goals. Some staff noted that the time required for each person varied, though one staff member proposed that a limited period of 12 or 24 months would be a reasonable timeframe to expect progress.
- **Unrealistic expectations.** Some staff perceived a mismatch between the views of ADHC and CJP staff in relation to what clients should be expected to achieve in the program. For example, one staff member stressed that in practice client case plans were incrementally implemented and expectations needed to be adjusted accordingly.

## 9.5 Mental health and behavioural support

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Addressing the mental health of clients through therapeutic and behavioural support is central to achieving positive outcomes for CJP clients. This is because research has shown that people with an ID are also more likely to have mental health disorder and problematic alcohol or other drug use, co-morbidity (mental health and cognitive disability) and multiple mental, physical and cognitive disabilities (Baldry et al. 2012, p.2; Trollor 2014, p.395). This is especially true of CJP clients who experience a range of complex needs including psychiatric disorder, substance abuse, personality disorder, family problems, mental health issues, histories of self-harm and suicidal ideation and traumatic histories.

This section reports on the specific strategies used and challenges faced by CJP staff to provide this specialised mental health and behavioural support to clients.

### 9.5.1 Clinical support

Most CJP services provided clinical mental health support to clients, including medication and one-on-one counselling. Some services used on-site clinicians, while others used external local services, and in some cases staff accompanied clients to see ADHC CJP clinicians in Sydney.

The consultations indicated that there were two key challenges to clinical support, namely:

- Limited accessibility to clinical support in regional and remote areas.
- Insufficient clarity around delivering clinical support. It was reported that contracts and documents provided by ADHC would benefit from explicitly outlining the required structure and management of clinical support, as well as the respective responsibilities of the ADHC CJP unit and CJP services. These arrangements should be clearly communicated to staff working directly with clients.

Consultations also highlighted that addressing the mental health needs of CJP clients was particularly challenging because of the compounding effects of the multiple disorders and disadvantages facing the CJP client group. As Trollor (2014) explained in a recent publication:

*This complex set of vulnerabilities provides a quintessential challenge, which transcends disability and health service systems and demands a comprehensive inter-agency program of research and interventions (Trollor 2014, p.396).*

While clinical support is clearly a key priority for supporting CJP clients, there are some inherent challenges in doing so.

### **9.5.2 Positive behaviour support**

Positive behaviour support is an overarching strategy used by CJP staff to support clients on a daily basis, and forms part of the CJP Practice Model, outlined in the *CJP Operations Manual* (p.12).

Not all service providers referred to the CJP Practice Model specifically, but almost all reported their use of a strengths-based, positive approach to communicating and working with clients. Some of the strategies used by staff included:

- emotional regulation
- finding positive things outside custody
- learning more about a client's history
- knowing a client's boundaries
- finding activities clients are interested in
- always being available to talk
- motivational interviewing
- positive pro-social contact.

Staff reported that the effectiveness of these strategies depended on clients' choices about whether they wanted to make positive changes. For example, one client said he saw the CJP 'as a coordinator', but he knew it was his choice whether or not he changed his life. Some providers believed that 'at the end of the day, it's up to the clients whether they want to change'.

When targeted clinical and therapeutic interventions were necessary to support a client's mental health and behaviour, staff sought advice and assistance from the ADHC CJP unit or local clinicians.

Specialised staff training was seen as crucial to addressing challenging mental health and behaviour issues. One example of good practice involved a CJP service provider organising and training their staff to meet the needs of different client groups. This included targeted training and mentorship through the use of staff who were experienced working with certain client groups. In another service, staff were organised in teams to work with specific groups, including clients with: alcohol and other drug problems; a sexual offending history; and Indigenous clients.

A number of staff reported the need for more training sessions to be organised and provided by ADHC (and/or external practitioners), as well as mentorship programs by CJP staff to help address challenging mental health and behaviour issues.

## **9.6 Skills development**

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Improving life skills and pro-social values are key aims of the CJP, as set out in the *CJP Operations Manual* (p. 8). Most clients who were interviewed felt that learning new social and practical skills was the most effective aspect of the CJP. Further, many staff believed that skills development was equally important as the clinical and risk management aspects of the program.

There were challenges in delivering services to clients in regional and rural areas due to limited related services in these locations. Clients in the non-residential Service Models also often lived considerable distances from the CJP service and staff travelled long distances by car (up to four hours) to visit clients once or twice a week.

In these circumstances it is more difficult for staff to be flexible and wholly responsive to client needs. Stakeholders considered this an important factor influencing the likelihood that clients in regional and rural locations would disengage from the program.

Stakeholders suggested that more effort be made to find appropriate local services to meet clients' needs. CJP staff and stakeholders felt that if local community services were not available or appropriate, consideration should be given to placing the client in an OSSL Service Model (which offers more intensive on-site support). A problem with this approach would be if it removed the client from their local constructive social networks. A disability stakeholder suggested that the use of modern technologies (such as Skype) may help to alleviate some of these problems.

### **9.6.1 Social skills and emotional support**

In addition to enhancing clients' life skills, the CJP is also strongly focused on providing emotional support and enhancing social skills. Two key aspects of this were open and available communication, and on-call support.

Staff reported that positive, trusting relationships were fundamental to providing effective emotional support. One service provider explained: *'Just talking is the biggest support we can offer these guys'*. One client said: *'When I've got a problem I used to go and get in trouble. Now I've got a problem and [I] talk about it'*.



Flexibility and availability in providing emotional support are very important. As mentioned, many clients were able to contact their key CJP worker outside of hours on their mobile phone. Staff agreed that having someone always on call was an important aspect of providing a flexible and quality service. In many ways, it was part of an overarching strategy to manage risk, as staff believed that clients did not have someone to talk to, they might reoffend or self-harm.

It was unclear whether staff felt that this aspect of the CJP was adequately managed in the program's Occupational Health and Safety policies and procedures. Developing good practice approaches might be effective in enhancing client engagement with the CJP and client outcomes.

### **9.6.2 Community and social engagement**

Social and community activities were a central part of service delivery in the CJP. Activities included going to the beach, participating in sport and art classes, or having a BBQ with friends, family and other clients.

All clients talked positively about the activities they participated in as part of the CJP. Clients looked forward to these activities, and many said that they provided positive distractions and kept them 'out of trouble'. While staff acknowledged that constrained resources (i.e. not enough cars) made it difficult to organise all the activities clients wanted, few clients reported wanting more or different activities than those currently available to them.

While the intensity and type of activities could be reassessed for some clients, the interviews with CJP staff and clients confirmed that social and community activities were a key strength of the CJP for almost all clients.

### **9.6.3 Family and friends**

The consultations demonstrated that family and friends were important in many clients' lives. Some clients lived with their family or partner, while others regularly saw or kept in touch with their family. This was often facilitated by staff, who pointed out the importance of supporting clients to establish or maintain family relationships.

Other clients had been disconnected from family, sometimes since they were young. Reuniting with family (especially children) was identified as a goal for some clients.

For many clients, family and friends were a potentially positive influence. However, staff also gave numerous examples where families had a negative influence on the client's behaviour and offending patterns. Some staff said they would only help clients to make contact and visit family if they expressed a wish to do so. Staff also used risk management strategies in the interest of the client, for example going with them to visit family members, to reduce perceived negative influences.

Staff reported that incidents of reoffending often occurred when clients in OSSL services were given approval to visit friends and family overnight. Young people seemed to be particularly at risk. It could be helpful to review the implementation of leave procedures and conditions to manage this risk.

All CJP services reported including family members and guardians in a person's care where this was possible or necessary. However, involving family members was dependent on whether the person receiving support wished their family to be contacted. In some cases, support staff had to locate family members, which was difficult as clients had often lost contact with their families and social networks after spending lengthy periods of time in prison.

CJP service providers reported that when involved, family members or guardians received regular updates by email, phone or mail about how the client was going and any concerns or major changes to their care and support. The few family members and guardians consulted for the evaluation were reasonably happy with their involvement and contact with the CJP program and staff.

Local service providers reported that one of the strengths of the CJP program was the ability to involve family members in a person's care, including decision making processes.

## **9.7 Challenges for service delivery**

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### **9.7.1 Linking to local services**

While it is recognised that drawing on the specialised support of local services is important for adequately supporting clients and achieving successful program outcomes, CJP staff engaged with local services to varying degrees depending on client need, the extent of on-site support services and CJP service providers' own relationships and communication with local services.

CJP staff also identified several challenges with linking clients to local services relating to:

- stigma and understanding client needs
- managing client risk
- geographic location i.e. clients in non-metropolitan and rural areas.

The stigma associated with the client group was a particular challenge. Several CJP service managers and staff felt that local services did not always understand client needs and background. One service manager explained that local medical services felt that it was too difficult to solve problems relating to clients with complex needs and substance abuse problems.

Client characteristics, background and networks also posed challenges linking clients to local service providers. This occurred when services were located near family and friends who might lead the client to return to unhealthy or risky behaviours, and appeared to be most relevant in inner urban areas.

Sometimes clients choose not to engage with local services because they consider others attending the service a bad influence. For example, one client did not want to go to an alcohol and drug counselling service because he did not want to encounter other drug users.

It was often more challenging for service providers who worked across a large geographical region, as it was difficult to make links to local services in non-metropolitan and rural locations. Barriers to providing flexible services posed particular issues for clients who needed specialist therapies or clinical treatments and in some circumstances clients were flown or driven long

distances to access such services. The most common practical challenge existed for clients living in regional and rural locations under the DIS Service Model.

### **9.7.2 Health services**

Medical services for physical and mental health were the most common local services accessed by clients, in particular:

- local GPs
- specialist health services (e.g. Hepatitis C treatment)
- alcohol and substance use counselling
- psychiatrists
- methadone clinics.

Where relationships between CJP staff and local health services were strong and referral pathways clear, clients from any CJP Service Model appeared likely to receive effective targeted medical and counselling support. However, the program could be improved if the CJP and staff actively fostered positive relationships with local health services where they did not yet exist.

Some staff felt that for clients with identified mental health and medical needs it might be helpful to make involvement in counselling programs or therapeutic approaches a condition of participation in the CJP. This is a reasonable and appropriate requirement to ensure provision of motivational interviewing where motivation is problematic; emotional regulation support for anxiety and anger management; trauma informed care for those with trauma backgrounds; and/or interpersonal psychotherapy to support those with personality disorders. The options for different client groups would need to be explored in consultation with forensic, sexual offending and disability specialists.

### **9.7.3 Education services and employment**

CJP service managers and staff discussed clients' goals to find employment and participate in education courses. Some clients were connected to employment agencies and had started courses at the local TAFE. Section 7.2 discusses the life and vocational skills developed as a result of participation in courses through TAFE while in the CJP, which had a positive effect on clients' adaptive functioning.

Service providers reported that some clients found labouring and cleaning jobs independently, but most were assisted through local disability employment agencies to find work. A few clients made an income through selling their own artwork they had produced as part of their CJP recreational activities.

Service providers mentioned several barriers to clients engaging in education or employment. These included:

- mental health and violent histories posing too high a risk
- the presence of Borderline Personality Disorder (discussed further below)

- a preference to be paid in cash
- lack of motivation.

