



Evaluation of Extended Throughcare Pilot Program: Evaluation Plan

Never Stand Still

Arts & Social Sciences

Social Policy Research Centre



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Glossary

ACT	Australian Capital Territory
ACTCS	ACT Corrective Services
SPRC	Social Policy Research Centre
UNSW	University of New South Wales, Australia

1 Introduction

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

The evaluation will consider:

- The impact that extending Throughcare, beyond an offender's period in custody to support transition into the community, has had on the client group, including reducing the risk of re-offending and improving community integration, social and health outcomes of clients.
- The costs and benefits to the justice system from extending Throughcare from custody to the community, including but not limited to:
 - reducing detainee days in custody
 - stabilising or reducing the number of detainees in custody
 - reducing victimisation costs and increasing community safety, and
 - the impact of brokerage funding on client outcomes.
- The effectiveness of the service delivery model to reduce duplication, eliminate gaps and enhance the capacity of existing services and related agencies to impact on program outcomes.

Consideration will also be given to the interim process review undertaken in 2014. The evaluation will inform the ACT Government of the effectiveness of Extended Throughcare and establish a solid evidence base to support future budget submissions. In addition, the evaluation will inform future development of the program and will support continuous improvement of service delivery.

This Evaluation Plan presents the detailed methodology the research team will use to answer the evaluation questions:

- Section 1 provides the background to the Extended Throughcare Pilot program
- Section 2 provides a literature review that addresses models and approaches to the evaluation of Throughcare and similar programs
- Section 3 provides an overview of the evaluation scope and focus and the program logic
- Section 4 describes the research methodology that will be used
- Section 5 outlines the stakeholder engagement strategy

- Section 6 outlines the quality assurance processes.

1.1 Throughcare

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

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

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

Based on this evidence, case management in Extended Throughcare is person-centred and focuses on five core areas:

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

This approach is in line with Throughcare programs in other Australian states and territories (Baldry, 2007), and similar to prevention and rehabilitation programs targeted specifically at people with multiple and complex needs, for example, Stepping Stones South Australia, ACSO Victoria, GROW Australia, Multiple and Complex Needs Initiative (MACNI) Victoria, Integrated Service Program (ISP) NSW and Community Justice Program (CJP) NSW. All these programs have been

implemented because there is recognition that many people with multiple and complex needs, including prisoners after release, have not been supported adequately in a traditional, fragmented service system. However, it should be noted that the Extended Throughcare model in the ACT is unique in offering support for 12 months and to ex-offenders without ongoing supervision orders; although the post-release care model itself is not unique to the ACT's Extended Throughcare program.

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

An interim process review of Extended Throughcare was commissioned by ACTCS in early 2014. Given the short period of time the program had been operational, the review focused on evaluating process questions. ACTCS is now seeking an impact evaluation of Extended Throughcare. The aims of the evaluation are to assess the effectiveness and efficiency of the program, and to understand its impact on reducing the risk of re-offending and the associated cost savings.

1.2 History of the Extended Throughcare program

Corrective Services in the ACT had a Throughcare philosophy in operation from 2008 when the prison first opened. A 2011 discussion paper developed by the Chief Minister and Cabinet Directorate identified the need to develop this to an Extended Throughcare program to include post release support. Following a budget submission and funding process, the Extended Throughcare Governance Group, co-chaired by ACTCS and Northside Community Services and including government and non-government representatives, was established (see below). Extended Throughcare was initially funded in 2012-2013 for 2 years. This evaluation will investigate the post release program which is linked to separate-funding, controlled pre-release transition planning.

The original model funded was not optimal, as it focused on service coordination rather than caseworkers. ACTCS realised this was not going to meet the program objectives so added caseworkers to the program for the subsequent two years to assist with system navigation. The fourth year of funding expires on 30 June 2016. The Service will seek to extend the funding for 12 months with the aim to apply for recurrent funding in the future, using evidence from this evaluation to support the application.

Program funds are used to broker services – an average \$2000 is currently used per person over 12 months which varies depending on needs. This has increased from around \$1500 when the program commenced, and may increase further in the future. The program does not provide any additional funds to community organisations, just coordination of access to other services.

1.3 Operation of Extended Throughcare

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

Pre-release support is available to everyone, irrespective of whether they sign up to Extended Throughcare. The Assisted Release to Community (ARC) program (starts 3-4 months before earliest release date) provides early case management – this follows best practice guidance and framework for releasing prisoners. It involves providing links to Centrelink, health, housing, outreach programs, drug and alcohol programs (and warrants in other states), as well as engaging the offender's family in the process. At this stage, if the offender is being released under some type of supervision (parole or Good Behaviour Bond), Community Corrections staff are engaged. The ARC program provides a link to the Extended Throughcare program that offenders can then access. Once released, offenders can hit a crisis point very quickly if the ARC program is not complete.

For those volunteering to participate in Extended Throughcare, the lead service provider (identified based on the person's highest support needs) will be provided with brokerage funds to work intensively with clients. To date, 120 organisations have linked with the Extended Throughcare initiative. The program starts with a six-week intensive outreach support episode, comprising three half-day visits for the first week, then two visits per week after that. Extended Throughcare provides funding to one service provider to deliver intensive support services. However, brokerage funding is provided across more than 100 services to support client needs.

The Extended Throughcare program was initially funded in the 2012-13 Budget; \$1.2 million was allocated over two years to establish the Throughcare Unit within ACTCS, to implement the framework, and to provide development and brokerage of support service delivery. Commitment to the extended program is reflected in subsequent funding; the 2014-15 Budget provided a further \$2.176 million over two years covering the period to June 2016. The ACT Government provides funding to a number of NGOs, through the Community Services Directorate. Clients of Extended Throughcare access these services in addition to a budget of \$1500 per client as brokerage funding.

The program provides support to offenders who are released into the ACT community, as well as those released to other states in coordination with

administrators from the other states. The situation in the ACT is likely to be unique in that the ACT has one facility and most exits are local.

ACTCS high level data shows that:

- A high proportion, in the order of 74.7%% of offenders in custody, have been in custody before.¹
- Preliminary Extended Throughcare figures indicate significant numbers of repeat offenders with an average of 6 and as high as 24 return episodes.² The average duration spent in custody was approximately 10 months with a range from 30 days to almost 4.5 years.³
- About 30% of offenders are released on parole, 30% on good behaviour bonds, 30% on no orders, and 10% on bail. The 30% on no orders are considered to be at the greatest risk of post-release crisis because they lack of any form of 'monitoring'. Women are included in the Extended Throughcare program regardless of whether they are on remand or sentenced offenders due to their low overall numbers, but only sentenced men are included. Some offenders may finish their sentence and be on bail for other matters.

1.4 Program governance

The Extended Throughcare program has a high level governance group that is co-chaired by ACTCS and CEO Northside Community services. Other members include:

- Justice Reform Group (JRG) representatives (Northside Community Services and Canberra Men's Centre)
- Aboriginal and Torres Strait Islander Elected Body representative
- ACTCOSS Director
- ACT Health representative(Justice Health Director)
- Legislation Policy and Programs, Justice and Community Safety Directorate representative
- Community Services Directorate representative.

The governance group is co-chaired, with a model that encourages the community sector to take a primary role as a partner. This has had the effect of encouraging

¹ Australian Bureau of Statistics 2015, *Prisoner Characteristics, State and Territories*, 'Table 13: Prior imprisonment status, by state and territory', data cube: Excel spreadsheet, cat. no. 4517.0, viewed 11 January 2016, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4517.02014?OpenDocument>

² A preliminary review of Throughcare in ACT, A Report for the Throughcare Unit, ACT Corrective Services, August 2014.

³ A preliminary review of Throughcare in ACT, A Report for the Throughcare Unit, ACT Corrective Services, August 2014.

strong community buy-in to Extended Throughcare, as well as helping to facilitate the responsiveness of the program to the diverse needs of its client base.

1.5 Purpose of evaluation

An initial due diligence review was previously undertaken including a preliminary literature review. Findings suggested that homelessness is a substantial problem with approximately 30% identifying problems achieving long-term stable accommodation.

ACTCS would like to investigate the experience of people using the Extended Throughcare program and understand what difference this has made to both recidivism and integration into society, as well as the safety of the broader community. This can be explored both by examining pre-program releases and return rates, compared to the current situation, as well as talking to people about their experiences with and without the program (either talking to people who haven't used the program, or asking a person about their use of the program compared to previous releases from the correction services). It is very likely, given high rates of previous episodes in custody, that many current clients will have previously exited custody without Extended Throughcare so will be able to provide a comparison to those earlier experiences.

In addition to understanding outcomes for the group overall, ACTCS is particularly interested in outcomes for women and Aboriginal and Torres Strait Islanders in comparison with the rest of the cohort.

2 Literature review

This section presents the short review of available literature and data on evaluation methodologies of funding models and standard outcome measures for programs that work with offenders returning to the community. The review includes evaluations of similar programs, as well as the policies and procedures used in Extended Throughcare. The review contributes to the refinement of the evaluation questions, selection of data collection tools, and informs and forms part of this evaluation plan.

2.1 Search strategy

The search strategy covered both academic and 'grey' literature including government reports and program documentation. The international literature review focused on countries with similar demographic and direct funding policy settings to Australia, especially the UK, the US and Canada, where person-centred approaches are well developed. In addition, we consulted with our own network of experts in the field to ensure all key documentation was identified and reviewed.

2.2 Literature review

The following literature review for the Extended Throughcare Pilot Program Evaluation addresses the models and approaches to the evaluation of Throughcare programs in Australia and international jurisdictions with similar policy settings.

The key areas reviewed are:

- 1) The principles of throughcare.
- 2) Policies and programs; exploring the adaptations of throughcare principles across several jurisdictions.
- 3) The evaluation of throughcare programs.

Whilst this review includes literature from several jurisdictions, it is recognised that there are "difficulties in generalising across countries as the context surrounding offender reintegration may differ" (Malloch et al. 2013:10). The search strategy included academic and 'grey' literature; and was limited to several jurisdictions over the last 10 years.

2.2.1 The principles of throughcare

Throughcare is a policy approach that addresses the transition of prisoners released into the community. It has been defined as "the continuous, co-ordinated and integrated management of offenders' from the offender's first point of contact with

correctional services ‘to their successful reintegration into the community and completion of their legal order’” (Clay 2002:41).

Throughcare is a term used in the UK and Australia in particular to denote the approach taken to assisting prisoners and ex-prisoners to prepare for and then settle successfully into the community upon release. The period post-release when throughcare is applied to prison releases is referred to as ‘re-entry’ in the US, ‘re-integration’ in Canada and ‘re-settlement’ in the United Kingdom. There is broad consensus that the overall policy approach represented by throughcare is considered to be ‘best practice’ both within Australia and internationally (Baldry 2010:256). The Australian concept of throughcare was originally based on a model applied in the United Kingdom for people with mental illness returning to the community following a period in a psychiatric unit. This model was transferred to the criminal justice system in the UK and is now official policy in every Australian jurisdiction.

There is extensive literature available on the challenges faced by ex-prisoners and the significance of post-release support. Research indicates that ex-prisoners are often characterised by chronic social disadvantage, poverty, poor physical and mental health, intellectual disability, poor education, substance abuse, unemployment and debt (Borzycki & Baldry 2003:2; Borzycki 2005:33; Kinner 2007/8:581). Baldry notes (2007:6) that “ex-prisoners are over-represented in all forms of homelessness, and homeless people are more likely to be imprisoned than those with housing.” Those released from prison have been found to face an increased risk of death, “particularly in the first few weeks after release and often due to drug related causes” (Kinner et al. 2011:67).

In NSW, 45.8% of prisoners who were released during 2011-12 returned to prison within two years (SCRGSP 2015). Indeed recidivism rates are a major concern to policymakers worldwide (see Pew Center 2011).

It is widely acknowledged that the provision of support during the transitional stage of release can reduce chronic disadvantage and recidivism rates (Malloch et al. 2013:4). Research indicates “by providing treatment and support after custody and into the community, in-prison rehabilitative gains can be maintained, and the challenges associated with return to the broader community can be eased, both of which will assist in minimising the risk of ex-prisoners re-offending” (Borzycki 2005:9; Cullen & Gendreau 2000).

Principles of best practice in throughcare policy include whole of sentence planning; integrated case management; working partnerships and co-ordination to avoid duplication; and the provision of consistent interventions across community and custody (Baldry 2010:257). The features of throughcare programs include early contact with prisoners during custody; involving prisoners in support plans and programs; consistency in support and the development of trusting relationships with workers; flexibility and responsiveness of workers to issues as they arise; the

maintenance of support on release and successful referrals to community based services (Malloch et al. 2013:5).

2.2.2 Challenges to effective implementation

Despite being upheld as a theory of best practice, there are well-documented challenges to the implementation of throughcare programs. Insufficient funding is an obstacle to the development of sustainable throughcare programs as well as a common lack of resources within the prison system (MacDonald et al. 2012:80). Problems often include “lack of inter-agency cooperation and information sharing; lack of appropriate housing, personal support, mental health, education and employment opportunities in the community; and tension between compliance checking and helpful guidance” (Baldry 2010:257; Baldry 2007). Services are often fragmented, under-funded and not properly evaluated or monitored.

It is widely acknowledged that programs for Indigenous communities should be “developed in consultation with, and preferably by, Indigenous people and run by Indigenous people” (Walsh 2004:55). Throughcare programs directed at Indigenous prisoners “must be grounded in their own cultural values, beliefs and realities, or at the very least, they must have a cultural component; otherwise they will not have a ‘corrective’ effect” (Walsh 2004:55). A recent study by Lloyd et al. (2015:9) found that “for Aboriginal former inmates and family members, release from prison was a period of significant emotional stress and commonly involved managing complex needs. At present pre-release planning and post release support is not always available, especially for Aboriginal inmates who are more likely to be on remand or in custody for less than 6 months.” Research has “identified the need to move away from reliance on mainstream Western-style programs to an approach which focuses on healing the distress and grief experienced by many Indigenous women and their communities” (Aboriginal and Torres Strait Islander Social Justice Commissioner 2005; Baldry & McCausland 2009:295).

Throughcare also requires significant reconsideration in relation to women. Baldry explains (2010:258) that “the throughcare approach as practised in Australia does not address the needs of the majority of women being released.” This may be related to the notion that “programs assisting women post-release are derived largely from research on men’s criminal, prison and post-release needs and experiences...” (Baldry 2010:253). Women typically serve shorter sentences or are held on remand. Baldry argues that “throughcare policy and practice for women falsely assumes that there is time for development of a care plan in prison; that the release date is known and that prisoners will have spent longer in custody than is actually the case... This suggests that women must fit the throughcare model rather than throughcare being developed to fit the reality of women’s imprisonment and release” (2010:258).

