EVALUATION OF THE REINTEGRATION HOUSING SUPPORT PROGRAM

COMMUNITY RESTORATIVE CENTRE

FINAL REPORT

REPORT PERIOD

JULY 2021 TO MAY 2023

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ACKNOWLEDGMENTS

We recognise the diversity of Aboriginal and Torres Strait Islander peoples across this country and acknowledge their sovereignty was never ceded.

We pay our respects to Elders past and present, and acknowledge their continued custodianship and care for the many lands and waterways that support life.

We acknowledge the untold histories and the injustices of the past and the present. We respect the value and ongoing contribution that Aboriginal and Torres Strait Islander people make to our communities and to wider Australia.

Art by Emma Walke

We also acknowledge the talent and artistry of Emma Walke, who designed the artwork for our report cover page. The design shows a story of connection to country and people, representing the breadth of work we do with Aboriginal and Torres Strait Islander communities across Australia. The colours represent the land, and the lines in between represent the water that connects us all.

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PROJECT

The Community Restorative Centre (CRC) engaged ARTD to conduct this implementation and outcomes evaluation of the Reintegration Housing Support Program (RHSP) pilot. The evaluation relates to the period from program inception (1 July 2021) to 31 May 2023. The pilot was initially planned to run until 30 June 2023 and has now been extended to June 2024.

The RHSP provides wrap-around psychosocial support to improve overall wellbeing among people exiting prison and to reduce their risk of recidivism and homelessness. Taking a housing first approach, the program supports people exiting prison who are at risk of homelessness to access housing and sustain their tenancies. The RHSP is funded by the NSW Department of Communities and Justice (DCJ) and delivered by the CRC. The program model sees two RHSP support workers co-located within DCJ Housing offices in metropolitan and regional locations.

This evaluation aims to answer the question **'Did the RHSP reduce homelessness amongst people exiting prison in NSW?'** through addressing the following key evaluation questions:

1. To what extent the RHSP has been implemented as intended
2. To what extent has participation in the RHSP impacted intended short and medium-term outcomes for clients
3. What early evidence exists to indicate that the RHSP will achieve the intended long-erm outcomes for clients
4. To what extent has the co-location of RHSP support workers with DCJ Housing offices facilitated access to housing support for people who are at risk of homelessness through:
   a) RHSP workers having an increased understanding of DCJ Housing products
   b) DCJ Housing workers having an improved capacity to support this cohort
   c) Streamlined referral pathways and processes

5. To what extent were there any unintended positive or negative outcomes of the program.

METHODS

This was a mixed methods process and outcomes evaluation. Primary qualitative data was collected, and secondary administrative data was analysed, to answer the evaluation questions.

Method	Details
Literature and document review	• Desktop review of key program documentation to understand the program and its operations. • Targeted rapid literature scan of like programs illustrating best practice for post-release housing programs in the Australian and international context.
Staff and stakeholder interviews	• 13 semi-structured interviews with RHSP and DCJ staff. • 3 semi-structured interviews with other stakeholders involved with the RHSP. • Interviews with staff and stakeholders were conducted from November 2022 to April 2023.
Client interviews	• 20 semi-structured telephone interviews (up to 45 minutes) with program clients across the 6 sites. • Interviews with clients were conducted from March to May 2023.
Quantitative administrative data analysis	• We received and analysed de-identified, individual-level administrative data from two data sources: • Extracts from the Client Information Management System (CIMS) for RHSP clients from 1 July 2021 to 28 February 2023 (the most recent complete month of program data available at the point of data extraction) • Data extracts from Specialist Homelessness Services (SHS) and HOMES public housing tenancy data from Family and Community Services Insights, Analysis and Research (FACSIAR), for RHSP clients and a comparison group of similar individuals seeking support from SHS from 1 September 2021 to 28 February 2023.

KEY FINDINGS

The RHSP has been largely implemented as intended and currently operates in the following DCJ Housing offices:

• Inner Sydney (Strawberry Hills)
• Western Sydney (Mount Druitt)
• South Western Sydney (Liverpool)
• Western NSW (Dubbo)
• Illawarra (Coniston)
• Hunter (Newcastle).

RHSP CLIENTS

A total of 377 clients were accepted on to the RHSP program between 1 July 2021 and 28 February 2023. Clients had diverse backgrounds, past experiences, and support needs. Across all sites:

- More than one-third (36%) of clients identified as **Aboriginal**[1]. This is higher than the 20% target outlined in the program guidelines and indicates that the program and CRC are working well to engage Aboriginal clients with support.
- **Female** clients make up a small proportion of all RHSP clients (14%).
- Nearly one in ten clients (9%) were **young people** (aged 18 to 25) and around one in six clients were **older** (16% aged 56 years or over).
- Clients commonly reported having a **prior mental health diagnosis** when starting their period of support (65% of support periods).
- Clients commonly reported a **recent history of homelessness** both in the last month (37% sleeping rough; 40% in short-term of emergency accommodation), and also within the 12 months before starting support through RHSP (45% sleeping rough; 45% in short-term or emergency accommodation).

PRESENTING REASONS

The most common reason clients presented to RHSP for support was relating to their transition from custodial arrangements (90% of clients).

RHSP clients also required support for their mental health (50%), for problematic drug or substance use (44%), housing affordability stress (36%) and unemployment (36%).

REFERRALS

Referrals into the program have been sufficient and mostly appropriate. As intended, the RHSP receives referrals into the program **for individuals who are at risk of homelessness after their release from custody, both pre and post release**. Individuals can be referred up to three months before release, or up to four weeks after release from custody. The most common referral sources into the RHSP were:

- **adult correctional facilities** (through case managers or corrections officers in Corrective Services; 44% of clients) and
- **Social Housing** (DCJ Housing; 32% of clients).

All sites reported a broadly similar process to decide which referrals are accepted into the program. Although DCJ Housing made the ultimate decision on referrals at all sites, the DCJ Housing staff decision-making processes varied across sites. If program capacity is limited the decision to accept a referral is based on assessment of an individual's risk, including their support needs and involvement of other support services. However, if workers had a particularly high-needs caseload of clients, individuals with lower needs may be accepted on to the program.

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[1] Aboriginal is used throughout this report to refer to Aboriginal and Torres Strait Islander peoples.

PERSON-CENTRED ENGAGEMENT

In line with the program model, the RHSP connects people with dedicated and trusted supports through **holistic, trauma-informed, and outreach-based case management** using a one person, one worker model.

Across all sites, two-thirds (69%) of clients accepted on to the program had at least one case plan developed—lower than the target of 80% of referrals outlined in the program guidelines. Three sites have exceeded the target of 80% target of clients having a case plan developed. However, as CRC is required to accept all referrals of at-risk individuals made by the local DCJ Housing team where capacity exists, even where the individual refuses to engage with the RHSP worker, the lower proportion of people with case plans likely reflects the inherent challenges of engaging this client cohort.

Program data indicated the most common type of support clients received was **advice and information from their worker** (70% of clients). Clients were also commonly supported through:

- advocacy
- brokerage
- arranging post-release housing
- transport.

Clients interviewed as part of the evaluation also reported that they valued receiving help obtaining identification, financial stability through applications for government subsidies, assistance with housing furnishings, obtaining emergency items and emotional support.

Working with clients pre-release facilitated client engagement with the program from the perspective of RHSP workers, their managers and DCJ Housing. Staff worked to build trust with RHSP clients, whether they were referred pre- or post-release, which in turn facilitated program engagement. Clients interviewed reported feeling **respected by their worker** and appreciated their genuine and reliable support.

THE VALUE OF CO-LOCATION

Co-location is an essential feature of the program model and is perceived by DCJ Housing staff and RHSP workers to facilitate access to housing support for people exiting prison who are at risk of homelessness.

COVID-19 initially prevented physical co-location, delaying relationship-building between staff and with clients. However, once established**, co-location enabled program implementation by facilitating a shared purpose and alignment of values** amongst CRC and DCJ Housing staff. Those involved are generally supportive of the program and want it to succeed.

Close proximity to DCJ Housing staff gave RHSP workers more immediate access to information, including clients' housing status, their waitlist ranking or the general availability of housing. DCJ Housing staff found that access to RHSP workers improved collaboration and access to necessary client information. Staff from both organisations agreed that this

mutual access to information speeds up referrals into the program, application processes and ultimately pathways to housing.

Across sites, the DCJ Housing team with which the RHSP workers are co-located varies. RHSP workers most commonly sit with the Access and Demand team. This is perceived most suitable by RHSP staff as it facilitates access to housing.

OUTCOMES FOR CLIENTS

Early evidence shows that the RHSP is effective in achieving long-term public housing outcomes for people exiting prison at-risk of homelessness.
- RHSP clients were **more likely to achieve a public housing outcome than the comparison group** of people exiting custody who presented to an SHS for housing support (RHSP: N=50 housed, 32% of clients; SHS comparison group: N =117, 13%). This difference was statistically significant.
- For those who were housed, there was **no significant difference** between RHSP and the SHS comparison group in the **time between requesting support and starting a public housing tenancy** (RHSP: N=50, mean= 212 days; SHS comparison group: N = 117: mean = 233 days).
- There were **no significant differences** between RHSP clients and the SHS comparison group in **tenancy sustainment rates** of those housed in public housing (RHSP: N=13 exit from housing, 26% of clients housed; SHS comparison group: N = 21, 18%).

The RHSP was effective in achieving short and medium-term housing outcomes for clients. Clients were able to secure **short-term or emergency housing** (50% of the clients supported by RHSP had at least one stay in short-term or emergency housing), and the average length of stay was 32 nights. This is consistent with staff and client reports that the program allowed **flexibility in the duration of temporary accommodation that can be provided to clients**.

There were notable changes in where clients were living between the start and the end of their support periods. There was a **substantial reduction in the proportion of clients staying in emergency accommodation** from intake to the end of their support period (start of support: 38% of clients; end of support: 21% of clients; 18 percentage point decrease). In contrast, there was a 27 percentage point **increase in the proportion of clients living in a house, townhouse, or flat** from intake to exit. Current RHSP clients (as at February 2023) and clients who had exited the program were **most commonly last recorded to be renting**, however this was substantially higher for current clients (50%) compared to those who had exited the program (36%). RHSP workers noted that the program **appeared to become more effective in achieving housing outcomes for clients over time**, which may contribute to this difference.

The RHSP has improved clients' connection to supports and services and has contributed to increased wellbeing for clients.

- When first engaging with the program, clients reported **low levels of overall wellbeing** (PWI overall wellbeing: mean score = 55). This was substantially lower than the Australian average score of 75[2].
- Clients who completed a PWI at the mid-point, or at the end of their support period reported **higher levels of overall wellbeing** than those who completed the initial PWI (mid-point mean score: 58; end of support mean score: 70). As few clients have completed PWIs at later timepoints, which likely reflects the smaller proportion of clients who have been engaged in the program for longer periods of time, the magnitude of these changes in wellbeing should be interpreted with care.
- Aligned with the housing first approach, RHSP workers commonly believed that **stable housing is the foundation that enables clients to address other issues**, resulting in increased feelings of safety and wellbeing.

The RHSP has also **improved clients' connection to support and services**. The majority of interviewed clients described how their RHSP worker was able to link them to medical and mental health related services. RHSP workers reported conducting "warm referrals" when connecting clients to services and supporting clients during appointments. Workers also reported that engaging with these services may contribute to clients achieving better parole outcomes.

At this early stage of the program, there is limited evidence regarding the impact of the RHSP on client's involvement with the criminal justice system and/or recidivism rates.

While analysis of recidivism rates for RHSP clients was out of scope of this evaluation, from the available program data we were able to identify that:

- 22% of RHSP clients were in an adult correctional facility at the end of their support period, and 17% of clients had their support period closed because they had returned to custody.
- Although there was no comparison group regarding returns to custody, a 2020 BOCSAR study found that 43.2% of all people released from custody re-offend within the next 12 months. This suggests that **RHSP clients may return to custody at a lower rate than the overall population of people released from custody**.

RHSP workers and DCJ housing staff who were interviewed felt that the program would result in reduced involvement with the criminal justice system, as a result of the supports such as addressing drug and alcohol use and accessing housing.

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[2] International Wellbeing Group (2013). Personal Wellbeing Index: 5th Edition. Melbourne: Australian Centre on Quality of Life, Deakin University, http://www.acqol.com.au/instruments#measures

The RHSP appears to be effective in engaging and achieving outcomes for Aboriginal clients.

- Aboriginal clients reported feeling respected by their worker and supported by the program.
- Aboriginal RHSP clients were **more likely to achieve a long-term public housing outcome** compared to a comparison group of similar Aboriginal people requesting support from a SHS.
- Aboriginal RHSP clients were slightly **less likely to achieve a long-term public housing outcome compared to non-Aboriginal clients**, however there may be range of factors that influence this. For example, smaller sample sizes, local availability of housing and broader site-specific factors.
- **Aboriginal RHSP clients returned to custody at similar rates to non-Aboriginal RHSP clients** (23% of Aboriginal clients in adult correctional facilities at the end of their support period; 21% of Aboriginal clients had their support period closed because of a return to custody). This is substantially lower than the rate of re-offending for Aboriginal people found in a 2020 BOCSAR study (56.4%). This provides **early evidence to suggest that the program is effective at reducing returns to custody for Aboriginal clients.**

Early evidence suggests that the RHSP can effectively engage and achieve positive outcomes for women.

- Due to the small number of women who have participated in the program during the evaluation period, it is difficult to specifically understand the experiences of female RHSP clients at this time.
- Female clients spoke positively about their worker, and felt supported by the program.
- Female RHSP clients were **slightly more likely to achieve a long-term public housing outcome** during the evaluation period, compared to a comparison group of similar women requesting support from a SHS.
- Female RHSP clients were **less likely to achieve a long-term public housing outcome compared to male clients**, however this difference may be driven by the small sample size of female RHSP clients.
- There was not a sufficient sample size of female RHSP clients to reliably examine returns to custody for women who engage with the program in this evaluation.

RECOMMENDATIONS

Highlighted below are some suggestions to improve the RHSP.

Area for improvement	Recommendations
Awareness and understanding of the program	1. Increase awareness of the program with correctional services and centres and services that reach into correctional services, through continuing to develop relationships and connections with agencies and individuals making referrals. 2. Ensure eligibility criteria are clear for agencies and services making referrals.
Program guidelines	3. Develop a tool or clear guidelines to support transparency and consistency of intake decisions. In particular guidance on regarding the eligibility of clients who are released from custody but are not eligible for a DCJ Housing product. 4. Continue to develop guidance regarding the roles of DCJ Housing and RHSP staff in accepting referrals and ensure these policies and processes are clearly documented. 5. Ensure that program knowledge is shared with new DCJ Housing staff to sustain momentum of program knowledge and implementation e.g., RHSP workers presenting about the program to new staff. 6. Co-locate RHSP workers with the Access and Demand team at DCJ Housing where possible, or other teams that are responsible for pathways into housing and TA.
Program capacity and extension	7. Consider the intensity of clients' support needs when assessing RHSP worker capacity to take on new clients, ensuring that caseworkers have a balance of clients with lower and higher support needs. 8. Consider the time required for proactive, flexible and outreach engagement approaches when planning caseloads. 9. Continue to fund the program and expand where possible, given the program's success providing housing to those exiting prison at risk of homelessness. 10. Consider flexibility to extend the period of support for clients who require longer periods of support, and/or introduce a step-down approach.

1.   INTRODUCTION

1.1   POLICY CONTEXT

An inquiry into homelessness by the Parliament of the Commonwealth of Australia found that for people in contact with the criminal justice system, homelessness can last for long periods of time and is more likely to reoccur than for other people experiencing homelessness.[3] The lack of affordable housing for people leaving prison is a primary cause of homelessness among this group. Each year almost two-thirds (60%) of people leaving prison exit custody into homelessness.

A 2018 report into the health of Australian prisoners published by the Australian Institute of Health and Welfare reported that one in three (33%) people entering Australian prisons had experienced homelessness in the four weeks prior to imprisonment, with around one in four (28%) residing in short-term or emergency accommodation.[4] This report highlights that there is not enough affordable housing for people in contact with the criminal justice system, as well as for people seeking to escape homelessness or domestic and family violence[5] (who often also have contact with the criminal justice system[6]). There are often long waiting lists for the limited social housing available and there is a chronic shortage of affordable private rental accommodation.[7] Over the 2019–2020 period the median wait times for social housing for those not accorded priority status was 27.1 months.[8] This leaves many people exiting prison with no clear pathway to stable, long-term housing, and results in people experiencing homelessness, which is a risk factor for recidivism.

Further structural barriers to accessing public housing are created by the frequently complex support needs[9] of formerly incarcerated individuals, including:

- **Women caring for dependents**: Finding appropriate accommodation can be more difficult for women caring for children or dependents. Aboriginal women leaving prison are more likely to have more children or dependents compared to non-Indigenous women, and they often experience a lack of appropriate supports that address the specific issues facing Aboriginal women.[10,11]
- **Individuals experiencing domestic and family violence**: Individuals leaving prison who have experienced or are at risk of domestic and family violence face additional

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[3] Parliament of the Commonwealth of Australia. (2021) *FINAL REPORT Inquiry into homelessness in Australia.* (p.114)

[4] Australian Institute of Health and Welfare. (2018). *The health of Australia's prisoners.* (p. 22)

[5] Willis, M. (2017). *Bail support: A review of the literature.* Australian Institute of Criminology. (p.31)

[6] Australian Institute of Health and Welfare. (2018). *The health of Australia's prisoners.* (p. 22 and p.24)

[7] Duff, C et al. (2021). *FINAL REPORT NO. 359: Leaving rehab: Enhancing transitions into stable housing.* Australian Housing and Urban Research Institute: 10.18408/ahuri53211. (p. 50)

[8] Pawson, H. and Lilley, D. (2022) Managing Access to Social Housing in Australia: *Unpacking policy frameworks and service provision outcomes.* CFRC Working Paper; Sydney: UNSW City Futures Research Centre.

[9] Martin, C., Reeve, R., McCausland, R., Baldry, E., Burton, P., White, R. and Thomas, S. (2021) *Exiting prison with complex support needs: the role of housing assistance*, AHURI Final Report No. 361, Australian Housing and Urban Research Institute Limited, Melbourne. (p. 53)

[10] Australian Law Reform Commission, 2017. *Pathways to justice: An inquiry into the incarceration rate of Aboriginal and Torres Strait Islander peoples.* Australian Law Reform Commission. (p. 349)

[11] *Baldry, E. and McCausland, R., 2009.* Mother seeking safe home: Aboriginal women post-release. *Current Issues in Criminal Justice, 21(2). (p.289)*

difficulties in accessing and securing safe housing in a suitable environment.[12] A high proportion of women in custody have experienced domestic and family violence prior to entering prison.[13] Both victim survivors and perpetrators of domestic and family violence may have diverse and complex needs, which must be addressed by a range of services.[14]

- **Individuals with substance use disorder**: Approximately two thirds (65%) of people entering prison in Australia meet the criteria for a substance use disorder and almost half of the people in prison report having injected drugs at some point in their life. Formerly incarcerated individuals with alcohol and drug use disorders who are unable to secure stable and appropriate accommodation have an increased likelihood of relapse.[15] Substance use disorders may cause the breakdown of family and other social relationships, and are strongly correlated with loss of employment and housing.[16]
- **Individuals with mental health conditions**: Mental health conditions are highly prevalent in the Australian prison population.[17] One report showed that upon entry to prison, 40% of people self-reported a previous diagnosis of a mental health condition and 23% were taking medication for mental health conditions.[18]
- **Individuals with a cognitive disability**: Individuals with a cognitive disability are overrepresented in Australian prison population and are likely to have a co-occurring mental health condition. [19,20]
- **Individuals who struggle to obtain employment**: Obtaining employment is a major challenge for those formerly incarcerated when attempting to reintegrate into society.[21] In addition to the stigma of having a criminal record, employers' attitudes, legal barriers, and educational or financial obstacles negatively affect employment chances.[22]

While there are an increasing number of supportive and supported housing programs in NSW and Australia that offer holistic, flexible, person-centred approaches to addressing homelessness, these providers are not necessarily set up to engage with the complex needs of correctional clients.[23] Research by the Australian Institute of Criminology found that while

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[12] Ibid.

[13] ANROWS: *Women's imprisonment and domestic, family and sexual violence*. Retrieved from https://apo.org.au/sites/default/files/resource-files/2020-07/apo-nid308044.pdf

[14] Rees S & Silove D (2014) Why primary healthcare interventions for intimate partner violence do not work. *The Lancet*, 384, 229–229.

[15] Chavira, D., Jason, L. (2017). *The impact of limited housing opportunities on formerly incarcerated people in the context of addiction recovery.* Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5507072/

[16] ibid

[17] Cutcher, Z., Degenhardt, L., Alati, R., Kinner, A. S. (2014). Poor health and social outcomes for ex-prisoners with a history of mental disorder: a longitudinal study. *Australian and New Zealand Journal of Public Health, 38*(5). Retrieved from https://doi.org/10.1111/1753-6405.12207

[18] Australian Institute of Health and Welfare. (2019). *The health of Australia's prisoners 2018*. (p. 38)

[19] Baldry, E., Clarence, M., Dowse, L. and Trollor, J., 2013. Reducing vulnerability to harm in adults with cognitive disabilities in the Australian criminal justice system. Journal of Policy and Practice in Intellectual Disabilities, 10(3), pp.222-229.

[20] Thomas, S.D., Nixon, M., Ogloff, J.R. and Daffern, M., 2019. Crime and victimization among people with intellectual disability with and without comorbid mental illness. Journal of applied research in intellectual disabilities, 32(5). (p. 1089)

[21] Holzer, H. J., Raphael S., Stoll, A. M. (2003). *Employment Barriers Facing Ex-Offenders*. (p. 2)

[22] Heinrich, S. (2000) Reducing Recidivism Through Work: Barriers and Opportunities for Employment of Ex-offenders. U.S. Department of Justice.

[23] Willis, M. 2018. (2).

most people released from prison each year would meet the eligibility criteria for intensive support needs, only 16% were able to be placed in a program to find stable housing.[24]

1.2   THE REINTEGRATION HOUSING SUPPORT PROGRAM

In recent years, there has been increasing recognition that collaboration between agencies and community partners is required to address the housing needs of complex populations. There is mounting evidence that holistic, flexible, person-centred housing solutions produce better outcomes for vulnerable clients.[25] However, less is known about what models work best for correctional clients, and particularly for Aboriginal people exiting prison.[26]

The Reintegration Housing Support Program (RHSP) commenced on 1 July 2021 and was planned to run until 30 June 2023. The pilot has now been extended to 30 June 2024. It is delivered by the Community Restorative Centre (CRC), the lead provider of specialist diversion and throughcare programs in NSW (supporting clients pre, during and post-release from custody), and funded by the NSW Department of Communities and Justice (DCJ).