In particular the prevalence of Borderline Personality Disorder among the CJP client group presented particular challenges for maintained engagement in education and employment. While Borderline Personality Disorder is experienced by individuals in many different ways, often people with this disorder struggle to distinguish between reality and their misperceptions of the surrounding environment (Grohol 2007). They may also suffer from impulsivity and affective instability, which leads to impairments when interacting socially and in a work environment (Baggee et al. 2004, p.279). Research has shown that individuals with Borderline Personality Disorder are some of the most difficult clients to work with (Baldry et al. 2012, p.44).

#### **9.7.4 Other services**

Other local services that clients have regular contact with include:

- accommodation (Housing NSW, shelters, local real estate agencies)
- Centrelink
- Aboriginal Legal Services
- the Intellectual Disability Rights Service ( a specialist legal advocacy service for people with ID in NSW)
- Aboriginal Medical Services
- Aboriginal cultural centres and Land Councils
- churches and community centres.

Some service providers gave examples of good practice, where the ADHC CJP staff, CJP staff and local community services worked together effectively to meet the needs of a client. In one case, a CJP client participated in a day program organised by a local disability service. The client and the service providers reported that the combination of programs adequately addressed his needs.

### **9.8 Meeting needs of particular sub-groups of clients**

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Some CJP providers and external stakeholders identified specific sub-groups of clients who have been less well supported by the program, including:

- clients in regional and rural areas
- Indigenous clients
- young people
- female clients
- clients with more serious offending histories.

These client groups are discussed in more detail below.

### 9.8.1 Indigenous clients

As reported in the demographic characteristics chapter, over half (53%) of CJP clients identified as Indigenous. Despite this, the consultations suggested that there was insufficient cultural awareness in the CJP, and the needs of Indigenous clients were not fully met. The reasons for this as suggested by CJP staff and stakeholders included:

- A shortage of cultural competency among CJP services and providers.
- A different cultural understanding about the meaning of ‘disability’. For example, in Indigenous languages there are no comparable words for disability, which suggests it may have been considered a normal part of the human experience and there is stigma attached to the current label (First Peoples Disability Network 2014).
- Limited Indigenous-specific training of support workers.
- A shortage of accommodation options to meet clients’ preferences to live close to their family and social networks.
- Limited capacity of the CJP to meet clients’ social needs. Although the *CJP Operations Manual* (p.43) indicates that the TSP may be particularly suitable for Indigenous people, it is unclear from the interviews whether in practice CJP providers used the TSP to address the additional needs of these clients.

This was perceived as a key shortcoming in the program implementation, and also an issue that could be addressed through better staff training, supervision and awareness, as discussed in Section 8.1. These findings indicate that approaches for supporting Indigenous clients need to be better explored, and incorporated into the CJP Service Model and service delivery on the ground.

Nonetheless, examples were provided of good practice strategies by some CJP services in working with Indigenous clients. These included:

- Hiring trained staff (including those from Indigenous backgrounds) to work with Indigenous clients.
- Engaging local Indigenous services and organisations. For example, some services worked closely with their local Aboriginal Medical Service, and had contact with Indigenous cultural community services or liaison officers.
- Matching Indigenous clients with Indigenous ‘mentors’ (support workers), which reportedly helped to engage these clients.
- One urban CJP service established a dedicated Indigenous stream (referred to as the ‘Indigenous transition model’) as part of their CJP service structure. Its main objective was to link clients ‘back to land, back to culture’ and to improve their family relations. This service had a focus on case management and rehabilitation through therapeutic strategies rather than risk management. It stood out as the only service that took a more Indigenous-focussed, culturally appropriate approach to service delivery.

A few service providers and external stakeholders suggested that Indigenous organisations should run the CJP for Indigenous clients.

There were also cultural challenges associated with connecting Indigenous clients to appropriate local services in both urban and regional locations. In one case an Indigenous client did not want to engage with a local service because of previous negative family experiences with similar services. This was a result of insufficient cultural understanding by the service provider.

Further, in one regional location a manager explained that the CJP was not effective at meeting Indigenous clients' needs in their area. The service tried to connect Indigenous clients to local services, however the manager explained that the services 'don't necessarily belong to their mobs, it's incredibly difficult to get the sorts of supports you need'.

One CJP staff member believed that if it was the preference of the Indigenous clients, they should be supported to live near their family and receive outreach support. Even for clients with potentially negative influences from their family, many service providers and stakeholders agreed that supporting a sense of belonging to family and country was central to meeting Indigenous clients' needs.

As discussed in Section 11.3.3, placing Indigenous clients in CJP services a significant distance from their families and communities had a negative impact on their SQOL.

The ADHC CJP unit also identified the limitations of the CJP in adequately supporting Indigenous clients. Staff from the unit reported that they have recently increased their efforts to review some of the CJP Support Models to identify how they could better meet the needs of Indigenous clients. One idea, arising from a community consultation with elders, included changing the DIS Model to a drop-in centre that had Indigenous workers and mentors attached to it.

Further, ADHC CJP staff reported that they had recently introduced an 'Aboriginal youth focus' to the Indigenous stream, which included the use of Indigenous peer mentors to identify more suitable ways to support young people to overcome alcohol and other drug issues.

### **9.8.2 Clients from culturally and linguistically diverse backgrounds**

There were also challenges with supporting clients from culturally and linguistically diverse backgrounds and often related to referral and assessment processes. Many of these challenges were similar to those identified for Indigenous clients. For example, one external stakeholder explained that for refugees and other clients born outside Australia it was difficult to locate their school records and background documents to determine functional assessments. Other service providers reported difficulty with finding culturally appropriate services for those from a Pacific Islander background. Service providers also identified language barriers and lack of cultural awareness around recent migrants.

### **9.8.3 Young people**

Some staff from CJP services and the ADHC CJP unit identified that generally young people's needs were not well met in the program. This was mainly because of a lack of suitable accommodation options, including high-support, independent units.

Several ADHC CJP staff, local external services and CJP service providers felt that young people required a specific and highly structured approach to service delivery. Most services working with young people felt that these clients needed more supervision than adults to change behaviours. They also recognised that young people should not be mixed with adult clients who have the potential to negatively influence their behaviours or pose additional risks due to age differences.

Further, it was suggested that young people might need more conditions on release from prison and for approval to leave their accommodation overnight. Staff explained that a few young people who reoffended did so while on approved leave from OSSL accommodation (see Section 5.4.4). Another suggestion was that many young people (especially those from an Indigenous background) needed more support to connect positively with their family and community.

#### **9.8.4 Female clients**

Some stakeholders who had greater experience with female clients reported they had ‘much, much more complex needs’ than male clients. The complexity of the needs of women with an ID and a criminal justice history is similarly reflected within the literature. In NSW Baldry and colleagues (2012, p.3) found that women with an ID experience earlier police contact, and have substantially more police contact, and earlier first custody and conviction than their male counterparts. Further, a greater proportion of female clients of the CJP have Borderline Personal Disorder, when compared with male clients (Baldry et al. 2012, p.4). Similarly, Lindsay and colleagues (2006, p.119) found that female clients of a Scottish forensic ID program had higher rates of sexual and physical abuse, and mental illness than their male counterparts. For this reason, it is important to increase the accessibility of psychological treatments and counselling (Lindsay et al. 2006, p.127).

One external stakeholder believed that the CJP offered some women a ‘safe, comfortable environment’ that helped to prevent reoffending. However, these views related to a service with very few women.

Another service provider discussed the challenges faced in meeting the needs of two female clients who had children and were experiencing, or had experienced domestic violence. The service provider made efforts to help one of the clients maintain custody of her child.

Two service providers reported that most of their female clients had Borderline Personality Disorder. They had set up special units to provide a therapeutic framework to meet those clients’ needs. As was discussed in Section 5.5.2, the presence of such disorders presents particular challenges for service delivery. For example, it can be difficult to communicate with individuals with a Borderline Personality Disorder because of their inability to distinguish between reality and misperception, their increased likelihood to act impulsively and impairment in social situations. The presence of Borderline Personality Disorder alongside other compounding disorders and disadvantages (such as their ID and mental health issues), requires intensive, high-quality services to address the needs of this client group.

#### **9.8.5 Clients with more serious offending histories**

Stakeholders and staff identified that meeting the needs of some clients who had more serious offending histories (i.e. sexual repeat offenders, and people under forensic orders<sup>32</sup>) was difficult due to the limited training and capacity of staff to deal with some types of behaviours, or to manage risks. This issue is also discussed in relation to staff training.

Meeting some clients' needs could also be challenging, especially in regions with limited access to specialists, such as forensic community mental health support, psychiatrists, and positive behaviour change programs (e.g. for sexual offenders).

## **9.9 A disability versus justice approach**

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Disability and health sector stakeholders had differing views to those working in the criminal justice field.

Some stakeholders raised questions about balancing:

- client focus and risk management (including the management of offending behaviours)
- support for disability and offending behaviours
- a static accommodation and support and a therapeutic or developmental approach.

### **9.9.1 Disability perspective**

Some stakeholders from the disability and health sectors felt that person-centeredness had been compromised by a focus on risk management. Further, they felt that there was a shortage of resources for accommodation and support that was suitable to address individual client needs. Some partners believed that some CJP services lacked the sufficient expertise to provide or refer to targeted support and therapy specific to the complex history and needs of some clients.

Options proposed to address this tension included:

- staff training
- specialised staff recruitment
- brokerage or referral to specialist support
- stronger partnerships between CJP services and other specialist partners.

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<sup>32</sup> When a person is unfit to be tried for the offence(s) for which he or she has been charged due to mental or developmental disabilities, the judge may order the person's detention in a prison or hospital (Hayes et al. 1991).



### 9.9.2 Justice perspective

On the other hand, some justice stakeholders felt that the CJP incorporated neither sufficient therapeutic support specific to the criminal justice history of some clients nor effective risk management.

Part of this criticism could be related to CJP services having limited expertise around the management of people with criminal justice histories. AHDC CJP staff commented that the program originally had few therapy resources to address clients' criminogenic needs and to address entrenched or high-risk offending behaviours. The findings suggest that there may still not be sufficient focus on the offending aspects of the program about reducing reoffending.

This is an example of a broader issue raised about the development of the CJP over time. ADHC CJP staff reported that in the earlier years following establishment, the program had a heavy focus on managing disability, and relatively little focus on offending. However it was reported that over time there was a greater focus placed on the offending side of the program.

Further, some individual CJP services had developed relevant resources and trained their staff. However, it was not clear from the stakeholder consultations to what extent resources such as these were available across the program, versus in specific sites only.

### 9.10 The CJP and the NDIS

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The NDIS is an Australian Government program for Australians with a disability. The introduction of the NDIS represents a shift away from State and Territory-based services to a coordinated and consistent national approach to disability servicing. The NDIS will be rolled out in NSW between June 2016 and July 2018.

The NDIS is characterised by an individualised funding model, with the transition away from block funding for disability NGOs for disability support. People with a disability themselves will receive government funding to purchase disability services they regard as necessary for their life and wellbeing. Funding for disability services therefore moves from the State Governments (including NSW) to the NDIA.