Throughcare is often not available, or is poorly implemented, with short term or remand prisoners. Baldry explains that “persons serving shorter sentences or on

remand are more often those with mental health/dual or multiple diagnoses, borderline cognitive disability and multiple, less serious offences... post-release needs for this majority are not the same as those for persons having served longer sentences” (Baldry 2010:256).

2.2.3 Throughcare policies and programs in Australia

Throughcare was first introduced in South Australia in 1998 (Taylor 2014:2) and has since been introduced in all of the seven Australian jurisdictions in an attempt to reduce reoffending (Baldry 2007:6).

Interest in throughcare in Australia first peaked in the early to mid-2000s and there has been renewed interest in the last two years (Baker 2014:11-12). Throughcare has been similarly defined across Australian jurisdictions as an “integrated and seamless approach to the delivery of programs and services for offenders and persons on remand from initial to final contact with the Department” (South Australia Correctional Services 2004:53).

The Standard Guidelines for Corrections in Australia (2012:30) identifies the importance of the use of case management in throughcare for effective rehabilitation. The Guidelines indicate that individual case management should be consistent and seamless across departments; that all sentenced prisoners (other than very short term prisoners) should have a sentence or case plan which should be regularly reviewed; and that case management should enable development of options and services to meet individual needs and risks, as persons move between community corrections and prisons (2012:30).

Various state policies reflect throughcare principles. The NSW Throughcare Strategic Framework identified clear outcomes, including: whole of sentence planning being at the core of integrated case management; timely and effective exchange of information between departments and agencies; and planning for specific, transitional support for the period immediately after release (Corrective Services 2002). The current NSW Transitional Support Framework (Corrective Services 2015:3) refers to the outcomes of the original Throughcare Strategy and is centred around specific case plans for transition.

The Corrections Victoria Reintegration Program targets “seven critical domains as the key drivers of effective and successful reintegration”, namely: housing; employment; education and training; independent living skills; mental health; alcohol and drugs; and family/community connectedness (Corrections Victoria 2015).

In 2011, the ACT government published the ‘Seeing it Through’ report and committed to extending Throughcare in the ACT, to include support for all sentenced detainees after their release from the Alexander Maconochie Centre (Taylor 2014:3). A Throughcare Unit was established and funded to run a 2-year pilot program to provide detainees with support on a voluntary basis, for up to 12 months,

regardless of supervision conditions. Each Extended Throughcare client is supported by brokerage funding to assist with removal of key barriers impeding their reintegration (Taylor 2014:4). The program is premised on a case management approach and effective partnerships across the sector.

Whilst a policy intention appears to exist in several jurisdictions, the literature highlights a need for governments to put in place processes to implement throughcare as a reality (Jesuit Social Services 2014:7; Baldry 2010:257). Kinner (2006:38) writes that “the few post-release programs that do exist for ex-prisoners in Australia are fragmented, often under-funded and usually based on limited evidence. A useful next step in bringing the concept of ‘throughcare’ into policy and practice would be the development and rigorous evaluation of an integrated post-release support program, building on the pre-release programs already in place, and linking prisoners with the communities to which they will eventually return.” The National Mental Health Commission similarly reported a lack of Throughcare type services in Australia and sought greater collaboration between prison services and local mental health teams (Baker 2014:13).

One of the only published evaluations of a post release Australian throughcare program is of the Bridging the Gap program in Victoria. The program provided intensive support to offenders with drug or alcohol problems, through a combination of direct service provision by five community based agencies and support in accessing a range of other services (Malloch et al. 2013:28; Melbourne Criminology Research and Evaluation Unit 2003). The program involved pre-release planning, intensive contact immediately following release and longer term support focused on securing employment, accommodation, drug treatment and dealing with health issues. The study showed that participants had better outcomes on measures of drug dependence, participation in treatment programs and accommodation; and lower recidivism rates in the first 120 days after release (Borzycki 2005:27; Melbourne Criminology Research and Evaluation Unit 2003).

The Transitional Assistance Program is currently offered by Corrections Victoria to all sentenced prisoners coming to the end of their sentence in a similar manner to the ACT’s ARC program. “Individual assessments are conducted to identify the areas of need for each prisoner, such as access to Centrelink benefits, health services and housing. All prisoners are expected to participate in the program. Once individual assessments are undertaken, the remainder of the program is delivered in group sessions, generally up to six months prior to a prisoner’s release” (Victorian Ombudsman 2014:21). An investigation by the Ombudsman identified some issues with this program model, including that the size of group programs is not conducive to individualised and tailored support; inconsistencies and a lack of coordination between prisons; and that much of the support information is provided in brochures and information packs, which are inappropriate for prisoners with difficulties with literacy and language (Victorian Ombudsman 2014:22; Victorian Ombudsman 2015:106).

Cunneen & Luke (2007) conducted an evaluation of the Post Release Support Program (PRSP) for juvenile offenders in NSW between 2002-2005. The program consisted of a 12-week intervention run by non-government organisations. A worker would establish contact with the detainee in the weeks prior to their release and the young person's participation was voluntary. Key outcome areas were income, accommodation, education and training, employment, legal needs, health, family networks, living and survival skills, social and personal skills, leisure and recreation (Cunneen & Luke 2007:202). The PRSP service was found to provide both material support (relating directly to income, accommodation, training and employment); and personal and emotional support, which was also seen as important (Cunneen & Luke 2007:208). However it was also acknowledged that there were unmet needs that the program could not satisfy and that young people with patterns of entrenched offending required intense support, beyond a 12 (or 24) week program (Cunneen & Luke 2007:208).

The Aboriginal and Torres Strait Islander Legal Service in Queensland implements a Throughcare program whereby Prisoner Throughcare Officers provide case management to prisoners during their transition into the community (Baker 2014:12). The program is "intended for those at high risk of reoffending. An intensive case management approach is used which incorporates working collaboratively with the clients and other stakeholders. The average length of time spent in the program is approximately six months, however this varies depending on individual needs. Participation is voluntary and the client may withdraw at any stage" (ATSILS 2012). An earlier Transitions pre-release program in Queensland was found to assist some prisoners in preparing for their return to the community (Kinner 2006:38).

A preliminary process review of the ACT Extended Throughcare model discussed above indicated that the program "achieved some notable success... with a high proportion of enrolment from eligible detainees and... a considerable level of support from partner agencies in a relatively small amount of time" (Taylor 2014:i).

As discussed above, there is a serious lack of appropriate programs for women, Aboriginal prisoners and people who are released after short sentences or a period of remand (Baldry 2010:257). As Baldry & McCausland note, "examples of women-specific throughcare with post-release housing support, especially Indigenous examples, are in short supply" (2009:294). There is similarly limited research or evidence of programs relating to post-release support following remand or short prison sentences in Australia.

2.2.4 International throughcare policies and programs

The United Kingdom

In the United Kingdom, the sought outcomes of resettlement are: "To reduce reoffending by prisoners following release from custody, thereby protecting the

public from harm; and helping prisoners to participate effectively in society as law-abiding members of the community” (HM Prison Service 2001:1; Malloch et al. 2013:17).

The National Offender Management Service (NOMS) Reintegration and Resettlement framework is based on a needs-based ‘pathway’ approach. Seven rehabilitation pathways were formed to address areas critical to resettlement, namely: accommodation; education, training and employment; mental and physical health; drugs and alcohol; finance, benefit and debt; children and families of offenders; and attitudes, thinking and behaviour (Malloch et al. 2013:18). An early evaluation indicated that the pathfinders’ model was at least five times more successful than probation services had been previously in maintaining voluntary contact; however the model only touched small numbers of offenders who were originally assessed as facing significant problems (Lewis et al. 2003:65).

In the UK there are a number of throughcare interventions available specifically for offenders with problematic drug use (MacDonald 2012:16). The CARAT (Counselling, Assessment, Referral, Advice and Throughcare) model is considered to be a “good example of an outreach, case management approach to continuous care (Borzycki 2005:27). CARAT is part of the UK Government strategy to provide continuous drug services between prison and community. CARAT workers are located at every prison in England and Wales, and the program allows for up to 8 weeks of post-release support (Borzycki 2005:27). In a 2005 evaluation, CARAT workers who were interviewed admitted “that in practice the post-release support they offered was extremely limited... that there was an ‘unwritten policy’ not to engage in work with prisoners who had been released” and that time and resource constraints didn’t allow for this (Harman & Paylor 2005:362). However a more recent 2012 study found that most prisoners rated the CARAT program highly (Edgar et al. 2012:49).

There is also government policy regarding continuity of health care for prisoners being transferred or discharged (HM Prison Service 2006; Sainsbury Centre for Mental Health 2008:9). Despite this policy agenda, research indicates that there are difficulties with implementation. A review of London prisons reported that in-reach teams found it difficult to engage with community mental health teams to organise care on release (Sainsbury Centre 2008:9).

Another program of note is the STOP START program that was developed in a women’s prison in the UK. The service attempted to overcome the difficulties associated with delivering programs in short timeframes. Programs were delivered in a modular form either individually or in groups. The in-prison programs were linked to relevant community resources, enabling follow up on release (Borzycki 2005:62; Hollin 2002).

A recent evaluation of the Throughcare Support Officers project at Greenock Prison in Scotland highlighted positive progress relating to a replicable project structure,

external stakeholder engagement, client perception and impact on individual cases (Cochrane 2014:3). In accordance with the program, every prisoner is assigned a 'single point' case manager who provides them with voluntary support 6 weeks prior to release, and 6 weeks post-release on a weekly basis (Cochrane 2014:9). The evaluation revealed positive stakeholder feedback and engagement, however due to the short-term nature of the pilot, measures of long-term desistance were inconclusive (Cochrane 2014:46).

There has though been little longitudinal evaluation assessing the long term outcomes of these throughcare programs in regard to recidivism and successful settlement in the community.

The United States

The US has the largest prison population in the world, and re-entry is therefore "studied not only through evaluations of particular programs or cases but as a major policy problem" (Malloch et al. 2013:33). Re-entry services are operated by central government, local government and the non-government sector. The increasing focus on justice reinvestment as a means to tackling both cost and recidivism also has international relevance and should be considered in relation to post-release policy in Australia (see Victorian Ombudsman 2015:8).

The US Bureau of Prisons "oversees federal prisoners who undergo an intensive, three stage reintegration process that commences at prison reception..." (Borzycki 2005:27). Programs are delivered in custody and participation can continue in community-based transitional facilities known as 'half way houses.' It should be noted that the Federal prison system is the smallest of the three incarceration levels⁴ in the US and imprisons the smallest number of prisoners, most of whom have served long sentences, so Federal programs may not be transferable to Australia.

Griffiths et al. note: "re-entry programs are often based on a case management approach and cover a range of interventions" (2007:5). They categorise re-entry programs into institution based programs; surveillance-based transition programs; and assistance-based transition programs (2007:5). There are several examples of 'integrated throughcare programs' below.

The Maryland Re-entry Partnership was a co-coordinated effort to provide prisoners from State prisons returning to select Baltimore neighbourhoods with comprehensive re-entry services, including housing assistance, substance abuse treatment, mental health counselling, and education. The program intends to address three levels: individual, community and systems; with a goal to continuous case management from confinement to the community (Griffiths et al. 2007:37). The

⁴ The US has 1. Local county jails that tend to be for offenders serving less than 2 years or on remand 2. State prisons that incarcerate offenders charged with or convicted of more serious offences, and 3 Federal prisons that incarcerate people charged with or convicted of Federal offences.

program was found to be successful at reducing criminal offending; however there were no significant differences in relation to time to re-arrest or the likelihood or number of new convictions (Roman et al. 2007; Visher et al. 2004; Griffiths et al. 2007:37).

Project Greenlight was piloted in New York City with the aim of reducing recidivism by providing discharge planning and introducing prisoners to support services in the community. The project was distinguished by close collaboration among corrections, parole and community-based organisations; who provided intense support in the last 2 months of a long state sentence (Griffiths et al. 2007:38). The program was found to have no reduction on recidivism rates (Wilson & Davis 2006; Griffiths et al. 2007:39).

The development of re-entry courts has been significant for throughcare in the US. Based on the “drug court model, re-entry courts typically involve intensive judicial oversight, supervision and services for a specified period of time following release... the aim of re-entry courts is to assist ex-prisoners in the initial period following release to find jobs and accommodation, remain drug-free and assume familial and personal responsibilities” (Malloch et al. 2013:36). An early evaluation of the Harlem Parole Court suggested that “more intensive scrutiny of ex-prisoners has resulted in the detection of violations that would previously have gone undetected” (Hamilton 2010; Malloch et al. 2013:36). Miller (2007:133) claims that the courts minimise “governmental responsibility for a range of institutional failures in the areas of health care, education, housing and employment.” However Miller concludes that the “collateral authority of the judge to influence community leaders, law enforcement officials and service providers to tend to the needs of ex-inmates.... might allow for the development of a holistic response to the diverse range of social problems facing ex-inmates” (Miller 2007:133; Malloch et al. 2013:36).

It is important to be cautious in considering transplanting programs from the US to Australia as the criminal justice, health and human service arrangements are quite different.

Canada

Re-integration programs in Canada have been particularly innovative and influential, both in the general population and in Indigenous contexts more specifically. Canadian research has also informed the ‘what works debate’, including the development of the influential ‘risk, need and responsivity’ model by Andrews & Bonta (2010).

Canadian policies reflect a community-based approach to re-integration. Griffiths et al. write that the “increasing involvement of communities in responding to the challenges presented by ex-offenders has led to a greater focus on local involvement in, and ownership of, initiatives...” (2007:33). For example, the Surrey

British Columbia Crime Reduction Strategy includes Community Support teams as a focus on rehabilitation and reintegration of offenders (Griffiths et al. 2007:33).

Circles of Support and Accountability were piloted in Canada and have since been adopted in England and Scotland. The program involves community volunteers who provide support and mentoring to high-risk sex offenders (Malloch et al. 2013:36). Offender Re-entry Mapping is similarly designed to facilitate community engagement in assisting ex-prisoners with the transition to the community. The model is based on enlisting support and involvement of community members; developing a diverse and complimentary set of dissemination models; and presenting research findings strategically to create a foundation for positive community action (Brown-Brazzell 2007:1; Griffiths et al. 2007:32).

The Canadian Families and Corrections Network (CFCN) aims to recognise and involve families in the reintegration process. The CFCN runs a restorative practice in Quebec using family group conferencing and family-based reintegration plans. Families are mentored by a community mentoring team for up to one-year post release (Malloch et al. 2013:38).

CORCAN, the Correctional Service of Canada's Prison Industries program, operates training programs for federal prisoners. CORCAN also runs 31 community employment centres across Canada to provide employment training and skills to released prisoners. According to one evaluation, participation in CORCAN programs immediately prior to release may have a positive impact on recidivism rates (Motiuk & Belcourt 2006; Malloch et al. 2013:37).