The program model sees two (CRC) support workers co-located within six metropolitan and regional DCJ Housing offices. The program was intended to provide support to clients for a period of six to twelve months, with workers able to respond flexibly to provide longer periods of support to clients with greater support needs. The RHSP is available to people exiting adult custodial settings who are at risk of homelessness and seeking housing support from one of the six DCJ Housing offices where the program operates.

The RHSP takes a housing first, holistic approach to supporting people exiting prison who are at risk of homelessness to access housing and sustain their tenancy. By providing wrap-around psychosocial supports, it aims to improve overall wellbeing among people exiting prison and reduce the risk of recidivism and homelessness. Over one-third (36%) of RHSP's clients identify as Aboriginal.

The program design draws on principles from local and international literature on the housing, recidivism and reintegration of people exiting prison. It aims for better housing, wellbeing and recidivism outcomes for correctional clients, as well as enhanced capacity in local service systems.

1.2.1   COMPONENTS OF THE RHSP

Program clients are referred to a specialist support worker who can assist with securing access to suitable accommodation and connecting clients to services, including but not limited to:

* Community corrections (parole and probation)
* Help with financial stability (e.g., accessing Centrelink, other financial supports)
* Substance use support

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[24] Willis, M. (2018). *Supported housing for prisoners returning to the community: A review of the literature.* Australian Institute of Criminology.
[25] Willis, M. 2018. (vi)
[26] Willis, M. 2018. (vii)

- Physical and mental health services
- Help obtaining identification documents
- Connecting with friends or family in the community
- Cultural connection
- Obtaining emergency items such as clothing
- Help furnishing housing
- Brokerage for other supports.

There are four key elements to the delivery of the RHSP:

- Coordinated referrals
- Integrated service response
- Person-centred engagement
- Wrap-around psychosocial support.

Until 30 June 2023, clients at the Strawberry Hills pilot site could access short-term (up to three months) accommodation through Jewish House beds that were funded by DCJ and to be prioritised for people leaving prison and at risk of homelessness.

1.2.2   INTENDED PROGRAM OUTCOMES AND LOGIC

The RHSP aims to improve outcomes for clients in the short, medium, and long term across the domains of:

- Housing
- Connection to support and access to services
- Safety and wellbeing
- Recidivism.

Through co-location of RHSP support workers within DCJ Housing offices, it also aims to build the capacity of CRC staff (through increased understanding of DCJ Housing products and processes) and DCJ Housing staff (though increased understanding of how to engage with people leaving custody), as well as deliver program and structural reform.

Detailed intended outcomes of the RHSP are described in the program logic developed by CRC (Figure 1).

FIGURE 1. THE RHSP PROGRAM LOGIC

NEED / PROBLEM	EVIDENCE	PROGRAM Program components and activities	MECHANISMS OF CHANGE	OUTPUTS	SHORT-TERM OUTCOMES (3 months on program)	MEDIUM-TERM OUTCOMES (3-9 months)	LONG-TERM OUTCOMES (9 months-2 years)
People leaving prison, particularly those with complex needs including mental illness, problematic AOD use, intellectual disability and/or cognitive impairment, face significant barriers to obtaining safe, stable housing. In the 12 month period between September Qtr 2020 and June Qtr 2021, 16,474 men and women were released from prisons in NSW (ABS, Corrective Services, Australia, June Quarter 2021). The Australian Institute of Health and Welfare data indicates that more than half (54%) of people leaving prison in Australia expect to experience homelessness (AIHW, The Health of Australia's Prisoners 2018). Desk research by CRC indicated that in 2020 there were only 38 specialist beds in the community sector in NSW for people leaving prison. Most of these are short-term (less than 12 weeks) crisis beds. The lack of longer-term support for this group is even more troubling. There are only 12	There is a well-established body of research highlighting the relationship between homelessness and incarceration. The absence of safe, secure and stable accommodation is one of the most significant factors in recidivism. There is also a strong body of evidence noting the importance of intensive support following release from custody. Good-practice principles in terms of service delivery in this project draw on the findings of research into recidivism, desistance literature and international research exploring best practice in reintegration for people leaving prison. The evidence-based principles driving this work include: • A 'housing first' approach (wherever possible) that recognises that people require a solid base in order to make the changes required to stay out of prison • Pre-release engagement (wherever possible) to assist in developing the casework relationship and planning for re-entry into the community • Holistic, relational and long-term casework in order to build trust and allow clients to develop the skills required to navigate complex service systems	Program activities will encompass five main areas: **Client intake** Promotion of the program in NSW Correctional Centres via the Project Development Manager as well as through DCJ and CRC service-provider networks Visits to clients referred in prison to assess need, commence exit and wellbeing planning, and establish a relationship in order to increase the likelihood of future engagement with the program Assessment of clients referred through the Inmate Early Assessment Scheme (IEAS) and Set 2 Go and client walk-ins Linking of clients with a specialist support worker who will assist with securing access to suitable accommodation, as well as connection to services **Engagement** Provision of in-reach casework to assist people in prison to engage with DCJ Housing products and supports in the community Intensive support for clients as they exit prison to assist them to access accommodation and engage with other services, such as Community Corrections,	Facilitating uptake of the RHSP by providing a range of referral pathways and promotion of the program both in prison and in the community Assisting clients to obtain suitable accommodation by providing person-centred, one-on-one support, including help with applications to DCJ Housing products Supporting clients in all aspects of sustaining tenancies in the public and private housing sectors will address issues that put tenancies at risk to reduce the likelihood of tenancies failing Connecting clients with support services to address their specific needs and promote general wellbeing, such as physical and mental health services, AOD programs, the NDIS, Domestic and Family Violence counselling, as well as community and cultural groups Improving DCJ staff capacity to understand needs of people existing prison so they are able to support them suitably Collecting and analysing data to ensure the program is fit for purpose and to inform DCJ	RHSP program information supplied to NSW Correctional Centres and Community Corrections in areas program is located Referrals to the program received from NSW Correctional Centres and a variety of other sources Between 300 and 480 clients accepted onto the program per year (at least 20% of clients will be First Nations) At least 50% of clients are engaged in the program while in custody (pre-release engagement) Case plans completed for clients accepted onto the program (target of 85%) Clients housed in temporary accommodation (TA)	**Housing** Clients secure TA/ crisis accommodation (DATA SOURCE: CIMS) Clients secure medium/long-term housing (DATA SOURCE: CIMS) Housing is suitable for client's needs (location, design, affordability, cultural appropriateness) (DATA SOURCE: self-reported via questionnaire or qualitative tool) **Connection to services** Clients are connected with their local Community Corrections office (DATA SOURCE: CIMS) Clients engage with health services to address their immediate and acute physical needs (DATA SOURCE: CIMS for referral, level of engagement would be self-reported via questionnaire or qualitative tool) Clients engage with mental-health services to address their psychological and psychiatric needs (DATA SOURCE: CIMS for	**Housing** Clients secure TA/ crisis accommodation (DATA SOURCE: CIMS) Clients secure medium/long-term housing (DATA SOURCE: CIMS) Housing is suitable for client's needs (location, design, affordability, cultural appropriateness) (DATA SOURCE: self-reported via questionnaire or qualitative tool) **Connection to services** Clients continue to meet their obligations in relation to Community Corrections orders (DATA SOURCE: CIMS) Clients engage with health services to address their longer-term needs, including eyesight, hearing, dental, Indigenous Health Check, etc. (DATA SOURCE: CIMS for referral, level of engagement would be self-reported via questionnaire or qualitative tool) Clients continue to engage with mental health service providers (DATA SOURCE:	**Housing** Clients maintain their tenancy for more than 12 months (DATA SOURCE: CIMS/ HOMES) Clients secure medium/long-term housing (DATA SOURCE: CIMS/ HOMES) Housing is suitable for client's needs (location, design, affordability, cultural appropriateness) (DATA SOURCE: self-reported via questionnaire or qualitative tool) **Connection to services** Clients are supported to complete Community Corrections orders (DATA SOURCE: CIMS) Clients maintain ongoing engagement with health services (DATA SOURCE: CIMS for referral, level of engagement would be self-reported via questionnaire or qualitative tool) Clients continue to engage with mental health service providers (DATA SOURCE: CIMS for referral, level of engagement would be self-reported via questionnaire

negotiated government funded transitional beds across the state for people leaving prison. However it is not just the deficit of housing that requires a service-delivery response; specialist support services that are genuinely focused on meeting the needs of people leaving prison are needed to operate alongside people in a holistic manner as they work to secure and maintain tenancies. Many people leaving custody require intensive support to sustain accommodation and build lives outside of the justice system. Without this support, navigating service systems and addressing the multiple barriers to post-release success can be overwhelming. People leaving custody (especially people with mental-health conditions, disabilities, and long histories of institutionalisation and housing instability) require flexible, intensive and ongoing support in order to secure and maintain long-term housing and, in doing so, build their capacity to live a productive and meaningful life outside of the criminal justice system.	• Community-based outreach that operates outside of the criminal justice system and in the communities in which people are living • Service delivery incorporating systemic advocacy that addresses structural barriers for individuals and advocates for change when required • Genuine collaboration and work with people with lived experience of incarceration is critical in both the design and delivery of community-based reintegration services A recent (soon to be published) evaluation of established CRC programs (incorporating the evidence-based principles noted above) conducted in collaboration with UNSW and funded through NSW Health used an interrupted time-series analysis to track criminal justice system trajectories for CRC clients (using BOCSAR data). This research found a dramatic reduction in contact with the criminal justice system following CRC intervention (close to 70% reduction in terms of new custody episodes, days in custody and proven offences). This reduction was sustained for two years post engagement with CRC.	physical and mental health services, Centrelink, AOD programs and the NDIS Provision of medium to long-term holistic outreach support for clients who have exited prison to address their identified needs, including support to engage with Community Corrections, physical and mental health services, AOD programs, Centrelink, NDIS, and other culturally appropriate services as needed. **Exit planning and outcome monitoring** Supporting clients to build social and cultural connections by linking them with a range of community programs in terms of both ongoing support where required, and other 'anchoring' activities. This might include FDV supports, First Nations healing and support groups, AOD support groups, recreational / social groups and other community-based programs Supporting clients to engage with vocational and other skills-development programs such as TAFE courses, driver education, traineeships, art classes and personal development **Capacity building** Increasing the capacity of DCJ Housing staff to better meet the needs of people exiting prison, including building the capacity of DCJ staff to support clients in a trauma-informed, person-centred way. This will be achieved through training with DCJ staff provided by CRC, as well as the informal opportunities for information sharing afforded by the RHSP program's co-location in DCJ Housing offices.	program design and delivery in the future	Clients housed in medium to long-term housing Suitable and eligible clients have access to Private Rental Assistance (PRA) products All relevant DCJ Housing staff in co-located offices have received training on demystifying the NSW prison system and best-practice principles for supporting people transitioning into the community	referral, level of engagement would be self-reported via questionnaire or qualitative tool) Clients engage with AOD supports (DATA SOURCE: CIMS for referral, level of engagement would be self-reported via questionnaire or qualitative tool) Clients supported to access financial support payments e.g. Disability Support Pension (DATA SOURCE: CIMS) Clients are supported to apply to the NDIS (DATA SOURCE: CIMS) Clients identify goals in relation to skills development/employment (DATA SOURCE: CIMS case plan, and self-reported via questionnaire or qualitative tool) **Safety and Wellbeing** Clients connect with family and/or community (DATA SOURCE: CIMS, self-reported via questionnaire or qualitative tool) Clients report feeling safe and secure in their accommodation (DATA SOURCE: self-reported via questionnaire or qualitative tool) Clients supported with safety concerns around violence where required (DATA SOURCE: CIMS collects data on DVSAT, info on perceptions of this/enhanced safety would be self-reported via	CIMS for referral, level of engagement would be self-reported via questionnaire or qualitative tool) Clients engage with AOD supports (DATA SOURCE: CIMS for referral, level of engagement would be self-reported via questionnaire or qualitative tool) Clients receive ongoing financial support eg. Disability Support Pension (DATA SOURCE: CIMS) Clients complete an NDIS plan (DATA SOURCE: CIMS) Clients achieve their goals in relation to development/employment (DATA SOURCE: CIMS case plan, and self-reported via questionnaire or qualitative tool) **Safety and Wellbeing** Clients report increased positive family and/or community connections (DATA SOURCE: CIMS, self-reported via questionnaire or qualitative tool) Clients report an increase in physical and mental wellbeing (DATA SOURCE: self-reported via questionnaire or qualitative tool) Clients report feeling safe and secure in their accommodation (DATA SOURCE: self-reported via questionnaire or qualitative tool) Clients report increased safety in relation to	or qualitative tool) Clients engage with AOD supports (DATA SOURCE: CIMS for referral, level of engagement would be self-reported via questionnaire or qualitative tool) Clients receive ongoing financial support eg. Disability Support Pension (DATA SOURCE: CIMS) Clients NDIS plan is implemented (DATA SOURCE: CIMS) Clients achieve their goals in relation to development/employment (DATA SOURCE: achieve goals might be in well-being plan or self-reported via questionnaire or qualitative tool) **Safety and Wellbeing** Clients report increased social and community connection and a sense of 'belonging' (DATA SOURCE: CIMS, self-reported via questionnaire or qualitative tool) Clients report maintain increase in physical and mental wellbeing (DATA SOURCE: self-reported via questionnaire or qualitative tool) Clients report feeling safe and secure in their accommodation (DATA SOURCE: self-reported via questionnaire or qualitative tool)

		Increasing the capacity of DCJ staff to improve and streamline communications channels between Housing and Correctional staff. **Data collection** Collecting and reporting data on clients referred to the RHSP, supports provided and housing outcomes achieved Overseeing an independent evaluation to inform continuous improvement in program delivery			questionnaire or qualitative tool)	violence (DATA SOURCE: CIMS collects data on DVSAT, info on perceptions of this/ enhanced safety would be self-reported via questionnaire or qualitative tool) **Recidivism** Clients experience reduced contact with the justice system (DATA SOURCE: CIMS, BOCSAR, self-reported via questionnaire or qualitative tool)	Clients report living free from violence (DATA SOURCE: CIMS collects data on DVSAT, info on perceptions of this/ enhanced safety would be self-reported via questionnaire or qualitative tool) **Recidivism** Clients experience reduced contact with the justice system (DATA SOURCE: CIMS, BOCSAR, self-reported via questionnaire or qualitative tool)
					Capacity building RHSP staff will have enhanced understanding of DCJ housing products and processes. This will be achieved through their formal induction onto the program which will detail DCJ housing products and also their co-location in Housing offices. (DATA SOURCE: staff questionnaire or qualitative tool)	**Capacity building** The capacity of DCJ Housing staff to understand of the issues facing people exiting prison will be enhanced through training provided by CRC (DATA SOURCE: staff questionnaire or qualitative tool) **Program and structural reform** In conjunction with DCJ and CSNSW, RHSP staff identify challenges in current referral pathways (DATA SOURCE: staff questionnaire or qualitative tool)	**Capacity building** DCJ Housing staff have enhanced capacity to work with people exiting prison, which will be achieved by direct training provided by CRC, as well as the informal influence of the RHSP co-location in housing offices (DATA SOURCE: staff questionnaire or qualitative tool) **Program and structural reform** Development of new and/or more efficient referral pathways from prison to the community (DATA SOURCE: staff questionnaire or qualitative tool)

1.3   THE EVALUATION

1.3.1   PURPOSE

The Community Restorative Centre (CRC) contracted ARTD to conduct an implementation and outcomes evaluation of the RHSP pilot. The evaluation relates to the period from program inception (1 July 2021) to 31 May 2023.

The overarching question of interest for the evaluation is **'Did the RHSP reduce homelessness amongst people exiting prison in NSW?'**

It is intended that the evaluation findings can be used by CRC and DCJ to inform decision making about the future of the program, including analysis of what worked well and should be replicated or continued, and what can be improved or further developed to enhance program outcomes.

1.3.2   SCOPE AND FOCUS

This evaluation begins to examine the impact of the RHSP on reducing homelessness for people leaving prison in NSW by considering the implementation of the pilot to date and the achievement of short, medium (and where possible) long term outcomes (Figure 2). It is difficult to answer the overarching evaluation question of whether the RHSP reduces homelessness amongst people exiting prison in NSW in full at this stage of the RHSP's delivery. The number of months since clients first engaged with the program, and the number of clients who have been engaged with the program for these time periods is shown in Appendix A4.1. Although the majority of clients (60%) had been engaged with the program for nine months or more, few people had engaged for long enough to observe anticipated longer term outcomes. At the end of the evaluation period one-quarter of participants had been engaged with the program for 14 months or longer. In February 2023, on average, clients had been engaged with the program for nine months.

FIGURE 2.   THREE OUTCOMES PERIODS FOR RHSP
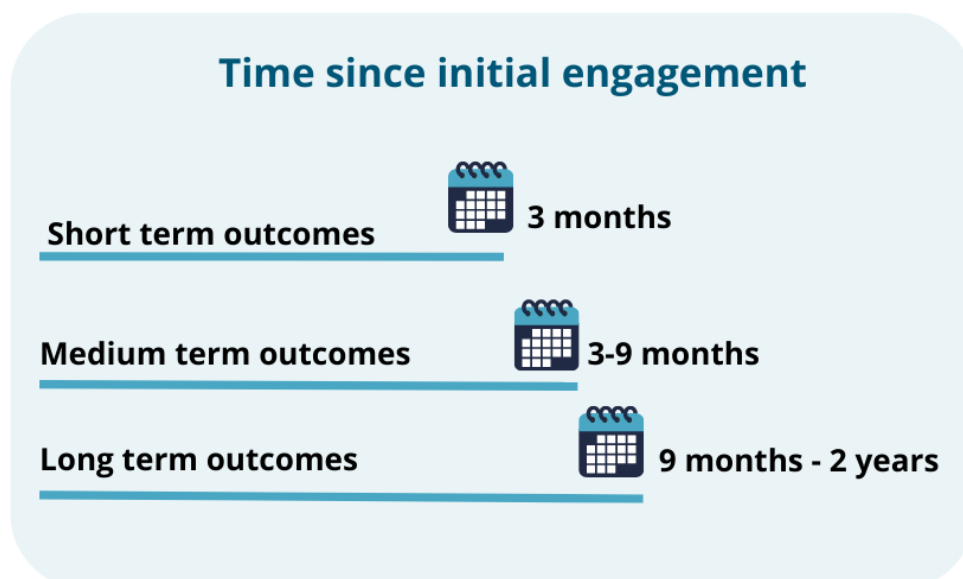
1.3.3   KEY EVALUATION QUESTIONS

Table 1 outlines the key evaluation questions addressed in this report.

TABLE 1.   KEY EVALUATION QUESTIONS

Key evaluation questions
1. To what extent has the RHSP been implemented as intended including: • enabling factors and barriers to program implementation • sufficient and appropriate referrals • the proportion of people accepted onto the program • the number of completed case plans • the impact of COVID-19 on implementation.
2. To what extent has participation in RHSP impacted intended short and medium-term outcomes for clients in relation to: • Housing • Connection to support with access to services • Safety and wellbeing • Recidivism.
3. What early evidence exists to indicate that the RHSP will achieve the intended long term outcomes for clients in relation to: • Housing • Connection to support with access to services • Safety and wellbeing • Recidivism.

Key evaluation questions

4. To what extent has the co-location of RHSP support workers within DCJ Housing offices facilitated access to housing support for people exiting prison who are at risk of homelessness through:
   - RHSP workers having an increased understanding of DCJ Housing products
   - DCJ Housing staff having an improved capacity to support this cohort
   - streamlined referral pathways and processes.

5. To what extent were there any unintended positive or negative outcomes of the program?

1.3.4   GOVERNANCE

ARTD and CRC met regularly throughout the evaluation. CRC and ARTD also met regularly with DCJ.

An Aboriginal Reference Group (ARG) was established to inform the evaluation. The ARG met three times over the period the evaluation was conducted. ARTD will present and discuss the final findings of the evaluation to the ARG at the fourth and final meeting after finalisation of this report.

1.3.5   ETHICS

Ethics approval for the administrative data analysis and interviews with clients was sought from the Aboriginal Health and Medical Research Council (AH&MRC) Human Research Ethics Committee and granted on 23 February 2023 (Approval number: 2024/22).

1.3.6   DATA SOURCES AND METHODS

This was a mixed methods process and outcomes evaluation. Primary qualitative data was collected, and secondary administrative data was analysed to answer the evaluation questions. Additional detail regarding the methods is presented in Appendix 2.

Literature and document review
We completed a desktop review of key program documentation to understand the program and its operations. We also completed a targeted rapid literature scan (Appendix 1) of like programs to identify existing data that could contribute to analysis or provide supporting evidence of best practice for post-release housing programs in the Australian and international context.

Staff and stakeholder interviews
We conducted 13 interviews with CRC and DCJ staff. We also interviewed three other stakeholders involved with the program, including two from DCJ Housing and one from Jewish House. See Appendix A2.2 for a detailed list of interview participants. Interviews were conducted from November 2022 to April 2023 via video conference.

Client interviews
We conducted interviews with 20 clients from across the six sites. Interviews with clients participating in the program were conducted from March to May 2023. Interviews lasted up to 45 minutes were held over the phone. The interviews used a semi-structured interview

guide (see Appendix 3) aligned to key evaluation questions and employing a 'discovery spine' approach, enabling clients to tell their story on their own terms.

Quantitative administrative data analysis

Program data included de-identified, individual-level data from the Client Information Management System (CIMS). Extracts for RHSP clients from 1 July 2021 to 28 February 2023 were provided for analysis. This data was used to understand program implementation, as well as the impact of the program on intended short and medium-term outcomes.

Data were provided for RHSP clients and a comparison group from the Family and Community Services Insights, Analysis and Research (FACSIAR) HOMES public housing tenancy data. This data was used to examine the impact of the program on long-term housing outcomes. The comparison group comprised individuals who had recently left custody, were at risk of homelessness and had presented to a specialist homelessness service (SHS) for support, and is referred to as the SHS comparison group. Individuals who met the criteria for inclusion in the comparison group but were also receiving support from CRC through their other programs were excluded from this analysis.