#### 9.10.1 The implications of the NDIS transition for the CJP

The consideration of how a specific program like the CJP fits into the new framework is an important policy issue for both NSW and the Commonwealth. The majority of CJP services are currently delivered by the NGO sector, although the central coordination is undertaken within ADHC. This suggests there is already capacity within the NGO sector to deliver services to complex clients of this nature, provided:

- the funding package per individual is tailored appropriately to needs
- the issues raised in this report relating to the limited expertise of some of these NGOs to address the integrated offending-disability needs of CJP clients are addressed.

CJP staff, ADHC CJP staff, and external stakeholders were asked to comment on the potential impact of the NDIS on the CJP. Some stakeholders spoke positively of the transition to the

NDIS overall, including the shift to an individualised funding model as a positive step for people with disabilities. As one justice stakeholder explained *‘the NDIS will be very, very effective for people...with a disability who are able to exercise a degree of choice.’*

It was noted that the entitlement-based funding model under the NDIS should result in greater access to services and shorter wait times for those with a disability.

However, stakeholders expressed concerns for the CJP client group in the transition to the NDIS including the possibility of:

- **A loss of criminal justice expertise:** The NDIS appears to have little interaction with the criminal justice system and offending populations. There was a concern that organisations providing services under the NDIS would not have the knowledge and expertise to manage a forensic disability client group. The transition to the NDIS might result in the loss of specialist staff with experience dealing with people with an offending history and complex needs, particularly relating to mental health, drug use, behaviour management and trauma. As a staff member from the ADHC CJP unit explained: *‘There is a danger that you lose that building of skill base that has been going on for...eight years’.*
- **Losing the focus on pre-release:** It was unclear whether the NDIS would allow clients to be able to access assessment services while in custody, to facilitate entry into the CJP after exiting custody. The NDIS trial site parameters did not include going into prisons to assess the need for an NDIS package, which was perceived as a limitation. In turn this reflects the underlying issue of how the NDIS will relate to the forensic disability group. One disability stakeholder stated if *‘the planning and the engagement with the NDIS is done ... post release – then you’re going to have very little chance of a good outcome.’*
- **Housing:** Stakeholders were unclear whether accommodation services like those provided under the CJP model would be available under the NDIS as housing is outside the responsibility of the NDIS.
- **Individualised system:** The move away from block funding<sup>33</sup> to a more individualised system was questioned. ADHC CJP staff queried *‘who will actually do that case coordination?’* As noted above, the case management approach provided under the CJP was regarded by stakeholders as one of the most important aspects of the program. There was also a concern that the disaggregation of services could prove more costly.

Regardless of how the CJP is transitioned under the NDIS, all stakeholders noted that a program like the CJP, which supports people with an ID and offending history, was necessary under the new system. Stakeholders were generally unaware if steps had been taken to address any of these issues.

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<sup>33</sup> Block funding is where the service provider is allocated a set amount of money that is not in the name of the individual service user (NSW Legislative Council 2014, p.4).



## 10 ADHC PROGRAM MANAGEMENT

### Key points

- External agencies have differing levels of involvement with ADHC and different perceptions about the effectiveness of the governance and management structures.
- The client-specific training; policies, documentation and tools developed around case and risk management; and the intensity and flexibility of support worked well in fostering integrated service delivery by ADHC and CJP providers.
- The provision of adequate and accurate client specific information to CJP service providers is limited by practical constraints associated with confidentiality, consent and limited staffing capacity.

### 10.1 Governance and management of key stakeholder relationships

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The ADHC CJP unit is responsible for coordinating program delivery by ADHC and non-government service providers. NGOs constitute the largest proportion of CJP service providers (by number and funded program places). Overall, there were mixed views on program management by the ADHC CJP unit, both in terms of ADHC's relationship with external stakeholders and CJP service providers and internal governance and management.

#### 10.1.1 Key relationships with the ADHC CJP unit

ADHC's key external stakeholder relationships are with:

- CJP referring agencies including CSNSW, SDS and Community Corrections.
- NSW Government Departments including JJ, The Public Guardian and the Mental Health Review Tribunal.
- Family members and guardians of CJP clients.
- NGO service providers
- Local community services in areas where the CJP is delivered including Police, Community Corrections Officers (formerly known as Probation and Parole), substance use and community mental health services, disability, education and employment providers and CJP clients' lawyers.
- Groups which formed part of the governance structure for the program including CJP Reference Group and the Regional Working Group.

Internally, the ADHC governance structures consist of:

- ADHC CJP unit
- ADHC District offices
- ADHC Regional Office including the Vacancy Management Panel and the Accommodation and Respite unit at ADHC

- LRCSSL Directorate
- ADHC Senior Executive.

## 10.2 External stakeholder relationships

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External agencies consulted as part of the evaluation including justice, disability and health organisations had differing views on the overall effectiveness of program management by ADHC and this tended to reflect their varying levels of involvement in the CJP.

The consultations demonstrated that there are some positive relationships associated with the CJP, including integrated health service processes and case management with local services. However, some external stakeholders felt that governance structures, processes and the management of relationships with other agencies could be improved. The key issues identified were:

- Poor communication pathways and feedback mechanisms between external agencies, the ADHC CJP unit and CJP services, including a lack of clarity around roles and responsibilities, such as a clinical support.
- An ‘unnecessarily complex and complicated’ governance structure, resulting from numerous tiers governing the referral and assessment processes and a wide range of service sectors with different work philosophies reflecting different disciplinary streams.
- Limited involvement by key agencies in the referral, assessment and entry processes.
- Inconsistent relationships and time limited partnerships (due to factors such as staff turnover).
- Limited shared understandings of the CJP aims, target group, referral and collaborative working processes and protocols (including referring and partnering organisations such as prisons).
- Lack of leadership in services, departments and high-level management to assist in addressing issues relating to sometimes disjointed referral, assessment and placement processes.
- Limited resources and capacity for services and organisations to work collaboratively.
- Limited knowledge about the program amongst other services. For example a CJP service manager explained:

*Realistically, the CJP program within ADHC has only [sic.] been going for about seven years now. So it's not really all that well-known amongst the services, besides disability services... Probation and Parole probably know a bit more about it than the Police do; gaols don't really understand it. So we are still trying to educate services that we come into contact with, about what we actually do and what our role is.*

These issues are discussed in further detail throughout this chapter as they relate to key aspects of program management and governance.

### 10.3 Integration between ADHC CJP and CJP service providers

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The second critical type of relationship requiring management under the CJP was integration and coordination between the ADHC CJP unit and the CJP service providers, the majority of which are NGOs. CJP staff had mixed views on the management of the program by the ADHC CJP unit and the level of service integration in practice.

#### 10.3.1 Areas that worked well

CJP staff identified the following aspects of the service integration with ADHC CJP that worked well across the program:

- client-specific training (provided by CJP clinicians) prior to or after a client placement
- policy, documentation and tools around client case and risk management
- opportunities to meet with staff from the ADHC CJP unit face-to-face (e.g. operational meetings held at the head office) and regularity of contact (email, phone, visits by ADHC CJP staff to promote service sites)
- communication between different providers relating to the care of one client, in particular instances where staff had established working relationships.

The perception of most CJP providers was that ‘people in ADHC do a really good job but they work in a complex and challenging structure’. Most of the stakeholders consulted for this evaluation including CJP providers, staff of the ADHC CJP unit and referring partners, recognised that managing a disability program like the CJP that aims to integrate various service sectors was difficult and overall ADHC managed this well.

#### 10.3.2 Areas for improvement

CJP service providers made suggestions about processes or support structures in various areas that they felt could be improved. These included:

- Allowing adequate time to prepare for the entry of clients into CJP services (and re-entry if they reoffend) and allow for the preparation of the client, staff and other clients.
- Ensuring complete and accurate case management tools including SNRG and client case files.
- Responsive and flexible Support Models to meet client needs.
- More collaborative case management to increase the involvement and authority of the CJP services in decisions regarding clients’ care. For example, CJP service managers wanted to have the ability to move a client between two properties in the same service in an emergency without prior approval of the ADHC CJP unit.

ADHC CJP staff reported that the current clinical support model was changing from a primary to a tertiary support structure. This would mean that more CJP services had their own clinicians or attached clinicians to assist them in a client’s case management including review processes, reporting, risk assessment and management. However, some regions found it challenging to identify local clinical staff and upskill current clinicians.

The integration between the ADHC CJP unit and CJP service providers was described as being more difficult when clinicians were not located near the CJP service. This restricted face-to-face contact between ADHC CJP and provider staff, and made it harder for clinicians ‘to keep a finger on the pulse’ of what was happening in that service.

Some CJP services also wanted greater integration across the services delivering CJP on the ground (ADHC and NGO services) to support common capacity-building, learnings, and information sharing. One Service Manager suggested introducing a CJP Intranet with online resources and discussion forums.

#### **10.4 Program policies, documentation and tools**

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CJP staff expressed positive views about the policies, documentation and tools as useful for the operation of the program. In most locations, the staff were trained and supported to understand and implement the program goals through the use of these documentation and tools.

However, CJP staff also talked about:

- the significant time and resources required to complete and use these tools
- the limited volume and accuracy of information provided by the ADHC CJP unit
- the untimely delivery of information relating to clients background and needs
- practical difficulties associated with the application of policy and clinical recommendations. For example, regular reviewing of risks (ARMIDILO)<sup>34</sup> that should occur every three months for each client was not always observed due to staff resourcing or time constraints.

In particular staff and managers of several CJP services reported instances where the ADHC CJP unit withheld information, or only provided them with the information ‘they want us to know’. There were also concerns that some case files were outdated or incomplete. For example, one CJP manager reported that it was only after an incident had happened and been reported, that they found out from the ADHC CJP unit that similar incidents had occurred in the past.

CJP service managers explained that inadequate information sharing undermined their capacity to exercise their duty of care towards the clients, which could ultimately put staff and the community at risk. However, ADHC CJP staff explained that many of these issues reflected the practicalities of:

- accessing and sharing confidential information across departments and organisations, including referring bodies.
- limited capacity within the ADHC CJP unit to collect client data or provide training and support to staff delivering services on the ground

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<sup>34</sup> As noted previously, the Assessment of Risk and Manageability with Intellectually Disabled Individuals who Offend (ARMIDILO) is a clinical tool for assessing the risk level of CJP clients.

## CHAPTER 10

- heavy workloads
- difficulties in obtaining clients' consent.



## 11 MANAGEMENT BY CJP SERVICE PROVIDERS

### Key points

- CJP clients typically experience multiple disorders and disadvantages, which require highly skilled service staff. The evaluation showed that some CJP service staff needed additional training and supervision to meet the complex needs of their clients and effectively deal with risk management, including reoffending behaviours.
- The effectiveness and quality of CJP services varied between services. The key factors identified which have an impact on this, and which could be improved, included: appropriate staff skills and professional development, consistency in staffing, access to other resources beyond the CJP, and clinical leadership. These factors were more difficult to achieve in regional areas.
- When clients were matched to unsuitable Service Models or staff lacked adequate training, risk management processes were compromised for clients, staff and the wider community.

Consultations indicated that there was marked variation in the effectiveness of CJP service delivery and management across the various CJP locations. ADHC CJP staff, CJP service staff and external stakeholders reported that the day-to-day management and quality of services delivered varied between CJP services.

CJP managers and staff observed that services worked most effectively where internal ADHC CJP service governance structures enhanced service integration, including team building, open communication, regular meetings and clarity of roles and responsibilities. This was especially important where several CJP staff and external services are involved in a client's care.