As noted above, Canada has also championed the development of programs that are appropriate and consistent with Aboriginal culture and beliefs. "Healing has formed an important part of alternative approaches to Canadian Indigenous involvement in their criminal justice systems over the past decade, with the establishment of a 'healing lodge'. The Okimaw Ohci Healing Lodge for Aboriginal women was the first to be established over a decade ago" (Baldry & McCausland 2009:295).

An evaluation of the Elsipogtog Offender Re-integration Project highlighted the "need for a culturally appropriate, community support linkage that begins when the Aboriginal person is incarcerated – that appears to be the missing link in the current situation with respect to producing more equitable outcomes for Aboriginals within the system and reducing revocation and recidivism when they are released" (Clairmont 2008:3). This appears to be relevant to the Australian context, as research indicates a 'gap' in appropriate, community developed programs for Aboriginal communities post-release.

2.2.5 Summary of evaluations of throughcare

Despite the fact that “there is a considerable amount written about through-care, there is a limited amount of ‘evidence’ available in terms of robust evaluations of effective through-care processes and practices internationally” (Malloch et al. 2013:39). The importance of evaluation is widely acknowledged; however, “evaluation and monitoring of throughcare provision is identified in the literature as often missing, resulting in the lack of an evidence base about what interventions are successful and those which are not” (MacDonald 2012:22). A lack of evidence can lead to difficulties when sourcing funding and a lack of sustainability (MacDonald 2012:22). A poor evaluation process can also skew program outcomes and minimise the perceived effectiveness of the model. In the programs outlined in the previous sections there is some evidence that throughcare programs are ‘successful’ (with the definition of success often unclear) but on the whole the evidence for improved resettlement outcomes is lacking.

Baldry notes (2007b) that most agencies involved in the provision of throughcare do not use systemic and objective methods of assessing the short and long-term impact of their services. Obstacles to evaluation include a lack of time and staff resources (Fox 2005); problems of client confidentiality and reluctance to provide information when referrals were followed up after release (Farrell 2000; MacDonald 2012:22). Woodier comments that “it is evident that limited funding and resources and an inability to maintain contact and track clients are just a number of reasons why programmes do not always gather long term post programme data; this subsequently prevents reconviction data being drawn upon” (2013:134).

Malloch et al. (2013:4) conclude that there “are a number of limitations in the evidence available and very little evidence of outcomes obtained as a direct result of through-care services.” This may be understood as related to differences in project evaluations and “different methodological approaches; which can hamper attempts to consider evidence comparatively” (Malloch et al. 2013:4). Malloch et al. also suggest “an over-reliance on reconviction data often obscures many of the ‘softer’ measures which are present in the process of (re)-integration” (Malloch et al. 2013:4). In addition to this, “many studies have sample size limitations thereby being less likely to detect the effects of an intervention; with small studies suggesting that an intervention has no effect, when in fact the sample size is insufficiently large to detect an effect” (Malloch et al. 2013:10).

The caution expressed by Malloch et al. in relation to relying solely on reconviction data as an outcome measure for post-release programs is shared by many researchers in the field. Cunneen and Luke claim (2008:199) that whilst measuring reoffending is important; it “should not stand as a substitute for all other outcome measures.” This is said to occur due to the “dominance of the particular paradigm reflected in the criminogenic needs approach” (2008:199). Cunneen and Luke argue: “recidivism is often measured over very short timeframes, with very limited

data and without adequate controls for comparison... [and] that social integration outcome measures are also important” (2008:199).

Aside from reconviction data, measures used in evaluations of throughcare models typically include performance based measures relating to programs (such as program access and completion rates, and levels of stakeholder engagement); and an analysis of measures relating to integration such as employment, housing or drug use (MacDonald 2012:21; Borzycki 2005:72). Woodier explored the use of evaluations across organisations implementing ex-offender employment programs in Europe, and noted that the key criteria or outcomes driving evaluations were cost effectiveness and value for money (2013:139). The evaluation criteria for the Greenock Prison TSO Pilot were identified as stakeholder engagement, impact on reoffending, the utility of the program (i.e. whether it was valuable or effective for service users); and whether the model could be replicated (Cochrane 2014:14).

Borzycki identifies important questions that should be investigated in relation to throughcare programs and post-release re-settlement (see Borzycki 2005:72-73). She highlights the importance of evaluating processes as well as outcomes, in order to observe how well interventions are implemented whilst they are in progress (2005:72). It is suggested that evaluations of throughcare programs consider and include the range of stakeholders who can be affected by and are involved in the correctional process (Borzycki 2005:73).

It is recommended that both specific longitudinal evaluation and general research relating to throughcare programs should be documented and those findings shared, regardless of whether the findings are positive or negative (Borzycki 2005:71), in a combined effort to build an evidence based approach to offender throughcare in Australia and overseas.

2.3 Review of program documentation

To better understand the program its objectives, partnership arrangements and governance structure the research team will review a small number of key program policy documents, specifications and related documents that will inform the research design and approach

2.4 Implications for research design

The literature review was intended to set a context for the current evaluation to develop further knowledge about throughcare programs used in Australia and overseas. Based on the review of the existing research, a number of areas that would benefit from further examination in this evaluation are:

- Whether Extended Throughcare is adequately funded and provides value for money
- Inter-agency cooperation and information sharing

- Adequate levels and diversity of support.

Evidence from the review suggests that this evaluation should:

- Focus on a range of outcomes data such as housing, employment, health, social engagement and cost effectiveness and including but not over-relying on reconviction data.
- Involve a thorough process evaluation including stakeholder consultation
- Document and publicise findings.

These will be addressed through the following sections.

3 Evaluation scope and program logic

3.1 Scope of evaluation

This evaluation aims to assess the effectiveness and efficiency of Extended Throughcare. Specifically, ACTCS seeks to understand what impact Extended Throughcare has had on reducing the risk of re-offending and the associated cost savings. The evaluation involves a process and outcomes evaluation, including a cost-effectiveness analysis.

The **process evaluation** will determine the effectiveness of the Extended Throughcare program including governance structure, stakeholder relationships, collaboration, inter-agency service delivery approach, and client/carer experiences of receiving services and support.

The **outcomes evaluation** will determine the longitudinal impact of the Extended Throughcare program on participants in the areas of quality of life, health and mental health, and community participation; and will determine if the program is assisting reducing recidivism and encouraging social participation.

The **cost-effectiveness analysis** will consider costs associated with incarceration, reduced levels of offending (fewer victims, reduced court workload etc.) and maintaining clients in the community, as well as potentially commenting on the broader corrections system.

The focus of the evaluation will be to analyse data and identify outcomes for the program overall as well as for specific target groups, e.g. women. The evaluation will be completed using mixed methods over 8 months, between November 2015 and June 2016, and will consist of the following components:

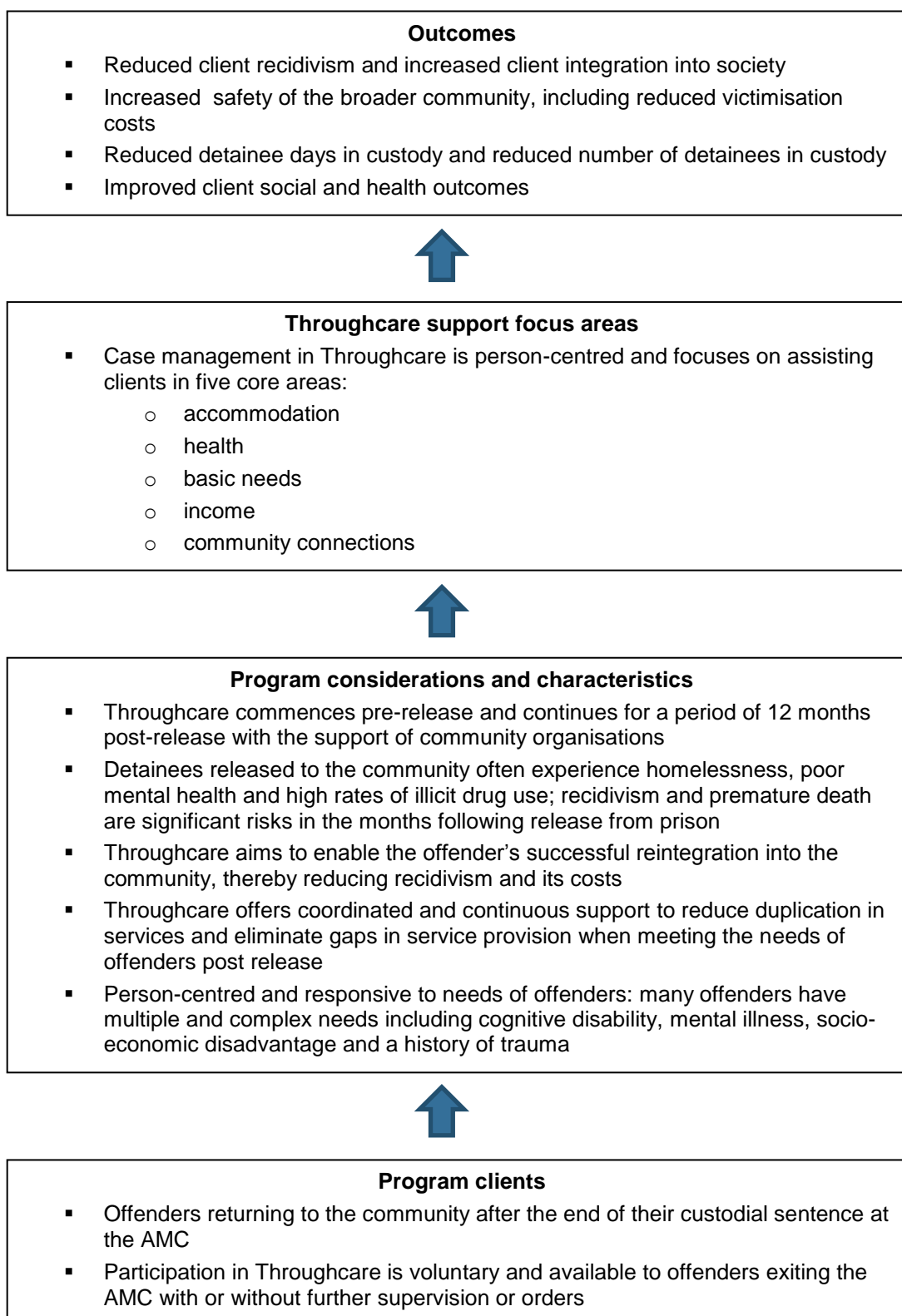
- Literature review
- Review of program documentation including program policy documents
- Ethics application for qualitative and quantitative components to UNSW Human Research Ethics Committee
- Quantitative evaluation using de-identified program and administrative data, including analysing the cost-effectiveness of the program
- Qualitative research including interviews, unstructured discussions and observations with clients, family or friends, staff (department staff, service providers, and others identified), other stakeholders and the compilation of case studies
- Analysis through the triangulation of findings.

3.2 Program logic

A program logic, or logic model, articulates the elements of a program and, in this case the Extended Throughcare Pilot Program, describes how these elements fit together to meet an identified need. The program logic expresses relationships between the inputs, activities, outputs and outcomes (short and long term) of a program. This is important for any evaluation, as it helps to determine 'for whom, in what circumstances and in what respects a family of programmes work' (Pawson, 2006: 25). In addition, the program logic also draws attention to how the program is influenced by the wider service system, the policy context and other external contextual factors (McLaughlin and Jordan, 1999).

The program logic informs the evaluation questions and evaluation methodology.

Figure 1: Program logic



3.3 Evaluation questions

The evaluation questions are derived from the program logic:

- What impact has extending Throughcare had on the client group? Has it reduced the risk of re-offending and improved community integration, social and health outcomes of clients?
- What are the costs and benefits to the justice system from extending Throughcare from custody to the community, including but not limited to:
 - reducing detainee days in custody
 - stabilising or reducing the number of detainees in custody
 - reducing victimisation costs, including reduced associated court and legal costs, and increasing community safety, and
 - the impact of brokerage funding on client outcomes.
- How effective is the service delivery model at reducing duplication, eliminating gaps and enhancing the capacity of existing services and related agencies to impact on program outcomes?

The evaluation will consider the interim review undertaken in 2014.

4 Evaluation methodology

The evaluation will be informed by a review of program documentation and data from a variety of sources. The methodology includes:

- Review of administrative client longitudinal outcome data and financial data sourced from ACTCS
- Quantitative analysis of retrospective client data, with comparison to a non-client group where feasible, potentially from those who chose not to enter the program on release or those who did not access the program because it was not available when they were released. This may include some individuals who have since returned to custody.
- Case studies of clients, which will be developed through interviews with
 - the individuals themselves
 - their family members and
 - support workers from government and service providers with which the clients are engaged.
- Program cost effectiveness analysis.

The evaluation will adopt an inclusive, participatory research approach. This is important for the evaluation as Extended Throughcare aims to provide a person-centred approach. Inclusive, participatory research methods will enable a variety of clients and people from the comparison group to take part in the evaluation. This could include, for example, people with different multiple and complex support needs, communication requirements, socioeconomic experience (income, housing, education and employment), cultural and language backgrounds, ages and locations. By including a wide range of people, the evaluation will determine for which kinds of people and under which circumstances Extended Throughcare works best.

An overview of data sources and number of participants/records that will inform the evaluation is presented in Table 1 below.

Table 1 Summary of data sources

	N
Program data	
Clients – profile, outputs and outcomes	All
Financial and administrative data	All
Interviews (face-to-face/phone)	90
Clients (in and exited; non-client comparison)	30
Family and carers	30
Service providers (government and NGOs)	30

4.1 Ethics process

Human research activities are governed by the principles outlined in the National Statement on Ethical Conduct in Research Involving Humans (National Health and Medical Research Council, 2007). The Research Code of Conduct sets out the obligations on all UNSW researchers, staff and students to be aware of the ethical framework governing research at the University and to comply with institutional and regulatory requirements. All research will be conducted under ethics approval.

As we intend to study the general population, as well as specifically the outcomes for women, we will apply to UNSW Human Research Ethics Committee for permission to undertake the study. There is no HREC for ACTCS.

All fieldwork will be conducted in accordance with best ethical practice in human research. Participants will be recruited through people known to them (service providers or ACTCS in the case of clients), will be provided with information about the research, will be asked if they would like to participate, will be asked to give consent to participate, and will be given every opportunity to withdraw consent should they change their mind. Researchers are experienced in conducting fieldwork with vulnerable people and will be able to recognise any signs of distress should they arise, and also be able to guide a person to the relevant supports and follow up. Research participants will be able to select where, when and how they would prefer to be interviewed.

The research instruments designed for this evaluation, including invitations to participate in this research, are presented in Appendix B .

ACTCS will be required to identify and recruit participants to this study.