Data covered the period from September 2021 to February 2023. CHIMES community housing tenancy data was only available for the period July 2021 to June 2022. As this only included the first 10 months of program delivery, which was not sufficient to draw robust conclusions about community housing outcomes, CHIMES data was not included in this analysis. Future evaluations should examine community housing outcomes for RHSP participants as more data becomes available.

2.   IMPLEMENTATION OF THE RHSP

Key evaluation questions answered in this chapter

KEQ 1: To what extent has the RHSP been implemented as intended including:

- enabling factors and barriers to program implementation
- sufficient and appropriate referrals
- the proportion of people accepted onto the program
- the number of completed case plans
- the impact of COVID-19 on implementation?

KEQ 4: To what extent has the co-location of RHSP support workers within DCJ Housing offices facilitated access to housing support for people exiting prison who are at risk of homelessness though:

- RHSP workers having an increased understanding of DCJ Housing products
- improved capacity to support this cohort
- streamlined referral pathways and processes?

2.1   THE RHSP WAS IMPLEMENTED AS INTENDED

The RHSP was designed to trial a new approach to referral pathways into housing for people exiting or who have recently exited custody who may be at risk of homelessness. There are four key elements to the delivery of the RHSP:

- Coordinated referrals
- Integrated service response
- Person-centred engagement
- Wrap-around psychosocial support.

This section describes the extent to which the RHSP and these four key elements were able to be implemented as intended.

2.1.1   REFERRALS INTO THE PROGRAM WERE SUFFICIENT AND MOSTLY APPROPRIATE

The RHSP was intended to develop a system of coordinated referrals by establishing working relationships and protocols between DCJ Housing and Corrective Services. The referral pathways into the support program were for people exiting custody at risk of homelessness and people who have been recently released from custody who are experiencing homelessness.

THE PROGRAM RECEIVED ENOUGH REFERRALS TO MEET ITS INTENDED CAPACITY

At the end of February 2023, 976 individuals had been referred into the program. This included:

- 377 referrals accepted into the program (39%) and
- 599 referrals declined (61%).

The number of referrals into the program may not reflect the demand for the program. RHSP managers noted that initially the program received only a small number of referrals, until awareness of the program had increased at correctional centres. However, the RHSP managers also highlighted that the number of referrals later decreased because correctional centres and other services became aware that the service was at capacity, and stopped making referrals in in anticipation of the referral being rejected.

Capacity to accept referrals into the program is limited by the number of staff available. At some sites, RHSP and DCJ workers reported that the capacity of RHSP workers was a barrier to accepting new referrals. This was specifically highlighted by DCJ Housing staff in Liverpool and Strawberry Hills where understaffing (i.e. not having both RHSP worker roles filled) and staffing changes amongst the RHSP workers decreased program capacity to support clients and resulted in reduced capacity to accept referrals. This finding is reflected in the program data where of the 599 referrals that were declined, more than one third (37%) were not able to be supported due to staff capacity (Table 2).

TABLE 2.   REASONS THAT REFERRALS WERE NOT ACCEPTED INTO THE PROGRAM

Reason for decline	N	%
Agency had insufficient staff	221	37%
Person was refused service/ person did not meet criteria	156	26%
Agency had no other services available	83	14%
Person did not accept service	35	6%
Agency was in the wrong area	19	3%
Agency was inappropriate, wrong target group	5	1%
Person wanted different services	2	0%
Agency's facilities were not appropriate for a person with special needs	2	0%
Agency had no accommodation available	0	0%
No fee-free services available at the time of request	0	0%
Other	88	15%
Missing	6	1%
Total	**599**	

Source: CIMS Unassisted Persons report, July 2021 – February 2023. Note: Multiple reasons for decline were able to be selected for each unassisted referrals: percentages do not sum to 100%.

MOST REFERRALS TO THE PROGRAM ARE APPROPRIATE

Clients who have served time in custody (for a custodial sentence, but not remand) are eligible for the RHSP up to three months before and four weeks after they are released from custody. Being at risk of homelessness and planning to live in an area that is serviced by the program are the only other additional eligibility requirements for the program.

Interviews with staff indicated that referrals to the service were largely appropriate and met the eligibility criteria. This is consistent with the program data which shows that of the 599 declined referrals, around one quarter (26%) were noted as not meeting the program criteria (Table 2). As we are unable to examine the number of, and reasons for, ineligible referrals over time, we cannot determine if these ineligible referrals occurred more frequently during early implementation and the extent to which this issue was addressed though better communication and relationships with referring agencies. It was most common for people to be ineligible because of the timing of their referral relative to their planned release date, or their location. Less common reasons for declining referrals included clients with very high support needs that were more suited to residential care or supported living.

[The referred person] was [older], he had cancer, diabetes. He was vision impaired and had support needs with physical support, support to medical appointments (...) he had no services involved and he had a range of issues and he was also on the Child Protection Register. So, I think for us it had been determined he's not appropriate (...) He would be more appropriate for another service, such as MyAgedCare, because of his support needs and his age. (RHSP worker)

RHSP staff also received referrals from correctional centres for clients who were on remand, who did not yet have a release date, or clients who were more than three months away from being released. Although not yet eligible for the program, these clients may be accepted into the program at a later time. Suggestions from RHSP workers and managers to prevent these ineligible referrals included clearly stating eligibility timeframes and ineligibility for individuals on remand on the referral form. RHSP workers also commonly reported receiving referral forms with missing client information. This was an administrative burden for workers as they must follow up on the missing information to triage the potential client.

The RHSP managers reported that early in program delivery there was a lack of clarity regarding the eligibility of people who had been released from custody but who were not eligible for a DCJ Housing product (e.g. individuals who were able to secure employment which made them ineligible to apply for public housing). While RHSP workers thought it was important to still provide holistic wraparound support to this cohort, DCJ Housing staff did not perceive these individuals as eligible for the program.

2.1.2 RHSP ACCEPTS A BROAD RANGE OF INDIVIDUALS REFERRED INTO THE PROGRAM

The RHSP program guidelines note that CRC is to accept all referrals from the local DCJ Housing team of individuals at risk of homelessness who meet the eligibility criteria until the provider is at contracted capacity. However, the guidelines do not provide specific detail regarding the processes and criteria to be used to determine which referrals to accept where there is limited capacity.

RHSP managers reported that in practice, the factors considered when accepting referrals are dynamic, and can vary across sites. In particular, they are affected by staff caseloads at the time of referral (e.g. initially prioritising individuals with high support needs, but when capacity is low taking on individuals with lower support needs).

INDIVIDUALS ACCEPTED INTO THE PROGRAM HAD DIVERSE BACKGROUNDS, PAST EXPERIENCES, AND SUPPORT NEEDS

A total of 377 clients were accepted into the RHSP program between its inception and February 2023 and 391 periods of support were provided. Table 3 shows the demographic characteristics of RHSP clients and their status at the start of their support period. More detail is provided in Appendix A4.2. Across all sites:

- Over one third (36%) of clients accepted into the program identified as **Aboriginal.** This is higher than the 20% target outlined in the program guidelines, which indicates that the program and CRC are working well to engage Aboriginal clients with support.

- **Female clients** make up a small proportion of all RHSP clients (14%).
- Nearly one in ten clients (9%) were **young people** (aged 18 to 25) and around one in six clients were **older** (16% aged 56 years or over).
- Around two thirds (68%) of all RHSP clients were **between 26 and 45 years old**.
- RHSP clients accepted into the program commonly reported having a **prior mental health diagnosis** when starting their period of support (65% of support periods).
- RHSP clients commonly reported **a recent history of homelessness** both in the month before starting RHSP (37% sleeping rough; 40% in short-term and emergency accommodation) and within the 12 months before starting RHSP (45% sleeping rough; 45% in short-term or emergency accommodation). As the support period data does not capture if a client has ever had a history of homelessness, and that clients are entering the program after varying periods of time in custody, it is important to note that these measures of recent experiences of homelessness likely underestimate the proportion of clients who had experiences of homelessness prior to their custodial sentence.

TABLE 3.   DEMOGRAPHIC PROFILE AND STATUS AT THE START OF SUPPORT FOR RHSP CLIENTS

Client characteristics	N (%)	Total
Demographic characteristics		
N (%) Aboriginal	136 (36%)	377 clients
N (%) 26–45 years old	157 (68%)	377 clients
N (%) female	43 (14%)	377 clients
Status at start of support period		
N (%) with a prior mental health diagnosis	256 (65%)	391 support periods
N (%) sleeping rough in the month prior to support	145 (37%)	391 support periods
N (%) in short term or emergency accommodation in the month prior to support	156 (40%)	391 support periods
N (%) sleeping rough in the 12 months prior to support	176 (45%)	391 support periods
N (%) in short term or emergency accommodation in the 12 months prior to support	174 (45%)	391 support periods

Source: RHSP CIMS data, Demographics, Support period list, July 2021 – February 2023. Note: clients were able to select more than one response regarding their history of homelessness in the month/ 12 months prior to starting support. Some clients received more than one support period.

There were substantial site-level differences in the proportion of Aboriginal clients (Figure 3). In Dubbo, the vast majority of RHSP clients were Aboriginal (83%), reflecting the high proportion of Aboriginal people living in Dubbo. The proportion of Aboriginal clients in other sites ranged from 19% (Coniston) to 35% (Mount Druitt).

Sites also varied in their proportions of female clients (Figure 3). In Mount Druitt, more than one in five clients (28%) were female, compared to one in 10 clients (10%) in Liverpool.

FIGURE 3.   PROPORTION OF RHSP CLIENTS WHO IDENTIFY AS ABORIGINAL, AND THE PROPORTION OF FEMALE CLIENTS, BY SITE
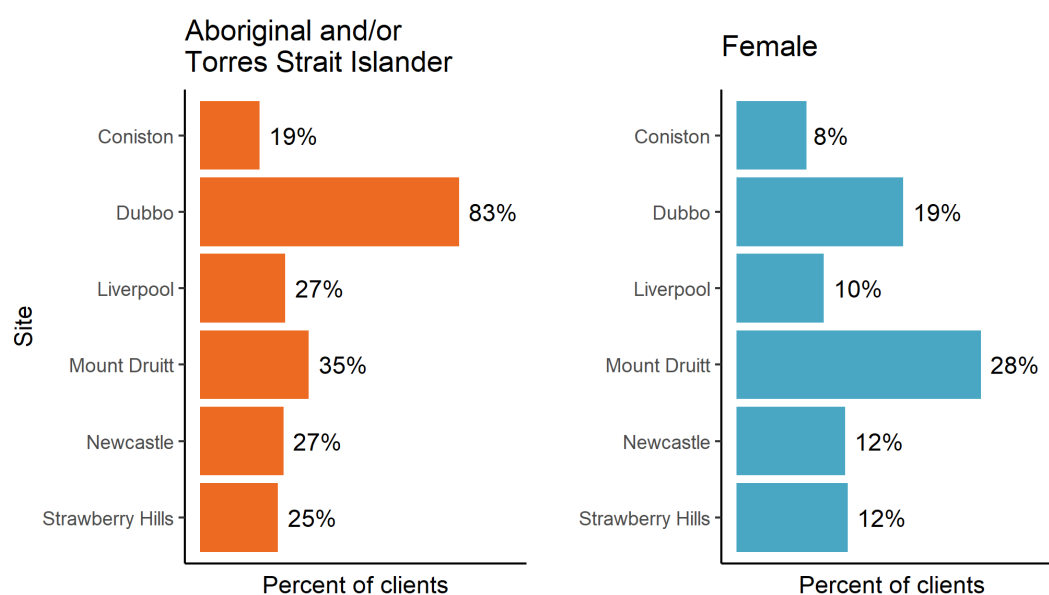
Source: RHSP CIMS data – Demographics, Intake, July 2021 – February 2023. Note: Client site identified through CIMS – Intake List.

As expected, the most common reason for presenting to RHSP for support among clients who were accepted into the program related to their transition from custodial arrangements (90%). The next most common reasons RHSP clients required support related to:

- Mental health issues (50%)
- Problematic drug or substance use (44%)
- Housing affordability stress (36%)
- Unemployment (36%) and
- Financial difficulties (26%).[27]

See Appendix A4.2 for complete details of RHSP client presenting reasons.

The majority of clients (60% of support periods where the intensity of support needs was recorded) required high intensity supports (Table 4).

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[27] Many clients have more than one support need, so percentages do not sum to 100%.

TABLE 4.   THE INTENSITY OF SUPPORT CLIENTS REQUIRED

Intensity of support	N	%
High	184	60%
Medium	84	27%
Low	39	13%
Total support periods	**307**	**100%**
Missing	84	

Source: RHSP CIMS Case level of effort, July 2021 – February 2023.

THE NUMBER AND TIMING OF REFERRALS ACCEPTED INTO THE PROGRAM DIFFERED ACROSS SITES

Although the program began in July 2021, the first referrals were not received until September 2021. Across the evaluation period (July 2021 – February 2023), substantially more referrals were accepted in Coniston (89) than in the other five sites where RHSP was delivered (range: 40–51 referrals, Figure 4).

FIGURE 4.   NUMBER OF REFERRALS, BY SITE
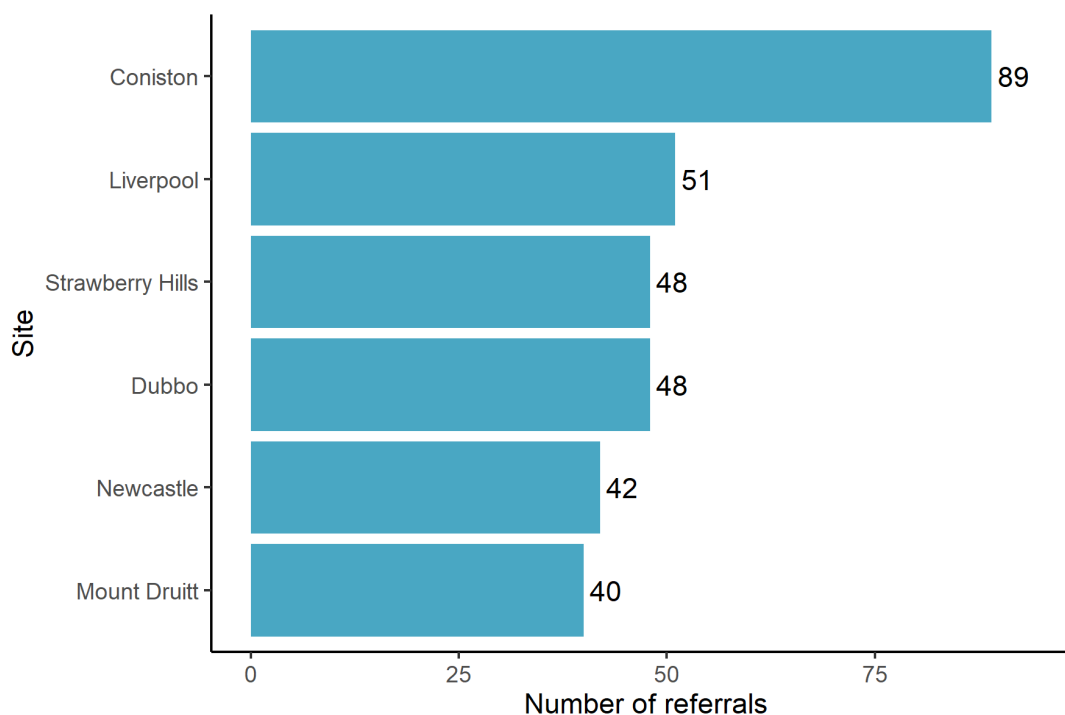
Source: RHSP CIMS data – Intake, July 2021 – February 2023. Note: Client site identified through CIMS – Intake List.

As discussed in Section 2.1.1, available staff capacity was a key factor impacting the program's ability to take on new clients (Figure 5). Periods where there are high numbers of new clients are followed by periods with fewer intakes, which is consistent with staff being at or near their caseload capacity. Some DCJ Housing staff also mentioned that the level of

support required varies between individual clients, which makes it challenging to plan the service capacity.

FIGURE 5.   NUMBER OF CLIENTS STARTING SUPPORT PERIODS, BY MONTH ACROSS SITES
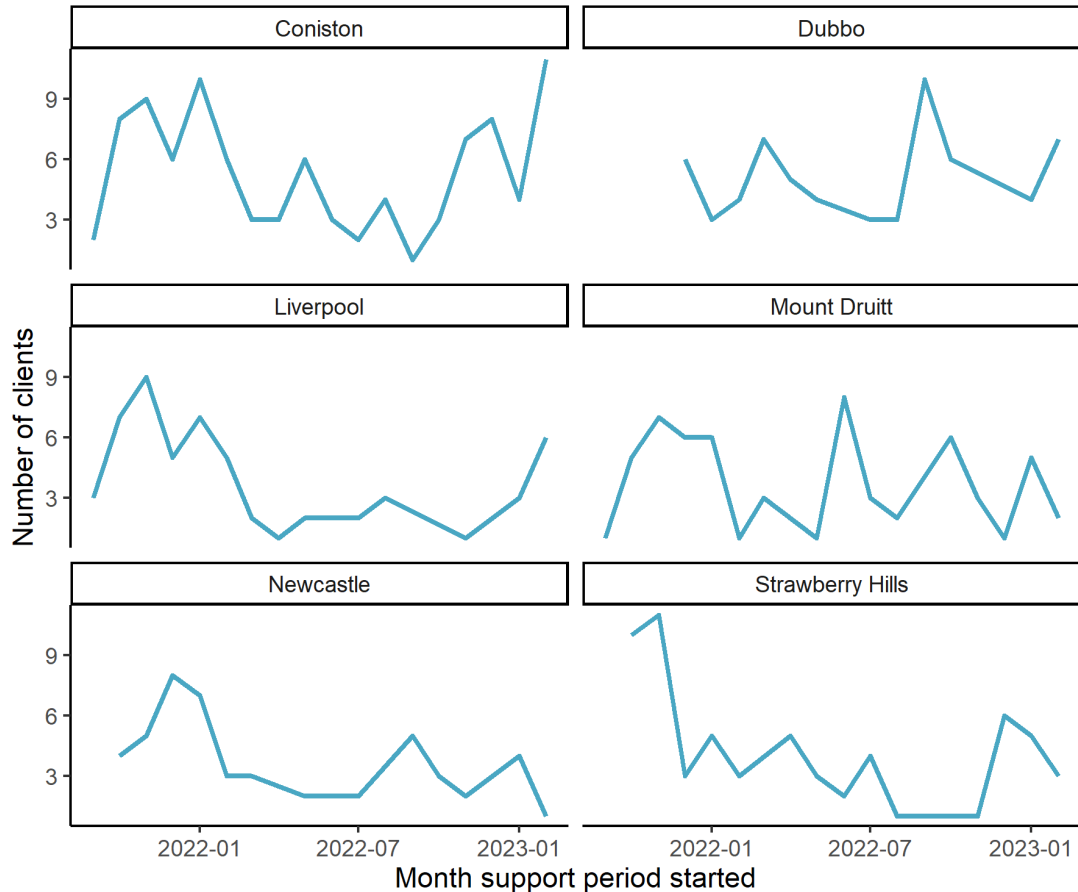
Source: RHSP CIMS data – Support period, July 2021 – February 2023. Note: Client site identified through CIMS – Intake List.

THE PROGRAM ACCEPTED CLIENTS REFERRED BOTH PRE-RELEASE AND POST-RELEASE, AND REFERRED FROM A RANGE OF REFERRERS

As intended, the RHSP receives referrals into the program for individuals both before and after their release from custody. Although data regarding the timing of referrals was not available for all referrals, similar proportions of clients were referred into the program pre and post their release from custody (Table 5).

TABLE 5.   THE NUMBER AND PROPORTION OF CLIENTS REFERRED INTO THE PROGRAM PRE- AND POST-RELEASE

Timing of referral	N	%
Pre release	161	51%
Post release	156	49%
Total	**316**	**100%**
Missing	61	

Source: RHSP CIMS data – Intake, July 2021 – February 2023. Note: One referral was flagged as both pre release and post release.

In line with program guidelines, the most common referral sources into the RHSP were adult correctional facilities (through case managers or corrections officers in Corrective Services, 44%) and social housing (DCJ Housing, 32%) (Table 6). Other sources of referrals included community corrections, Local Coordinated Multiagency offender management agencies and case workers from other services. These referrals first come to DCJ Housing who then makes the final decision regarding referral into the program. During the interviews, staff also noted that people can also self-refer to RHSP or be referred by a family member.

TABLE 6.   REFERRAL SOURCES

Referral source	N	%
Adult correctional facility	172	44%
Social housing	126	32%
Other agency (government or non-government)	29	7%
Other	21	5%
Specialist homelessness agency/outreach worker	16	4%
Youth/juvenile justice correctional centre	10	3%
Drug and alcohol service	7	2%
Legal unit (including Legal Aid)	5	1%
No formal referral	2	1%
Aged care service	1	0%
Hospital	1	0%
Mental health service	1	0%
Total	**391**	**99%**

Source: RHSP CIMS data – Support period list, July 2021 – February 2023. Note: Referral source data only available for referrals who were engaged with support. As a number of clients had engaged with the service for multiple support periods, there were more support periods delivered than unique clients.

RHSP workers from several sites noted that they did not receive as many pre-release referrals as they had hoped or expected. Stakeholders felt there was a need to increase awareness of the program and its ability to engage with individuals pre-release at correctional facilities and amongst services that had in-reach into correctional centres. RHSP managers also found that in some sites referrals tended to come from the same sources within Corrections, which they felt indicated a lack of awareness of the program at some correctional centres.

Program data indicates substantial site-level differences in the proportion of clients referred into the program pre-release (Table 7). This suggests that referral pathways and relationships with Corrective Services are not equally developed across all pilot sites. For example, RHSP staff in Dubbo noted that when the pilot started, CRC was a relatively new service provider in the Dubbo area, and had few existing relationships with correctional centres and other local services. Given that it takes time to establish trust and ways of working with new organisational partners, this may have had an impact on referral numbers from these sources.

TABLE 7.   REFERRAL TIMING, BY SITE

	Pre-release		Post release		Total	
Site	**N**	**%**	**N**	**%**	**N**	**%**
Coniston	23	26%	65	74%	88	100%
Dubbo	14	30%	32	70%	46	100%
Liverpool	35	69%	16	31%	51	100%
Mount Druitt	28	70%	13	32%	41	100%
Newcastle	34	83%	7	17%	41	100%
Strawberry Hills	26	54%	22	46%	48	100%
Total	**160**	**51%**	**155**	**49%**	**315**	**100%**

Source: RHSP CIMS data, Intake; Support period, July 2021 – February 2023. Note: Client site identified through CIMS – Intake List. Referrals where no site was recorded on intake and referrals where referral timing was not recoded have been excluded from this analysis.