The consultations indicated that there were four key factors that influenced the quality and effectiveness of service delivery and management by the CJP services. These included:

- appropriate staff skills, professional development and supervision
- consistency in staffing
- access to other resources
- clinical leadership.

However, when these factors were absent or weak, there was a negative impact on service delivery and management. The capacity of CJP services to fully support CJP clients and manage their risk of reoffending was therefore reduced. Further, these issues have been more difficult to manage in regional areas (e.g. due to difficulties recruiting appropriately skilled staff).

It is notable that these issues are common across many areas of service delivery including aged care, child and family services, early childhood education and Indigenous and substance abuse services.

## **11.1 Human resource requirements to support clients with complex needs**

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CJP service and ADHC CJP staff identified that for their services to work most effectively, frontline staff should be qualified, experienced, well equipped and supported to work with people with complex needs, including offending histories. To ensure this, staff would need to:

- receive relevant training
- have access to supervision
- have the contacts and processes to facilitate referrals to specialist and community supports as required
- have experience working with clients from a disability or mental health background, supplemented with criminal justice experience.

As one ADHC CJP staff member reported:

*We took the initiative to do monthly trainings with our staff because we realised that what we're asking from them, it's a lot. We expect them to interact with our clients therapeutically, use motivational interviewing, complete all these big documents that they possibly haven't had the training in their studies to do.*

In practice however, consultations identified that having adequately skilled and supported staff to deliver the necessary standard of services to complex clients has not always been achieved. The interviews with CJP service managers and staff, management and external stakeholders consistently identified two key problems:

- limited capacity and qualifications of some staff to support clients with complex needs
- insufficient professional development of some staff while in the CJP services.

### **11.1.1 Limited capacity and qualifications to support clients with complex needs**

Some people with an ID commonly experience a combination of disorders and disadvantages such as mental health and psychiatric problems, substance abuse problems and poor health. The compounding effects of complex support needs make it especially demanding for service providers to work with this population group.

The consultations suggested that some CJP staff were not able to adequately support clients with complex needs, especially to address their offending behaviour. Some external stakeholders suggested that this was due to the limited professional training and experience of some CJP staff members in relation to these needs of clients.

Service managers and staff in regional and urban areas reported that the key workers supporting clients were mostly employed and trained as disability support workers, without any additional expertise relating to the criminal justice history of clients. They reported that some CJP services have experienced difficulties recruiting appropriately skilled and experienced staff, particularly in regional areas.

### **11.1.2 Insufficient professional development**

CJP staff and managers were able to undertake training either through their own organisation or provided by the ADHC CJP unit. However, staff and managers consistently reported the need for more training and upskilling through external and internal training sessions, on-the-job training and management supervision. External stakeholders raised similar concerns about inadequate training being provided to CJP staff.

CJP staff and managers suggested they would like to see more training in the following areas:

- mental health and comorbidity (alcohol and substance use)
- motivational interviewing
- suicide prevention and first aid
- working with Indigenous people
- risk management (e.g. supervision when off-site, restraining practice, use of the ARMIDILO risk management tool)
- other CJP tools and policies
- positive behaviour support (including managing offending and other challenging behaviours)
- understanding clients' criminal justice pathways (court system and conditionality, probation and parole) and working in partnership with police and Community Corrections.

It was identified that some staff had a limited capacity to access training opportunities. The key issues identified by CJP managers that limited staff attendance at training included:

- The resource intensive nature of face-to-face training, particularly due to the geographic location of the service and its connections to transport. As a result, services could not always take advantage of the opportunities provided to them by the ADHC CJP unit.
- Training opportunities that often arose with little notice, which made it difficult for staff to attend.
- The understaffing of services which meant there was a limited capacity to release staff to attend training.

Some service managers also reported that staff turnover was an issue as skilled staff often left the service to gain employment in higher-paid positions. CJP service managers and staff noted that for CJP services to operate most effectively, they should have consistency in staffing and staffing levels. This has had a negative impact on client-worker relationships and team cohesion.

ADHC CJP unit staff reported that they had responded to the need for more consistency in skills and training opportunities in several ways. They had:

- developed evidence-based specialist training packages and modules
- provided regular program inductions and specialist trainings

- recently undertaken a skills and training needs assessment of all CJP services, to identify particular knowledge gaps.

### **11.1.3 Access to other resources**

CJP managers and staff also indicated that it is preferable that CJP services are well resourced and have some flexibility in accessing additional resources such as extra staff in an emergency, time for training of managers and staff, referrals and brokerage<sup>35</sup> to specialist agencies and professionals. Some CJP services reported that they were funded as part of a larger agency that allowed them to access additional resources, including ADHC services outside of the CJP.

In practice however, some CJP service managers raised issues around resourcing and lack of flexibility in the use of available resources. For example, managers of some ADHC CJP services that were funded under the Accommodation and Respite division reported that the available funding for a client was not always sufficient to meet client needs, such as when a person had court conditions which required them to remain in 'line of sight' of their worker.

### **11.1.4 Clinical leadership**

CJP managers and staff reported that clinical leadership was critical to implementing the program effectively because CJP staff required timely specialist guidance. In practice it was reported that for some CJP services there was a lack of strong clinical leadership, which had a negative impact on the quality of service delivery. For example, some CJP services did not have in-house clinical staff or access to local clinical advice. They relied on remote, sometimes delayed advice from ADHC clinical staff.

### **11.1.5 Managing risk**

Managing risk and safety for CJP staff and clients is a key issue for the CJP. The consultations indicated that the effectiveness of this risk management depended on:

- workers' capacity and skills in working with the client group
- the level of supervision and training workers received
- following procedures and protocols as necessary
- staff and managers' level of cooperation and relationships with the local police, Community Corrections staff, and other partners as relevant.

While managing risk is central to the operation of the CJP, some CJP staff identified that the risk management processes sometimes compromised the person-centred approach. For example, a preoccupation with managing risk could result in restrictions that reduced the client's motivation to continue to set and achieve their goals.

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<sup>35</sup> Brokerage refers to the flexible use of designated funds to purchase goods and services to enable eligible clients to achieve positive outcomes (FACS 2013, p.3). It is commonly used in association with case management models of service delivery.

CJP service managers and staff also noted that for effective service delivery it was important that managers of CJP services understand that risk management requires working closely with local police, Community Corrections staff and mental health services.

It should be noted that there are significant challenges associated with risk management and the delivery of services to people with an ID and other complex needs. The vast majority of people with an ID and complex support needs are at high risk of reoffending under certain circumstances. These specific risks can be managed when the individual is provided with the appropriate disability support.

## 12 COST ANALYSIS

### Key points

- Total funding of \$144.1 million has been provided for the CJP over the 9 years from 2005-06 to 2013-14.
- This comprises administrative funding of about \$19 million, \$104 million for grants to external CJP Service Providers<sup>36</sup> and \$20 million to ADHC CJP Service Providers.
- In 2013-2014, the average annual expenditure per place was between \$77,862 and \$190,613 per place, with the lower cost range reflecting the cost of low intensity DIS service package and the highest range reflecting the cost of a high intensity IRS package.
- A broad comparison of other higher intensity and lower intensity programs indicates that:
  - The cost of delivering CJP DIS and OSSL/TSP services per place is below that of other similar ADHC programs or service types.
  - The IRS service model remains the highest cost and highest intensity model provided by the CJP, with only a select range of high intensity services identified to exceed this high level of cost

The initial intent of this chapter was to undertake an economic analysis of the program to identify the net benefit of the CJP to the NSW community. However, the analysis was limited to an analysis of financial costs for the following reasons:

- The outcome evaluation found no statistically significant differences in the frequency and types of reoffending behaviours between CJP and non CJP clients; therefore there was insufficient evidence to support any hypothesis of the program achieving cost savings from reductions in crime, or benefits to individuals for reduced involvement with the justice system.
- Quantitative assessment of disability objectives of the CJP (that is, improvement to adaptive functioning and SQOL) were not possible due to a lack of data. Therefore, no attempt was made to value benefits of any improved disability outcomes for CJP clients.
- Alternative disability service usage and associated costs for the non-CJP group were not available. This meant that no reliable services pathways analysis could be undertaken to determine the actual cost of disability service provision for clients not in the CJP.
- Linkage of CJP and non-CJP group data with the Australian Mental Health Disorders and Cognitive Disabilities (MHDCD) database would have been beneficial for undertaking a pathways analysis (allowing for direct service cost comparisons). However, this was not undertaken in the initial data collection phase of the project thereby limiting any further

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<sup>36</sup> Grants funding for the CJP (administered by the ADHC) are paid to approved NGOs for the delivery of CJP services to CJP approved clients.

economic analysis of the program. Early linkage of this data and other life data would be beneficial for any future evaluation.

As a result of the above factors, the assessment has been limited to an analysis of high level program costs (financial analysis).

## **12.1 Methodology**

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### **12.1.1 Data**

Expenditure data related to the CJP was provided by FACS. Data presented in this section of the report generally reflects the nominal costs of program delivery. However, average costs per client (provided in Section 12.3) are reported in real terms.

CJP has received capital investment funds over the lifetime of the program, however, this expenditure has been excluded from the assessment<sup>37</sup>.

### **12.1.2 Limitations**

The data provided for the cost analysis have a number of limitations:

- Estimates of expenditure by service model have been provided for IRS, OSS/TSP, and DIS packages funded for CJP non-government service providers from 2010-11 to 2013-14 but was not available prior to 2010-11.
- Individual service model data were not available for ADHC CJP service providers, so these costs are reported at an aggregated level<sup>38</sup>.

Overall, expenditure data were provided at an aggregated level with some data provided for different Service Models.

It should be noted that program grants to NGOs and ADHC service providers commenced in 2005-06, however, the first year of client intake and program operation was in 2006-07. Program administration costs and program funded places are therefore reported from the first year of operation (2006-07)

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<sup>37</sup> CJP capital expenditure funds have been managed externally from CJP administration (managed by the Asset Management and Procurement (AMP) service group within FACS).

<sup>38</sup> ADHC CJP service providers deliver IRS and OSSL services only.

## 12.2 Analysis of program expenditure

As outlined in **Table 9** below, since the implementation of the CJP there has been a total of \$144.1 million in funding provided, over 9 years.

**Table 9: Total CJP operational expenditure**

	2005- 06	2006- 07	2007- 08	2008- 09	2009- 10	2010- 11	2011- 12	2012- 13	2013- 14	Total
	(\$m)	(\$m)	(\$m)	(\$m)	(\$m)	(\$m)	(\$m)	(\$m)	(\$m)	(\$m)
Expenses	1.1	2.1	6.1	14.2	16.3	18.2	23.2	27.2	35.7	144.1

Source: FACS Strategic Finance.

Initial funding of \$1.1 million was provided in 2005-06 during the establishment phase, and has increased to \$35.7million in 2013-14.

During this time, there has also been a substantial increase in the number of clients who have been accepted into the CJP. Over an 8 year period this number has increased from 34 clients in 2006-07, to 300 clients (occupying 305 places) in 2013-14 (**Table 10**). This represents an average growth of 40 additional packages to the CJP each year, and reflects a deliberate strategy to grow the program.