4.2 Quantitative analysis

The data sources for the quantitative analysis include de-identified ACTCS administrative and program data for all clients before, during and after their participation in the Extended Throughcare program.

The analysis will develop a time series framework based on release date to align case management, support services, outcomes and program cost for the evaluation study group. The corresponding time series structures will also be established for the control group based on respective individual release dates, for the 2-year period prior to commencement of the Extended Throughcare program in April 2013.

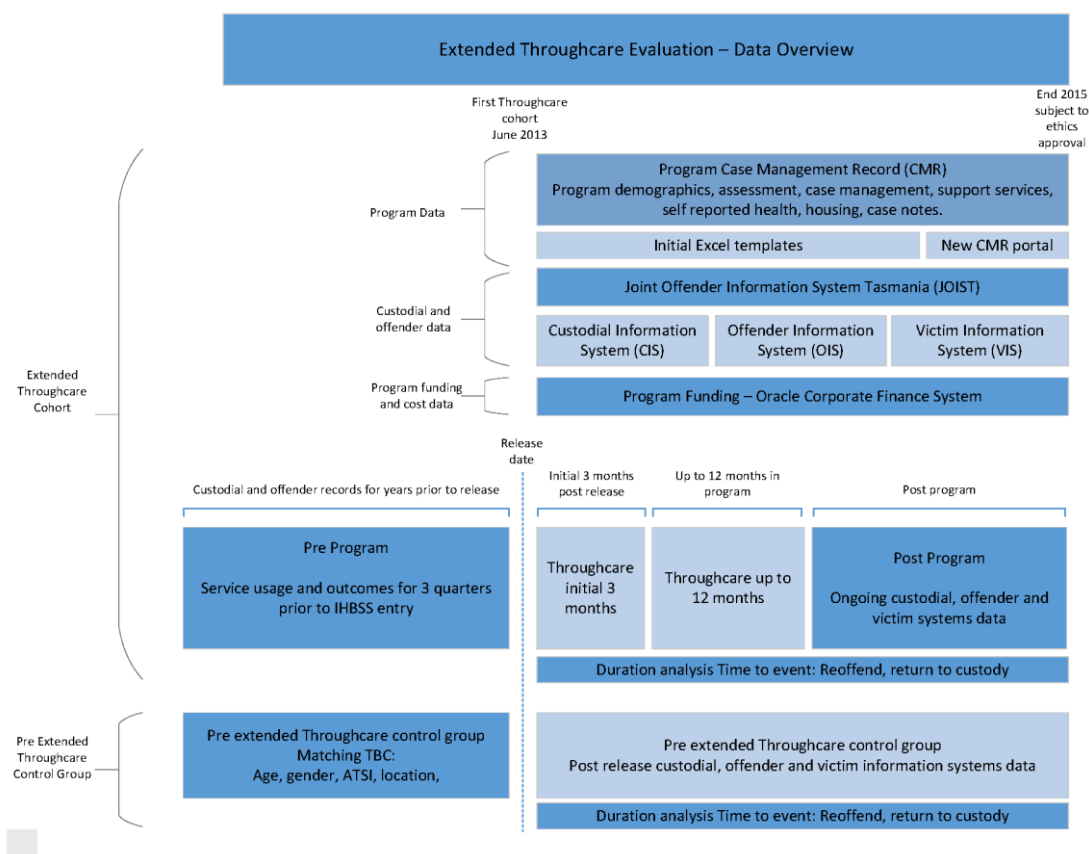
In addition, program funding and cost data will be analysed to assess the cost effectiveness of the program.

Additionally a second round of quantitative analysis will be considered for late 2016 in line with the qualitative longitudinal follow up interviews, as outlined in section 4.4.1. An extended quantitative dataset can potentially develop a longer post release timeframe to further validate the central recidivism outcome for extended Throughcare participants, given the limited post release data as at December 2015.

4.2.1 Data sources

The quantitative data will be sourced from multiple systems across program, custodial and offender records, as well as program funding, Figure 2. For the Extended Throughcare study group the evaluation period starts in April 2013 when the program commenced and with the first cohort of participants in June 2013. The study control group is based on the preceding 2-year period for those released prior to the extended program being established. Both the study and control group data will extend to the end of December 2015, subject to timing of the ethics approval process.

Figure 2: Extended Throughcare Evaluation – Data Overview



Program data

Since extended Throughcare commencement client program data has been recorded using spreadsheet templates. This Case Management Record (CMR) data includes demographics, client assessment, case management development,

support services as well as a range of items including housing, self-reported health categories and program participation such as drug and alcohol support.

From early 2015 a newly developed CMR portal was implemented and is now used to record equivalent CMR content. The combined Excel based and portal records will be collated and merged to form the complete de-identified program dataset.

Custodial and offender data

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

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

The JOIST system is a relational structure requiring development of SQL scripts to extract, collate and validate source data. ACTCS will assist the evaluation team in extracting and validating the offender data, which may include review and identification of potential double counting.

The custodial and offender systems will provide comprehensive data including imprisonment orders and history, parole breaches, previous number of prison episodes, and duration between repeat offences for both the Extended Throughcare and control groups.

Program funding and cost data

Program financial data is processed through the Oracle corporate finance system. This will provide cost data across respective program components including establishment and operating costs, brokerage and block funding transfers to service providers.

The program financial data will be aligned with the time series framework to examine the relative cost of service delivery in context of program outcomes.

Further funding and cost details are provided in the economic evaluation component in section 4.3.

Additional data and ACTCS reporting

Commonwealth reporting of ACTCS figures, including Australian Bureau of Statistics (ABS) series and the Report on Government Services (RoGS) will provide supplementary content and cross validation reference.

Some data items may require supplementary input or validation from case file records. ACTCS Data administrators will assist the evaluation team with these aspects.

Collectively the datasets provides comprehensive details of client contact with ACTCS and the Extended Throughcare program supports services post release. From this, program outcomes will be developed into a time series framework relative to release date for analysis as outlined below in section 4.2.3.

4.2.2 Program outcomes and benefits

The overarching primary outcome is avoiding and delaying return to custody and this will be examined in multiple contexts. There will be a particular focus on the initial 90 days post release as a recognised high-risk period.

The broader context relates to the relative frequency of previous and repeat offenses for comparison during and after the Extended Throughcare program. Depending on sample size of subgroups, this will support identification of, for example, average number of repeat offences and average duration between repeat offences.

Combined this will provide baseline reference and will be used to examine program outcomes relative to prior custodial patterns. For example in cases where individuals may never have been out of custody for more than several weeks in their adult lives, but with Extended Throughcare support may then avoid returning to custody for several months, representing a benefit in time frame to return, and potentially indicating progress to longer term stable community re-integration.

Additionally a return to custody for a technical breach versus a violent offence, representing a danger to the community, is a further potential benefit dimension.⁵ These aspects of repeat offences will be examined in context of previous offending frequency and severity to the level the data will support.

The primary recidivism outcome is open to a number of definitions reflecting multiple potential points of 'relapse'. Police episodes, court appearances and potential appeal processes will be examined as interim repeat offense measures, with the focus remaining on the final endpoint of return to custody. This will align with the program cost effectiveness analysis in context of the high cost of imprisonment, and the relative offsets through avoiding or delaying a return to custody.

In broader context, additional quantitative and qualitative outcomes will be examined where data are available potentially including:

⁵ Although it is important to note that a technical breach can be protective for the offender – as well as potential victims – as it may act as a chance for ACTCS and service providers to regroup and work with a client who might not be managing well in the community.

- Post release accommodation
 - Housing during the initial 90 days
 - Sustainability or transition to stable longer term accommodation
 - Avoidance of crisis housing (first 90 days zero target)
- Employment
 - Days in work (context of reduced government support payments)
 - Number of employment applications
- Training undertaken
- Substance abuse
 - Drug and alcohol program participation
 - Days abstaining where test results are available
- Client engagement being maintained with the Extended Throughcare program
 - Initial high risk 90 days post release
 - Ongoing engagement for the maximum 12 months
 - Number of contacts as measure of effective engagement
 - Range and intensity of support services provided and support continuity
- Change in pre/post program measures
 - Reduced risk assessment scores
 - Level of service inventory – revised (LSI-R)
 - Including by high risk sub group (considered as LSI-R score > 47)
- Completing behavioral objectives including the full Extended Throughcare program
- Physical and mental health (where available through self-reported program data)
 - Access to hospital and community care support services
- Community safety, through victim information system data
 - Number and importantly the severity of violent events
- Informal networks, volunteer work

Collectively this range of outcomes reflects the coordinated wrap around character of the Extended Throughcare program, supporting the primary endpoint of successful reintegration into the community and the corresponding reduction in recidivism.

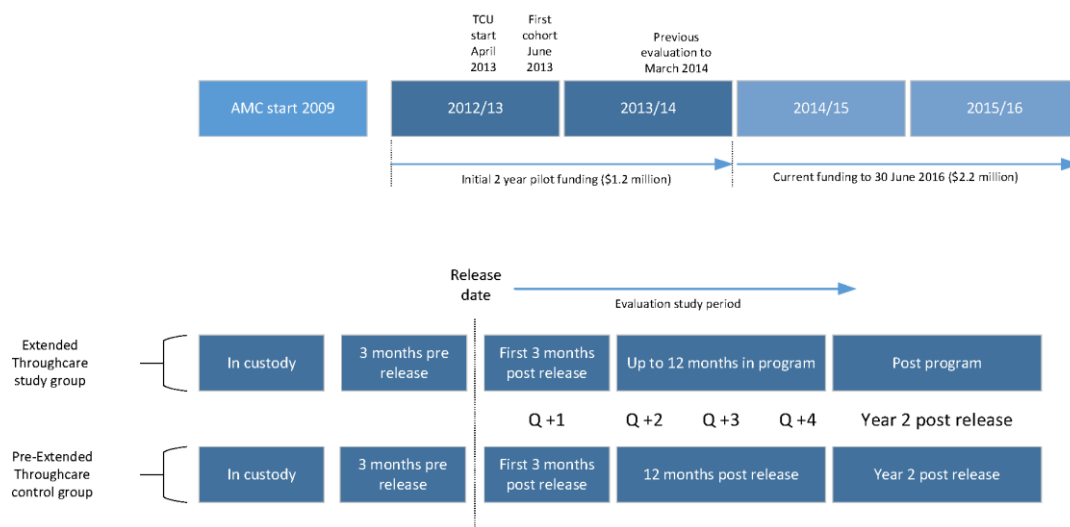
4.2.3 Time series analysis

The Extended Throughcare program has been in operation since April 2013 with the first cohort commencing in June 2013 and this now provides a substantial dataset of clients who have participated and completed the program, as well as sufficient post program data on subsequent outcomes.

The quantitative analysis and related cost effectiveness evaluation will be based on a developed time series framework relative to release date as presented in Figure 3. For the Extended Throughcare study group, program participants will be examined for up to 12 months while in the program, and subsequently for additional quarters

post program. The control group will be based on releases prior to Extended Throughcare commencement in 2013, and will similarly be developed as a quarterly time series framework relative to release date. Given the earlier timeframe, the control group will provide at least 2 years of post-release custody and offender data.

Figure 3: Extended Throughcare Pilot Program Evaluation – time series framework



4.2.4 Duration analysis

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

The evaluation will use duration (survival) analytic techniques to assess the cumulative event free duration post release date for both the study and control groups. The duration analysis provides articulation of time to event where the event is defined as post release reoffending or return to custody. The duration analytic framework will be used to establish cumulative event free periods for each study group, or sub group, which will be used to develop Kaplan-Meier duration follow up estimates in weeks.

The current evaluation will now include up to 2 years of post-release data for Extended Throughcare participants and at least 2 years for the comparative control group.

4.2.5 Quantitative control group

The initial approach for an Extended Throughcare control group was to assess those who chose not to participate in the program, given that the extended case management and support services are optional.

However, due to the very high program uptake there are a relatively small number not engaging with the Throughcare unit, resulting in an insufficient sample size for a comparative control cohort. For this reason, the alternative approach is to establish a control group from those released prior to the Extended Throughcare program commencing in April 2013. This may include some individuals who have since returned to custody. Retrospective data are available for this group, with an expected similar profile in baseline characteristics.

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

The control group identification process will review potential matching of client baseline characteristics including demographics, cultural and language background, indigenous status, age and location. The additional matching component is the access to in custody Extended Throughcare support services, which both groups have access to prior to release.

4.3 Economic evaluation

The costs associated with incarceration are substantial and continue to increase with growth in the prison population. In the ACT the net operating cost is estimated to be in the order of \$100,000 per prisoner per year, with prison capital costs comprising a further \$50,000 per prisoner per year.⁶ Additionally, a range of related repeat offender costs are also significant including police, criminal justice, and emergency services. There are also potentially significant welfare costs associated with people with complex support needs who have established patterns of returning to prison.

In this context, the Productivity Commission (2015) has reported on the importance of program interventions aimed to reduce the risk of re-offending, given the relatively high proportion of individuals in prison who have previously been incarcerated. Specifically, ACT Government comments are noted recognising recent substantial increases in the ACT prison population and associated capital expenditure required to develop additional facilities. The report also includes reference to the Extended Throughcare pilot and the initial high program demand.

⁶ Productivity Commission, The annual Report on Government Services (RoGS), Corrective services chapter 8, February 2015. Table 8A.7, Net recurrent expenditure, per prisoner and offender, per day 2013-14, for ACT secure prison facility.

The economic evaluation component will address the study question related to the costs and benefits of the Extended Throughcare program in context of the substantial costs of incarceration. This will be compared to the corresponding cost offsets resulting from the program through avoiding or delaying reoffending and returning to prison.

4.3.1 Program costs and benefits

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

The program costs, including for brokerage and support services will be aligned with program data to estimate average cost per service and per participant where feasible. The program cost data will also be aligned with service delivery and outcomes in the developed time series plan.

Brokerage funding is provided to some NGO service providers through aggregate block transfers, which support a number of Extended Throughcare clients in different timeframes and with varying intensity relative to their case management plans. The analysis approach will be through estimated average costs of brokerage and support services where available, based on individual support services received as recorded in the program data. Individual service provider cost data will not be separately collated from the approximately 120 NGO service provider source finance systems.

4.3.2 Cost effectiveness analysis

In line with the Extended Throughcare program primary objective, the cost effectiveness will be viewed in terms of successful reintegration into the community and the corresponding reduction in reoffending.

It is in this overarching context that the program economic evaluation will be developed based on the primary recidivism outcome. This will be supplemented through the range of related secondary outcomes including self-reported physical and mental health, drug and alcohol dependency, community reengagement, employment, ongoing accommodation stability, the community cost of reduced levels of reoffending, and indirectly through corresponding reduced victim costs. All client outcomes will be aligned with program funding and cost data to establish the Extended Throughcare program cost effectiveness.