RHSP MANAGERS, WORKERS, AND DCJ HOUSING STAFF MADE COORDINATED DECISIONS TO ACCEPT REFERRALS INTO THE PROGRAM

All sites reported broadly similar processes to decide which referrals are accepted into the program, and noted that there are different referral processes for pre and post release referrals. Pre-release referrals are made from correctional centres directly to CRC. Referrals for individuals post-release are first made to DCJ Housing, and then referred to CRC.

Referrals received by CRC are allocated to the appropriate site by the RHSP managers. The decision whether to accept the referral is made after discussion at the fortnightly caseload and allocation meetings. These meetings are held by most sites and involve local DCJ Housing staff, RHSP workers and RHSP managers. Decisions are usually made within two weeks of the referral being received.

If there is limited capacity, RHSP staff base their decision to accept a referral on several factors including:

- the level of support the person requires (staff generally try to prioritise people who require a higher level of support, if capacity allows)
- a person's individual risk of homelessness
- a person's existing connections with other support services (clients with no existing supports are prioritised)
- the release date, and whether this conflicts with other clients being released in the same week, as clients typically require more intense support immediately following release
- the type of offence (and whether staff are able to be safe when supporting clients).

If a RHSP worker knows a potential client, which may be more likely in regional sites, the potential conflict of interest between worker and client is also considered on intake.

SITES DIFFERED IN THE EXTENT TO WHICH DCJ HOUSING STAFF WERE INVOLVED IN THE DECISION REGARDING ACCEPTING REFERRALS

DCJ Housing staff have varying levels of agreed authority over decision-making about which referrals are accepted when capacity is limited. Examples of the different ways that DCJ Housing staff were involved in decision-making at different sites include:

- DCJ Housing staff in Liverpool trust the RHSP workers' judgement about who needs the support the most and commonly agree with them about which referrals should be prioritised.
- In Strawberry Hills, RHSP workers and DCJ Housing staff discuss the appropriateness and priority of incoming referrals, however DCJ Housing staff have the final say. The DCJ Housing staff member responsible for the program at Strawberry Hills raised that the decision-making process can be challenging, as they do not have a checklist or similar document to guide their decision. The factors they considered included the person's eligibility, likelihood of engagement, and current circumstances. However, the DCJ Housing staff interviewed were not clear whether these were the correct factors to inform their decision.
- In Coniston, the responsible DCJ staff member screens referrals made by their staff, endorses them, and then forwards them on to RHSP workers.

Although the evaluation did not examine which process is most successful to ensure appropriate clients are accepted onto the program, it is crucial to ensure there are transparent criteria to inform each party's decision.

2.1.3 THE PROGRAM DELIVERED SUPPORTS TO HELP WILLING CLIENTS MEET THEIR CASE PLAN GOALS

When supporting clients to meet their case plan goals, the RHSP was intended to:

- **Deliver an integrated service response**, with RHSP workers working alongside DCJ Housing officers to connect clients with housing supports such as private market assistance, Together Home or social housing.
- **Take a person-centred approach to engagement**, connecting clients with dedicated and trusted supports through a one person, one worker model.
- **Deliver wrap-around psychosocial support**, connecting clients pre-release with in-reach services, and those who have already exited custody with outreach support.

SITES DIFFERED IN THE EXTENT TO WHICH CLIENTS ENGAGED WITH SUPPORTS, INCLUDING DEVELOPING CASE PLANS

Across all sites, two thirds (69%) of clients had at least one case plan developed to address identified needs (Table 8). This is lower than the target of 80% of referrals resulting in a participant-agreed wellbeing plan to secure long term housing (as outlined in the program KPIs). However, as CRC is required to accept all referrals of at-risk individuals made by the local DCJ Housing team until capacity is reached, even where the individual refuses to engage with the RHSP worker, this likely reflects the inherent challenges in engaging this particular client cohort.

TABLE 8.   PROPORTION OF CLIENTS WITH AT LEAST ONE CASE PLAN

Client case plan developed?	N	%
At least one case plan developed	261	69%
No case plan developed	116	31%
Total	**377**	**100%**

Source: RHSP CIMS, Plans list, July 2021 – February 2023.

There were notable differences between sites in the proportion of clients with at least one case plan developed (Table 9). Mount Druitt (82%), Dubbo (81%) and Liverpool (80%), were the most successful in engaging clients with case plans. However, in Strawberry Hills only 60% of clients referred to the program had a case plan developed. Lower levels of clients who can be engaged with a case plan may suggest that decision-making processes regarding accepting referrals may not be identifying individuals most appropriate for the program, and that clearer guidance regarding these processes may be required. However, these differences may also reflect differences in data entry processes relating to recording case plans in CIMS.

TABLE 9. **PROPORTION OF REFERRALS WITH AT LEAST ONE CASE PLAN, BY SITE**

Site	At least one case plan developed		No case plan developed		Total	
	N	%	N	%	N	%
Coniston	68	76%	21	24%	89	100%
Dubbo	39	81%	9	19%	48	100%
Liverpool	41	80%	10	20%	51	100%
Mount Druitt	33	82%	7	18%	40	100%
Newcastle	29	71%	12	29%	41	100%
Strawberry Hills	29	60%	19	40%	48	100%
Total	**239**	**75%**	**78**	**25%**	**317**	**100%**

Source: RHSP CIMS, Intake, Plans list, July 2021 – February 2023. Note: Client site identified through CIMS – Intake List. Referrals where no site was recorded on intake have been excluded from this analysis.

WORKING WITH CLIENTS PRE-RELEASE FACILITATED CLIENT ENGAGEMENT WITH THE PROGRAM

RHSP workers, their managers and DCJ staff agreed that providing pre-release engagement improves the chance of client engagement with the program and increases the chance of positive outcomes for clients. Some RHSP workers have highlighted that the pre-release engagement is the most valuable part of the program.

> *[I have] more luck with the guys that I have known prior to release… having built that trust… They know that I'm gonna stick to my word. They know that I'm gonna do what I say I'm gonna do. And they know that I can help them. I do not have that rapport if I have not met them prior to release. (RHSP worker)*

RHSP workers commonly provide pre-release support through Audio Visual Link (AVL) meetings with their clients. This contact provides an opportunity to build rapport with clients. RHSP workers will also begin arranging accommodation pre-release to ensure there are no gaps in accommodation for their client. One RHSP worker emphasised that picking up a person on their release day is an important experience and can contribute to a strong relationship between the worker and their client. Some RHSP staff also found that the provision of release packs to clients was important as it demonstrates to clients the practical support the program can provide. The importance of being picked up from prison and receiving support with the essentials immediately was echoed by one client who felt like this demonstrated the workers' and organisation's expertise in the field.

> *People, I guess who haven't been released from prison – you don't understand. The ID, helping you with your identification and the phone – those two things, you just can't function in the world without them. So, they definitely know what's important and what to do and yeah just took away so much anxiety. (Client)*

Although the proportion of clients who were engaged in case plan development did not differ substantially overall between pre- and post-release referrals, there were notable differences in these engagement rates between sites (Table 10).

In Strawberry Hills (which had the lowest rate of clients engaged with case plans), there was a substantially lower rate of engagement with clients who were referred post-release (45%) than pre-release (73%). As pre-release referrals were made directly to CRC, and post release referrals were first reviewed by the local DCJ Housing team in this site, the lower rates of engagement in case planning for post release referrals found in Strawberry Hills suggests that the decision-making process used in this site may not be identifying the most appropriate individuals to refer into the program, or that contact with people post-release requires more time to build trust and rapport, as RHSP staff have noted is frequently the case.

TABLE 10.   THE PROPORTION OF CLIENTS WITH CASE PLANS DEVELOPED, BY THE TIMING OF REFERRAL AND SITE

Site	Timing of referral	No case plan developed		At least one case plan developed		Total	
		N	%	N	%	N	%
Coniston	Post-release	16	25%	49	75%	65	100%
	Pre-release	5	22%	18	78%	23	100%
Dubbo	Post-release	6	19%	26	81%	32	100%
	Pre-release	3	21%	11	79%	14	100%
Liverpool	Post-release	2	12%	14	88%	16	100%
	Pre-release	8	23%	27	77%	35	100%
Mount Druitt	Post-release	0	0%	12	100%	12	100%
	Pre-release	7	25%	21	75%	28	100%
Newcastle	Post-release	1	14%	6	86%	7	100%
	Pre-release	11	32%	23	68%	34	100%
Strawberry Hills	Post-release	12	55%	10	45%	22	100%
	Pre-release	7	27%	19	73%	26	100%
Total		**78**	**25%**	**236**	**75%**	**314**	**100%**

Source: RHSP CIMS Intake, Plans, July 2021 – February 2023. Note: Client site identified through CIMS – Intake List. Referrals with no site recorded on intake have been excluded from this analysis.

CLIENTS RECEIVED HOLISTIC WRAP-AROUND SUPPORT TO ADDRESS A RANGE OF NEEDS

In line with the program model, clients received holistic wrap-around client-led support based on the individual clients' support needs. This was echoed by several clients who

commented that their worker asked them what they needed help with, and many clients who said their worker provided them with the support they needed (within reason), even when things got difficult.

> *She found a way [to support me with whatever I needed]. Things might have not worked the first time, but she didn't give up. (Client)*

The most common types of support received by clients are shown in Figure 6. Clients most commonly received advice and information from their worker (70% of clients), with advocacy, brokerage, housing and transport supports also frequently delivered.

FIGURE 6.   TYPES OF SUPPORT DELIVERED TO CLIENTS
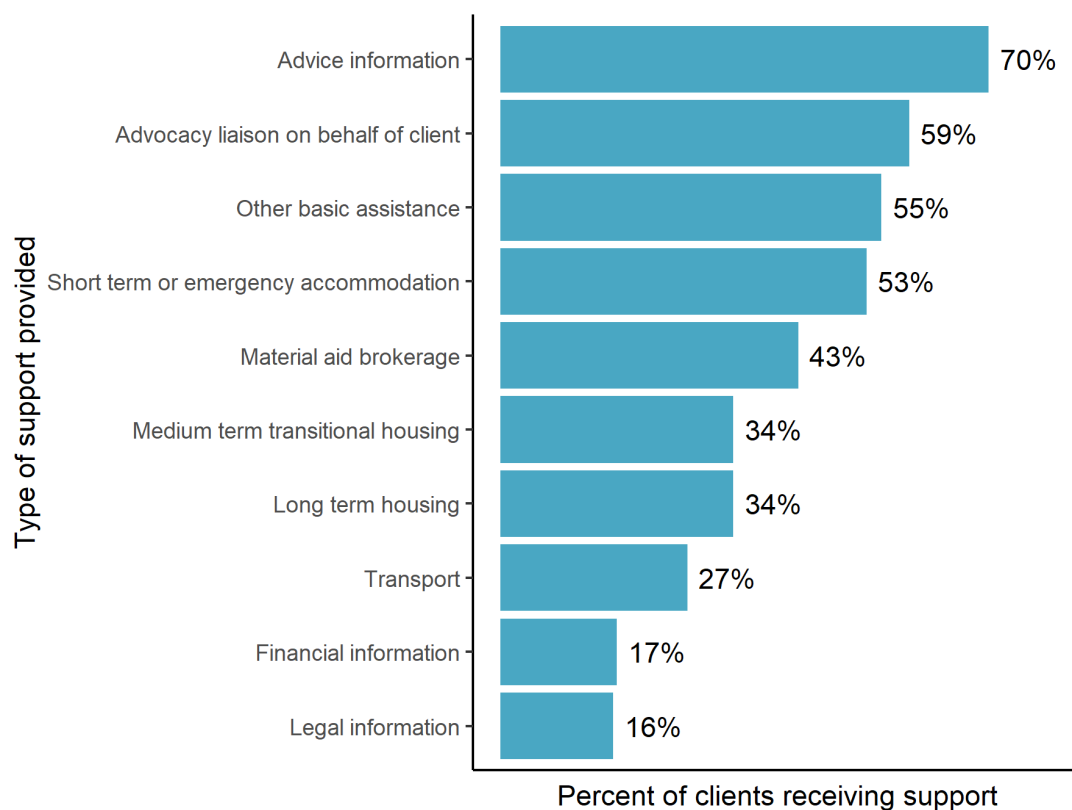
Source: RHSP CIMS Contact History, July 2021 – February 2023. Note: Only the top 10 most common types of support clients received are shown in this figure.

The types of brokerage payments used are shown in Table 11, with 'capability building and living skills' costs the most common type of brokerage used (49% of brokerage payments). On average, brokerage payments relating to establishing and moving a tenancy involved the highest payments ($424 on average, ranging from $30 to $1,218) (Table 12).

TABLE 11. BROKERAGE PAYMENTS, BY EXPENSE CATEGORY

Expense category	N	%
Capacity building and living skills costs	156	49%
Other	119	38%
Establishing or moving a tenancy	31	10%
Other costs for children	5	2%
Short term or emergency accommodation	3	1%
Medical and dental expenses	2	1%
Total	**316**	**101%**

Source: RHSP CIMS Payments, July 2021 – February 2023.

TABLE 12. DOLLAR VALUE OF BROKERAGE PAYMENTS, BY CATEGORY OF EXPENSE

Brokerage expense category	N	Mean	SD	Min	Max
Capacity building and living skills costs	156	$121	$138	$0	$950
Establishing or moving a tenancy	31	$424	$371	$30	$1218
Medical and dental expenses	2	$26	$9	$20	$33
Other	119	$108	$113	$0	$822
Other costs for children	5	$217	$213	$88	$595
Short term or emergency accommodation	3	$232	$153	$75	$382

Source: RHSP CIMS Payments, July 2021 – February 2023.

Clients who were interviewed as part of the evaluation reported receiving support across a range of areas. Client experiences of the support they received as part of their engagement with RHSP are summarised in Table 13.

TABLE 13. CLIENT EXPERIENCES OF SUPPORT DELIVERED BY THE RHSP

Area of support	Client experience of support delivered by RHSP
Help obtaining identification documents and help with financial stability	All interviewed clients reported receiving some form of administrative support, including help with government services, obtaining ID, birth certificate, citizenship or licence, help applying for government payments or pensions (e.g., Centrelink, DSP, NDIS), setting up bank accounts and help managing debt from fines.
	Importantly, this support included accompanying clients to appointments, advocating for them and helping them communicate with service workers. RHSP workers helped clients to voice their situation and needs, which included 'translating' and breaking down information from agencies back to clients.

Area of support	Client experience of support delivered by RHSP
Help furnishing housing and obtaining emergency items	Clients commonly reported receiving material support (including furniture, appliances, homeware, food, clothes, release pack containing phone and Opal card) which they greatly appreciated. Some clients said that it would have taken them a very long time to furnish their house on their own and found that the support from the program relieved some anxiety.
Emotional support	A large group of clients interviewed reported receiving emotional support from their worker, including the worker listening to their concerns and helping with emotional regulation if they felt upset or angry. For some clients, having someone to talk to was the most important thing that resulted from the support through RHSP, and one client said it greatly helped his mental health.
Reconnection with family members	Several clients received support around reconnecting with family members, in particular their children. RHSP workers attended appointments with government staff with their clients, helped communicate with relevant government agencies and supported clients to comply with requirements.
Transport to appointments	The majority of clients talked about how RHSP workers provided transport to appointments, shopping or accommodation.
Other supports	Other supports clients reported receiving included help navigating modern technologies, support that extended to clients' family members, use of the worker's laptops for video calls, employment support and reintegration support by meeting in the community in a supported way.

RHSP WORKERS SUPPORTED CLIENTS TO MEET THEIR HOUSING NEEDS, AND CONNECTED CLIENTS TO HOUSING SUPPORTS

RHSP workers emphasised that it was important to clearly explain the types of housing supports the program was able to provide, and that the program did not directly provide clients with housing. DCJ Housing staff noted that clients' expectations around the types of housing support the program was able to provide was a challenge, and that many clients expected the program would be able to house them straight away. This emphasises the importance of clearly explaining the program when referring clients and on intake. Clients who were interviewed understood the extent of supports available through the program, indicating that workers were able to clearly communicate this to their clients.

Housing supports facilitated by the RHSP workers for clients included:

- arranging post-release accommodation including temporary accommodation, boarding houses, crisis accommodation refuges and transitional housing
- facilitating processes to extend temporary accommodation
- supporting clients with housing applications (including obtaining supporting documentation for priority applications)
- liaising with DCJ Housing staff on behalf of clients

- explaining DCJ Housing processes (e.g., housing applications, temporary accommodation) to clients
- supporting exploration of DCJ Housing supports other than social housing (including Rent Choice Assist and Private Rental Subsidy)
- liaising with temporary accommodation providers.

CASELOAD SIZE ENABLED WORKERS TO BUILD STRONG RELATIONSHIPS AND DELIVER CONSISTENT, FLEXIBLE AND ACTIVE OUTREACH TO CLIENTS

It was proposed that RHSP staff would have a caseload of 12–15 clients at any one time, giving them flexibility to respond to particularly high needs clients. Although the caseloads were not explicitly raised by program staff as a facilitator for delivering support, staff descriptions of their ways of working made it clear that the current caseloads of around 10–16 clients per worker were important to successful delivery of the program. These caseloads allowed staff to deliver consistent, flexible and active outreach to clients as the program design intended.

All stakeholder groups reported that the way RHSP staff work, through active outreach and engaging flexibly, was important when engaging with clients. This also allowed RHSP workers to meet and work with clients in locations where clients feel safe, which works well, particularly for Aboriginal clients. Although it could be difficult to engage with clients in times of acute crisis, RHSP workers were able to provide transport to appointments and support during appointments, which helped when working with clients in crisis. These ways of working supported staff to build strong relationships with their clients and enabled positive outcomes.

> *They know that if crisis hits, they can ring up, you know. But then if good things happen too, they ring up... it depends on how long you've had that relationship with them. I mean, some people attach really easily and other people, you know, takes that time to build that trust.* (RHSP worker)

READINESS FOR CHANGE WAS THE MOST IMPORTANT FACTOR CONTRIBUTING TO CLIENT ENGAGEMENT WITH THE PROGRAM AND SUPPORTS

Several RHSP workers and DCJ Housing staff members reported that an important factor driving engagement and positive outcomes for clients was their readiness for support and change. Where clients were ready for change, the program was able to engage them with supports; however staff also noted that some clients were not ready for support when they were referred into the program. Several RHSP workers spoke about non-engagement being common, and found that clients being in acute crisis or active substance use could contribute to this. RHSP workers also mentioned that a general distrust of services was a common reason clients did not engage with the program. If clients felt the program was associated with a government department, this was a particular barrier to engagement.

Staff also mentioned that clients were often hard to contact as they may have changed their number, did not have credit, or were not used to having a phone, which could inhibit engagement.

2.1.4 STAFF ARE BUILDING TRUST WITH CLIENTS WHICH FACILITATES OUTCOMES

CLIENTS FELT RESPECTED BY THEIR WORKER AND APPRECIATED THEIR GENUINE AND RELIABLE SUPPORT

During interviews clients spoke exceptionally highly of the program and their worker. No clients reported having any negative experiences with support through the program. Interviewed clients described their RHSP worker as a good, kind, understanding, empathic or caring person.

Seeing that someone cared about them and genuinely supported them motivated some clients to engage with the program and achieve positive outcomes.

> *They really are here to help. So, therefore, I felt compelled to open up and ask for whatever I sort of needed. (Client)*

> *It felt like real people, real help. There is a real understanding there and a real want to make a better life for someone. I reckon that is the best thing about it, that it's real. It feels good, feels real. (Client)*

All interviewed clients said they felt respected by their worker and that they did not feel judged or discriminated against by their worker. Clients felt like they were being seen and treated like a human being by their worker which made them feel understood and supported.

> *In all honesty, in no way could I imagine that there could be a better program or better people than the ones I met from CRC… I also can't imagine where I would be without them.* (Client)

Clients commonly described their worker as professional and reliable, responding to their requests for support in a timely manner. They also appreciated their worker actively reaching out to them to make sure they were okay, asking them if they needed any support and reminding them of appointments. Most RHSP workers mentioned that consistent and persistent contact with clients increased engagement, and that this, together with the 12-month support period, built trust, engagement and connection.

> *Anytime that I need help [my worker] has been there. (Client)*

Most clients talked about feeling comfortable enough with their worker to talk about any problem they may have openly and honestly, including thoughts or incidents of relapsing and challenging feelings about being back in the community, indicating that clients have great trust in and feel safe with their caseworker.

> *I think it is just how comfortable they make me feel. I can talk to my worker about anything. I don't feel embarrassed or feel down. She is always there to support me. Any interviews or appointment that I feel I need support, someone to come with me, she takes the time out to come with me. (Client)*

RHSP workers talked about how their knowledge and experience of the service and corrections system helped them to support their clients - knowing what services clients could access and advocating for this. This was echoed by clients who said their workers could always answer their questions directly, point them in the right direction for appropriate support, or research the topic.

Clients also commonly felt that their worker understood their specific needs, and the needs of people who have been released from prison. A program worker echoed this and described the value that CRC placed on lived experience and community knowledge when recruiting their workers contributed to this.

> *I have lived experience and I have some community experience growing up around the areas. I get good engagement because I'm relatable, you know, a lot of the clients, I grew up around similar communities. So, I can get the engagement off the bat sort of pretty well. I know the lingo and stuff like that. (RHSP worker)*

This importance of lived experience was also echoed by clients in interviews.

> *He's just down to earth. He's probably got family members that have been through the same shit I have been through. He understands. He's not like a college or uni student, more of a down to earth kind of bloke. Talks like me, if you know what I mean. Knows what it's all about. So, he's pretty good. (Client)*

Several clients talked about how the support they receive from their worker increased their feelings of self-efficacy, independence and empowerment through learning new skills and knowing that they have support available in case something goes wrong.

> *It is not really about housing; it is about getting you set up for housing (...) It is about how to build the foundations so that you don't just lose it. (Client)*

> *Just to know that there is someone there to fall back on, it helps to do things on your own. It gives you that little bit more confidence. (Client)*

RHSP WORKERS PROVIDE A CULTURALLY APPROPRIATE AND SAFE SERVICE

As shown in Section 2.1.2, around one third (36%) of program clients identify as Aboriginal. While this is high Aboriginal engagement with a non-Aboriginal organisation, it is representative of the broader custodial cohort.