CJP clients can occupy more than one program place depending on their level of need. Program places can also be occupied by more than one client over the course of a year, depending on patterns of client re-entry to the justice system, permanent program exit, or client transition to higher or lower intensity service models within the CJP. The remainder of this chapter will refer to financial data in the context of annual funded program places (rather than individual clients).

The forward budget allocation (provided by FACS Strategic Finance) indicates that the CJP will continue to grow over the next four years, with annual spending increasing to \$48.2 million by 2017-18 (a total budget of \$187.8 million allocated from 2014-15 and 2017-18).

**Table 10: Number of CJP clients and packages occupied**



	2005- 06	2006- 07	2007- 08	2008- 09	2009- 10	2010- 11	2011- 12	2012- 13	2013- 14
No. Clients (a)	-	34	77	99	143	200	228	261	300
No of Places – Funded & Occupied (b)									
No. of Occupied Places				-	-	143	193	270	305
No. of Funded Places	-		-	-	-	200	200	270	305
	-								

Source: FACS Strategic Finance.

Note: (a) The first year of client intake was in 2006-07 and therefore no client numbers are available for 2005-06 financial year. (b) The number of packages funded has only been provided for the years of 2010-11 to 2013-14.

Total CJP expenditure comprises three main areas of funding (outlined in the sections below):

- Grants funding for NGOs
- Funding for ADHC Service Providers
- ADHC Administration Costs associated for the delivery of the CJP.

### 12.2.1 Grants for NGO Service Providers

Grant funding is allocated to non-government service providers for delivery of the CJP. This funding is delivered through the ADHC service group within FACS. Since program inception, CJP external service providers have been integral to the provision of the CJP, and in fact, deliver the majority of services.

Grants are generally paid quarterly and are a mixture of recurrent and one-off grants funding that are paid to those NGOs that provide CJP services. Of the 19 accommodation services provided by the CJP, 13 are provided by NGOs with 4 of these being Intensive Residential Support (IRS) and 9 being On-Site Supported Living (OSSL) services. All Tailored Support Packages (TSPs) and Drop-in Support (DIS) are also provided by the NGOs.

As outlined in **Table 11**, a total of \$102.6 million over 9 years has been allocated to NGO disability grants. In addition, total expenditure of \$1.8 million was provided from 2011-12 to 2013-14 for a portion of CJP service delivery as other grant funding.

In total, grant funding of \$104.4 million has been provided over 9 years to support CJP NGO service providers and the delivery of the CJP.

**Table 11: Total grants funding**

	2005- 06	2006- 07	2007- 08	2008- 09	2009- 10	2010- 11	2011- 12	2012- 13	2013- 14	Total
	(\$m)	(\$m)	(\$m)	(\$m)	(\$m)	(\$m)	(\$m)	(\$m)	(\$m)	

Disability Grants	0.5	0.7	3.8	10.1	10.9	11.6	15.9	20.2	28.8	102.6
Other CJP Grants	-	-	-	-	-	-	0.5	0.7	0.6	1.8
Total	0.5	0.7	3.8	10.1	10.9	11.6	16.4	20.9	29.5	104.4

Source: FACS Strategic Finance.

In 2013-14, NGO grant expenditure was approximately \$29.5 million and comprised \$13.8 million for DIS services, \$9.5 million for IRS services and \$6.1 million for OSSL/TSP services (see **Table 12**).

**Table 12: Grants Funding by Service Type**

	2010-11 (\$m)	2011-12 (\$m)	2012-13 (\$m)	2013-14 (\$m)
IRS	6.1	6.7	7.5	9.5
DIS	3.4	4.3	7.7	13.8
OSSL/TSP	1.3	5.4	5.6	6.1

Source: FACS Strategic Finance Note: The above table reflects spending for direct client services (disability grants) and excludes administration and other costs.

### 12.2.2 ADHC CJP Service Provider Expenditure

ADHC CJP service providers deliver 6 accommodation services, comprising 3 IRS services and 3 OSSL services. ADHC does not provide any of the TSP and DIS services – these are provided by NGOs.

This expenditure relates to the CJP operational costs of the group homes associated with the IRS and OSSL services. As outlined in **Table 13** a total of \$20.4 million has been provided over 9 years to support ADHC service providers for the delivery of the CJP.

**Table 13: Total ADHC CJP service provider expenditure**

2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	Total
(\$m)	(\$m)	(\$m)	(\$m)	(\$m)	(\$m)	(\$m)	(\$m)	(\$m)	
0.5	0.6	0.8	2.3	2.9	3.6	3.8	3.2	2.7	20.4

Source: FACS Strategic Finance.

### 12.2.3 CJP Administration Expenditure

CJP administration expenditure included the costs incurred by ADHC for administration of the CJP. Funding of \$19.3 million over 8 years has been spent on the total operating expenses for the CJP.

As outlined in Table 14 the operating costs associated with the CJP consist of two categories, employee related expenses and other operating expenses.

**Table 14: Administration costs related to CJP<sup>(a)</sup>**

	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	Total
	(\$m)	(\$m)	(\$m)	(\$m)	(\$m)	(\$m)	(\$m)	(\$m)	
Employee Related Expenses	0.6	1.4	1.6	2.3	2.8	2.7	2.7	3.4	17.4
Other Operating Expenses	0.2	0.2	0.2	0.2	0.2	0.3	0.4	0.2	1.9
<b>Total Operating Expenses</b>	<b>0.8</b>	<b>1.6</b>	<b>1.8</b>	<b>2.5</b>	<b>3.0</b>	<b>3.0</b>	<b>3.1</b>	<b>3.6</b>	<b>19.3</b>

Source: FACS Strategic Finance.

Note: Totals may not sum due to rounding.

(a) Administration expenses for the 2005-06 financial year were not available.

Employee related expenses encompass all costs associated with employees such as employee salaries, penalty rates and leave. For the CJP, total funding of \$17.4 million has been spent on employee related expenses over the 8 years from 2006-07 to 2013-14.

In the same period, a total of \$1.9 million has been contributed to other operating expenses. This category of funding comprises general administration costs that are required to run the CJP including travel expenses, IT, utilities and cleaning.

## 12.3 Program expenditure per client

### 12.3.1 Annual Service Model Cost Benchmarks

Program expenditure benchmarks are reported in real (adjusted for inflation) terms and reported as an average annual cost per place.

Annual cost benchmarks for each Service Model type are provided in Table 15 and reflect the estimated annual cost to deliver a single place over a year. These benchmarks adjust for any annual fluctuations that may occur over an annual cycle due to addition of new places and staggered intake of new clients over an annual period.

Table 15 shows that:

- NGO provided services have experienced marginal growth (0.2%) in cost benchmarks between 2010-11 and 2013-14 across each of the service models types (IRS, DIS and OSSL/TSP services), to an average annual cost per place in 2013-14 of:
  - \$190,613 for IRS services
  - \$131,268 for OSSL/TSP services
  - \$77,382 for DIS services.
- ADHC provided services delivered through group homes (as either IRS or OSSL services) have experienced declines in average annual service provision benchmarks of around 32% over the period 2010-11 to 2013-14 to be \$110,583 in 2013-14.

**Table 15: Annual Cost Benchmarks <sup>(a)</sup> (real dollars – 2013-14)**

	Average annual \$ per place (a)			
	2010-11	2011-12	2012-13	2013-14
<b>NGO Service Providers</b>				
IRS	190,225	190,592	191,011	190,613
DIS	77,704	77,853	78,025	77,862
OSSL/TSP	131,000	131,254	131,542	131,268
<b>ADHC CJP Service Providers</b>				
ADHC Services	162,280	167,863	137,765	110,583

Source: FACS Strategic Finance; Reserve Bank of Australia (2014).

Note: Average costs are presented on a per place basis. (a) Costs are reflective of annual costs to provide a place over a full year. (b) Average dollars per place have been adjusted for inflation using the Consumer Price Index (CPI).

Table 15 highlights that NGO provided IRS services had the highest average annual cost benchmark of \$190,613 per place in 2013-14. The higher cost of service delivery for this package is not surprising given this is the most intensive residential support model and provides 24-hour support in a group home environment and has the capacity to provide high level behaviour support. Meanwhile, DIS places are the lowest cost places with an average annual cost per place benchmark of \$77,862 in 2013-14.

### 12.3.2 Program Place Utilisation and Actual Average Costs per Place

Over the lifetime of the program, the number of ADHC provided CJP places have remained steady at 24 funded places (IRS and/or OSSL services). These services are all delivered by ADHC group homes in various locations across NSW. In contrast, the number of places provided by NGOs has steadily increased each year to 281 occupied places in 2013-14.

This highlights the critical role that NGOs have played in achieving the growth targets set for the program. The expansion of the program by NGOs has primarily been in the number of DIS places provided (the lowest cost service model delivered under the CJP) with an additional 127 places provided since 2010-11. This is not surprising given the lower cost of these services and the flexibility of this service model to respond to the changing needs of clients accessing

this lower intensity service model stream. This model also has a significantly lower associated capital costs – while participants may receive public housing support, this Service Model can be delivered independently of the housing services (public or private) being used by the client.

When comparing total program expenditure by service model type with the number of occupied program places, the timing of entry of new clients into the program has the potential to cause significant fluctuations in average annual spending per place when compared with the standard spending benchmarks.

**Error! Reference source not found.** and Table 17 show the actual (unadjusted) average costs per place for ongoing places and new places added to the program, respectively. Compared to the standardised cost benchmarks (refer Table 15), Table 17 shows that costs per place for new places are below standardised annual cost benchmarks, and fluctuate significantly between years and service models. This is reflective of the staggered rollout of program places and client intake each year.

Overall, annual ongoing placements (**Error! Reference source not found.**) have an estimated cost of between \$77,862 and \$190,613 per place across the service model types in 2013-14 (excluding administration costs).

**Table 16: Average Annual Program Costs per Place <sup>(a)</sup> (real dollars – 2013-14) (Ongoing Places)**

Ongoing Places	Average annual \$ per place (a)				No. Existing Places			
	2010-11	2011-12	2012-13	2013-14	2010-11	2011-12	2012-13	2013-14
NGO Service Providers								
IRS	187,923	185,944	191,011	190,613	35	35	40	45
DIS	66,655	75,955	78,025	77,862	55	55	85	157
OSSL/TSP	71,492	128,052	131,542	131,268	29	29	44	44
ADHC CJP Service Providers								
ADHC Services	162,280	167,863	137,765	110,583	24	24	24	24
TOTAL Average Program Spending								
Total (excl. admin costs)	113,366	128,866	121,071	108,266	143	143	193	270

Source: FACS Strategic Finance; Reserve Bank of Australia (2014).

Note: Average costs are presented on a per place basis. (a) Costs are reflective of annual costs to provide a place over a full year. (b) Average dollars per place have been adjusted for inflation using the Consumer Price Index (CPI).