The client pathways are likely to reflect particularly high risks during the initial stages of release, not only through circumstances that may increase the risk of reoffending, but through potential physical and mental health decline, drug and alcohol

addictions, challenging potential discrimination and stigma in finding employment, as well as problems with finance and stable, suitable accommodation.

Cost effectiveness model projections

The economic benefits resulting from stabilising and re-integrating in the community will provide positive cost implications beyond the study period. For this reason, to examine cost effectiveness in this longer term context, the results will also be extrapolated in a basic cost effectiveness model over 3 to 5 years to investigate the medium and longer term returns that result from the predominantly up-front investment in the program.

Where sufficient subgroup data are available the cost effectiveness will also aim to examine changed pathways in context of high rates of reoffending and the related cost benefit trajectories resulting from breaking the cycle for multiple repeat offenders.

4.4 Qualitative research

Qualitative data collection methods will complement the administrative and financial data. Interviews will focus on individual outcomes of Extended Throughcare and on experiences with the process of receiving support for clients and non-clients. Key outcomes will include: accommodation, physical and mental health, financial resources, social relationships and community participation, and return to work where possible. Suggested sample sizes are summarised in Table 2.

Case studies will be developed of individual clients of Extended Throughcare, and of a comparison group of non-clients, comprised of individuals who exited custody before the Extended Throughcare program was instituted. Some of these clients may have returned to custody in the intervening period.

Researchers will place the individual client at the centre of the analysis by weaving together data from interviews with the individuals themselves, their family members, and their key support workers, to form a comprehensive picture of the individual and their situation, and the nature of their experiences with Extended Throughcare or with other service providers.

Table 2 Qualitative longitudinal data collection options by approximate sample sizes

Type of data collection	Post-release offenders		Families		Support workers	Total
	Extended Throughcare clients	Non-client comparison	Extended Throughcare clients	Non-client comparison		
Interviews rd.1 ¹	16	4	16	4	20	60
Interviews rd.2	10	0	10	0	10	30

Notes: 1. Mixture of face to face and phone. 2. May include clients who are currently in custody

The **research design** will be inclusive by taking account of individual needs, capacity and barriers to participation. Semi-structured interviews will be used with an interview schedule that is designed to be flexible and to rely on the skills and judgment of the researchers, each of whom will have had prior experience interviewing vulnerable populations. Observational data will also be collected for each person during the interview, including observation of the participant's interaction with other people and their environment.

The methodology assumes that ACTCS will recruit all interview participants, ensuring that the selected participants are broadly representative of the demographic mix of the overall client population.

The qualitative research consists of face to face interviews with Extended Throughcare clients and non-clients, and face to face or telephone interviews with staff and other stakeholders. The range of qualitative data collected will assist in answering the evaluation questions for the different stakeholder groups and inform the different components of the evaluation (outcome, process, and cost-effectiveness).

In accordance with ethical requirements:

- Participants will be recruited at arm's length through a trusted person, for example a member of the ACTCS or Extended Throughcare program staff
- If initial consent is provided to the trusted person, their contact details will be passed to the researchers to arrange fieldwork and full consent
- The rights and dignity of research participants will be respected
- Participants will be provided with clear information about the research and will be provided with continuous opportunities to withdraw from the research
- Participants will be reimbursed for their time should they participate (with a gift card)

- Interviews will be offered individually, in groups, with or without trusted support persons/ service provider staff as needed and at a location comfortable to the participant.
- Researchers will follow the advice of staff to ensure no harm to research participants or researchers.

Confidentiality will be maintained and any data reported will be de-identified. Recruitment and sampling procedures are presented in Appendix A and research instruments that will form part of our application for ethics approval are presented in Appendix B .

4.4.1 Longitudinal approach – ACTCS

A second round of 30 interviews will be conducted with program users, family members and support workers as supplementary fieldwork subsequent to the submission of the final report in June 2016. This second round of qualitative data collection adds a longitudinal component to the evaluation which helps to determine whether and how any process issues have been resolved, how barriers have been overcome and what has enabled this process.

4.4.2 Stakeholder focus groups and phone interviews

The research team, with the ACTCS evaluation team, will identify any other service provider, departmental staff, or governance group members to be consulted for this evaluation. The research team will conduct interviews with Extended Throughcare program staff to identify processes and governance arrangements that impact on the effectiveness of the initiative (its strengths and weaknesses), and how issues can be addressed for the future service improvement. For example:

- program implementation – including the specific challenges of implementing the program, training, workforce, etc.
- client engagement – including whether clients remain engaged throughout the program post-release
- coordination of services, including inter disciplinary roles and responsibilities, coordination of work, information sharing.
- inter-agency and inter-sectoral service delivery
- issues around reporting, governance, and resourcing.

4.5 Analysis and reporting findings

The final analysis will involve triangulation of data including program policy and documentation, quantitative program and administration data, and qualitative data collected, to assess the effectiveness of the trial. Analysis will be performed against the evaluation questions and evaluation objectives outlined in this plan. The report will attempt to reflect the 'organic' nature of the program and the way in which Extended Throughcare was designed to develop organically.

A draft report will be provided to ACTCS and staff will be invited to provide feedback. When the final report is produced, a brief summary of findings will also be published that is written in a language suitable for wider distribution to stakeholders, such as participating clients and providers. In agreement with ACTCS, the report will be published on the SPRC website. The publication of the final report will contribute to the evidence on direct funding models. The final report is due in June 2016, with a supplementary report based on the second round of interviews and data analysis to be delivered in December 2016.

5 Stakeholder engagement strategy

The successful undertaking of any evaluation depends on effective engagement and communication with relevant key stakeholders. The key stakeholders and stakeholder groups are:

- ACT Corrective Services Extended Throughcare team
 - Senior Manager, Offender Services
 - Manager, Governance
 - Manager, Throughcare unit

- A representative selection of service providers from the range of agencies with whom ACTCS is engaged

The communication strategy is summarised in Table 3 below. The SPRC project manager and Extended Throughcare evaluation project manager will have regular meetings throughout the duration of the evaluation to ensure the evaluation is progressing in accordance with this evaluation plan and that deliverables are being met (both by ACTCS in terms of the provision of data, and by SPRC in terms of feedback and reports). The project managers will identify any risks to the evaluation and escalate as necessary.

The project team will also be available for teleconferences throughout the duration of the evaluation as necessary.

All reports will be written in clear English and provided in draft form for comment. With permission of ACTCS, the Evaluation Plan and report will be published on the SPRC website and elsewhere as agreed with the department. This ensures that findings are shared with stakeholders. A short summary of the research findings will be published separately and distributed to the participants of the evaluation.

Table 3 Communication strategy

Communication to	Form	Frequency
SPRC Project manager, Chief Investigator, ACTCS Extended Throughcare evaluation subcommittee, service providers	Regular meetings, phone, email, presentations, written reports, and attendance of program management meetings	Month or as necessary
Clients and family/carers	With permission of the ACTCS written summaries of evaluation findings distributed through service provider	End of evaluation, after approval
Other interested persons or organisations	With permission of ACTCS, written evaluation plan and reports published on SPRC website and elsewhere as agreed	After approval

6 Quality assurance

6.1 Project management

The evaluation will be conducted between September 2015 and December 2016, with initial reporting back to ACT Corrective Services in June 2016, and a supplementary report to be delivered in December 2016. The timeline for the evaluation is presented in Table 4 below.

Table 4 Summary timeline for evaluation

	2015					2016					
Key step (key deliverables in bold)	Aug	Sep	Oct	Nov	Dec-Jan	Feb	Mar	Apr	Jun	Jun-Dec	Dec
Project initiation											
Literature review											
Evaluation plan											
Ethics process*											
Data collection (qual and quant) (round 1)											
Analysis											
Final draft report											
Incorporate comments from ACTCS											
Final report											
Feedback to community and ethics											
Data collection (qual and quant) (round 2)											
Analysis (round 2)											
Supplementary report											

* Note: See Section 4.1 for details of ethics processes

Monthly progress meetings, with progress reports, will occur between the ACTCS and SPRC evaluation team. This will include progress reports against the agreed detailed project plan, any issues or risks that may impact progress, and any potential variations to the project scope, budget or deliverables.

6.2 Risk management

A risk and issues log is maintained over the duration of the evaluation. Table 4 outlines some of the challenges that could arise over the course of the Extended Throughcare Evaluation, their potential consequences, likelihood, impact and mitigation strategies. These risks will be monitored and addressed during the evaluation and any new risks identified will be added to this table and managed accordingly.

Table 5 Risk Management plan

Risk	Impact	Likelihood	Remedial Action
Delays due to ethics	High	Med	
Poor quality program and financial data	Med	Med	Close consultation with ACTCS and other stakeholders to identify and manage data quality problems. SPRC staff have experience working with client data
Data gaps to address the evaluation objectives	Med	Low	Triangulate data sources to adjust the administrative data and cost analysis. Work with ACTCS to maximise triangulated data sources
Different datasets produce different findings	Med	High	Early decisions as to how to handle discrepancies and methods for triangulating findings from different datasets
Difficulty recruiting the required number of interview participants	Med	Med	Close consultation with ACTCS and early decisions on methods to boost recruitment numbers through, for example, expanded sources.
Psychological distress or other harm caused to evaluation participants, evaluators	Low	High	Stringently designed recruitment and interview procedures. Trained interviewers. Follow up and referral where necessary
Evaluation compromised due to lack of capacity	Low	High	The SPRC has a wide range of skills which could be drawn on if needed to enhance capacity of team
Poor communication between evaluators and the ACT Corrective Services	Low	High	Andrew Griffiths and the SPRC project team will work closely with ACTCS
Research does not adhere to budget	High	Low	Careful planning. The budget represents excellent value for money as the researchers are experts in the area and have prior knowledge of the datasets which will ensure efficiency in many project tasks. The budget is based on previous experience of similar projects, all of which have reported on time and within budget. The risk is borne by SPRC
Research findings don't meet policy needs/report too technical for policy makers/no robust	High	Low	Methodology will be agreed with ACTCS. The research team is highly experienced in producing accurate and accessible findings, and for producing accessible reports useful for policy and program development. Draft report

conclusions will be provided for comment, to allow review and feedback to be included

Evaluation team fails to work effectively	Low	Low	Build on history of collaboration and protocols for accountability and communication
Evaluation team member unavailable	Low	Low	Succession plan within the evaluation team for continuity

6.3 Reporting, data storage and ethics compliance

The final report will be provided in an accessible Word format and, with approval from ACTCS, will be published on the SPRC website once complete. In addition, a non-technical summary will be produced and provided back to research participants.

Any data collected during this research will be stored, in accordance with ethics and University requirements, for a period of seven years. This will be stored in a de-identified form on a secure server, with access limited to the research team.

Any data reported in the final report will be de-identified.

7 References

- Aboriginal and Torres Strait Islander Legal Service Queensland (Ltd) (2012). Factsheet: Prisoner Throughcare Program. Accessed 15/9/15 at: http://www.atsils.org.au/wp-content/uploads/2014/11/FACT-SHEET_PrisonerThroughcare.pdf
- Aboriginal and Torres Strait Islander Social Justice Commissioner (2005). Social Justice Report 2004. Human Rights and Equal Opportunity Commission: Sydney.
- ACT Government (2011). Seeing it Through: Options for improving offender outcomes in the community. Prepared by the Social Policy and Implementation Branch, Chief Minister and Cabinet Directorate, ACT Government: Canberra.
- Andrews, D.A. & Bonta, J. (2010). Rehabilitating criminal justice policy and practice. *American Psychological Association*, 16(1), 39-55.
- Australian Bureau of Statistics 2015, *Prisoner Characteristics, State and Territories*, 'Table 13: Prior imprisonment status, by state and territory', data cube: Excel spreadsheet, cat. no. 4517.0, viewed 11 January 2016, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4517.02014?OpenDocument>
- Baker, D. (2014). *Unlocking care: Continuing mental health care for prisoners and their families*. The Australia Institute: Canberra.
- Baldry, E. (2014). Complex needs and the justice system in Chris Chamberlain, Johnson, G & Robinson, C. *Homelessness in Australia: an introduction*. UNSW Press, Sydney. Ch 10 pp 196-212.
- Baldry, E., Dowse, L., McCausland, R. and Clarence, M. (2012). *Lifecourse institutional costs of homelessness for vulnerable groups Report for FaHCSIA funded by FaHCSIA Homelessness study grant ISBN 978-0-9873593-1-5* <http://www.mhdcd.unsw.edu.au/mhdcd-projects-studies.html>
- Baldry, E. (2010). Women in transition: prison to ... *Current Issues in Criminal Justice* 22(2):253-268
- Baldry, E. & McCausland, R. (2009). Mother seeking safe home: Aboriginal women post-release. *Current Issues in Criminal Justice*, 21(2), 288-301.
- Baldry, E. (2007). Recidivism and the role of social factors post release. *Precedent*, 81, 4-7.
- Baldry, E. (2007b). *Throughcare: Making the policy a reality*. Sydney University of NSW, Reintegration Puzzle Conference, May; Sydney, Australia.
- Baldry, E., McDonnell, D., Maplestone, P., & Peeters, M. (2006). Ex-prisoners, accommodation and the state: post-release in Australia. *ANZ Journal of Criminology* Vol 39(1):20-33

- Banfield, K., Barlow, S. & Gould, D. (2007). Throughcare and VET for adult prisoners and offenders within the New South Wales Department of Corrective Services. In Dawe, S. (ed). Vocational education and training for adult prisoners and offenders in Australia: Research readings. NCVET: Adelaide, 139-155.
- Borzycki, M. (2005). Interventions for prisoners returning to the community. Australian Institute of Criminology: Canberra.
- Borzycki, M. & Baldry, E. (2003). Promoting Integration: The Provision of Prisoner Post-release Services. Trends & Issues in Crime and Criminal Justice, no. 262.
- Brown-Brazzell, D. (2007). Informing and Engaging Communities through Reentry Mapping. Justice Police Center, Urban Institute: Washington D.C.
- Clairmont, D. (2008). Oelielmiemgeoei (Going Home in a Good Way): The Elsipogtog Offender Re-Integration Project: Final Assessment. Prepared For The Elsipogtog Justice Advisory Committee.
- Clay, C. (2002). Case management and Throughcare – Can it work? SA Corrections: Adelaide.
- Cochrane, E. (2014). Evaluation of Greenock Prison Throughcare Project. University of Edinburgh Business School.
- Cockram, J. (2005). Careers of offenders with an intellectual disability: the probabilities of rearrest. Journal of Intellectual Disability Research, 49(7), 525–536.
- Corrections Victoria (2015). Transition and programs. Accessed 15/9/15 at: <http://www.corrections.vic.gov.au/home/release/transition+programs/>
- Cullen, F.T. & Gendreau, P. (2000). Assessing correctional rehabilitation: Policy, practice and prospects. Criminal Justice 2000: Policies, processes and decisions of the criminal justice system, vol 3., 109-176.
- Cunneen, C. & Luke, G. (2007). Recidivism and the effectiveness of criminal justice interventions: Juvenile offenders and post-release support. Current Issues in Criminal Justice, 19(2), 197-210.
- Department of Justice. (2007). Intellectual disability in the Victorian prison system. Characteristics of prisoners with an intellectual disability released from prison in 2003-2006: Department of Justice, Victoria.
- Dooley, M. (2015). Recidivism: how can we stop prison's revolving door? SBS Two, 14 September. Accessed 15/9/15 at: <http://www.sbs.com.au/news/thefeed/story/recidivism-how-can-we-stop-prisons-revolving-door>.
- Edgar, K., Aresti, A. & Cornish, N. (2012). Out for good: Taking responsibility for resettlement. Prison Reform Trust: London.