To ensure that CRC delivers the RHSP in a culturally safe and appropriate way the program employs one Aboriginal RHSP Manager and three Aboriginal case workers, and all RHSP staff receive cultural competency training. Over one in four (29%) RHSP staff identify as Aboriginal, meeting the KPI that at least 20% of the program staff will identify as Aboriginal. One Aboriginal RHSP worker noted that CRC emphasised supporting their identified staff well, for example by providing cultural supervision.

Beyond that, clients from all locations have the opportunity to speak with Aboriginal staff within RHSP and are connected with other local culturally appropriate services. Program staff from Strawberry Hills highlighted that it can sometimes be difficult to find appropriate

organisations to refer Aboriginal clients to, and that Aboriginal clients may know people working at local organisations and therefore do not want to engage with those organisations to protect their own privacy.

While program staff generally felt like the program was appropriate and safe for Aboriginal clients and clients from culturally and linguistically diverse groups, they said there was always room for improvement and learning as an organisation. Some particular barriers for Aboriginal clients included past experiences of trauma in relation to interacting with government agencies. Co-location at DCJ Housing offices means that some clients may not want to engage with RHSP due to those past experiences. One RHSP worker suggested that an outreach approach of the RHSP assisted with this.

Aboriginal clients reported feeling respected by their worker and well supported by the program and did not mention any negative experiences with the program or its staff.

2.1.5   WHAT WERE ENABLING FACTORS AND BARRIERS TO PROGRAM IMPLEMENTATION?

COLLABORATION BETWEEN CRC AND DCJ HOUSING STAFF ENABLES PROGRAM IMPLEMENTATION

Across sites, RHSP workers, managers and DCJ Housing staff agreed on the need for a program that supports people leaving custody to reduce their risk of homelessness. This shared purpose and alignment of values is a major facilitator for implementation, as key stakeholders and staff members are generally supportive of the program and want it to succeed. A deeper understanding and valuing of the work of the other organisation, which has been facilitated by the co-location of RHSP staff in DCJ Housing offices, has enabled program implementation and largely successful collaboration between CRC and DCJ Housing.

> *There's a very big gap for people who potentially, with a little bit of support, could be quite successful in the private market or successful in gaining employment and moving forward that were falling through the gaps and ending up in trouble, and so having this for those people has been amazing. We don't want to wait for people's life to crash in a heap before we can support them. (DCJ staff member)*

> *The options we had previously… two nights accommodation and then they were basically almost left to their own devices. We got a little bit of support but generally it was go into TA for a couple of days, sort yourself out, let's activate your suspended housing application or put a new housing application in and in most instances [that's it]. They might get a referral here and there, but you didn't know what happened after that. It has filled that gap in a sense by providing that single point for the person who … is the link to Housing, the link to services and they are there. It's very much providing a better opportunity for an outcome, more likelihood to provide a positive outcome. (DCJ staff member)*

RHSP and DCJ Housing staff noted a number of unique features of the pilot including:

- co-location between RHSP workers and DCJ Housing
- provision of a non-discriminating and voluntary program that does not exclude people based on their offence or record on the Child Protection Register (CPR), but rather puts strategies in place to work with people (e.g., working with people with a violent history)
- provision of pre-release support
- provision of holistic wrap-around supports that are based on clients' needs, has sustainable housing as a key goal, but also includes all other support needs that may contribute to a person successfully being housed, maintaining their tenancy, reintegrating into community and improving their overall safety and wellbeing
- the 12-month period of program support, which hat facilitates stronger engagement and client–worker relationships.

CRC'S ORGANISATIONAL FEATURES FACILITATE PROGRAM IMPLEMENTATION AND SUCCESSFUL CLIENT SUPPORT

Multiple DCJ Housing staff spoke about how RHSP workers are well connected with other services and can link clients with them for supports. This was echoed by RHSP workers who described how their networks with community services (including medical services, mental health supports, drug or alcohol treatment, employment services), and the justice system (prisons, parole and community correction) supported information exchange. With client consent, these connections could be leveraged to enable preparational pre-release work.

This highlights the importance of the program being provided by an organisation that has well established networks within the local communities they serve—and how implementation can be hampered in the absence of those networks, for example in Dubbo. CRC has been able to leverage their expertise in criminal justice support and their existing networks to promote the program and encourage referrals. Stakeholders also noted that CRC was able to facilitate other community support programs, for example alcohol and other drugs (AOD) counselling, to streamline their referral processes and support clients to engage with these services.

THE LEVEL OF DCJ HOUSING STAFF ENGAGEMENT AND COMMITMENT TO THE PROGRAM INFLUENCES ITS SUCCESS

RHSP managers pointed out how the success of program implementation depended on the engagement and passion of the responsible DCJ Housing staff members at each site. Involvement, interest, and the level of control exerted over the program by DCJ Housing staff varied at each site. In sites managed by more senior staff within DCJ Housing, who had a passion for post-release housing support, there was reportedly more collaboration and the program was more successful. Conversely, where DCJ Housing staff had reportedly less passion for the program or other priority areas, co-location and general implementation could be negatively impacted.

DEVELOPING PROGRAM GUIDELINES, PROCESSES, AND RELATIONSHIPS WITH REFERRING AGENCIES WAS AN INITIAL BARRIER TO IMPLEMENTATION

Some RHSP workers and DCJ staff members reported that they were initially unclear about the program model and how it was to be implemented. This is not unusual when implementing pilot programs. Differences across sites in the structure of DCJ Housing teams also made it difficult for RHSP staff to seek advice from other teams and for RHSP managers to provide consistent advice.

The program's early stage of development (and lack of an established reputation) may have negatively impacted implementation. This was observed in Dubbo where RHSP workers noted some service providers were reluctant to refer their clients to the program as they were worried the program would not be able to sustainably engage with clients should funding not be renewed.

STAFF TURNOVER AND CHALLENGES IN RETAINING STAFF IMPACTED PROGRAM DELIVERY

RHSP managers also mentioned the negative impact of staff retention (both for RHSP staff, but also for DCJ Housing staff who are engaged with the program) on service for clients. RHSP staff may begin to look for work as they are unsure of job security, and RHSP workers, managers and DCJ Housing staff mentioned that frequent staff turnover within DCJ Housing can reduce the success of co-location. While a change of staff at a senior level can affect the extent to which program implementation is prioritised, changes in frontline staff can disrupt established rapport and shared processes between RHSP workers and DCJ Housing staff. This was also mentioned by DCJ Housing workers when talking about staffing changes within RHSP in Strawberry Hills or Liverpool.

STAFF EXPERIENCE AND PERSONAL CHARACTERISTICS CAN IMPACT HOW CLIENTS ENGAGE WITH THEIR WORKER

RHSP managers emphasised the importance of recruiting case managers who have experience working with people with complex needs, who may be difficult to engage. They also found that recruiting staff members with experience providing assertive outreach was important. It is important to have a diverse staffing pool, including having male and female workers available where possible, to ensure all clients are comfortable with their worker. However, achieving this balance can be difficult when there are only two case managers per location.

2.2 INTEGRATING SERVICE PROVISION: CO-LOCATION FACILITATES ACCESS TO HOUSING SUPPORT FOR PEOPLE EXITING PRISON WHO ARE AT RISK OF HOMELESSNESS

2.2.1 CO-LOCATION IS AN ESSENTIAL FEATURE OF THE PROGRAM MODEL

As the program intended, RHSP workers are located within DCJ Housing offices at the pilot sites. Most RHSP workers work from their DCJ Housing office full time, but also reported

frequently meeting clients in the community. Both RHSP workers and DCJ Housing staff found it valuable to have RHSP workers in the office, and felt this was a key success factor for the program. The importance of this feature is highlighted by a DCJ staff member below:

> *That's probably where those barriers do exist. If we do have staff members that are not sort of regularly touching base with us or not in the office, because a lot of those conversations are incidental conversations where we might say 'oh, you know what, that person's being supported by the RHSP program, I better just check in and see what's happening there', and so we just walk across... But I guess where you don't have the person in the office for extended period of times and you might only have them in once or twice a fortnight ... you missed that opportunity. So, I think having them, having the RHSP program co-located here is a really big part of why this program is, you know, doing so well and why the outcomes are so great. (DCJ Housing staff member)*

RHSP workers noted that being co-located with DCJ Housing staff provided them with more opportunities to support clients during appointments, or advocate for a housed client to maintain their tenancy. One RHSP worker also mentioned that co-location allowed them to be notified about a housing offer on behalf of a client, rather than relying on a client to answer a call and potentially miss out on the offer.

CO-LOCATION WITH DCJ HOUSING'S ACCESS AND DEMAND TEAMS SEEMS MOST SUITABLE

The specific DCJ Housing team collocated with the RHSP workers varies between sites.

- RHSP workers most commonly sit with the Access and Demand team, as is the case at the Mount Druitt, Coniston, Dubbo and Hunter pilot sites.
- The RHSP team in Liverpool sits with the Specialist team.
- In Strawberry Hills the RHSP team relationship was initially managed by the Sustaining Tenancies manager and is now managed by a DCJ Housing staff member responsible for assessing priority housing applications.

Being attached to a DCJ Housing team is important for the integration of RHSP and DCJ Housing workers and the development of strong workplace relationships. Co-location with the Access and Demand team seems particularly beneficial as the team's responsibility for linking clients with appropriate properties within available social housing stock aligns well with the RHSP's objective of housing clients. Furthermore, RHSP workers found that Access and Demand team members have authority to provide and extend stays in temporary accommodation[28], which is commonly required for their clients. The importance of this was suggested by one RHSP worker who found that co-location with the local Specialist team generally worked well given their shared cohort of clients who require higher levels of support and their trauma-informed way of working, but pointed out that the Specialist

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[28] In July 2023, during RHSP program delivery, temporary accommodation policies significantly changed across Housing. These changes included two day limits being extended to seven days at a time, the removal of rental diaries, and the removal of the 28 day guideline regarding maximum total days of temporary accommodation. It is unclear how these policies changes have impacted the delivery of the RHSP.

team's lack of authority over temporary accommodation was a limitation of this arrangement.

> *[DCJ Housing staff in the Specialist team] weren't able to be extend or provide the TA. So essentially I would then call the Housing contact centre with my client to request those things and it just felt so backwards because I'm working with DCJ, yet, I'm just like a regular person calling the Housing contact centre. (RHSP worker)*

REGULAR MEETINGS BETWEEN RHSP WORKERS AND DCJ STAFF FACILITATE INFORMATIONAL EXCHANGE AND PROGRAM IMPLEMENTATION

As mentioned in Section 2.1.2, most pilot sites have regular meetings at weekly or fortnightly intervals where RHSP workers, managers and local DCJ Housing staff come together to discuss new referrals and existing caseloads. Where these meetings were implemented, they were described as working well. For example, staff in Liverpool found these meetings assisted the team to stay up to date with important information arising on either side. At one pilot site, where at the time of the interview meetings were not held as regularly, the RHSP worker found they were receiving relevant information from DCJ Housing staff less consistently. This highlights that, in addition to the incidental conversations and informational exchanges between RHSP workers, facilitated by co-location, formal spaces for information exchange remain key to successful program implementation.

RHSP WORKERS AND DCJ HOUSING STAFF BUILT STRONG WORKING RELATIONSHIPS BUT ENCOUNTERED SOME BARRIERS TO CO-LOCATION

As mentioned above, both RHSP workers and DCJ Housing staff found co-location highly beneficial and perceived it as a key contributor to program success. Through co-location staff were able to build good relationships across organisations. For example, one RHSP worker in Dubbo described feeling very integrated within the local DCJ Housing team after some initial difficulties between both parties had been resolved.

> *It's like ...CRC's been here forever. Like, we're included in all the DCJ Housing birthdays and farewells and welcomes to the team and all of that sort of stuff. So I think it's been really good since I've started at least. (RHSP worker)*

While positive relationships were established at the sites, staff members from both organisations also mentioned that this generally took time as they had to learn how to work together, find out which information was important to share, and implement appropriate pathways to do so.

> *When we started, it was like we came into their home, but they didn't know who we were. (RHSP worker)*

Some RHSP workers noted that a common barrier to successful co-location was an initial lack of understanding from DCJ Housing staff about the program and the role of the RHSP workers. At the Hunter site, for example, RHSP workers had the impression that DCJ Housing staff had not been sufficiently briefed about the program before it started, but found that understanding about the program improved over time. The RHSP workers at this site now

proactively present key program information to new DCJ Housing staff – an example of local innovation to ensure that program knowledge and understanding is shared with new DCJ Housing staff.

Several RHSP workers, including the managers, also alluded to different ways of working between DCJ Housing, as a government organisation, and CRC as a non-government organisation. While both organisations provide support that aspires to be client-centred and trauma-informed, their ability to provide individualised support may differ at times due to the workload of staff from each organisation.

Another barrier to co-location encountered by some RHSP staff was the local infrastructure at DCJ Housing offices. RHSP workers and their managers had to arrange a suitable internet connection, as RHSP workers cannot use the local DCJ Housing Wi-Fi. RHSP workers were also reliant on DCJ Housing staff to book meeting rooms on their behalf.

2.2.2   RHSP WORKERS HAVE AN IMPROVED UNDERSTANDING OF DCJ HOUSING PRODUCTS

RHSP workers appreciated access to staff within DCJ Housing who could directly answer their questions, rather than having to navigate a multiple-step process of contacting DCJ Housing through general channels. RHSP workers and DCJ Housing staff across the pilot sites agreed that RHSP workers have a better understanding of DCJ products as a result of co-location. The kindness and patience of DCJ Housing staff to take time and explain products to RHSP workers co-located in their teams contributed to this. Knowledge of DCJ Housing products is key to enabling RHSP workers to successfully support and advocate for their clients, and in turn is passed on to RHSP clients, building their knowledge of available DCJ Housing products.

Specifically, RHSP workers described increased knowledge of:

- DCJ Housing policies and processes
- the priority housing application process, and the information and evidence DCJ Housing staff require to inform their decisions about eligibility for priority housing
- products that can support clients to access the private market and
- the general appropriateness of housing options for clients.

DCJ Housing staff also noted that receiving complete and high-quality housing applications makes applications easier for them to assess.

Understanding DCJ Housing communication styles also allows RHSP workers to tailor their advocacy accordingly.

> *I was very green when I came in, I hadn't had any interaction with social housing before now. So it took me a little while and obviously I'm still learning; like we all we learn about different ways of getting things moving a little bit quicker every day. The team here have been really good in being able to take that time to sit down and explain things to us. (RHSP worker)*

There are so many things that you learn from just having an informal conversation with someone in the office that you would never know from just coming to an appointment with a client. Or there's so many questions that I asked that I would never actually call DCJ and ask. But I will ask when I'm around the people in the office. (RHSP worker)

2.2.3   DCJ HOUSING WORKERS HAVE INCREASED CAPACITY TO SUPPORT PEOPLE EXITING PRISON

During interviews RHSP workers observed an increase in DCJ Housing staff's capacity to work with people exiting prison. They commonly found that by knowing a client's history and situation better, and having an existing relationship with the worker who is advocating for their client, DCJ Housing staff were more engaged in supporting a client, showed increased empathy and could more proactively cater to client's needs. The knowledge of and experience with people exiting prison that RHSP workers share through incidental conversations with DCJ Housing staff has also resulted in incidental learning about the challenges of this cohort. As a result of this some RHSP workers found that DCJ Housing staff changed their language, how they interacted with clients or were more mindful of the expectations they placed on people. For example, they gave clients more time to present ID or were more likely to make reasonable exceptions to standard processes like letting clients refuse an unsuitable property.

I have observed that it's definitely changed the way that they engage with the clients. (RHSP worker)

I think like at first there were certain staff members who would just basically read out the policy to us when we were asking for things and there was no room to move, there was nothing. Whereas I find now if I approach those same staff members they don't talk about the policy. They kind of talk about how we can make it work and what we can do and stuff like that. And sometimes we do still get told no. But the conversations are better than they were when we first started. At first, it was just 'no, we can't do that', now it's like 'OK, maybe we can't do that, but let's see if we can do something else.' So the, the willingness and the open-mindedness has changed. (RHSP worker)

We sit with different teams in different offices, but in some of the offices you can really, really see the shift in how their workers look at our clients and taking the initiative to be like, 'Oh, I was thinking about this client, would they be suitable for this?' Just a real shift in their opinions so it's very good. (RHSP manager)

These impressions from RHSP workers were echoed by DCJ Housing staff interviewees across several sites. For example, one DCJ Housing staff member found conversations with RHSP workers helped to change unconscious bias against people who have been in custody. Other DCJ Housing staff reported improved understanding of the challenges faced by people who exit prison.

Yeah, I think most definitely it's changed the way that I – it's not like I didn't do it before – but it's just making me have more of an understanding. You know, I'll show that compassion... I think it's given me more of... an idea of their concerns. (DCJ Housing staff member)

2.2.4   REFERRAL PATHWAYS AND PROCESSES ARE MORE STREAMLINED

Interviewed RHSP workers and DCJ Housing staff commonly suggested that co-location enables collaboration and information sharing between the two parties. Through close proximity to DCJ Housing staff, RHSP workers have more immediate access to information including clients' housing status, their waitlist ranking or the general availability of housing. This was echoed by DCJ Housing staff, who found that access to RHSP workers has improved collaboration and access to necessary client information. Staff members from both parties agreed that this mutual access to information speeds up referrals into the program, application processes and ultimately pathways to housing.

> *Instead of having to play phone tag they're right there... you can come up with a faster resolution for a client instead of chasing where are they at? ...So it makes the whole process a lot easier. It streamlines the process, it makes it faster for the client. And the client feels supported and involved the whole time too, so they get a choice in 'What's your housing goal? Alright, let's work towards that.' (DCJ Housing staff member)*

2.3   THE IMPACT OF COVID-19 ON IMPLEMENTATION AND CO-LOCATION

2.3.1   COVID-19 PREVENTED PHYSICAL CO-LOCATION WHICH DELAYED THE BUILDING OF RELATIONSHIP BETWEEN STAFF AND WITH CLIENTS

The program's start during COVID-19 related lockdowns in 2021 delayed physical co-location of RHSP workers at DCJ Housing offices. As a result of this delay, initial relationship building between RHSP workers and DCJ Housing staff took more time. This was particularly challenging in Strawberry Hills, where RHSP workers initially did not have a designated contact person at DCJ Housing and therefore had to contact DCJ Housing through general channels. At Liverpool, RHSP workers had a DCJ Housing contact person but as they had yet to build a relationship, they were unsure what was appropriate to ask, and instead called the general DCJ Housing line for answers to questions. RHSP workers in Hunter echoed this, saying that not knowing the team at DCJ Housing was similar to not having a contact person, and this made it hard to advocate for clients. Staff from the same site also mentioned how lockdowns reduced opportunities to network and raise awareness about the program with other local services.

Reduced face-to-face contact with clients also presented a barrier to engagement and successful relationship building. RHSP workers generally found it harder to engage with clients over the phone and said it slowed the process of building trust and rapport. RHSP workers also had fewer opportunities to deliver outreach services and transport clients, which limited the support they could provide. While DCJ Housing was still providing some face-to-face services, all RHSP workers were working from home and could not support clients during appointments. As explained by RHSP workers in Hunter, they felt they '*couldn't do the most important part of the job'*. Finally, RHSP managers found it challenging to train newly hired staff without being able to meet them in person.

3. OUTCOMES FOR CLIENTS

Key evaluation questions answered in this chapter

KEQ 2: To what extent has participation in RHSP impacted intended short and medium-term outcomes for clients in relation to:

- Housing
- Connection to support with access to services
- Safety and wellbeing
- Criminal justice system involvement?

KEQ 3: To what extent has participation in RHSP impacted intended long-term outcomes for clients in relation to:

- Housing
- Connection to support with access to services
- Safety and wellbeing
- Criminal justice system involvement?

KEQ 5: To what extent were there any unintended positive or negative outcomes of the program?

The objectives of the RHSP were to:

- Support people at risk of homelessness to secure stable long-term housing
- Prevent homelessness that has occurred when people exiting custody do not have access to adequate housing supports
- Improve clients' overall wellbeing through wraparound psychosocial supports and reduce the risk of recidivism and homelessness and
- Reduce the resource and expenditure impost on Housing NSW and other NSW government-funded agencies and services resulting from increased homelessness.

This chapter describes the extent to which the RHSP was able to achieve the intended outcomes for clients across the short term (0–3 months from engagement), medium term (3–9 months from engagement) and long term (9 months to two years from engagement).

As a limited number of clients have been engaged with the program for a sufficient time to allow the long-term impact of the program to be observed, the discussion of outcomes will focus more on the short- and medium-term outcomes where greater evidence is currently available. Illustrative case stories of the outcomes the program has been able to achieve for clients are presented in Appendix 5.

3.1 THE RHSP HAS IMPROVED HOUSING OUTCOMES FOR CLIENTS

The intended short (0–3 months) and medium-term (3–9 months) housing outcomes, as outlined in the RHSP program logic, were that:

- Clients secure temporary accommodation/crisis accommodation
- Client secure medium/long term housing,
- Housing is suitable for the client's needs (location, design, affordability, cultural appropriateness).

In addition to the short- and medium-term outcomes, the long-term outcome for housing (9 months or more) was that:

- Clients maintain their tenancy for 12 or more months.

3.1.1 THE RHSP ACHIEVED ITS INTENDED SHORT AND MEDIUM TERM HOUSING OUTCOMES

At the start of their support period, RHSP clients were most commonly residing in adult correctional facilities (41% of support periods) or emergency accommodation (33% of support periods) (Table 14). This is consistent with the pre- and post-release referral pathways of the RHSP.

TABLE 14.   CLIENT DWELLING WHEN PRESENTING FOR SUPPORT

Dwelling at start of support period	N	%
Adult correctional facility	160	41%
Emergency accommodation	130	33%
House/townhouse/flat	65	17%
Boarding/rooming house	13	3%
Don't know	7	2%
No dwelling/street/park/in the open	7	2%
Disability support	2	1%
Psychiatric hospital/unit	2	1%
Youth/juvenile justice correctional centre	2	1%
Caravan	1	0%
Other	1	0%
Rehabilitation	1	0%
Total	**391**	**101%**

Source: RHSP CIMS, Support period list, July 2021 – February 2023. Note: Total does not sum to 100% due to rounding.

RHSP WORKERS SUPPORTED CLIENTS TO ACCESS TEMPORARY ACCOMMODATION

Clients often stated that RHSP workers assisted them to secure short term accommodation upon exit from custody (including temporary accommodation, boarding houses or crisis accommodation). Until 30 June 2023, at Strawberry Hills clients could access short-term (up to three months) accommodation through beds at Jewish House that were funded by DCJ and prioritised for people leaving prison and at risk of homelessness clients.