**Table 17: Average Annual Program Costs per Place <sup>(a)</sup> (real dollars – 2013-14) (New Places)**

New Places	Average annual \$ per place (a)				No. New Places			
	2010-11	2011-12	2012-13	2013-14	2010-11	2011-12	2012-13	2013-14

<b>New Places</b>	<b>Average annual \$ per place (a)</b>					<b>No. New Places</b>		
<b>NGO Service Providers</b>								
IRS	-	108,467	15,918	190,613	-	5	5	5
DIS	-	12,659	17,881	64,885	-	30	72	25
OSSL/TSP	-	128,052	n.a.	65,634	-	15	-	5
<b>ADHC CJP Service Providers</b>								
ADHC Services	-	-	-	-	-	-	-	-
<b>TOTAL Average Program Spending</b>								
Total (excl. admin costs)	-	56,858	17,753	82,953	-	50	77	35

Source: FACS Strategic Finance; Reserve Bank of Australia (2014).

Note: Average costs are presented on a per place basis. (a) Costs are reflective of annual costs to provide a place over a full year. (b) New places can be rolled out at different times over the course of a year. Timing of addition of new places to the program can influence fluctuations of total program expenditure( c) Average dollars per place have been adjusted for inflation using the Consumer Price Index (CPI).

## 12.4 Comparison of the CJP with other intensive community services

The CJP is a specialised program that provides services to a unique client base with inter-related and complex needs. Until the implementation of the *Stronger Together* plan in 2006 there was very little funded support for people with complex needs, and no suitable programs to respond to the additional complexity of people living with ID that had come into contact with the criminal justice system. The disability service at this time was ill-equipped to respond to the complex needs of this client group, often resulting in the restriction of this group in accessing mainstream services due to their ID and involvement (or risk of involvement) with the criminal justice system.

Currently, there is no similar program in NSW to the CJP that caters for complex clients with both an ID and an offending history, and very few programs in other jurisdictions that engage in this type of post-prison support. However, there is a number of programs across NSW that individually address the issues of housing support, ID and homelessness for complex groups of people that are considered to be at high risk of disadvantage.

The most intensive disability program is the Integrated Services Program (ISP) - the only program identified as potentially being able to meet the needs of CJP clients. ISP provides housing support for participants (intensive accommodation places and capacity building support) and a range of case coordination and specialist clinical services. The ISP also deals with a much broader client base (mental disorder and/or brain injury) that does not necessarily target offenders. The ISP program has an annual capacity of 40 places and is a throughput service where clients are intended to stay in the program for no longer than 18 months. In 2013-14 the average annual cost of ISP was estimated to be up to \$300,000 per year per program funded place (provided by FACS) with potential for an annual place to be shared by more than

one client<sup>39</sup>. Estimated average annual costs of ISP places are therefore well above the cost of providing all CJP funded services, including the highest intensity IRS service stream (\$190,613 per place in 2013-14), although like CJP, actual cost per client depends on their individual needs.

Clients exit from ISP to other programs depending on their level of need. The 2010 ISP review (SPRC, 2010) indicated that exiting clients generally transition to group homes for people with complex needs (such as those delivered by the IRS and OSSL services models in CJP). The average post-ISP package costs per client are estimated to be \$155,000 per annual support package<sup>40</sup> (SPRC, 2010). Comparison of the higher intensity CJP service model costs with post-ISP packages highlights that:

- NGO delivered IRS packages are provided at a much higher cost per place (an additional \$35,000 per place per year)
- NGO OSSL/TSP packages are provided at a much lower cost (\$23,000 less per place per year).
- ADHC CJP services (OSSL/IRS) are provided at a much lower cost (\$44,000 less per place per year).

Other less intensive supported accommodation initiatives (such as HASI delivered by NSW Housing) have similar points of comparison with the DIS and TSP models delivered by the CJP. Unlike ISP and CJP, the HASI direct cost is the accommodation support component only. The housing and clinical support that HASI clients receive in this integrated program (clinical, housing and accommodation support) is through mainstream service channels. A review of the HASI program (Bruce et al. 2012) found that depending on the level of support being received, average annual client costs for accommodation support ranged from \$10,000 to \$65,000 per client (in 2013-14 dollars), in addition to the housing costs and clinical program costs. Average annual DIS costs per place for CJP clients was estimated as \$77,862 per place in 2013-14. This was above the average cost of a high level HASI support package, which offers an equivalent number of hours of housing support, however CJP DIS packages would also include the cost of the additional support to cater for the CJS needs of clients.

A further review of all DIS models delivered by ADHC (including CJP and HASI) found that on average DIS is provided for an estimated cost of \$81,790 per package which allows for 38 contact hours per week (FACS, 2011). The broad conclusion can be drawn that CJP DIS services are being provided at an average cost that is below the average cost of providing other DIS Services in other FACS programs.

Despite no statistically significant differences in frequency and types of reoffending for CJP clients, the CJP represents a specific and targeted service within the broader context of accommodation support and disability service provision in NSW. For an average cost per place

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<sup>39</sup> Assuming that the majority of ISP clients exit the program after 6 months.

<sup>40</sup> Reported in 2013-14 dollars.

ranging from between \$77,862 and \$190,613 per annum (excl. administration costs) CJP clients receive:

- Access to specialised disability services (including clinical services and case management) specifically targeted at offenders with an ID.
- Access to supported accommodation (various levels of support depending on need) and access to 24 hour support should it be needed.
- Support to improve wellbeing and SQOL (qualitatively assessed only).

Overall, in the absence of the CJP, clients would need to access mainstream disability and housing services to cater for varying levels of need. These services also have varying degrees of cost<sup>41</sup> as shown in the case of ISP, HASI and other ADHC provided DIS.

The benefit of the CJP is being able to provide a ‘one-stop’ service for people with complex needs who may otherwise have difficulties accessing mainstream services due to their offender history. The CJP also particularly caters for Indigenous clients with a history of offending and an ID.

## 12.5 Conclusion

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Based on the data made available for this evaluation, only limited analysis has been possible of CJP expenditure. Over the lifetime of the program the numbers of clients and funding to support the program has increased significantly. Meanwhile, the average amounts spent per program place each year have generally declined across ADHC provided services whilst NGOs have experienced marginal increases in average annual package spending across all service model types.

No direct cost comparison was able to be made of the CJP with other service provision due to:

- The CJP being a unique service where no direct comparison with other disability service or justice programs could be made.
- Limited available human services data for the non-CJP group, making it difficult to make any comparisons around the actual cost of services that these clients would likely access in the absence of this program being provided.

However, broad comparison of the CJP with various other high intensity and low intensity disability packages provided by ADHC indicates that:

- DIS services are being delivered below the average cost of ADHC DIS services delivered by other programs. As a lower cost and flexible service model, CJP DIS places have been the primary area of program expansion over the lifetime of the program. CJP DIS are being

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<sup>41</sup> Baldry et al. (2012) further highlights the extent of life course costs to human services associated with people with mental health and intellectual disability.



delivered at between 40% and 60% of annual costs of delivering CJP IRS and OSSL/TSP packages, respectively.

- NGO OSSL/TSP services and ADHC provided services are being delivered below the cost of an average post-ISP package (CJP services are being delivered at 70% to 85% of the cost of an average post-ISP package).
- IRS packages represent the highest costs of service on a per place basis and are well above the cost of a post-ISP package but below estimated average annual costs of an ISP place (IRS packages are around two thirds of an average ISP annual funded place).

Whilst no cost efficiency assessment has been undertaken comparing non-CJP participant services access and cost due to limited availability of data, it can be assumed that this group of individuals is likely to have accessed some level of disability and housing services. Similar to other NSW delivered DIS, HASI and ISP types of disability and housing support services, the cost of the support depends on the person's support needs. The cost of CJP is lowest for people with low intensity support needs through the provision of DIS, followed by OSSL/TSP services, based simply on the ability of these lower intensity service models to provide individualised support packages at a lower cost. This is likely to have been a key consideration that has contributed to the significant expansion of the program primarily through the rollout of DIS funded places.

In contrast, IRS places are the highest cost to respond to the higher support needs and intensity of services required by some people with more complex needs delivered by the CJP. These services are highly tailored to the most high risk and complex individuals participating in the CJP.

## 13 KEY FINDINGS AND RECOMMENDATIONS

### 13.1 Key findings

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Key findings of the evaluation include:

#### **CJP clients have complex characteristics**

- CJP clients have multiple and complex needs with:
  - A history of long term involvement in the criminal justice system including multiple court appearances, proven offences (often of a more severe nature) and imprisonment.
  - An intellectual impairment (borderline to mild) and a range of other characteristics including psychiatric disorder, substance abuse, family problems and social isolation.
- Almost all clients are men and over half are from an Indigenous background.

#### **Reductions in reoffending by CJP clients were not statistically significant**

- Overall, there is no clear evidence from the quantitative data that the CJP has achieved its aim of reducing reoffending. This is not to say that the program is not having an effect, but rather that in the dataset examined it was not possible to find statistically significant improvements in outcomes for the CJP client group compared with a non-CJP control group.
- Reoffending outcomes were not statistically significantly different between these two groups at 12 and 24 months.:
- On average CJP clients reoffended significantly sooner than the non-CJP group at both 12 and 24 months. However, time to reoffend analysis illustrates convergence between the probability of reoffending between the two groups over time.
  - There was no statistically significant difference in the frequency and type of reoffences.<sup>42</sup>

Using the ABS National Offence Index (NOI-2009) definitions, both CJP and non-CJP individuals have reduced the severity of their offences at 12 and 24 months after program entry or release from custody respectively, compared with the severity of their offences in the 5 years prior to program entry/custody exit, respectively.

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<sup>42</sup> Violent and non-violent offence analysis was also used to measure risk of harm to others (a secondary aim of the CJP).

- There were some difference between CJP and non-CJP groups' type and frequency of reoffences, but these were limited to:
  - Traffic offences and breach of community order offences (CJP client group had fewer).
  - Theft (CJP client group had more).
- While the qualitative data indicates that the program has had positive reoffending outcomes for at least some clients at an *individual client level*, these changes are not reflected in the quantitative data.

**There is qualitative evidence that the secondary, disability-related aims of the program are being achieved**

- There is a consistent view that the CJP has had a positive impact on the adaptive functioning of clients, however the scope for improvement was highly variable depending on clients' existing level of functioning.
- Participation in the CJP was also perceived to improve individuals' Subjective Quality of Life.

**The CJP has many service delivery strengths**

- The program services a specific 'niche' service.
- Key strengths of the CJP service delivery model are its person-centred approach, staff commitment and effective risk management.
- The combination of clinical support, life skills development and social activities appears to be an effective service model for addressing clients' human services needs.
- The CJP seemed more effective in supporting clients in sites where close relationships with local health and community services had been established.
- CJP staff had the necessary tools and resources to develop client plans, however more work could be done to improve the accuracy and currency of resources.

**Services may need to place more emphasis on programs likely to lead to reductions in reoffending.**

- The stakeholder consultations indicated a variety of challenges for service providers in supporting clients with complex needs and keeping them engaged in the CJP.
- In order to enable a reduction in reoffending, it is possible that more emphasis is needed on delivering specific programs that are targeted on clients' offending behaviour (including anger management).

**Services could be improved for specific groups of clients**

- Service delivery for certain sub-groups of clients could be improved to cater for their particular needs, including: Indigenous clients, CALD clients (especially Pacific Islander clients), women, young people, clients with more serious offending histories and clients living in rural and non-metropolitan areas.