- Farrell, M. & Marsden, J. (2005). Drug-related mortality among newly released offenders: 1998 to 2000. Home Office Online Report 40/05.
- Fox, A., Khan, L., Briggs, D., Rees-Jones, N., Thompson, Z. & Owens, J. (2005). Throughcare and aftercare: approaches and promising practice in service delivery for clients released from prison or leaving residential rehabilitation. Home Office Online Report 01/05.
- Glaser, W., & Deane, K. (1999). Normalisation in an abnormal world: A study of prisoners with an intellectual disability. *International Journal of Offender Therapy & Comparative Criminology*, 43(3), 338(319).
- Griffiths, C.T., Dandurand, Y. & Murdoch, D. (2007). *The Social Reintegration Of Offenders and Crime Prevention*. National Crime Prevention Centre: Ontario, Canada.
- Hamilton, Z. (2010). *Do Reentry Courts Reduce Recidivism? : Results from the Harlem Parole Reentry Court*. Center for Court Innovation: New York, NY.
- Harman, K. & Paylor, I. (2005). An evaluation of the CARAT initiative. *The Howard Journal*, 44(4), 357-373.
- Hayes, S. (2005a). Diagnosing intellectual disability in a forensic sample: Gender and age effects on the relationship between cognitive and adaptive functioning. *Journal of Intellectual and Developmental Disability*, 30(2), 97-103.
- Hayes, S. (2005b). A review of non-custodial interventions with offenders with intellectual disabilities. *Current Issues in Criminal Justice*, 17(1).
- Haysom, L., Indig, D., Moore, E., & Gaskin, C. (2014). Intellectual disability in young people in custody in New South Wales, Australia – prevalence and markers. *Journal of Intellectual Disability Research*(early view) <http://dx.doi.org/10.1111/jir.12109>.
- HM Prison Service (2001). *Resettlement*. Prison Service Order 2300, London: HM Prison Service.
- HM Prison Service (2006). *Continuity of health care for prisoners*. Prison Service Order 3050, London: HM Prison Service.
- Hollin, C.R. (2002). An overview of offender rehabilitation: Something old, something borrowed, something new. *Australian Psychologist*, 37, 159-164.
- Jesuit Social Services (2014). *Strengthening prisoner transition to make a safer Victoria*. Jesuit Social Services: Richmond.
- Kinner, S. (2006). *The post-release experience of prisoners in Queensland*. Queensland Alcohol and Drug Research and Education Centre (QADREC), The University of Queensland.
- Kinner, S. (2007/8). Passports to advantage: Health and capacity building as a basis for social integration. *Flinders Journal of Law Reform*, 10, 581-589.

- Kinner, S., Burford, B.J., Van Dooren, K. & Gill, C. (2013). Service brokerage for improving health outcomes in ex-prisoners. *Cochrane Database of Systematic Reviews*, 2.
- Kinner, S., Preen, D., Kariminia, A., Butler, T., Andrews, J., Stoové, M. & Law, M. (2011). Counting the cost: Estimating the number of deaths among recently released prisoners in Australia. *Medical Journal of Australia*, 195(2), 64-68.
- Lewis, S., Vennard, J., Maguire, M., Raynor, P., Vanstone, M., Raybould, S. & Rix, A. (2003). The resettlement of short-term prisoners: An evaluation of seven Pathfinders. Research, Development and Statistics Directorate, Home Office: London.
- Lindsay, W. (2002). Research and literature on sex offenders with intellectual and developmental disabilities. *Journal of Intellectual Disability Research*, 46(supp 1), 74-85.
- Lindsay, W., & Holland, A. (2000). Changing Services for Offenders with Intellectual Disability. *Journal of Intellectual Disability Research*, 44(3), 367-368.
- Lloyd, J., Delaney-Thiele, D., Abbott, P., Baldry, E., McEntyre, E., Reath, J., Indig, D., Sherwood, J. & Harris, M. (2015). The role of primary health care services to better meet the needs of Aboriginal Australians transitioning from prison to the community. *BMC Family Practice*, 16(86). Available at: <http://www.biomedcentral.com/1471-2296/16/86>
- MacDonald, M. (2012). Literature review, United Kingdom: Throughcare working in partnership. Accessed on 15/09/15 at: http://throughcare.eu/reports/throughcare_uk_lit_review.pdf
- Malloch, M., Mclvor, G., Schinkel, M. & Armstrong, S. (2013) The elements of effective Through-Care: Part 1 – International review. The Scottish Centre for Crime & Justice Research, 03/2013.
- McCausland, R, Baldry, E. & PwC (2013). People with mental health disorders and cognitive impairment in the criminal justice system Cost-benefit analysis of early support and diversion. Report for AHRC <http://www.humanrights.gov.au/publications/justice-reinvestment-people-disability-could-save-millions>
- Melbourne Criminology Research and Evaluation Unit (2003). Bridging the Gap: A Release Transition Support Program for Victorian Prisoners - Final Evaluation Report. Office of the Correctional Services Commissioner, Department of Justice: Melbourne, Vic.
- Miller, E.J. (2007). The therapeutic effects of managerial reentry courts, *Federal Sentencing Reporter*, 20(2), 127-135.
- Motiuk, L. & Belcourt, R. (1996). CORCAN participation and post-release recidivism, *Forum on Corrections Research*, 8(1).
- National Mental Health Commission (2013). A contributing life: The 2013 National Report Card on Mental Health and Suicide Prevention. NHMC: Sydney.

- NSW Department of Corrective Services (2002). Throughcare Strategic Framework 2002-2005. Throughcare and E-Case Management Unit: Sydney.
- NSW Department of Corrective Services (2015). Transitional Support Framework. Offender Classification & Case Management Policy & Procedures. V1.4 (July). Accessed 15/9/15 at:
<http://www.correctiveservices.justice.nsw.gov.au/Documents/Related%20Links/open-access-information/offender-classification/7.2-Transitional-Support-Framework.pdf>
- NSW Ombudsman. (2008). Supporting people with an intellectual disability in the criminal justice system: Progress Report: a special report to Parliament under s31 and s26 of the Ombudsman Act 1974, NSW Ombudsman, Sydney.
- Pew Center on the States (2011). State of Recidivism: The Revolving Door of America's Prisons. The Pew Charitable Trusts: Washington, D.C.
- Productivity Commission, The annual Report on Government Services (RoGS), Corrective services chapter 8, February 2015.
- Rankin, J., & Regan, S. (2004). Meeting complex needs in social care. Housing, Care and Support, 7(3), 4-8. doi: 10.1108/14608790200400016
- Roman, J., Brooks, L., Lagerson, E., Chalfin, A. & Tereshchenko, B. (2007). Impact and Cost-Benefit Analysis of the Maryland Reentry Partnership Initiative. Justice Policy Center, Urban Institute: Washington, D.C.
- Sainsbury Centre for Mental Health (2008). On the Outside: Continuity of care for people leaving prison. Sainsbury Centre for Mental Health: London.
- Schetzer, L. & Streetcare (2013). Beyond the prison gates: The experiences of people recently released from prison into homelessness and housing crisis. Public Interest Advocacy Centre: Sydney.
- SCRGSP (Steering Committee for the Review of Government Service Provision) 2015, *Report on Government Services 2015*, Productivity Commission, Canberra.
- South Australian Department of Justice Corrective Services (2004). Department of Correctional Services Annual Report 2003/2004. Department of Correctional Services: Adelaide.
- Standard Guidelines for Corrections in Australia (revised 2012). Accessed 15/9/15 at:
https://www.correctiveservices.wa.gov.au/_files/about-us/statistics-publications/students-researchers/guidelines-for-corrections-aust.pdf
- Taylor, E. (2014). A preliminary review of Throughcare in the ACT: A Report for the Throughcare Unit. (August). ACT Corrective Services: Canberra.
- Victorian Ombudsman (2014). Investigation into the rehabilitation and reintegration of prisoners in Victoria: Discussion paper. (October). Victorian Ombudsman: Melbourne.

- Victorian Ombudsman (2015). Investigation into the rehabilitation and reintegration of prisoners in Victoria. (September). Victorian Ombudsman: Melbourne.
- Villamanta. (2012). People who have an intellectual disability and the criminal justice system: Villamanta Disability Rights Legal Service Inc., Melbourne.
- Visher, C., LaVigne, N. & Travis, J. (2004). Returning Home: Understanding the Challenges of Prisoner Re-entry. Maryland Pilot Study: Findings from Baltimore. Justice Policy Center, Urban Institute: Washington, D.C.
- Walsh, T. (2004). InCorrections: Investigating prison release practice and policy in Queensland and its impact on community safety. Accessed 15/9/15 at: http://www.law.uq.edu.au/staffprofiles/publications/Walsh_T_Incorrections_Combined.pdf
- Wilson, J. A. & Davis, R.C. (2006). Good Intentions Meet Hard Realities: An Evaluation of the Project Greenlight Reentry Program. *Criminology and Public Policy*, 5(2), 303-338.
- Woodier, N. (2013). Employment, reintegration and reducing re-offending – a short look into offender resettlement within Europe. *EuroVista*, 2(3), 134-144.

Appendix A Recruitment, sampling and procedures

Interview protocols

The interviews will explore the experiences with the process of receiving support for clients and non-clients of Extended Throughcare as well as their outcomes, including: accommodation, physical and mental health, financial resources, social relationships and community participation, and return to work where possible.

All fieldwork will be conducted in accordance with best ethical practice in human research. Participants will be recruited through people known to them, will be provided with information about the research, will be asked if they would like to participate, will be asked to give consent to participate, and will be given every opportunity to withdraw consent should they change their mind.

Researchers are experienced in conducting fieldwork with vulnerable people and will be able to recognise any signs of distress should they arise, and also be able to guide a person to the relevant supports and follow up. Interviews may be recorded (for accuracy of note taking) using an audio only recording device. Permission will be sought from the research participant prior to using the device.

Sampling strategies

Qualitative interviews

Participants will be sampled in collaboration with ACTCS using a purposive, maximum variation sampling approach. Participation in the study is voluntary and recruitment will be undertaken in two steps using an arms' length approach. First, ACTCS will invite selected research participants and family members to participate in the research. Second, people who are willing to participate are contacted by the research team to gain full consent to participate.

Quantitative analyses

The data sources for the quantitative analysis will be undertaken using de-identified ACTCS administrative and program data for all clients before, during and after their participation in the Extended Throughcare program.

The de-identified quantitative data will be sourced from multiple ACT Corrective Services systems across program, custodial and offender records, as well as program funding data from corporate finance systems.

Program data

Since Extended Throughcare commencement client program data has been recorded using spreadsheet templates. This Case Management Record (CMR) data includes demographics, client assessment, case management development, support services as well as a range of items including housing, self-reported health categories and program participation such as drug and alcohol support.

From early 2015 a newly developed CMR portal was implemented and is now used to record equivalent CMR content. The combined Excel based and portal records will be collated and merged to form the complete de-identified program dataset.

Custodial and offender data

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

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

The JOIST system is a relational structure requiring development of SQL scripts to extract, collate and validate source data. The Justice and Community Safety Directorate will assist the evaluation team in extracting and validating the offender data which may include review and identification of potential double counting.

All custodial and offender data will be de-identified by ACT Corrective Services prior to providing to the evaluation team.

Program funding and cost data

Program financial data is processed through the Oracle corporate finance system. This will provide cost data across respective program components including establishment and operating costs, brokerage and block funding transfers to service providers.

Recruitment strategies

Participant Group

The participant group will be comprised of ex-offenders who have received or are receiving support from the ACT Extended Throughcare Pilot Program, as well as ex-offenders who exited custody before the extended Extended Throughcare program was instituted. Participants will be excluded if they receive intensive medical care or have a mental disability.

Study Invitation

Participants will be recruited at arm's length through a trusted person, for example a member of ACTCS or Extended Throughcare program staff. If initial consent is provided to the trusted person, their contact details will be passed to the researchers to arrange fieldwork and full consent

Consent

Written consent will be requested from all study participants, i.e. Extended Throughcare clients, ex-offenders who are not clients of Extended Throughcare (comparison group), Family members of clients and non-clients of Extended Throughcare, support workers and other service providers. All potential participants will be given a participant information and consent form which states, in simple non-technical language, what the research and interviews are about, who is undertaking and commissioning it, why it is being undertaken, the confidentiality procedures that will be undertaken, and how any research findings are to be disseminated. In particular, the information sheet will state that participating in the interviews is voluntary and does not entail any potential benefits or punishment, that they can refuse to take part in an interview or withdraw from them at any time and that doing so does not have any effect on their future relations with Throughcare of UNSW Australia.

Screening

No screening is required. Participants are sampled in agreement with ACT Correctional Services from a list of ex-offenders who volunteered to take part in the Throughcare Pilot Program.

Appendix B Research instruments

Participant information statement and consent forms

Client form

The study is being carried out by the following researchers:		
Role	Name	Organisation
Chief Investigator	Andrew Griffiths	SPRC at UNSW Australia
Co-Investigator/s	Fred Zmudzki Shona Bates Alisa Wicks	SPRC at UNSW Australia
Research Funder	This research is being funded by ACT Corrective Services	

What is the research study about?

You are invited to take part in this research study being carried out by the Social Policy Research Centre (SPRC) and funded by the ACT Corrective Services. You were selected as a potential participant because we want to hear about your experience of support from the ACT Extended Throughcare Pilot Program. Extended Throughcare provides support to offenders returning to the community after the end of their custodial sentence, with the aim of enabling the offender's successful reintegration into the community.

This study will look at the factors that make Extended Throughcare a success and the things which have stopped it from working well. It is being done to help Extended Throughcare work better. We are talking to clients and their families as well as to staff and stakeholders involved in the administration, management and delivery of the program.

Do I have to take part in this research study?

This Participant Information Statement and Consent Form tells you about the research study. It explains the research tasks involved. Knowing what is involved will help you decide if you want to take part in the research.

Please read this information carefully. Ask questions about anything that you don't understand or want to know more about. Before deciding whether or not to take part, you might want to talk about it with a relative or friend.