Of the 377 clients referred to RHSP, 50% (189 people) had at least one stay in short term or emergency accommodation during their support period (Table 15).

TABLE 15.   THE NUMBER AND PROPORTION OF CLIENTS WITH AT LEAST ONE SHORT TERM OR EMERGENCY ACCOMMODATION STAY

Short-term accommodation during support period	N	%
No short-term accommodation stays	188	50%
At least one short-term accommodation stay	189	50%
Total	**377**	**100%**

Source: RHSP CIMS Accommodation, July 2021 – February 2023.

Some clients also mentioned moving between types of accommodation or having their stay in temporary accommodation extended, indicating that RHSP workers' support ensured clients were not left homeless when a stay in temporary accommodation ended.

> *Back in the day, what I would have to do is I would have to grab my... bags and whatever I got with me and go into the Housing office. Whereas [my worker] can ring when the 3 days is up and say, 'Can you extend for another 3 days?' Over the phone, rather than me having to physically go into the place. (Client)*

RHSP workers also spoke about securing temporary accommodation for clients upon release and advocating for extensions to temporary accommodation while clients were waiting for more permanent housing. Of the 229 short-term or emergency accommodation stays recorded in CIMS, the average stay was 32 nights.

CRC AND DCJ HOUSING WORKERS COULD MORE EFFECTIVELY FACILITATE MEDIUM- AND LONG-TERM HOUSING OUTCOMES FOR CLIENTS

Several RHSP workers said that the program enabled respondents to be assessed more quickly for priority housing. This was echoed by clients: most who were interviewed said they were housed permanently within their support period. Clients were grateful for the housing support they received from their support worker and thought this was essential to them being housed.

> *If it wasn't for [the worker] I don't think I'd have had this place. (Client)*

> *If it wasn't for [the worker] I don't know where I'd be today. I'd be homeless. (Client)*

This is consistent with the program data, which indicated that close to half (43%) of the clients participating in the program were living in a house, townhouse or flat upon completion of their support period (Table 16). An additional 7% of clients were living in boarding or rooming houses at the end of their support period. Although boarding houses are not considered a stable long-term housing outcome by DCJ, and may not be suitable for clients' needs (as discussed below), CRC and DCJ Program managers noted that boarding houses can be a positive outcome for this client cohort.

The transition from short-term to stable housing is indicated by the substantial reduction in the proportion of clients staying in emergency accommodation between intake and the end of the support period—a reduction of 24%. In contrast, there was a 27% increase in the proportion of clients living in a house, townhouse or flat.

TABLE 16.   DWELLING STATUS AT START AND END OF THE SUPPORT PERIOD, FOR CLIENTS WHO HAVE EXITED THE PROGRAM

	Start of support		End of support		Change
Dwelling type	**N**	**%**	**N**	**%**	**%**
Adult correctional facility	109	39%	57	21%	-18%
Boarding/rooming house	12	4%	21	8%	+4%
Cabin	0	0%	1	0%	0%
Caravan	1	0%	2	1%	+1%
Disability support	1	0%	4	1%	+1%
Don't know	6	2%	34	12%	+10%
Emergency accommodation	92	33%	25	9%	-24%
Hotel/motel/bed and breakfast	0	0%	2	1%	+1%
House/townhouse/flat	45	16%	119	43%	+27%
Immigration detention centre	0	0%	1	0%	0%
No dwelling/street/park/in the open	6	2%	3	1%	-1%
Other	1	0%	6	2%	+2%
Psychiatric hospital/unit	1	0%	0	0%	0%
Rehabilitation	1	0%	0	0%	0%
Youth/juvenile justice correctional centre	1	0%	0	0%	0%
Total	**276**	**100%**	**275**	**100%**	

Source: RHSP CIMS: Support period list, End status, July 2021 – February 2023. Note: Only clients who had ended their support period are included in this analysis. Where a client had multiple distinct support periods, only the first period of support is included in this analysis.

As well as examining changes in accommodation across the program for those who completed their support period, we were able to examine accommodation type for current clients lived compared to those that had exited the program. For current clients, accommodation type was taken from the most recent month included in the program data for this evaluation (February 2023).

The last recorded type of accommodation for current and exited clients are shown in Table 17. Both current and exited clients were most commonly recorded as living in houses, townhouses and flats. A notably higher proportion of current clients were living in houses, townhouses and flats compared to exited clients. The program loses contact with a proportion of exited clients so dwelling type is not known for all exited clients over time. Current clients who are residing in an adult correctional facility are likely to be those with whom the program is engaging prior to their release from custody (pre-release clients).

TABLE 17.   LAST RECORDED DWELLING TYPE FOR CURRENT AND EXITED CLIENTS

Dwelling at February 2023/ end of support	Current		Exited		Total	
	N	%	N	%	N	%
House/townhouse/flat	55	60%	119	43%	174	47%
Emergency accommodation	16	17%	25	9%	41	11%
Adult correctional facility	15	16%	57	21%	72	20%
Boarding/rooming house	4	4%	21	8%	25	7%
Psychiatric hospital/unit	1	1%	0	0%	1	0%
Rehabilitation	1	1%	0	0%	1	0%
Cabin	0	0%	1	0%	1	0%
Caravan	0	0%	2	1%	2	1%
Disability support	0	0%	4	1%	4	1%
Don't know	0	0%	34	12%	34	9%
Hotel/motel/bed and breakfast	0	0%	2	1%	2	1%
Immigration detention centre	0	0%	1	0%	1	0%
No dwelling/street/park/in the open	0	0%	3	1%	3	1%
Other	0	0%	6	2%	6	2%
Total	**92**	**100%**	**275**	**100%**	**367**	**100%**

Source: RHSP CIMS: Status at end of collection, End status, July 2021 – February 2023. Note: clients recorded as exited in the End status list have been excluded from the list of current clients in the status at end of collection.

Both current and exited clients were most commonly last recorded to be renting, however the proportion of renters was substantially higher among current clients (50%) than among clients who had exited the program (36%) (Table 18).

TABLE 18.   LAST RECORDED TENURE TYPE FOR CURRENT AND EXITED CLIENTS

Tenure at February 2023/ end of support period	Current N	Current %	Exited N	Exited %	Total N	Total %
Renter	46	50%	98	36%	144	39%
No tenure	26	28%	92	33%	118	32%
Rent free	13	14%	27	10%	40	11%
Other rent free	7	8%	10	4%	17	5%
Don't know	0	0%	44	16%	44	12%
Other renter	0	0%	3	1%	3	1%
Other tenure type not elsewhere specified	0	0%	1	0%	1	0%
Total	**92**	**100%**	**275**	**100%**	**367**	**100%**

Source: RHSP CIMS: Status at end of collection, End status, July 2021 – February 2023. Note: clients who have been recorded as exited in the End status list have been excluded from the list of current clients in the status at end of collection.

Differences in the last recorded dwelling type for current and exited clients were also seen when examining housing outcomes for Aboriginal clients (Table 19). A higher proportion of current Aboriginal clients were living in houses, townhouses or flats compared to exited clients.

TABLE 19.   LAST RECORDED DWELLING TYPE FOR ABORIGINAL AND NON-ABORIGINAL CURRENT AND EXITED CLIENTS

| | Aboriginal | | | | Non-Aboriginal | | | |
| | Current | | Exited | | Current | | Exited | |
Dwelling at February 2023/ end of support period	N	%	N	%	N	%	N	%
House/townhouse/flat	15	52%	46	45%	40	63%	73	42%
Adult correctional facility	9	31%	22	22%	6	10%	35	20%
Emergency accommodation	4	14%	7	7%	12	19%	18	10%
Psychiatric hospital/unit	1	3%	0	0%	0	0%	0	0%
Boarding/rooming house	0	0%	5	5%	4	6%	16	9%
Cabin	0	0%	0	0%	0	0%	1	1%
Caravan	0	0%	1	1%	0	0%	1	1%
Disability support	0	0%	1	1%	0	0%	3	2%
Don't know	0	0%	13	13%	0	0%	21	12%
Hotel/motel/bed and breakfast	0	0%	1	1%	0	0%	1	1%
Immigration detention centre	0	0%	0	0%	0	0%	1	1%
No dwelling/street/park/in the open	0	0%	2	2%	0	0%	1	1%
Other	0	0%	4	4%	0	0%	2	1%
Rehabilitation	0	0%	0	0%	1	2%	0	0%
Total	**29**	**100%**	**102**	**100%**	**63**	**100%**	**173**	**100%**

Source: RHSP CIMS: Status at end of collection, End status, July 2021 – February 2023. Note: clients who have been recorded as exited in the End status list have been excluded from the list of current clients in the status at end of collection.

Aboriginal clients who had exited the program were most commonly recorded as having no tenure (Table 20). This includes clients who had returned to custody, but examined together with the dwelling types of exited clients appears to also include a substantial number of individuals who are recorded as living in a house, townhouse or flat. This likely includes people staying with friends and family, but we are unable to examine this in greater detail with the data available.

Most notably, Aboriginal clients currently engaged with the program were 22 percentage points more likely to be renters than Aboriginal clients who had exited the program This was a bigger difference than was seen between current and exited non-Aboriginal clients. RHSP staff noted that the program appears to be doing better in achieving housing outcomes over time, and this suggests that this may particularly be the case with the housing outcomes achieved for Aboriginal clients.

TABLE 20.   LAST RECORDED TENURE TYPE FOR ABORIGINAL AND NON-ABORIGINAL CURRENT AND EXITED CLIENTS

| | Aboriginal | | | | Non-Aboriginal | | | |
| | Current | | Exited | | Current | | Exited | |
	N	%	N	%	N	%	N	%
Renter	14	48%	27	26%	32	51%	71	41%
No tenure	13	45%	42	41%	13	21%	50	29%
Rent free	2	7%	12	12%	11	17%	15	9%
Don't know	0	0%	16	16%	0	0%	28	16%
Other rent free	0	0%	5	5%	7	11%	5	3%
Other renter	0	0%	0	0%	0	0%	3	2%
Other tenure type not elsewhere specified	0	0%	0	0%	0	0%	1	1%
Total	**29**	**100%**	**102**	**100%**	**63**	**100%**	**173**	**100%**

Source: RHSP CIMS: Status at end of collection, End status, July 2021 – February 2023. Note: clients who have been recorded as exited in the End status list have been excluded from the list of current clients in the status at end of collection.

RHSP workers emphasised that even with the program's support it still takes several months to get people housed. The 12-month support period provided by the program often allowed workers to see clients through this process.

> *I take just the fact if they get approved for priority… like that's a big win for us in our location. (RHSP worker)*

RHSP CLIENTS WHO WERE HOUSED GENERALLY FELT THAT THEIR HOUSING WAS SUITABLE FOR THEIR NEEDS

RHSP workers often supported clients to obtain housing appropriate for their specific situations. For example, clients who were fathers that were interviewed noted that they had been housed in a house or unit with multiple bedrooms, and that this enabled them to live with or reconnect with their children.

A woman with a history of substance use spoke about how she and her children were offered two properties that were inappropriate as they were located in an area with a lot of drug-related criminal activity. Due to the advocacy of her worker, who helped her obtain support letters from her GP saying that the location would be detrimental for her recovery and her children's wellbeing, she was allowed to refuse the offers without consequence.

Clients were largely happy with the properties in which they were housed, either in the short term or for the longer term. However, one client described moving to a neighbourhood unsuitable for his children, who as a result could not play outside. He also reported that his children had to change schools as they had moved too far away from their old school. According to the client these factors negatively impacted his children's mental health. Two clients raised some concerns about the boarding houses they stayed in temporarily, one

saying it was challenging to stay there while trying to abstain from substance use and another who stated that he was not treated appropriately at the facility.

THE AVAILABILITY OF AFFORDABLE AND SUITABLE HOUSING OPTIONS LIMITED THE EXTENT TO WHICH THE PROGRAM WAS ABLE TO ACHIEVE HOUSING OUTCOMES FOR CLIENTS

Although the program has been successful in facilitating medium- and long-term housing outcomes for clients, across all sites DCJ Housing and RHSP staff noted that the lack of affordable housing and limited availability of social housing impacted the extent to which the program was able to achieve housing outcomes for clients. The general availability of housing was particularly highlighted as a barrier by staff from Sydney, Hunter, Coniston and Dubbo.

> *I think that [the housing market is] just a barrier that we face. Unfortunately, with the housing market that we are in at the moment with the private rental market as well as social housing...we know that the economy is what it is. We know that the amount of houses we have is the amount of houses that we have in social housing or we know that the rental affordability has changed because the properties are a lot more expensive to rent. So we know that a lot more clients will come to us [DCJ Housing]. (DCJ Housing staff member)*

RHSP workers in Dubbo noted that where housing is available it is not always suitable for clients. A DCJ Housing staff member specified that available housing options for clients are predominantly in high-density unit blocks in areas with a lot of criminal activity, which may have negative impacts on recidivism or for clients trying to abstain from substance use.

RHSP workers in Mount Druitt mentioned some discrimination towards their clients in the private housing market. This was echoed by a client in an interview who talked about being rejected for many private rental properties and ultimately only finding a property in the private market due to his RHSP worker's connections with a real-estate agent.

Across several sites, RHSP and DCJ Housing staff noted challenges housing clients who are on the child protection register (CPR). There are limited housing options for these clients as temporary accommodation facilities or boarding houses may not always accept them. Staff noted that social housing stock where clients on the CPR can be housed is extremely limited, and DCJ Housing's extensive administrative processes for housing applications for people on the CPR makes access to housing for this group of clients even more challenging.

3.1.2 EARLY EVIDENCE SUGGESTS CLIENTS ARE ABLE TO ACHIEVE LONG-TERM HOUSING OUTCOMES

RHSP workers across sites gave examples of clients who have sustained their tenancy for several months. One RHSP worker from Mount Druitt said that supporting clients to be appropriately housed, as discussed above, contributed to sustaining a tenancy in the longer term.

There's also that advocacy—that we can get them housed in the areas that they want and we can provide the reasoning why they need those certain areas and things like that as well. So, it just makes the tenancy sustainability, long term, easier for the clients to achieve. For example, if a client has a long history of incarceration in a certain suburb and they know certain demographic of people out there and things like that, and then we can provide the supporting documentation to say that to then get them housed in a different area. (RHSP worker)

RHSP CLIENTS WERE MORE LIKELY TO ACHIEVE A PUBLIC HOUSING OUTCOME THAN A COMPARISON GROUP OF PEOPLE EXITING CUSTODY WHO PRESENTED TO A SHS FOR HOUSING SUPPORT

To understand the extent to which the RHSP has resulted in improved access to housing for people at risk of homelessness exiting custody, we examined public housing outcomes for RHSP participants and a comparison group of people who had recently exited custody and had presented to a SHS for support but were not RHSP participants. Individuals who met this criteria but were receiving support from another CRC program have been excluded from the comparison group as part of this analysis.

This analysis included the 154 RHSP participants who were engaged by the program between September 2021 and February 2023, and 880 individuals in the comparison group who had recently exited custody and presented to SHSs across NSW within the same time period. The demographic characteristics of RHSP clients and the SHS comparison group are presented in Table 21.

TABLE 21.   DEMOGRAPHIC CHARACTERISTICS OF RHSP PARTICIPANTS AND SHS COMPARISON GROUP

Demographics	RHSP N	%	SHS comparison N	%
Female	37	24%	195	22%
Male	116	75%	685	78%
Not stated	1	1%	0	0%
Total	**154**	**100%**	**880**	**100%**
Indigenous	64	42%	328	37%
Non-Indigenous	84	55%	533	61%
Not stated	6	4%	19	2%
Total	**154**	**100%**	**880**	**100%**

Source: SHS support period data, September 2021 – February 2023. HOMES public housing tenancy data, September 2021 – February 2023.

RHSP participants were substantially more likely to have started a public housing tenancy after starting support within the evaluation period (32%), compared to similar individuals

who presented to a SHS for support (13%) (Table 22). This difference was statistically significant (Pearson's chi-squared test: $\chi^2 = -34.17$, df = 1, $p < 0.001$).

TABLE 22. PROPORTION OF RHSP AND COMPARISON GROUP PARTICIPANTS WITH AT LEAST ONE PUBLIC HOUSING OUTCOME WITHIN THE EVALUATION PERIOD

	RHSP		SHS comparison	
Housing outcome	**N**	**%**	**N**	**%**
Public housing	50	32%	117	13%
No housing outcome	104	68%	763	87%
Total	**154**	**100%**	**880**	**100%**

Source: SHS support period data, September 2021 – February 2023. HOMES public housing tenancy data, September 2021 – February 2023.

As noted in Table 21, both RHSP participants and members of the comparison group were predominantly male. Examining housing outcomes by sex found that both male and female RHSP participants were more likely to have a public housing outcome within the evaluation period than their counterparts in the comparison group (Table 23).

TABLE 23. PROPORTION OF RHSP PARTICIPANT AND SHS REQUESTORS WITH AT LEAST ONE HOUSING OUTCOME WITHIN THE EVALUATION PERIOD, BY GENDER

	RHSP				SHS comparison			
	Female		**Male**		**Female**		**Male**	
Housing outcome	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Public housing	7	19%	43	37%	23	12%	94	14%
No housing outcome	30	81%	73	63%	172	88%	591	86%
Total	**37**	**100%**	**116**	**100%**	**195**	**100%**	**685**	**100%**

Source: SHS support period data, September 2021 – February 2023. HOMES public housing tenancy data, September 2021 – February 2023. Note: For one RHSP participant, sex was listed as 'Not stated'. This individual has been excluded from this analysis.

Aboriginal people made up a substantial proportion of the RHSP participants (42%) and the SHS comparison group (37%). Both Aboriginal and non-Indigenous RHSP clients were housed at higher rates than their counterparts in the SHS comparison group.

Within RHSP participants, a higher proportion of non-Indigenous clients had a public housing outcome compared to Aboriginal RHSP participants (Table 24). There are a number of factors that may contribute to this difference. For example, sites differed in the proportion of their clients who were Aboriginal, and the availability of housing varies across the sites.

TABLE 24. **PROPORTION OF RHSP PARTICIPANTS AND COMPARISON GROUP MEMBERS WITH AT LEAST ONE HOUSING OUTCOME WITHIN THE EVALUATION PERIOD, BY ABORIGINALITY**

	RHSP				SHS comparison			
	Aboriginal		Non-Indigenous		Aboriginal		Non-Indigenous	
Housing outcome	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Public housing	15	23%	31	37%	53	16%	62	12%
No outcome	49	77%	53	63%	275	84%	471	88%
Total	**64**	**100%**	**84**	**100%**	**328**	**100%**	**533**	**100%**

Source: SHS support period data, September 2021 – February 2023. HOMES public housing tenancy data, September 2021 – February 2023. Note: Individuals where Aboriginality was not known have been excluded from this analysis

THERE WERE NO DIFFERENCES IN TIME TO TENANCY BETWEEN RHSP CLIENTS AND THOSE IN THE COMPARISON GROUP

To understand if the RHSP is able to facilitate improved access to public housing, we examined the differences in days between requesting support from RHSP or an SHS, and an individual's tenancy start date (Table 25). On average, RHSP participants were housed slightly faster than the comparison group (RHSP: 212 days; SHS comparison: 233 days), however this difference was not statistically significant (independent samples t-test; $t(122) = -0.64$, $p > 0.05$). Given the relatively small sample size of RHSP participants who have been housed (n=50), differences between the groups may become clearer as more RHSP participants are housed. It is also important to note that this average is across the entire period of pilot delivery up to February 2023, and that time to housing may be improving for RHSP participants as RHSP workers become more familiar with DCJ Housing processes and policies throughout the implementation period. However, the sample size is not large enough to test this hypothesis at this point in time.

TABLE 25. **DAYS BETWEEN REQUESTING SUPPORT AND TENANCY START DATE, FOR RHSP PARTICIPANTS AND COMPARISON GROUP MEMBERS**

Group	N	Mean	Median	SD	Min	Max
RHSP	50	212	168	178	12	719
SHS comparison	117	233	154	238	3	1518

Source: SHS support period data, September 2021 – February 2023. HOMES public housing tenancy data, September 2021 – February 2023. Note: Only individuals who were housed within the September 2023 – February 2023 period were included in this analysis.

On average, Aboriginal and non-Aboriginal RHSP participants were housed in public housing faster than their counterparts in the SHS comparison group (Table 26), however these differences were not statistically significant. Aboriginal RHSP participants were housed

slightly faster (199 days) than non-Aboriginal RHSP participants (213 days). Statistical analysis to test these differences was not conducted due to the small sample size.

TABLE 26.   DAYS BETWEEN REQUESTING SUPPORT AND TENANCY START DATE, FOR RHSP PARTICIPANTS AND COMPARISON GROUP MEMBERS, BY ABORIGINALITY

	Group	N	Mean	Median	SD	Min	Max
Aboriginal	RHSP	15	199	145	178	21	516
	SHS comparison	53	234	194	208	4	846
Non-Aboriginal	RHSP	31	213	168	186	12	719
	SHS comparison	62	233	110	262	3	1518

Source: SHS support period data, September 2021 – February 2023. HOMES public housing tenancy data, September 2021 – February 2023. Note: Only individuals who were housed within the September 2023 – February 2023 period were included in this analysis.

On average both female and male RHSP participants who were housed in public housing started their tenancies earlier than their counterparts in the SHS comparison group (Table 27). Within the RHSP participants, male clients were housed faster (207 days) than female clients (239 days). However, a very small number of female RHSP clients (n=7) were housed within the evaluation period, so this difference may not reflect broader trends.