**There may be scope to improve referral and vacancy management processes.**

- The referrals process of the CJP is founded on strong communication pathways between the Statewide Disability Services within Corrective Services NSW and ADHC and between Juvenile Justice and ADHC.
- Centralised referral and assessment processes have many efficiencies, though some service providers indicated that the quality of service provision may benefit from them having greater involvement in the decision making around the allocation of new clients or movements of existing clients between Service Models.
- Some referees and service providers do not feel that the eligibility criteria and prioritisation for assessment processes are always clear to them.
- Although the CJP is designed as a throughput model and over a quarter of clients have moved from higher Service Models into lower Service Models, there are very few clients exiting the program.

**Program Costs**

- Over the next three years the budget allocation for the CJP is expected to increase from around \$36 million in 2013-14 to around \$48 million by 2017-18, reflecting the NSW government's commitment to grow the capacity of the program over the forward estimates.
- Since 2005-06, the NSW government has contributed over \$144 million in funds for the delivery of the CJP.
- In 2013-14, the average annual expenditure per place was between \$77,862 and \$190,613 per place (excluding administration costs), with the lower cost range reflecting the cost of low intensity DIS service package and the highest range reflecting the cost of a high intensity IRS package. Clients with complex needs may receive funding for more than one place.
- The introduction of National Disability Insurance Scheme over the period July 2016-June 2018 period, will result in a shift in funding structure from the current capped, rationed disability systems to an entitlement-based scheme. Services for individuals with forensic and intellectual disability characteristics will have to be considered within this new context.

## 13.2 Conclusions

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The CJP fills a gap in the criminal justice and disability service systems not duplicated by any other program in NSW.

The quantitative evidence does not suggest that the CJP produced a clear positive outcome for CJP clients with respect to reoffending, after two years. There is no statistically significant difference between the reoffending of CJP clients compared with a matched non-CJP comparison group across a range of measures. However, given the cognitive impairments and chaotic life histories of this complex population, it may be that additional time is required before sustained change occurs. Qualitative feedback found that for some clients, the CJP has had a positive impact on their reoffending, either through a reduction in frequency and/or severity of offending behaviour. However, for other clients the CJP has had little to no impact. Overall, stakeholder views were mixed and it was unclear from these consultations whether the justice aims of the CJP were being achieved.

Further qualitative analysis suggested that the secondary, disability aims of the program are being achieved, with some stakeholders observing improvements in the adaptive functioning and subjective quality of life of clients. However, the rate of exit from the program is low suggesting that such improvements are not sufficiently strong enough to allow independent living and that there is insufficient general service provision for clients with complex needs outside of the CJP.

It is possible that in order to better address the reoffending aim of the program, the CJP should have a greater focus on programs that will enable behavioural management and change, including anger management, and trauma informed care and the treatment of sex offending behaviour.

In addition, there is qualitative evidence that services do not always reflect the needs of specific sub-groups of clients, including cultural sensitivities for Indigenous clients and those from culturally and linguistically diverse backgrounds, and specific needs for women and young people. As is the case for many areas of service provision, it is challenging to provide the same level of service in regional/rural areas.

Most suggestions by stakeholders about program operation related to refining and clarifying referral and assessment processes to ensure greater transparency. Greater opportunities for staff training may also improve service delivery. Given that the CJP is a relatively infant program in the history of NSW disability services, the results of this evaluation may not be representative of a more mature model of the program. Further refinement and adjustment of the program over time may yield greater results for program participants.

Analysis of costs found that the average annual expenditure per place in the CJP was delivered for between \$77,862 and \$190,613 per place in 2013-14, with the lower cost range reflecting the cost of low intensity DIS service package and the highest range reflecting the cost of a high intensity IRS package.

Similar to other NSW delivered DIS, HASI and ISP types of disability and housing support services, the cost of the support depends on the person's support needs. The cost of CJP is lowest for people with low intensity support needs through the provision of DIS, followed by OSSL/TSP services, based simply on the ability of these lower intensity service models to provide individualised support packages at a lower cost. This is likely to have been a key consideration that has contributed to the significant expansion of the program primarily through the rollout of DIS funded places. In contrast, IRS places are the highest cost and intensity services delivered by the CJP. These services are highly tailored to the most high risk and complex individuals participating in the CJP.

In the absence of any suitable alternative programs it should be recognised that the CJP does provide a specific and tailored disability service for a highly complex group of individuals, who would otherwise still need to access a wide range of generic human and housing services. Therefore, the analysis of costs should be considered within the broader context of the NSW human services currently delivered, service delivery gaps and the value that this program provides to this complex client group.

### 13.3 Recommendations

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#### **Recommendation 1: Improve data collection to inform service delivery, program assessment and policy development.**

1.1 *Establish data sharing with relevant government agencies and strengthen ADHC and CJP service provider data collection at the client, Service Model and program level.*

- (i) *Encourage accurate and timely collection of client characteristic data on entry to the CJP, including justice history and wherever possible data on other services received (e.g. health and human services previously received by the client).*
- (ii) *Improve the collection of data on other services received for the period the client is in the program, including movement between different Service Models and total hours of support received by Service Model.*
- (iii) *Link historical justice data with program outcomes data at the client level, to inform case management.*
- (iv) *Formalise the collection of human service outcome data at the client level to inform ongoing assessment of the disability aims of the program and effective service delivery.*

1.2 *Consider ways in which the flow of information to service providers about program and clients outcomes can be improved.*

#### **Recommendation 2: Seek ways to improve service delivery.**

2.1 *Examine whether greater emphasis should be given to specific program activities that will target changes in behaviour that may contribute to reducing reoffending (for example, targeting anger management).*

- 2.2 *Examine ways to improve service delivery for the following specific client groups: Indigenous people, people from CALD backgrounds, young people, women, individuals with more serious offending histories, and clients in rural and non-metropolitan areas.*
- 2.3 *Examine ways to encourage appropriate training of CJP staff, recognising that staff are working with clients with complex needs.*
- 2.4 *Consider ways to improve communication about referral and assessment processes to those potentially making referrals.*
- 2.5 *Examine how services for this client group will be managed in the context of the transition to the National Disability Insurance Scheme (NDIS).*

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## **Legislation**

*Human Services (Complex Needs) Act 2009*

*Mental Health (Forensic Provisions) Act 1990*

## **ADHC policies and procedures**

*ADHC Justice Services Policy (2009)*

*CJP Guide to Incident Reporting Categories (2014)*

*CJP Operations Manual (2012)*

*Criminal Justice Resource Manual (2009)*

*Disclosure of Client Information in Instances Where There is Perceived Risk to Others (2013)*

*Incident Management Policy (2010)*

*Suspected Illegal Activity by Accommodation and Respite Service Users Procedures (2013)*

## 15 APPENDICES

### Appendix A: Methodology for process evaluation

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This appendix provides further detail about the methodology used for the process evaluation. The process evaluation included two stages of consultations.

#### 15.1.1 Stage 1

In Stage 1 we conducted consultations with representatives from NSW Government agencies, and national and Statewide disability and legal organisations. This included agencies within NSW Government, universities, and the non-government sector (including peak bodies). Most of these consultations were conducted face-to-face, and almost all were based in Sydney. Local stakeholders were consulted on the field visits undertaken as part of Stage 2.

The consultations comprised a mixture of small group and individual interviews, using semi-structured question guides. Stakeholders were identified by ADHC, members of the project Steering Committee and through discussions with ID and criminal justice experts.

A list of the stakeholders consulted in Stages 1 and 2 is provided in Appendix C.

#### 15.1.2 Stage 2

Supplementary consultations were undertaken in Stage 2 and involved field visits to seven locations around NSW (3 metropolitan and 4 regional). The field visits included:

- Six sites where the CJP provides services to consult with CJP staff, clients, family members/guardians/carers and local stakeholders. These were:
  - Blacktown, Sydney
  - Parramatta, Sydney
  - Orange
  - Wyong
  - Wollongong
  - Coffs Harbour
- Long Bay Correctional Centre in Malabar, Sydney to consult with:
  - prisoners who have participated in the CJP
  - staff of the Long Bay Additional Support Unit (ASU).

The selection of the six CJP fieldwork sites was informed by an analysis of CJP site and program related data provided by ADHC, and discussions with ADHC. The sites were selected to provide representation across:

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- the differing scope of services provided
- the four CJP Service Models
- different service providers (combination of NGOs and ADHC service providers)
- geographical areas (metropolitan and non-metropolitan)
- the number and demographic mix of clients at each location.

### **Recruitment process**

Those who participated in the consultations were recruited through a variety of processes:

- CJP service provider managers and service delivery staff, local stakeholders and CJP clients were identified and recruited by service providers at each of the six CJP fieldwork locations, in close consultation with CPE staff.
- Family members, guardians and carers were identified by service providers or CJP clients.
- The former CJP clients at Long Bay Correctional Facility were identified and recruited by the Statewide Disability Service (SDS) within CSNSW.

CPE provided the CJP service providers with information flyers and recruitment scripts to explain the research when inviting clients, staff, local stakeholders and family members/guardians/carers to participate in the research.

The materials for clients were also provided to SDS staff for recruiting clients in Long Bay Correctional Centre. Strategies were used to ensure there was no perception of coercion by clients being recruited by SDS staff.

Clients and former clients were advised that they could bring a support person to the interview. They were also required to sign a consent form before the interview, which was explained in plain English by a CPE researcher before the interview commenced. The flyers and consent forms were designed to be appropriate for people with an ID.

### **Consultations**

Two-day field visits were conducted to each of the 6 CJP locations. The first day involved separate consultations (either in small groups or one-on-one) with:

- CJP managers
- CJP service delivery staff
- local stakeholders
- family, carers and guardians.

The second day involved one-on-one interviews with clients, typically for around 20-30 minutes each per client. These interviews were co-facilitated by one of two specialist researchers with experience in consulting with people with an ID (from the Centre for Disability Studies at Sydney University). These researchers also provided advice as required throughout the evaluation. An Indigenous consultant with experience in this field, who provided advice on our

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approach to consulting with Indigenous clients, was also engaged as a specialist consultant and as an alternative co-facilitator for one of the site visits.

For the field visit to Long Bay Correctional Centre, individual interviews of around 20-30 minutes were conducted with former CJP clients. ASU staff were interviewed in a group.

All clients who were consulted were provided with a \$30 shopping card to compensate them for their time. The former CJP clients consulted in Long Bay Correctional Centre were provided with \$30 deposited into their buy-up account. Provision of small incentives to community members or clients consulted is a standard practice for social and market research.

Tailored, semi-structured question guides were developed for each stakeholder type (CJP managers, other staff, clients, family members/guardians/carers, and local stakeholders) and used to guide all the consultations. Broadly these guides covered issues including the entry and exit processes, which aspects were working well, and which aspects could be improved. For example, broad topics areas that were discussed with Service Managers included the types of available skills development and training for staff working with clients, any outcomes that have been observed as a result of the program and the development of partnerships with other relevant local stakeholders.

In addition to the field visits, supplementary consultations were also conducted with:

- All other CJP service providers to whom full field visits were not conducted. These were via a mix of face-to-face and group interviews.
- Key individuals who were unavailable during the field visits, primarily local stakeholders.

In total, Stage 1 and 2 consultations were conducted with:

- CJP service managers and service delivery staff (in separate groups) from 10 sites
- 34 clients or former clients (12 DIS clients, 1 TSP client, 7 IRS clients, 7 OSSSL clients, 7 current or former clients presently in custody)
- 5 family members/carers/guardians/trustees
- 33 external stakeholders.