If you decide you want to take part in the research study, you will be asked to:

- Sign the consent form
- Keep a copy of this Participant Information Statement

Participation in this research study is voluntary. If you don't wish to take part, you don't have to. After starting the interview, you can choose not to answer some questions and you are free to stop the interview at any time.

Your decision to take part in this research will not affect your relationship with Extended Throughcare, ACT Corrective Services, or UNSW Australia.

What does participation in this research require, and are there any risks involved?

As part of this study, you are being invited to participate in either a telephone or face-to-face interview at ACT Corrective Services' offices. The interview will take between 45-60 minutes.

During the interview a member of the research team will ask you questions about your experiences of support from Extended Throughcare and what you think have been its main outcomes for you.

We would like to take notes during the interview and will ask you if you agree to let us record the interview to make our notes better. After the interview we will transcribe your digital recordings.

You may still participate in the interview if you do not wish to be recorded.

If you feel any distress during the interview please tell your interviewer so they can stop the interview. If you would like to talk to someone about any issues that may arise you can call:

- ACT Mental Health Crisis Team (1800 629 354)
- Lifeline phone 24 hour counselling service (13 11 14)

Will I be paid to participate in this project?

You will be reimbursed for any reasonable travel, parking, meals and other expenses associated with the research study by receiving a \$30 Coles-Myer gift voucher.

What are the possible benefits to participation?

We will use the information we get from this research to provide feedback to ACT Corrective Services about how the program is working in order to benefit other clients of the program. Generally, we also hope to use the information to benefit others who may require this type of service.

What will happen to information about me?

By signing the consent form you consent to the research team collecting and using information about you for the research study. Your information will only be used for the purpose of this research study and it will only be disclosed with your permission. Extended Throughcare staff will not have access to the individual answers that you provide to us.

Case studies and quotes will be de-identified, meaning we will try to prevent your identity being connected with the information you give us. However, because we will only be talking to a small number of people, there is a risk that you might be identifiable in publications due to the nature of the study and/or the results. We will not encourage you to disclose any information too sensitive for publication and we will change any specific details to protect your privacy.

We will keep your interview recording in the form of a digital recording and transcription for 7 years, after which time they will be destroyed. The recordings will not be used at any point during the presentation of the study results. We will store information about you at SPRC at UNSW Australia. Your confidentiality will be assured because your name will not be used in any of the papers that we write or publish. What you tell us will be completely confidential and will not be told to anyone other than the researchers involved in the study, except as required by law.

How and when will I find out what the results of the research study are?

You have a right to receive feedback about the overall results of this study. You can tell us that you wish to receive feedback by emailing the Project Manager, Shona Bates, at shona.bates@unsw.edu.au. This feedback will be in the form of a one page summary. You will receive this feedback after the study is finished.

What if I want to withdraw from the research study?

If you do consent to participate, you may withdraw at any time. If you do withdraw, you will be asked to complete and sign the 'Withdrawal of Consent Form', which is provided at the end of this

document. Alternatively you can ring the research team and tell them you no longer want to participate.

If you decide to leave the research study, the researchers will not collect additional information from you.

You are free to stop the interview at any time. Unless you say that you want us to keep them, any recordings will be erased and the information you have provided will not be included in the study results. You may also refuse to answer any questions that you do not wish to answer during the interview.

What should I do if I have further questions about my involvement in the research study?

If you want any further information concerning this project or if you have any problems which may be related to your involvement in the project, you can contact the following member of the research team:

Research Team Contact

Name	Shona Bates
Position	Project Manager
Telephone	02 9385 4058
Email	shona.bates@unsw.edu.au

What if I have a complaint or any concerns about the research study?

If you have any complaints about any aspect of the project, the way it is being conducted, then you may contact:

Complaints Contact

Position	Human Research Ethics Coordinator
Telephone	+ 61 2 9385 6222
Email	humanethics@unsw.edu.au
HC Reference Number	TBC

Consent Form – Participant providing own consent

Declaration by the participant

- I have read the Participant Information Sheet or someone has read it to me in a language that I understand
- I understand the purposes, study tasks and risks of the research described in the project
- I have had an opportunity to ask questions and I am satisfied with the answers I have received
- I freely agree to participate in this research study as described and understand that I am free to withdraw at any time during the project and withdrawal will not affect my relationship with any of the named organisations and/or research team members
- I consent to being recorded for the interview
- I understand that I will be given a signed copy of this document to keep

Participant Signature

Name of Participant (please print)	
Signature of Research Participant	
Date	

Declaration by Researcher*

- I have given a verbal explanation of the research study, its study activities and risks and I believe that the participant has understood that explanation.

Researcher Signature*

Name of Participant (please print)	
Signature of Research Participant	
Date	

*An appropriately qualified member of the research team must provide the explanation of, and information concerning the research study.

Note: All parties signing the consent section must date their own signature.

Form for Withdrawal of Participation

I wish to **WITHDRAW** my consent to participate in the research proposal described above and understand that such withdrawal **WILL NOT** affect my relationship with Extended Throughcare, ACT Corrective Services or UNSW Australia.

Participant Signature

Name of Participant (please print)	
Signature of Research Participant	
Date	

The section for Withdrawal of Participation should be forwarded to:

Project Manager Name:	Shona Bates
Email:	shona.bates@unsw.edu.au
Phone:	02 9385 4058
Postal Address:	Social Policy Research Centre University of New South Wales Sydney NSW 2052

Non-client comparison group form

The study is being carried out by the following researchers:		
Role	Name	Organisation
Chief Investigator	Andrew Griffiths	SPRC at UNSW Australia
Co-Investigator/s	Fred Zmudzki Shona Bates Alisa Wicks	SPRC at UNSW Australia
Research Funder	This research is being funded by ACT Corrective Services	

What is the research study about?

You are invited to take part in this research study being carried out by the Social Policy Research Centre (SPRC) and funded by the ACT Corrective Services. The Extended Throughcare program supports offenders after their release with the aim of enabling the offender's successful reintegration into the community. You were selected as a potential participant because we want to hear about your experience without this support.

This study will look at the factors that make Extended Throughcare a success and the things which have stopped it from working well. It is being done to help Extended Throughcare work better. We are talking to clients and their families as well as to staff and stakeholders involved in the administration, management and delivery of the program.

Do I have to take part in this research study?

This Participant Information Statement and Consent Form tells you about the research study. It explains the research tasks involved. Knowing what is involved will help you decide if you want to take part in the research.

Please read this information carefully. Ask questions about anything that you don't understand or want to know more about. Before deciding whether or not to take part, you might want to talk about it with a relative or friend.

If you decide you want to take part in the research study, you will be asked to:

- Sign the consent form
- Keep a copy of this Participant Information Statement

Participation in this research study is voluntary. If you don't wish to take part, you don't have to. After starting the interview, you can choose not to answer some questions and you are free to stop the interview at any time.

Your decision to take part in this research will not affect your relationship with Extended Throughcare, ACT Corrective Services, or UNSW Australia.

What does participation in this research require, and are there any risks involved?

As part of this study, you are being invited to participate in either a telephone or face-to-face interview at ACT Corrective Services' offices. The interview will take between 45-60 minutes. During the interview a member of the research team will ask you questions about your experiences after you were released from custody

We would like to take notes during the interview and will ask you if you agree to let us record the interview to make our notes better. After the interview we will transcribe your digital recordings. You may still participate in the interview if you do not wish to be recorded.

If you feel any distress during the interview please tell your interviewer so they can stop the interview. If you would like to talk to someone about any issues that may arise you can call:

- ACT Mental Health Crisis Team (1800 629 354)
- Lifeline phone 24 hour counselling service (13 11 14)

Will I be paid to participate in this project?

You will be reimbursed for any reasonable travel, parking, meals and other expenses associated with the research study by receiving a \$30 Coles-Myer gift voucher.

What are the possible benefits to participation?

We will use the information we get from this research to provide feedback to ACT Corrective Services about how the program is working in order to benefit other clients of the program. Generally, we also hope to use the information to benefit others who may require this type of service.

What will happen to information about me?

By signing the consent form you consent to the research team collecting and using information about you for the research study. Your information will only be used for the purpose of this research study and it will only be disclosed with your permission. Extended Throughcare staff will not have access to the individual answers that you provide to us.

Case studies and quotes will be de-identified, meaning we will try to prevent your identity being connected with the information you give us. However, because we will only be talking to a small number of people, there is a risk that you might be identifiable in publications due to the nature of the study and/or the results. We will not encourage you to disclose any information too sensitive for publication and we will change any specific details to protect your privacy.

We will keep your interview recording in the form of a digital recording and transcription for 7 years, after which time they will be destroyed. The recordings will not be used at any point during the presentation of the study results. We will store information about you at SPRC at UNSW Australia. Your confidentiality will be assured because your name will not be used in any of the papers that we write or publish. What you tell us will be completely confidential and will not be told to anyone other than the researchers involved in the study, except as required by law.

How and when will I find out what the results of the research study are?

You have a right to receive feedback about the overall results of this study. You can tell us that you wish to receive feedback by emailing the Project Manager, Shona Bates, at shona.bates@unsw.edu.au. This feedback will be in the form of a one page summary. You will receive this feedback after the study is finished.

What if I want to withdraw from the research study?

If you do consent to participate, you may withdraw at any time. If you do withdraw, you will be asked to complete and sign the 'Withdrawal of Consent Form', which is provided at the end of this document. Alternatively you can ring the research team and tell them you no longer want to participate.

If you decide to leave the research study, the researchers will not collect additional information from you.

You are free to stop the interview at any time. Unless you say that you want us to keep them, any recordings will be erased and the information you have provided will not be included in the study results. You may also refuse to answer any questions that you do not wish to answer during the interview.

What should I do if I have further questions about my involvement in the research study?

If you want any further information concerning this project or if you have any problems which may be related to your involvement in the project, you can contact the following member of the research team:

Research Team Contact

Name	Shona Bates
Position	Project Manager
Telephone	02 9385 4058
Email	shona.bates@unsw.edu.au

What if I have a complaint or any concerns about the research study?

If you have any complaints about any aspect of the project, the way it is being conducted, then you may contact:

Complaints Contact

Position	Human Research Ethics Coordinator
Telephone	+ 61 2 9385 6222
Email	humanethics@unsw.edu.au
HC Reference Number	TBC

Consent Form – Participant providing own consent

Declaration by the participant

- I have read the Participant Information Sheet or someone has read it to me in a language that I understand
- I understand the purposes, study tasks and risks of the research described in the project
- I have had an opportunity to ask questions and I am satisfied with the answers I have received
- I freely agree to participate in this research study as described and understand that I am free to withdraw at any time during the project and withdrawal will not affect my relationship with any of the named organisations and/or research team members
- I consent to being recorded for the interview
- I understand that I will be given a signed copy of this document to keep

Participant Signature

Name of Participant (please print)	
Signature of Research Participant	
Date	

Declaration by Researcher*

- I have given a verbal explanation of the research study, its study activities and risks and I believe that the participant has understood that explanation.

Researcher Signature*

Name of Participant (please print)	
Signature of Research Participant	
Date	

*An appropriately qualified member of the research team must provide the explanation of, and information concerning the research study.

Note: All parties signing the consent section must date their own signature.

Form for Withdrawal of Participation

I wish to **WITHDRAW** my consent to participate in the research proposal described above and understand that such withdrawal **WILL NOT** affect my relationship with Extended Throughcare, ACT Corrective Services or UNSW Australia.

Participant Signature

Name of Participant (please print)	
Signature of Research Participant	
Date	

The section for Withdrawal of Participation should be forwarded to:

Project Manager Name:	Shona Bates
Email:	shona.bates@unsw.edu.au
Phone:	02 9385 4058
Postal Address:	Social Policy Research Centre University of New South Wales Sydney NSW 2052

Family members and friends form

The study is being carried out by the following researchers:		
Role	Name	Organisation
Chief Investigator	Andrew Griffiths	SPRC at UNSW Australia
Co-Investigator/s	Fred Zmudzki Shona Bates Alisa Wicks	SPRC at UNSW Australia
Research Funder	This research is being funded by ACT Corrective Services	

What is the research study about?

You are invited to take part in this research study being carried out by the Social Policy Research Centre (SPRC) and funded by the ACT Corrective Services. You were selected as a potential participant because you have a family member or friend who is, or has been receiving support from the ACT Extended Throughcare program. The Extended Throughcare program supports offenders after their release with the aim of enabling the offender's successful reintegration into the community.

This study will look at the factors that make Extended Throughcare a success and the things which have stopped it from working well. It is being done to help Extended Throughcare work better. We are talking to clients and their families as well as to staff and stakeholders involved in the administration, management and delivery of the program.

Do I have to take part in this research study?

This Participant Information Statement and Consent Form tells you about the research study. It explains the research tasks involved. Knowing what is involved will help you decide if you want to take part in the research.

Please read this information carefully. Ask questions about anything that you don't understand or want to know more about. Before deciding whether or not to take part, you might want to talk about it with a relative or friend.

If you decide you want to take part in the research study, you will be asked to:

- Sign the consent form
- Keep a copy of this Participant Information Statement

Participation in this research study is voluntary. If you don't wish to take part, you don't have to. After starting the interview, you can choose not to answer some questions and you are free to stop the interview at any time.

Your decision to take part in this research will not affect your relationship with Throughcare, ACT Corrective Services, or UNSW Australia.

What does participation in this research require, and are there any risks involved?

As part of this study, you are being invited to participate in either a telephone or face-to-face interview at ACT Corrective Services' offices. The interview will take between 45-60 minutes. During the interview a member of the research team will ask you questions about how well you think the Extended Throughcare program has worked and what you think have been the outcomes for your family member/friend.

We would like to take notes during the interview and will ask you if you agree to let us record the

interview to make our notes better. After the interview we will transcribe your digital recordings. You may still participate in the interview if you do not wish to be recorded.

If you feel any distress during the interview please tell your interviewer so they can stop the interview. If you would like to talk to someone about any issues that may arise you can call:

- ACT Mental Health Crisis Team (1800 629 354)
- Lifeline phone 24 hour counselling service (13 11 14)

Will I be paid to participate in this project?

You will be reimbursed for any reasonable travel, parking, meals and other expenses associated with the research study by receiving a \$30 Coles-Myer gift voucher.

What are the possible benefits to participation?

We will use the information we get from this research to provide feedback to ACT Corrective Services about how the program is working in order to benefit other clients of the program. Generally, we also hope to use the information to benefit others who may require this type of service.

What will happen to information about me?

By signing the consent form you consent to the research team collecting and using information about you for the research study. Your information will only be used for the purpose of this research study and it will only be disclosed with your permission. Extended Throughcare staff will not have access to the individual answers that you provide to us.