TABLE 27.   DAYS BETWEEN REQUESTING SUPPORT AND TENANCY START DATE, FOR RHSP PARTICIPANTS AND SHS REQUESTORS, BY GENDER

	Group	N	Mean	Median	SD	Min	Max
Female	RHSP	7	239	145	234	35	719
	SHS comparison	23	305	263	224	14	920
Male	RHSP	43	207	168	170	12	579
	SHS comparison	94	216	112	239	3	1518

Source: SHS support period data, September 2021 – February 2023. HOMES public housing tenancy data, September 2021 – February 2023. Note: Only individuals who were housed within the September 2023 – February 2023 period were included in this analysis

THERE WERE NO DIFFERENCES IN TENANCY SUSTAINMENT RATES BETWEEN RHSP CLIENTS AND THOSE IN THE COMPARISON GROUP WHO WERE HOUSED

It is anticipated that the intensive wrap-around supports provided to RHSP participants would support them to sustain their tenancies relative more successfully relative to similar individuals who have requested support from a SHS (which typically do not provide support with the same duration and/or intensity as the RHSP). To understand if the RHSP impacts tenancy sustainment rates, we examined the proportion of RHSP participants and comparison group members who were housed within the evaluation period that later ended their tenancies (Table 28). RHSP participants were slightly more likely to have exited their tenancy than the SHS comparison group (RHSP: 26%, SHS comparison: 18%). However, the small sample size may impact the reliability of the exit rate calculation for the RHSP participant group. The difference in sustainment rate between RHSP participants and the SHS comparison group was not statistically significant (Pearsons chi-squared test: $\chi^2 = 0.95$, df = 1, p > 0.05). Further analysis of the sustainment rate by Aboriginality and by gender is not presented here, as small sample sizes in the subgroups of RHSP participants prevents meaningful conclusions being drawn from any differences. It is important to note that the complexity of an individual's needs is also likely to impact sustainment rates. As noted in Section 2.1.2, the RHSP supports many clients with complex needs, and generally tried to prioritise clients with higher support needs where capacity allowed. This analysis did not examine or account for differences in the complexity of needs between RHSP participants and the comparison group, which may impact sustainment rates. This should be considered as part of future evaluations of the program.

TABLE 28.   PROPORTION OF HOUSED WHO EXIT WITHIN EVALUATION PERIOD

	RHSP		**SHS comparison**	
Tenancy sustained?	**N**	**%**	**N**	**%**
No exit	37	74%	96	82%
Exit from housing	13	26%	21	18%
Total	**50**	**100%**	**117**	**100%**

Source: SHS support period data, September 2021 – February 2023. HOMES public housing tenancy data, September 2021 – February 2023. Note: Only individuals who were housed within the September 2023 – February 2023 period were included in this analysis.

3.2   RHSP HAS IMPROVED CLIENTS' CONNECTION TO SUPPORT AND SERVICES

The RHSP aimed to engage clients with support services. In the short-term it was intended that:

- Clients are connected with their local Community Corrections office
- Clients engage with services to address their health needs, mental health needs, or to engage with AOD supports or NDIS

- Clients are supported to access financial support payments and develop skills or find employment.

In the medium term it was intended that:

- Clients continue to meet their obligations in relation to Community Corrections orders
- Clients continue to engage with health services to address their longer-term needs, including eyesight, hearing, dental, Indigenous Health Check, their mental health needs, engage with AOD supports or complete an NDIS plan
- Clients receive ongoing financial support
- Clients achieve their goals in relation to development/ employment.

Finally, in the long term it was intended that:

- Clients are supported to complete Community Corrections orders
- Clients maintain ongoing engagement with health services
- Clients' NDIS plans are implemented.

3.2.1   CLIENTS ARE ACCESSING SUPPORT SERVICES TO ADDRESS SHORT- AND MEDIUM-TERM NEEDS

The majority of interviewed clients described how the program linked them to other support services, predominantly:

- medical and mental health related services, including GPs
- Specialists, including psychologists and psychiatrists
- dental, AOD supports and mental health counselling.

RHSP workers also supported some clients with accessing home care services, and clients commonly reported that their RHSP worker communicated with their parole officer and attended parole, court or other legal appointments with them.

RHSP workers reiterated that connection with support services commonly include "warm referrals" and supporting clients during appointments. Workers found that support and education about the service system increased clients' ability to navigate the system, their trust in services and their likelihood to access services in the future.

Although referral data is able to be recorded in program data, this has not been captured with sufficient accuracy for use in this evaluation.

3.2.2   THERE IS SOME EARLY EVIDENCE OF THE LONG-TERM IMPACT OF CLIENTS' CONNECTIONS AND ACCESS TO SUPPORT SERVICES

RHSP workers found clients may achieve better parole outcomes due to the program. They reported clients successfully completing parole for the first time, as workers could serve as a point of contact for parole officers if a client was not contactable. Better parole outcomes were also mentioned by DCJ Housing staff at the Hunter site who found that if a client was on parole and supported by RHSP, DCJ Housing staff were more likely to know where the

client had to report, which in turn enabled them to house clients closer to their parole location.

RHSP workers and DCJ Housing staff spoke about some positive impacts of the program's impact on long-term connections to support services for clients, however there is limited evidence of this outcome at this point in time given the program has been running for a short period to date.

3.3 RHSP HAS IMPROVED SAFETY AND WELLBEING FOR CLIENTS

The RHSP was intended to improve the safety and wellbeing of clients. In the short term it was intended that:

- Clients connect with family and/or community
- Clients report feeling safe and secure in their accommodation
- Clients are supported with safety concerns around violence where required.

In the medium-term it was intended that:
- Clients report increased positive family and/or community connections
- Clients report an increase in physical and mental wellbeing
- Clients report increased safety in relation to violence.

Finally, in the long term it was intended that:
- Clients report increased social and community connection and a sense of 'belonging'
- Clients maintain increases in physical and mental wellbeing
- Clients report living free from violence.

3.3.1 CLIENT WELLBEING IS IMPROVING AS A RESULT OF THE PROGRAM

Aligned with the housing first approach, RHSP workers commonly believed that stable housing is the foundation that enables clients to address other issues, resulting in increased feelings of safety and wellbeing. Workers felt the program is effective in finding clients stable housing, which then allows them to focus on addressing other areas including substance use, mental health, employment, coping skills and resilience. DCJ Housing staff also reported that clients' wellbeing improved through the program, and specifically through the support they receive from their worker.

> *So, for clients exiting the criminal justice system, if they don't have shelter, if they don't have a home, they can't get stabilised with anything. So, it's just gonna be chaos from the get go all the way through and you will often hear our clients say 'I'll reoffend just to go back to custody and have somewhere to live or have somewhere to stay because it's too difficult out here.' So, I've had clients that have gotten out of custody and gone into crisis, and it's just been all over the place. And once they're housed and they're stable, we can start implementing all of the supports. They can have the pharmacy up the road, we can source a local GP and stuff like that, so it honestly just completely changes people's lives. (RHSP worker)*

> *There's many, many examples where clients have come very vulnerable (...) and continue to be supported by the RHSP program and just move from strength to strength. So, it's a real privilege for clients to be there and supported by the most amazing RHSP team that we have here. (DCJ Housing staff member)*

This impact was echoed by a client who talked about the major improvement in her overall wellbeing as a result of being in the program.

> *I'm so happy with where I am at in life at the moment. And even my kids can see that I am happier. They love the person that I am now compared to who I was when I was with their father and in that relationship (...) I'm very proud of myself (...) And a lot of that comes down to [my CRC worker]. (RHSP client)*

RHSP workers also provided examples of clients who achieved stable employment, got an apprenticeship, completed TAFE courses, improved their family relationships including being reunited with children and partner, and clients who stopped using alcohol or other drugs. Other general wellbeing outcomes staff mentioned were clients feeling empowered and more able to advocate for themselves, feeling an increased sense of control over their lives, increased resilience and decreased stress and anxiety levels. This was echoed by a client who felt very anxious about relapsing post-release, but noted that the support through the program helped ease his anxiety and he did not relapse. Another client felt that the program helped him to gain confidence.

3.3.2   THERE IS EARLY EVIDENCE THAT THE PROGRAM CAN ACHIEVE LONG-TERM SAFETY AND WELLBEING OUTCOMES FOR CLIENTS

The impact of the program on the overall wellbeing of clients is assessed through the Personal Wellbeing Index (PWI)[29]. RHSP workers administer the PWI to clients on intake, at the midpoint of program engagement (6 months) and then at 12 months or at the closure of support. Consistent with findings from interviews with clients and staff, at the start of their support, RHSP clients reported low levels of overall wellbeing with a mean score of 55. Overall wellbeing increased during the program, with an average score of 58 at the mid-point, and an average overall wellbeing score of 70 at the end of support (Table 29). However, as fewer clients have completed periodic (mid-point) and end-of-program PWIs, we are less confident in the later estimates of client wellbeing.

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[29] International Wellbeing Group (2013). Personal Wellbeing Index: 5th Edition. Melbourne: Australian Centre on Quality of Life, Deakin University, http://www.acqol.com.au/instruments#measures

TABLE 29.   CLIENTS' OVERALL WELLBEING SCORE ACROSS THE DURATION OF RHSP SUPPORT, AS MEASURED THROUGH THE PWI

	Start	Periodic	End-of-Program
N	157	42	40
Mean	55	58	70
SD	18	18	14
Min	6	21	41
Max	97	93	99

Source: RHSP CIMS – Outcomes, July 2021 – February 2023. Note: Overall wellbeing is measured through the Personal Wellbeing Index. Overall wellbeing scores range from 0 – 100, with higher scores indicating higher levels of reported wellbeing.

To more clearly illustrate the changes in client wellbeing observed during the program, client wellbeing scores at each timepoint are shown in Figure 7. Each point represents an indiviudal's reported overall wellbeing. Although substantially fewer PWIs were recorded at the midpoint and end of support, the shift towards the Australian average wellbeing score of 75 (shown by the dashed line) provides emerging evidence that the program has positive long-term impacts on client wellbeing, consistent with the qualitative findings. At the time of the evaluation the limited number of clients who had completed both an initial and final PWI (n = 23) means that, as noted above, we do not have a sufficient sample size to confidently estimate the magnitude of changes in overall wellbeing for individual clients.

FIGURE 7.   CLIENT OVERALL WELLBEING SCORES AS MEASURED THROUGH THE PWI, BY TIMEPOINT
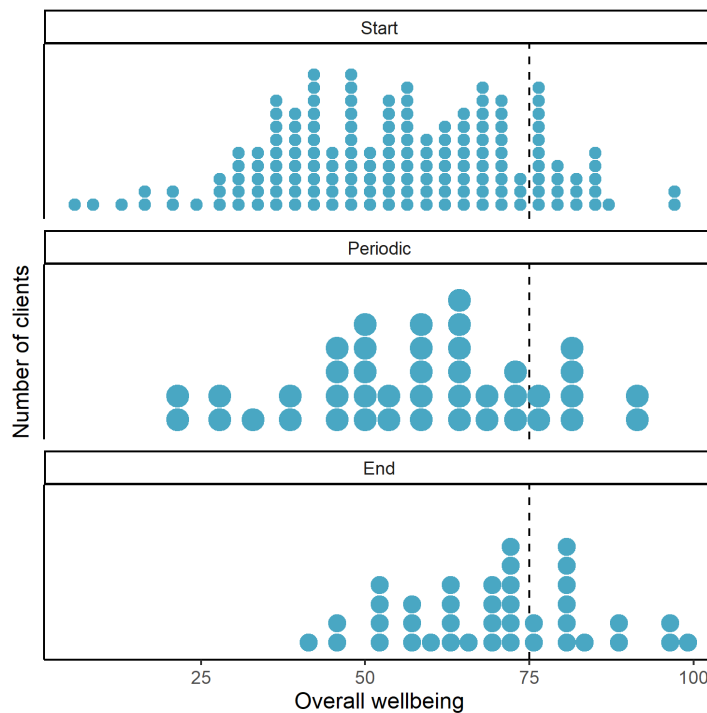
Source: RHSP CIMS – Outcomes, July 2021 – February 2023. Note: Overall wellbeing is measured through the Personal Wellbeing Index. Overall wellbeing scores range from 0 – 100, with higher scores indicating higher levels of reported wellbeing. Dashed line indicates the Australian average score for overall wellbeing as assesed through the PWI.

As well as overall wellbeing, the PWI assesses reported satisfaction across a range of seven domains:

- Standard of living
- Personal health
- Life achievements
- Personal relationships
- Personal safety
- Community connectedness
- Future security.

The domains showing the largest change in client scores were relating to satifaction regarding what clients were achieving in their lives (Table 30) and feeling part of their community (Table 31). Both domains saw two-point increase in average reported satisfaction from the start to the end of support. As satisfaction with each domain is assessed on a 10-point scale, a two point increase reflects a small but notable improvement over time.

TABLE 30. **CHANGES IN CLIENT-REPORTED SATISFACTION WITH WHAT THEY ARE ACHIEVING IN THEIR LIVES, AS MEASURED THROUGH THE PWI**

Period	N	Mean	SD	Min	Max
Start	157	5	2	1	10
Periodic	42	6	2	2	9
End	42	7	2	1	10

Source: RHSP CIMS – Outcomes, July 2021 – February 2023.Note: Satisfaction with life achievment is measured through the PWI. Sub-domains of the PWI are scored from 0–10, with higher scores indicating higher levels of satisfaction with the life achievements domain.

TABLE 31. **CHANGES IN CLIENT-REPORTED SATISFACTION WITH FEELING PART OF THEIR COMMUNITY, AS MEASURED THROUGH THE PWI**

Period	N	Mean	SD	Min	Max
Start	155	5	2	1	10
Periodic	40	6	2	2	10
End	41	7	2	3	10

Source: RHSP CIMS – Outcomes, July 2021 – February 2023. Note: Satisfaction with feeling part of their community is measured through the PWI. Sub-domains of the PWI are scored from 0–10, with higher scores indicating higher levels of satisfaction with the community connectedness domain.

3.4 THERE IS LIMITED EVIDENCE TO ASSESS THE IMPACT OF THE RHSP ON CLIENTS' INVOLVEMENT WITH THE CRIMINAL JUSTICE SYSTEM

3.4.1 THERE IS SOME EVIDENCE THAT THE RHSP CLIENTS HAVE REDUCED INVOLVEMENT WITH THE CRIMINAL JUSTICE SYSTEM

RHSP workers and DCJ Housing staff members think it is likely that the program will result in reduced criminal justice system involvement for clients. One example included a client who, through the support of the program, was able to stay out of custody for longer than they had previously been able to.

> *O*ne client (who is currently 47) has been in and out of jail since 19; this is the longest time he has stayed out of jail. (RHSP worker)

The program data provides limited evidence regarding the impact of the program on clients' involvement with the criminal justice system. For clients who had completed their period of support, 22% were in an adult correctional facility at the end of their support period, and 17% had their support period closed because they had returned to custody (Table 32). Aboriginal clients returned to custody at similar rates to non-Aboriginal clients.

Although we do not have a comparison group to examine if RHSP clients were less likely to return to custody than those who did not receive the supports provided by the program, a 2020 BOCSAR study found that 43.2% of all people, and 56.4% of Aboriginal people, released from custody re-offend within the next 12 months.[30] Although this statistic includes offending that may not result in a return to prison, it suggests that RHSP clients may return to custody at a lower rate than the overall population of people released from custody. The similar rate of return to custody among Aboriginal RHSP clients and non-Aboriginal clients suggests this approach may be effective for Aboriginal clients.

TABLE 32.   CRIMINAL JUSTICE SYSTEM INVOLVEMENT AFTER REFERRAL TO RHSP

Returns to custody	N	%	Total
Dwelling at end of support period			
Adult correctional facility	61	22%	283 closed support periods
Aboriginal clients in adult correctional facilities	24	23%	106 closed support periods for Aboriginal clients
Reason for close			
Client incarcerated	47	17%	284 closed support period
Aboriginal clients incarcerated	22	21%	106 closed support periods for Aboriginal clients

Source: RHSP CIMS data – Support period list, End status, July 2021 – February 2021. Note: The proportions of closed support periods where the client was in an adult correctional facility, and when the support period was closed due to client differ as these were recorded separately in CIMS, and some individuals in adult correctional facilities at the end of their support period may have had their support period closed for other reasons.

In Strawberry Hills, RHSP workers suggested that because clients knew how hard it was to get their home, they often did not want to lose it again and therefore maybe less likely to reoffend. The same workers also mentioned supporting clients who did have to go back to custody, to keep their home.

Although we did not ask clients about their involvement with the criminal justice system during interviews, one client said during an interview that he did not think he would still be out of custody without program support. Another client felt that without the program he would have relapsed and ultimately reoffended.

CRC is very important to [staying out of jail]. It has a part [in it]. (Client)

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[30]NSW Bureau of Crime Statistics and Research, https://www.bocsar.nsw.gov.au/Pages/bocsar_pages/Re-offending.aspx

3.4.2   THERE IS CURRENTLY NO EVIDENCE ABOUT THE LONG-TERM IMPACT OF THE RHSP ON CLIENTS' INVOLVEMENT WITH THE CRIMINAL JUSTICE SYSTEM

There is limited analysis regarding the long-term impact that the RHSP has on criminal justice system involvement for clients at this stage.

3.5   THERE WERE NO UNINTENDED POSITIVE OR NEGATIVE OUTCOMES FOR CLIENTS AS A RESULT OF THE PROGRAM

We did not observe any unexpected outcomes for clients as a result of the program.

4.   DISCUSSION AND RECOMMENDATIONS

This chapter draws together all the evidence across the qualitative and quantitative data sources to highlight the strengths and opportunities for the RHSP. It then presents recommendations for the future delivery of the RHSP.

4.1   STRENGTHS AND OUTCOMES

There was universal support from stakeholders for the concept of the RHSP, where case workers provide holistic wraparound case management support to individuals exiting custody at risk of homelessness, including providing support to access housing and sustain their tenancy.

4.1.1   ALIGNMENT WITH GOOD PRACTICE IN POST-RELEASE SUPPORT

The design and delivery of the RHSP is in line with the principles of good practice in post-release support, as indicated in a recent review of the literature (see Appendix 1):

RHSP workers provide **holistic and individualised** wraparound case management support, driven by client-identified needs. RHSP workers are knowledgeable and experienced in working with people who have been in custody, understand their needs, and work in a **trauma-informed** manner. As a result of co-location, they have been able to share their knowledge and experience with DCJ Housing staff, who have improved understanding of the experiences and needs of people exiting custody.

Co-location of RHSP in local DCJ Housing offices sites allowed for **strong relationships between organisations** to be developed, and for RHSP and DCJ Housing staff to take a **collaborative** approach to facilitate access to housing for clients. This included DCJ Housing staff supporting RHSP workers to better understand available DCJ Housing products and processes, and how they can best achieve housing outcomes for clients, as well as approving and extending temporary accommodation for clients.

RHSP clients were able to be supported for up to 12 months, depending on the intensity of their support needs. This is in line with good practice guidelines regarding **program duration**, which state that providing support for more than nine months is favourable.

Accepting referrals and beginning work with clients pre-release is a key feature of RHSP. Staff found that clients referred pre-release engaged better with the program and supports and were more likely to have positive outcomes. This **through-care model** has allowed relationships between workers and clients to be developed, supports to be put in place, and accommodation planned prior to clients' transition from custody, consistent with the evidence regarding best practice.

4.1.2 DELIVERING INTENDED OUTCOMES

The qualitative and quantitative data indicates that the program is able to deliver its intended outcomes for clients.

The RHSP clearly improved **housing outcomes** for clients. RHSP workers supported clients to access temporary accommodation upon exit from custody, with DCJ Housing workers facilitating extensions to stays in temporary accommodation as clients waited to access medium- or long-term accommodation.

RHSP clients were **significantly more likely to be housed** in public housing within the evaluation compared to a comparison group of people exiting custody who presented to an SHS for support. Clients who were housed as a result of the program generally felt that their accommodation was suitable and met their needs.

As a result of the program, clients accessed a range of **support services**, including physical and mental health supports. RHSP workers also supported clients to **meet parole conditions** through communicating with their parole officer and attending parole, court or other legal appointments with them. Early evidence suggests that the program is supporting clients to achieve better parole outcomes.

Qualitative and quantitative data indicates that client **wellbeing** is improving as a result of the program. RHSP workers noted that stable housing was the foundation that enables clients to address other issues, and as a result of positive housing outcomes, clients report increased feelings of safety and wellbeing.

There is early evidence that the program is able to impact **clients' involvement with the criminal justice system**, and that as a result of the supports provided many clients are able to stay out of custody in a way that they had not been able to without the program.

4.2 CHALLENGES AND LIMITATIONS

4.2.1 IMPLEMENTATION CHALLENGES

As the RHSP is a pilot program, some time was required to develop guidelines, processes and relationships with referring agencies. Differences in the operation of DCJ Housing teams between sites where RHSP workers were co-located made it difficult for RHSP staff to seek advice from workers at other sites, and for RHSP managers to provide consistent guidance. As a new program, some referring agencies were not aware of the program or of the work that CRC does. This was particularly evident in Dubbo, where CRC had not operated prior to delivering the RHSP. As implementation continued to progress, RHSP staff developed relationships with referring agencies, and the program received sufficient and appropriate referrals.

The program began operating in July 2021, which coincided with the second wave of the COVID-19 pandemic and increased restrictions. This prevented the physical co-location of CRC RHSP workers within DCJ Housing staff as planned and delayed the development of relationships between RHSP and DCJ Housing staff. As restrictions eased, co-location was

implemented as intended and resulted in positive outcomes for workers from both organisations.

Staff turnover in DCJ Housing and among RHSP workers had a negative impact on the successful implementation of the program, through a loss of established rapport and shared processes developed through co-location. Some RHSP workers have begun to address this through engaging new starters in DCJ Housing to explain the program and its processes.

4.2.2   AVAILABLE AND SUITABLE ACCOMMODATION AND HOUSING

Although the program has had notable success in achieving housing outcomes for clients, the availability of suitable housing remains a substantial barrier to housing outcomes. The limited number and types of social housing options available has impacted the extent to which the program was able to house clients, and available housing was not always suitable for clients' needs. For example, some sites noted social housing options are predominantly in high density housing blocks known for criminal activity, which may have a negative impact on recidivism or recovery from substance use. It was also more challenging to achieve positive housing outcomes for clients on the CPR, because temporary accommodation and boarding houses may not accept these clients and DCJ Housing requires additional processes to place people on the CPR in social housing.

4.3   CONSIDERATIONS FOR THE FUTURE OF THE RHSP

Based on the above findings, CRC and DCJ Housing may consider taking the following actions.

4.4   RECOMMENDATIONS

AWARENESS AND UNDERSTANDING OF THE PROGRAM

1. Increase awareness of the program with correctional services and centres and services that reach into correctional services, through continuing to develop relationships and connections with agencies and individuals making referrals.
2. Ensure eligibility criteria are clear for agencies and services making referrals.

PROGRAM GUIDELINES

3. Develop a tool or clear guidelines to support transparency and consistency of intake decisions. In particular guidance on regarding the eligibility of clients who are released from custody but are not eligible for a DCJ Housing product.
4. Continue to develop guidance regarding the roles of DCJ Housing and RHSP staff in accepting referrals and ensure these policies and processes are clearly documented.
5. Ensure that program knowledge is shared with new DCJ Housing staff to sustain momentum of program knowledge and implementation e.g., RHSP workers presenting about the program to new staff.