### **Data analysis**

The consultations were audio recorded (except where the participant did not consent) and transcribed.

Nvivo, a qualitative analysis software package, was used to code and analyse the data thematically. The Nvivo coding framework used is provided in **Table A1**.

### **Table A1: NVivo framework**



APPENDICES

Theme	Subtheme	Description
Governance	Overall program management	Management of the program by ADHC – resources, policies, reporting, implementation etc.
	Costs and resources (program as a whole)	Any comments regarding costs – either saved due to CJP or where costs could be saved, need for more investment etc.
	ADHC stakeholder relationships	Relationships between ADHC, SPs and government stakeholders.
Referral / assessment		Eligibility criteria, referral processes – what is working and what is not.
Entry / transition to CJP		Views on entry into CJP (including ADHC assessment processes) and vacancy management on entry.
Exit/suspensions		Processes and reasons / issues related to suspensions and exits.
Service management	Clinical management by ADHC	Case planning and management by ADHC, application of ADHC tools (after accepted into program).
	Flexibility, intensity and quality of services	Views on flexibility of Service Models (including client views) and intensity and quality of service provision.
	Staffing	Managing staff by SPs, staff training; recruitment & retention; supervision etc.
	Management of risk (i.e. OH&S)	Managing risk for the community, for staff and for clients.
	SPs relationships with internal stakeholders	SPs relationships with stakeholders working with the client (e.g. clinicians, housing staff, etc.
Theme	SPs relationships with external stakeholders	SPs relationships with External (local) stakeholders (e.g. other community services, Police, Hospitals).
	Accommodation	Location of CJP properties, issues related to clients living in group homes, issues related to DIS & TSP clients own living arrangements e.g. living with family, with flatmates or alone.
	Urban / regional issues	Anything that stands out regarding location.
Working with client subgroups	Indigenous	References to Indigenous clients.
	CALD	References to CALD clients.
	Young people	References to clients who are between 17-25 years.

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Theme	Subtheme	Description
Service delivery	Gender	References to FEMALE clients or where comments made are specific to the gender of a client.
	Offence type / history	Include all references to clients' offence type or history including sex offenders, violent offenders, homicide, juvenile offender mediations, etc.
	Comorbidity and complexity (i.e. disability, MH, substance abuse)	Include all references to client comorbidity e.g. AOD, MH, forensic or other pathologies.
	Case planning and management (not advice by ADHC)	This category includes case planning and management by SPs including behaviour management and one on one work with clients.
	Behaviour/ MH support / risk management for clients	Risk management for clients (not staff).
	Health (physical including AOD)	This category includes references to services for AOD, and physical health.
	Education / employment	Descriptions of and views on clients' involvement in education or employment activities.
	Leisure / fitness, social and community activities	Clients' involvement in fitness & leisure activities; descriptions of and views on clients' involvement in social & community activities including religious, community or other organisations.
	Life skills / independence	Helping clients to acquire or improve adaptive functioning or 'life skills' by CJP service providers, including helping clients with cooking, cleaning, going to appointments, managing money etc.
	Connections with family / friends	References to clients spending time with family or friends, including SPs facilitating this contact.
Outcomes for clients	Offending	Reported offending, parole and other order breaches by CJP service providers and others, offending related outcomes.
	Adaptive functioning (independence)	References to outcomes related to adaptive functioning and independence.
	Subjective quality of life	References to outcomes related to subjective quality of life including health, wellbeing and social connectedness.

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Theme	Subtheme	Description
	Risk of harm (self and others) / behaviour change	Reduced or increased risk of harm to self and others.
	Other outcomes (for clients)	Any other client outcomes not captured elsewhere.
	Greatest benefits (of participation) in CJP	Which client groups benefit the most / least from being part of the CJP.
	Least benefit	
	Overall benefits of CJP	What is good about the program or distinguishes it from others (e.g. benefits to society as a whole, reduced burden on other service sectors).
Future, alternative services and models		References to alternative programs available for this client group other than the CJP.
NDIS		Challenges and opportunities posed by the introduction/conditions of the NDIS for this client group.
Good quotes for report		This category is a double code. It should include quotes for the report.

## Appendix B: Steering Committee and Indigenous Reference Group members

**Table B1: CJP Steering Committee**

Community Justice Program Steering Committee Members	
Name and Position	Organisation
Dr Phillip Snoyman Statewide Manager Specific Needs	Corrective Services NSW, Department of Justice
Kathy Saul Principal Officer, Disabilities	Corrective Services NSW, Department of Justice
Yasmin Hunter Manager, Diversity Services	Department of Justice
Matt Frize, Manager Clinical and Casework Services, Community Justice Program	Department of Family and Community Services – Ageing, Disability and Home Care
Linda Mallet, Executive Director	Department of Family and Community Services - Ageing, Disability and Home Care
Katrina Hyland , Natalie Mamone, Director - Community Justice Program	Department of Family and Community Services – Ageing, Disability and Home Care
Deborah Brill, Executive Director Strategic Policy and Cabinet Coordination Strategy and Policy	Department of Family and Community Services
Suzanne Pope, Director, Evaluation FACS Analysis and Research	Department of Family and Community Services
Jenna Macnab, Senior Policy Advisor	Department of Justice
Jeevani Korathota, Director, Communities and Social Services Group	Department of Premier and Cabinet

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Jennifer Hickey Director Service Delivery Reform, Police & Emergency Services	Department of Premier and Cabinet
Denise Hanley, Director Operations Unit	Juvenile Justice NSW
Dr Ania Wilczynski, Principal Analyst Centre for Program Evaluation	NSW Treasury
Claudia Solomon, Craig Jones Manager, Centre for Program Evaluation	NSW Treasury
Nigel Bailey Executive Director, Budget Strategy Division	NSW Treasury
Maryanne Mrakovic Associate Secretary, Fiscal and Economic Group	NSW Treasury

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**Table B2: Indigenous Reference Group members**

Indigenous Reference Group Members	
Name	Organisation
June Riemer	Aboriginal Disability Network NSW
John Mackenzie	Aboriginal Legal Service
Betty Salvatori	Indigenous Disability Advocacy Service
Michelle Bates	Just Reinvest NSW
Kerry Reed Gilbert	Kuracca Consultancy
John Gilroy	The University of Sydney, Faculty of Health Sciences

## Appendix C: Stakeholders consulted

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**Table C1: Stage one – National and State Government and non-government stakeholders**

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Stage One Consultations

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Aboriginal Disability Network NSW

Aboriginal Legal Service

Australian Centre for Disability Law

CJP External Reference Group (p.19 refers)

Corrective Services NSW

Statewide Disability Services (SDS)

Long Bay Parole Unit

Offender Management and Policy

Offender Services and Programmes

Parental and Community Engagement Program

Disability Services Australia

Australian Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA)

Research and Engagement, NDIS Transition Agency

First Peoples Disability Network

Indigenous Disability Advocacy Service

Intellectual Disability Rights Service

Criminal Justice Support Network

Legal Aid NSW (Sydney/Wollongong)

Lifestyle Solutions

National Disability Service

NSW Council for Intellectual Disabilities

NSW Department of Family and Community Services (FACS)

Ageing, Disability and Home Care (Management Team, Clinicians, Policy and Practice Team, Intake referral and Information Team)

NSW Department of Health

Justice Health

Mental Health Review Tribunal

NSW Department of Police and Justice

Court Referral of Eligible Defendants into Treatment (CREDIT) program

Crime Prevention and Community Programs

Diversity Services

Juvenile Justice NSW

NSW Police Force

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Stage One Consultations

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Coffs Harbour Police Headquarters  
 Corrections - Sponsor South West Region  
 Disability Advisory Council - Vulnerable Communities Portfolio  
 Orange - Sex Offenders Unit  
 Parramatta Central Police Headquarters - Child Protection and Sex Crimes Squad  
 Wyong and Goulburn child protection register

NSW Treasury

Family and Community Services Branch

People With Disability Australia

Self-Advocacy Sydney

The Shopfront Youth Legal Centre

The University of New South Wales

Faculty of Arts and Social Sciences

The University of Sydney

Indigenous Health, Faculty of Health Sciences

Medicine, Central Clinical School, Behavioural Sciences in Medicine

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**Table C2: Stage Two – Local Stakeholders**

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Stage Two Consultations

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Blacktown Hospital

Breakaway Employment Services

Essential Personnel (Disability Day Program)

General Practitioner (Blacktown LGA)

Illawarra Aboriginal Medical Service

Department of Justice NSW

Probation and Parole (NSW Community Corrections - Coffs Harbour, Goulburn, Orange, Parramatta, Wollongong, Wyong)

Orange Community Mental Health

Quovus, Illawarra

Social Worker (Blacktown LGA)

Wangarang Employment Service, Orange

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## Appendix D: Theoretical frameworks for the CJP

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The CJP uses a number of theoretical frameworks and principles to underpin its work.

### 15.1.3 The General Personality and cognitive social learning theory of criminal conduct

This theory states that offending behaviour occurs as a result of underlying vulnerabilities such as personality predisposition and the social learning of criminal behaviour.

#### The Risk, Needs, Responsivity Model

The RNR Model for Offender Assessment and Rehabilitation includes the following principles:

- **The Risk Principle** – the risk of re-offending can be reduced if the level of intervention is proportional to the offender’s risk. Therefore those people identified as being at high risk should receive more intense intervention than those identified as being at low risk.
- **The Needs Principle** – the intervention should target criminogenic needs. That is, those dynamic, (changeable) factors that directly influence the individual’s risk of re-offending. The ‘central seven’ criminogenic needs have been identified through meta-analyses in the literature as: pro-criminal attitudes, social supports for crime, family marital relationships supportive of crime, lack of education or employment, lack of pro-social leisure/ recreation options, drugs and alcohol, and an anti-social personality pattern. These factors, along with previous offending behaviour, are the eight best predictors for offending.
- **The Responsivity Principle** – criminogenic need should be addressed with regard to those individual factors that can facilitate learning using cognitive-social-learning interventions. This includes, for example, the client’s learning styles, cognitive capacity and motivation (Andrews and Botna 2007).

#### The Good Lives Model for offender rehabilitation

The Good Lives Model (GLM) was developed by Ward and colleagues (Ward & Gannon, 2006; Ward & Stewart, 2003). This model suggests that the principles of RNR (discussed above) are necessary but insufficient for the effective rehabilitation of offenders. Central to the GLM is the positive psychology and humanistic movements. Key aspects of the GLM include:

- **The Risk Principle** (set out above) – by supporting a person to live a better life they will have reduced motivation to offend and their lifestyle will be inconsistent with offending.
- **Identity** – what one person perceives as a good life is different to the next. Therefore, offenders should be supported in ‘personal agency’ and in obtaining ‘primary human goods’ (those things to a human that are intrinsically valuable such as achievement, mastery, relatedness) in a manner that is both pro-social and consistent with the person’s preferences.
- **Context Specificity** – intervention should directly reflect the person’s context. Therefore intervention plans should be made specific for the environment the person will be living in, be consistent with the person’s stage of change, reflect their prioritisation of primary goals, help the person obtain their primary goals as they see them (provided they are perceived in a pro-social manner) and promote their pro-social identity.