Case studies and quotes will be de-identified, meaning we will try to prevent your identity being connected with the information you give us. However, because we will only be talking to a small number of people, there is a risk that you might be identifiable in publications due to the nature of the study and/or the results. We will not encourage you to disclose any information too sensitive for publication and we will change any specific details to protect your privacy.

We will keep your interview recording in the form of a digital recording and transcription for 7 years, after which time they will be destroyed. The recordings will not be used at any point during the presentation of the study results. We will store information about you at SPRC at UNSW Australia. Your confidentiality will be assured because your name will not be used in any of the papers that we write or publish. What you tell us will be completely confidential and will not be told to anyone other than the researchers involved in the study, except as required by law.

How and when will I find out what the results of the research study are?

You have a right to receive feedback about the overall results of this study. You can tell us that you wish to receive feedback by emailing the Project Manager, Shona Bates, at shona.bates@unsw.edu.au. This feedback will be in the form of a one page summary. You will receive this feedback after the study is finished.

What if I want to withdraw from the research study?

If you do consent to participate, you may withdraw at any time. If you do withdraw, you will be asked to complete and sign the 'Withdrawal of Consent Form', which is provided at the end of this document. Alternatively you can ring the research team and tell them you no longer want to participate.

If you decide to leave the research study, the researchers will not collect additional information from you.

You are free to stop the interview at any time. Unless you say that you want us to keep them, any recordings will be erased and the information you have provided will not be included in the study results. You may also refuse to answer any questions that you do not wish to answer during the interview.

What should I do if I have further questions about my involvement in the research study?

If you want any further information concerning this project or if you have any problems, which may be related to your involvement in the project, you can contact the following member of the research team:

Research Team Contact

Name	Shona Bates
Position	Project Manager
Telephone	02 9385 4058
Email	shona.bates@unsw.edu.au

What if I have a complaint or any concerns about the research study?

If you have any complaints about any aspect of the project, the way it is being conducted, then you may contact:

Complaints Contact

Position	Human Research Ethics Coordinator
Telephone	+ 61 2 9385 6222
Email	humanethics@unsw.edu.au
HC Reference Number	TBC

Consent Form – Participant providing own consent

Declaration by the participant

- I have read the Participant Information Sheet or someone has read it to me in a language that I understand
- I understand the purposes, study tasks and risks of the research described in the project
- I have had an opportunity to ask questions and I am satisfied with the answers I have received
- I freely agree to participate in this research study as described and understand that I am free to withdraw at any time during the project and withdrawal will not affect my relationship with any of the named organisations and/or research team members
- I consent to being recorded for the interview
- I understand that I will be given a signed copy of this document to keep

Participant Signature

Name of Participant (please print)	
Signature of Research Participant	
Date	

Declaration by Researcher*

- I have given a verbal explanation of the research study, its study activities and risks and I believe that the participant has understood that explanation.

Researcher Signature*

Name of Participant (please print)	
Signature of Research Participant	
Date	

*An appropriately qualified member of the research team must provide the explanation of, and information concerning the research study.

Note: All parties signing the consent section must date their own signature.

Form for Withdrawal of Participation

I wish to **WITHDRAW** my consent to participate in the research proposal described above and understand that such withdrawal **WILL NOT** affect my relationship with Extended Throughcare, ACT Corrective Services or UNSW Australia.

Participant Signature

Name of Participant (please print)	
Signature of Research Participant	
Date	

The section for Withdrawal of Participation should be forwarded to:

Project Manager Name:	Shona Bates
Email:	shona.bates@unsw.edu.au
Phone:	02 9385 4058
Postal Address:	Social Policy Research Centre University of New South Wales Sydney NSW 2052

Stakeholders form

The study is being carried out by the following researchers:		
Role	Name	Organisation
Chief Investigator	Andrew Griffiths	SPRC at UNSW Australia
Co-Investigator/s	Fred Zmudzki Shona Bates Alisa Wicks	SPRC at UNSW Australia
Research Funder	This research is being funded by ACT Corrective Services	

What is the research study about?

You are invited to take part in this research study. Extended Throughcare provides support to offenders returning to the community after the end of their custodial sentence, with the aim of enabling the offender's successful reintegration into the community.

ACT Corrective Services have asked SPRC to do an independent evaluation (or study) of the program. This study will look at the factors that make Extended Throughcare a success and the things which have stopped it from working well. It is being done to help Extended Throughcare work better.

We are talking to clients and family of clients of the Extended Throughcare program, as well as staff and stakeholders involved in the administration, management and delivery of the program. You have been invited to participate because you are involved in developing, managing or delivering the Extended Throughcare program.

Do I have to take part in this research study?

This Participant Information Statement and Consent Form tells you about the research study. It explains the research tasks involved. Knowing what is involved will help you decide if you want to take part in the research.

Please read this information carefully. Ask questions about anything that you don't understand or want to know more about. Before deciding whether or not to take part, you might want to talk about it with a colleague.

If you decide you want to take part in the research study, you will be asked to:

- Sign the consent form
- Keep a copy of this Participant Information Statement

Participation in this research study is voluntary. If you don't wish to take part, you don't have to. After starting the interview, you can choose not to answer some questions and you are free to stop the interview at any time. Your decision to take part in this research will not affect your relationship with Extended Throughcare, ACT Corrective Services, or UNSW Australia.

What does participation in this research require, and are there any risks involved?

As part of this study, you are being invited to participate in either a telephone or face-to-face interview at ACT Corrective Services' offices. The interview will take about 20-30 minutes. Discussion will be guided by a member of the research team who will ask you questions about how well you think the Extended Throughcare program is working and what you think have been the outcomes for the offenders.

We would like to take notes during the interview and will ask you if you agree to let us record the interview to make our notes better. We will also record your interview for the purposes of the research study. After the interview we will transcribe your digital recordings. You may still participate in the interview if you do not wish to be recorded.

If you feel any distress during the interview please tell your interviewer so they can stop the interview. If you would like to talk to someone about any issues that may arise you can call:

- ACT Mental Health Crisis Team (1800 629 354)
- Lifeline phone 24 hour counselling service (13 11 14)

Will I be paid to participate in this project?

There are no costs associated with participating in this research study, nor will you be paid.

What are the possible benefits to participation?

We will use the information we get from this research to provide feedback to ACT Corrective Services about how the program is working in order to benefit other clients of the program. Generally, we also hope to use the information to benefit others who may require this type of service.

What will happen to information about me?

By signing the consent form you consent to the research team collecting and using information about you for the research study. Your information will only be used for the purpose of this research study and it will only be disclosed with your permission.

Case studies and quotes will be de-identified, meaning we will try to prevent your identity being connected with the information you give us. However, because we will only be talking to a small number of people, there is a risk that you might be identifiable in publications due to the nature of the study and/or the results. We will not encourage you to disclose any information too sensitive for publication and we will change any specific details to protect your privacy.

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How and when will I find out what the results of the research study are?

You have a right to receive feedback about the overall results of this study. You can tell us that you wish to receive feedback by emailing the Project Manager, Shona Bates, at shona.bates@unsw.edu.au. This feedback will be in the form of a one page summary. You will receive this feedback after the study is finished.

What if I want to withdraw from the research study?

If you do consent to participate, you may withdraw at any time. If you do withdraw, you will be asked to complete and sign the 'Withdrawal of Consent Form' which is provided at the end of this document. Alternatively you can ring the research team and tell them you no longer want to participate.

If you decide to leave the research study, the researchers will not collect additional information from you.

You are free to stop the interview at any time. Unless you say that you want us to keep them, any recordings will be erased and the information you have provided will not be included in the study results. You may also refuse to answer any questions that you do not wish to answer during the interview.

What should I do if I have further questions about my involvement in the research study?

If you want any further information concerning this project or if you have any problems which may be related to your involvement in the project, you can contact the following member of the research team:

Research Team Contact

Name	Shona Bates
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What if I have a complaint or any concerns about the research study?

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Complaints Contact

Position	Human Research Ethics Coordinator
Telephone	+ 61 2 9385 6222
Email	humanethics@unsw.edu.au
HC Reference Number	TBC

Consent Form – Participant providing own consent

Declaration by the participant

- I have read the Participant Information Sheet or someone has read it to me in a language that I understand
- I understand the purposes, study tasks and risks of the research described in the project
- I have had an opportunity to ask questions and I am satisfied with the answers I have received
- I freely agree to participate in this research study as described and understand that I am free to withdraw at any time during the project and withdrawal will not affect my relationship with any of the named organisations and/or research team members
- I consent to being recorded for the interview
- I understand that I will be given a signed copy of this document to keep

Participant Signature

Name of Participant (please print)	
Signature of Research Participant	
Date	

Declaration by Researcher*

- I have given a verbal explanation of the research study, its study activities and risks and I believe that the participant has understood that explanation.

Researcher Signature*

Name of Participant (please print)	
Signature of Research Participant	
Date	

*An appropriately qualified member of the research team must provide the explanation of, and information concerning the research study.

Note: All parties signing the consent section must date their own signature.

Form for Withdrawal of Participation

I wish to **WITHDRAW** my consent to participate in the research proposal described above and understand that such withdrawal **WILL NOT** affect my relationship with Extended Throughcare, ACT Corrective Services or UNSW Australia.

Participant Signature

Name of Participant (please print)	
Signature of Research Participant	
Date	

The section for Withdrawal of Participation should be forwarded to:

Project Manager Name:	Shona Bates
Email:	shona.bates@unsw.edu.au
Phone:	02 9385 4058
Postal Address:	Social Policy Research Centre University of New South Wales Sydney NSW 2052

ACT Corrective Services – Extended Throughcare Evaluation

Topic guide for client interviews

1. Firstly, can you tell me about how the Extended Throughcare program works for you? Prompts: what length of time is the support you are been receiving from Extended Throughcare, what type of support, what services have you been receiving, how often?
2. How well does the support meet your needs? Prompts: type, intensity, frequency and length of support, any other needs you have?
3. The next question is about what impact Extended Throughcare has had in your life. I will ask you to comment on specific areas of life. How well has the support you receive through Extended Throughcare assisted you to:
 - achieve or maintain stable housing?
 - improve your mental health?
 - Your physical health?
 - Impacted on your drug use (if any)?
 - Decrease your likelihood of re-offending?
 - increase your capacity to live independently?
 - participate in community life?
 - increase your quality of life?
 - increase your confidence in your ability to reach your goals (self-efficacy), for example by using flexible supports?
 - any other impacts?
4. Have you had any experience of leaving custody without Extended Throughcare? What's the difference?
5. What do you **like and dislike** about Extended Throughcare?
6. How supported do you feel by staff at Extended Throughcare? To what extent do staff from Extended Throughcare and other services work together to assist you?
7. If there was one thing you could change about the Extended Throughcare program what would it be?
8. Do you have **anything else** you wanted to say about Extended Throughcare before we finish?

ACT Corrective Services – Extended Throughcare Evaluation

Topic guide for non-client comparison group interviews

9. Firstly, can you tell me about your experiences after having left custody?
Prompts: what types of supports or services did you use? How often? For how long?
10. How well does the support meet your needs? Prompts: type, intensity, frequency and length of support, any other needs you have?
11. I will ask you to comment on specific areas of life and your experiences in these areas of your life after you left custody:
 - housing?
 - mental health?
 - Your physical health?
 - your drug use (if any)?
 - your likelihood of re-offending?
 - your capacity to live independently?
 - participate in community life?
 - your quality of life?
 - your confidence in your ability to reach your goals (self-efficacy), for example by using flexible supports?
 - any other areas?
12. Have you had any experience of leaving custody with Extended Throughcare?
What's the difference?
13. How supported do you feel you have been supported in your life after having left custody? What was missing?
14. If there was one thing you could change about the level or nature of your support after having left custody, what would it be?
15. Do you have **anything else** you wanted to say about your experience of life after having left custody before we finish?

ACT Corrective Services – Extended Throughcare Evaluation

Topic guide for family member interviews

16. Firstly, can you tell me about how the Extended Throughcare program works for your family member? Prompts: what length of time is the support they have been receiving from Extended Throughcare, what type of support, what services have they been receiving, how often?
17. How well does the support meet their needs? Prompts: type, intensity, frequency and length of support, any other needs you have?
18. The next question is about what impact Extended Throughcare has had in their life. I will ask you to comment on specific areas of their life. How well has the support you receive through Extended Throughcare assisted them to:
 - achieve or maintain stable housing?
 - improve their mental health?
 - Their physical health?
 - Impacted on their drug use (if any)?
 - Decrease their likelihood of re-offending?
 - Increase their capacity to live independently?
 - participate in community life?
 - increase their quality of life?
 - increase their confidence in your ability to reach your goals (self-efficacy), for example by using flexible supports?
 - any other impacts?
19. Have they had any experience of leaving custody without Extended Throughcare? What's the difference?
20. What do you **like and dislike** about Extended Throughcare?
21. How supported do you and they feel by staff at Extended Throughcare? To what extent do staff from Extended Throughcare and other services work together to assist them?
22. If there was one thing you could change about the Extended Throughcare program what would it be?
23. Do you have **anything else** you wanted to say about Extended Throughcare before we finish?

ACT Corrective Services – Extended Throughcare Evaluation

Topic guide for non-client comparison group family member interviews

24. Firstly, can you tell me about their experiences after having left custody?
Prompts: what types of supports or services did they use? How often? For how long?
25. How well does the support meet their needs? Prompts: type, intensity, frequency and length of support, any other needs they have?
26. I will ask you to comment on specific areas of life and their experiences in these areas of your life after they left custody:
 - housing?
 - mental health?
 - their physical health?
 - their drug use (if any)?
 - their likelihood of re-offending?
 - their capacity to live independently?
 - participate in community life?
 - their quality of life?
 - their confidence in your ability to reach your goals (self-efficacy), for example by using flexible supports?
 - any other areas?
27. Have they had any experience of leaving custody with Extended Throughcare?
What's the difference?
28. How supported do you feel they have been supported in their life after having left custody? What was missing?
29. If there was one thing you could change about the level or nature of your support that your family member received after having left custody, what would it be?
30. Do you have **anything else** you wanted to say about their experience of life after having left custody before we finish?

Extended Throughcare

Topic guide for service provider/stakeholder interviews

1. What is your role in Extended Throughcare (historically and now)?
2. How would you describe the overall aims of Extended Throughcare?
3. How well does the support meet clients' needs? (Including sub-groups such as Indigenous/women)?
4. In which areas of peoples' lives do you think Extended Throughcare has had the greatest impact?
5. How consistent is the implementation of Extended Throughcare in terms of integrated care and the client journey from engagement to exit?
6. How well do you think the government and non-government agencies involved in Extended Throughcare work together to support clients? What works well/not so well?
7. Do you think Extended Throughcare has had any effect on how well these agencies work together and with clients and carers?
8. How effective is Extended Throughcare governance? What works well/not so well? Any info re steering committee?
9. Do you have any other comments about Extended Throughcare?