6. Co-locate RHSP workers with the Access and Demand team at DCJ Housing where possible, or other teams that are responsible for pathways into housing and TA.

PROGRAM CAPACITY AND EXTENSION

7. Consider the intensity of clients' support needs when assessing RHSP worker capacity to take on new clients, ensuring that caseworkers have a balance of clients with lower and higher support needs.
8. Consider the time required for proactive, flexible and outreach engagement approaches when planning caseloads.
9. Continue to fund the program and expand where possible, given the program's success providing housing to those exiting prison at risk of homelessness.
10. Consider flexibility to extend the period of support for clients who require longer periods of support, and/or introduce a step-down approach.

APPENDIX 1 LITERATURE REVIEW – BEST PRACTICE IN POST RELEASE HOUSING SUPPORT

A1.1 INTRODUCTION

The aim of the Reintegration Housing Support Program is to provide tailored housing support to people exiting prison, who often have high needs regarding re-integration during the period of transitioning from life in prison to life in the community.

Providing appropriate housing for people exiting prison is complex, with many experiencing significantly worse health and social outcomes compared to people who have not been in contact with the correctional system. This is especially true for Indigenous people who are overrepresented in the Australian correctional system. Consequently, it is critical that these complexities are explored to identify the key issues and barriers preventing successful accommodation outcomes and to highlight the best post-release accommodation practices, methods, and activities.

It has been suggested that the disruption caused to a person's life by coming into contact with the justice system causes more harm to individuals than the penalties which are imposed on them by the justice system. That is, whilst in prison people experience a disruption to their employment, income, relationships and access to stable accommodation. Contact with the criminal justice system can ultimately result in a higher probability of reoffending.[31] Therefore, programs that support people leaving prison as soon as they are eligible, have substantial benefits for the individual and community. People exiting prison often have high needs regarding re-integration during the period of transitioning from life in prison to life in the community. For example residential instability, gaining employment or receiving services for substance dependency and mental health conditions.

Incarcerated individuals are over-represented amongst Australia's homeless population and those who have come in contact with the criminal justice system are at greater risk of unstable accommodation. It is estimated that each year, at least 60% of individuals leaving prison exit into homelessness. A lack of affordable housing for those exiting prison is a primary cause of homelessness in Australia. A research report by the Australian Institute of Criminology found that most people released from prison each year would meet the eligibility criteria for intensive support needs. However only 16% were able to be placed in a program that finds stable housing[32].

A report by the Parliament of the Commonwealth of Australia found that homelessness for those in contact with the criminal justice system lasts for longer and is likely to reoccur more often than for other people experiencing homelessness.[33] The report stated that many housing services and organisations do not accept individuals that have been previously

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[32] Willis, M. (2018). *Supported housing for prisoners returning to the community: A review of the literature.* Australian Institute of Criminology.
[33] Parliament of the Commonwealth of Australia. (2021) *FINAL REPORT Inquiry into homelessness in Australia.* (p.114)

imprisoned. People exiting prison are often left with no support services and no information on how to successfully transition and survive in the community. Thousands of these individuals are left with no access to opportunities to meet their basic needs, having no source of income, and no stable housing, and often, no family or other social support.[34]

This literature scan explores the complexities of providing appropriate housing support for people exiting prison and provides an overview of the evidenced-based approaches, strategies and evaluations to influence positive change relevant to offering post-release housing support. This document is divided into the following sections:

1. the purpose of programs providing reintegration housing support to people exiting custody
2. the barriers to accommodation for people exiting prison
3. and best practice for programs providing post-release housing support.

PURPOSE OF PROGRAMS PROVIDING REINTEGRATION HOUSING SUPPORT TO PEOPLE EXITING PRISON

Homelessness, safety and wellbeing

Homelessness has complex and serious flow on effects on the person's wellbeing, safety, and quality of life.[35] Access to safe and stable housing is a basic human right that many people do not have. People who are homeless experience health problems such as mental illnesses, poor nutrition, substance dependency, and significantly higher rates of disability, chronic illnesses, or death than the general population. Being homeless makes it more difficult to access mental health services and physical health treatment, making recovery difficult.[36] There is a mutually reinforcing relationship between the experience of homelessness and the experience of trauma.[37] As research suggests, people who have previously offended experience immense trauma. Exiting prison into homelessness risks further detriment to individuals' health and reduces the chance they will seek help and overcome their challenges.[38]

Contact with the criminal justice system

People experiencing homelessness with mental health conditions are 40 times more likely to be arrested and 20 times more likely to be imprisoned than those with secure

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[34] ibid (p.115)

[35] Meehan, A. (2002). Report on Pre and Post-Release Housing Services for Prisoners in NSW.

[36] Australian Human Rights Commission. (2008) *Homelessness is a Human Rights Issue*. Retrieved from https://humanrights.gov.au/our-work/rights-and-freedoms/publications/homelessness-human-rights-issue

[37] Cash R, O'Donnell M, Varker T, Armstrong R, Di Censo L, Zanatta P, Murnane A, Brophy L & Phelps A (2014) The Trauma and Homelessness Service Framework, prepared by the Australian Centre for Posttraumatic Mental Health in collaboration with Sacred Heart Mission, Mind Australia, Inner Southern Community Health and VincentCare Victoria

[38] Australian Human Rights Commission. (2008) *Homelessness is a Human Rights Issue*. Retrieved from https://humanrights.gov.au/our-work/rights-and-freedoms/publications/homelessness-human-rights-issue

accommodation.[39] Therefore, incarceration is both a precursor to homelessness, as well as an outcome of it. The chances of people who have experienced incarceration being involved in future crime is heightened if they are not connected to housing services post release. An international study for a pilot reintegration program found that clients receiving supportive housing services were 40% less likely to be arrested after imprisonment.[40] Re-offending and re-imprisonment is costly and there are substantial societal and financial benefits to be gained from preventing homelessness and recidivism.[41]

Disrupting the cycle of re-incarceration

Ultimately, reintegration housing support programs aim to provide a timely intervention that disrupt the vicious cycle of re-incarceration and contact with the criminal justice system by providing supporting people to access accommodation and connecting them with other required supports. As noted previously, individuals who have been in prison have a higher risk of reoffending once released [42] and providing housing as well as holistic case management support to assist people to address their other needs can overcome this. Caxton Legal Centre outlines the following factors that need to be considered in supporting people upon their release from prison:

- homelessness/lack of accommodation
- substance dependency
- mental health
- lack of employment
- family disruption.
- criminal history[43]

These supports are intended to promote prosocial behaviour, provide a broad range of supports, prevent homelessness, and reduce the likelihood of recidivism.[44]

Capacity navigating pathways to access housing, and available housing products

Social housing in Australia has become increasingly difficult to access. As of 30 June 2021 there were 49,928 applicants on the NSW Housing Register, with 5,801 of those applicants assessed as a priority application[45]. In 2019-2020 the median wait time for general approved housing applicants was 27 months, however those with applications assessed as priority experienced much shorter wait times (median: 2.5 months).[46] Consequently, it is important

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[39] Westoby, R. (2016). *Mental Health, Housing and Homelessness: A Review of Issues and Current Practices, 2016*. Micah Projects inc.

[40] Burrowes, K. (2019). Can Housing Interventions Reduce Incarceration and Recidivism? Housing Matters. Retrieved from https://housingmatters.urban.org/articles/can-housing-interventions-reduce-incarceration-and-recidivism

[41] Willis, M. (2004). *FINAL REPORT Ex-Prisoners, SAAP, Housing and Homelessness in Australia*.

[42] Gluckman, P.(2018). Using evidence to build a better justice system: The challenge of rising prison costs. Office of the Prime Ministers Chief Science Advisor(NZ). (p.9)

[43] Caxton Legal Centre, Bail Support Program for men – issues paper, p.12

[44] ibid

[45] https://www.facs.nsw.gov.au/housing/help/applying-assistance/expected-waiting-times

[46] Pawson, H. and Lilley, D. (2022) Managing Access to Social Housing in Australia: Unpacking policy frameworks and service provision outcomes; CFRC Working Paper; Sydney: UNSW City Futures Research Centre

that individuals are able to optimally complete the housing form and provide evidence that they meet the criteria for their application to be assessed on the priority list. However, due to a variety of intersecting social barriers, it can be difficult for individuals to understand and complete these applications, and producing evidence required to support assessments of vulnerabilities can also be challenging.

Recent research regarding social housing applications in Queensland, New South Wales and Tasmania has found that advocates who are able to help in the preparation of applications, gathering evidence of needs, as well as advocate for the prioritisation of eligible applications in their interactions with housing providers give their clients a significant advantage over applicants without housing support.[47]

A1.2   BARRIERS TO ACCOMMODATION FOR PEOPLE EXITING PRISON

Obtaining stable accommodation continues to be a critical barrier for people exiting prison. There are few accommodation options available to people leaving prison, who often must also contend with an array of complex and compounding barriers to accessing accommodation (such as challenges with mental ill-health, substance dependency, family relationships and employability) upon their release.[48]

SHORTAGE OF PUBLIC HOUSING AND EXPENSIVE PRIVATE RENTALS

A 2018 report into the health of Australian prisoners, published by the Australian Institute of Health and Welfare reported that 33% of people entering Australian prisons had experienced homelessness in the four weeks prior to their imprisonment, with 28% residing in short-term or emergency accommodation.[49] The report demonstrates that there is an insufficient supply of low-income government housing in Australia, not only for people in contact with the criminal justice system, but also for people seeking to escape homelessness or domestic and family violence,[50] often these groups can be intersecting.[51] There are often long waiting lists for the limited social housing that is available and there is a chronic shortage of affordable private rental accommodation.[52] Over the 2019-2020 period the median wait times for social housing for those not accorded priority status was 27.1 months.[53] This leaves many people exiting prison with no clear pathway to stable, long-term housing. A lack of stable housing can result in people experiencing homelessness, which is a risk factor for recidivism. Formerly

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[47] Alan Morris, Andrew Clarke, Catherine Robinson, Jan Idle & Cameron Parsell (2022): Applying for Social Housing in Australia – The Centrality of Cultural, Social and Emotional Capital, Housing, Theory and Society, DOI: 10.1080/14036096.2022.2085169

[48] Jocelyn Fontaine. (2013). *Examining Housing as a Pathway to Successful Reentry: A Demonstration Design Process*. (p. 1)

[49] Australian Institute of Health and Welfare. (2018). *The health of Australia's prisoners*. (p. 22)

[50] Willis, M. (2017). *Bail support: A review of the literature*. Australian Institute of Criminology. (p.31)

[51] Australian Institute of Health and Welfare. (2018). *The health of Australia's prisoners*. (p. 22 and p.24)

[52] Duff, C et al. (2021). *FINAL REPORT NO. 359:Leaving rehab: enhancing transitions into stable housing*. Australian Housing and Urban Research Institute: 10.18408/ahuri53211. (p. 50)

[53] Pawson, H. and Lilley, D. (2022) Managing Access to Social Housing in Australia: Unpacking policy frameworks and service provision outcomes; CFRC Working Paper; Sydney: UNSW City Futures Research Centre.

incarcerated individuals who have complex support needs, some of which are explored further below, face additional structural barriers in accessing public housing.[54]

GENDER

Women have been found to have greater problems in securing suitable accommodation after exiting prison than men. [55] Some available programs and supports can be derived from research conducted exclusively on male experiences.[56] Women exiting prison have particular needs, and mothers often face extreme difficulty finding suitable housing to live with their children post release.[57] Structural factors, including lack of publicly provided resources, including health services and housing, can also exacerbate the barriers experienced by women.[58] Aboriginal women leaving prison are more likely to have more children or dependents compared to non-Indigenous women and often experience a lack of appropriate supports that address the specific issues facing Aboriginal.[59] [60]

DOMESTIC AND FAMILY VIOLENCE

Individuals leaving prison who have experienced, or at risk of domestic and family violence face additional difficulties in accessing and securing safe housing in a suitable environment.[61] High numbers of women in custody have experienced forms of domestic and family violence prior to entering prison.[62] Family violence often goes beyond the capacity of any one organisation to address,[63] often involving multiple complex and overlapping social issues such as child protection, homelessness, mental health issues, and substance dependency.[64] [65]

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[54] Martin, C., Reeve, R., McCausland, R., Baldry, E., Burton, P., White, R. and Thomas, S. (2021) Exiting prison with complex support needs: the role of housing assistance, AHURI Final Report No. 361, Australian Housing and Urban Research Institute Limited, Melbourne, (p. 53)

[55] Baldry, E., McDonnell, D., Maplestone, P. and Peeters, M., 2006. Ex-prisoners, homelessness and the state in Australia. Australian & New Zealand Journal of Criminology, 39(1), (p. 31)

[56] Baldry, E., 2010. Women in transition: from prison to…. Current issues in criminal justice, 22(2) . (p. 253)

[57] Baldry E, McDonnell D, Maplestone P & Peeters M 2003a 'Australian prisoners' post release housing' *Current Issues in Criminal Justice* vol 15 no 2 pp155-169

[58] Baldry, E., McDonnell, D., Maplestone, P. and Peeters, M., 2006. Ex-prisoners, homelessness and the state in Australia. Australian & New Zealand Journal of Criminology, 39(1), (p. 31)

[59] Australian Law Reform Commission, 2017. *Pathways to justice-An inquiry into the incarceration rate of Aboriginal and Torres Strait Islander peoples*. Australian Law Reform Commission. (p. 349)

[60] *Baldry, E. and McCausland, R., 2009. Mother seeking safe home: Aboriginal women post-release. Current Issues in Criminal Justice, 21(2). (p.289)*

[61] Ibid.

[62] ANROWS: *Women's imprisonment and domestic, family and sexual violence*. Retrieved from https://apo.org.au/sites/default/files/resource-files/2020-07/apo-nid308044.pdf

[63] APSC (Australian Public Service Commission) (2007). Tackling wicked problems. A public policy perspective. Canberra: Australian Government/Australian Public Service Commission.

[64] Cleaver, H., Unell, I., & Aldgate, J. (2011). The impact of parental mental illness, learning disability, problem alcohol and drug use and domestic violence on children's safety and development (2nd ed.). London: TSO.

[65] Stanley, N., Cleaver, H., & Hart, D. (2009). The impact of domestic violence, parental mental health problems, substance misuse and learning disability on parenting capacity. In J. Horwath (Ed.), The child's world: Assessing children in need (2nd ed.). London: Jessica Kingsley.

Both victim survivors and perpetrators of domestic and family violence may have diverse and complex needs, which must be addressed by a range of services.[66]

SUBSTANCE DEPENDENCY

Approximately 65% of people entering prison in Australia meet the criteria for a substance use disorder and almost half of the people in prison reported having injected drugs at some point in their life. Formerly incarcerated individuals with alcohol and drug use disorders who are not able to secure stable and appropriate accommodation have an increased likelihood of relapse.[67] Housing offerings for people who have been formerly incarcerated are scarce, leading to precarious housing that threatens their sobriety.[68] Substance use disorders may cause the breakdown of family and other social relationships and are strongly correlated with loss of employment and housing.[69]

Individuals seeking treatment are confronted by the very limited capacity in secure treatment centres. A New Horizon report published in 2014 found that, while 200,000 Australians were treated for drug and/or alcohol dependency each year, the demand for treatment each year was potentially as high as 500,000 people.[70] This lack of available treatment facilities constrains the ability of individuals to seek help. People exiting prison who experience substance dependency face substantial challenges in finding and maintaining appropriate accommodation.

MENTAL HEALTH AND COGNITIVE DISABILITY

Mental health conditions are highly prevalent in the Australian prison population.[71] A 2018 report into the health of the Australian prison population, published by the Australian Institute of Health and Welfare found that 40% of entrants self-reported a previous diagnosis of a mental health condition and 23% indicated that they were currently taking medication for mental health conditions.[72] Individuals with a cognitive disability are overrepresented in

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[66] Rees S & Silove D (2014) Why primary healthcare interventions for intimate partner violence do not work. *The Lancet*, 384, 229–229.

[67] Chavira, D., Jason, L. (2017). *The Impact of Limited Housing Opportunities on Formerly Incarcerated People in The Context of Addiction Recovery.* Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5507072/

[68] ibid

[69] ibid

[70] Ritter, A, et al. (2014). *New Horizons: The review of alcohol and other drug treatment services in Australia.* National Drug and Alcohol Research Centre UNSW. (p. 13)

[71] Cutcher, Z., Degenhardt, L., Alati, R., Kinner, A. S. (2014). Poor health and social outcomes for ex-prisoners with a history of mental disorder: a longitudinal study. *Australian and New Zealand Journal of Public Health, 38*(5). Retrieved from https://doi.org/10.1111/1753-6405.12207

[72]Australian Institute of Health and Welfare. (2019). *The health of Australia's prisoners 2018.* (p. 38)

Australian prison population and are likely to have a co-occurring mental health condition. [73] [74]

Mental health conditions can affect a person's capacity to find and maintain secure housing as it can affect their basic ability to undertake activities necessary to access tenancy. It can affect their ability to complete forms, maintain regular payments, maintain positive relationships with neighbours or seek any assistance.[75] As with residential treatment facilities for drug and substance dependency, there is insufficient capacity in mental health residential treatment centres.[76] This can lead to only the most severe cases being admitted and many in need of treatment being left without. Unable to access treatment for mental illnesses contributes to the challenge of finding appropriate and secure accommodation following release from prison.

EMPLOYMENT

Obtaining employment is a major challenge that people who have been formerly incarcerated face when attempting to reintegrate into society.[77] Formerly incarcerated individuals may face additional structural barriers to employment if they are experiencing or have experienced substance use, limited education and work experience or have mental health conditions.. These factors significantly hinder their employability and earning capacity.[78] Even considering the current labour market, where many jobs are available, there are still multiple issues that impede on formerly incarcerated individuals finding employment.[79] In addition to the stigma of having a criminal record, employers' attitudes, legal barriers, and educational or financial obstacles negatively affect employment chances.[80] Having stable accommodation allows individuals greater opportunity to seek employment.

A1.3   BEST PRACTICE IN POST RELEASE HOUSING SUPPORT

Research demonstrates that best practice for post release housing support services is to implement principles of trauma informed care and practice across their service delivery. People who have been incarcerated suffer various forms of trauma whether it be physical,

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[73] Baldry, E., Clarence, M., Dowse, L. and Trollor, J., 2013. Reducing vulnerability to harm in adults with cognitive disabilities in the Australian criminal justice system. Journal of Policy and Practice in Intellectual Disabilities, 10(3), pp.222-229.

[74] Thomas, S.D., Nixon, M., Ogloff, J.R. and Daffern, M., 2019. Crime and victimization among people with intellectual disability with and without comorbid mental illness. Journal of applied research in intellectual disabilities, 32(5). (p. 1089)

[75] Willis, M. (2004). *FINAL REPORT Ex-Prisoners, SAAP, Housing and Homelessness in Australia*. (p. 15)

[76] Morris, P. (2021). *The Australian Mental Health Crisis: A system failure in need of treatment (Media Release)*. National Association of Practising Psychiatrists. Retrieved 29th of July 2021 from https://napp.org.au/2021/04/the-australian-mental-health-crisis-a-system-failure-in-need-of-treatment/.

[77] Holzer, H. J., Raphael S., Stoll, A. M. (2003). *Employment Barriers Facing Ex-Offenders*. (p. 2)

[78] ibid

[79] Wang, L., Bertram, W. (2022) *New data on formerly incarcerated people's employment reveal labor market injustices.* Prison Policy. Retrieved from https://www.prisonpolicy.org/blog/2022/02/08/employment/

[80] Heinrich, S. (2000) Reducing Recidivism Through Work: Barriers and Opportunities for Employment of Ex-offenders. U.S. Department of Justice.

sexual or psychological abuse, loss, disruption to important relationships, mental illness or substance dependency.[81] People who experience trauma have different responses and behaviours to certain situations and require special care.[82] Embedding trauma informed care in housing support programs acknowledges and addresses the trauma faced by the individual and aims to prevent re-traumatisation.[83] Housing support programs that fail to recognise the role of trauma and the direct impacts it has on people when accessing services, do not sufficiently accommodate for people dealing with trauma and fail to ensure long-term housing stability.[84] Implementing trauma-informed approaches in current housing programs provides individually tailored services that are sensitive to their needs.

Across the Australian and international research literature there are some consistent key components of demonstrated best practice with regard to effective post release housing programs. These components are:

- holistic and Individualised, recognising the range of each individual's needs for support and tailoring services to meet those needs
- collaborative, using multi-agency approached to respond to a broader range of needs
- strong interagency relationships
- longer term support duration, of at least nine-months, are favourable
- adopting a Through-care approach.

HOLISTIC AND INDIVIDUALISED

The literature has demonstrated that programs with a holistic and individualised approach based on an assessment of the person's needs are most likely to succeed in delivering effective outcomes and reducing recidivism.[85] There is no single best practice, or 'one-size-fits-all' solutions for reintegration services that will effectively deliver the desired outcomes for clients participating in the program.[86]

A holistic approach allows the issues in the person's life which act as barriers to securing accommodation to be addressed such as drug use, mental health conditions and lack of housing or specific cultural needs. Therefore, if a housing support program does not seek to address these issues, either directly or through referral, it will not be effective. Literature supports the use of a case management approach where the applicant is referred to support services for their specific needs, such as mental health or substance dependence treatment

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[81] Haney, C. (2001). The Psychological Impact of Incarceration: Implications for Post – Prison Adjustment. ASPE. Retrieved from https://aspe.hhs.gov/reports/psychological-impact-incarceration-implications-post-prison-adjustment-0

[82] Guarino, K. (2009). *Trauma Informed Care 101*. Homeless Hub. Retrieved from https://www.homelesshub.ca/resource/trauma-informed-care-101

[83] Buffalo Center for Social Research. (2022). *What is Trauma-Informed Care?* University at Buffalo.

[84] Pollock, S., Davis, E., Cocks, N., Baumgartel, G., Egan, R. (2020). *Trajectories: the interplay between housing and mental health pathways.* Australian Housing and Urban Research Institute.

[85] MacKenzie, DL. (2002). *Reducing the criminal activities of known offenders and delinquents: Crime prevention in the courts and corrections.* London: Routledge: 334–421

[86] Willis, M. (2018). *Supported housing for prisoners returning to the community: A review of the literature.* Australian Institute of Criminology. (p.3)

services.[87] Supported housing programs that include mental health and substance dependency services would help individuals treat their addictions and mental illnesses and re-establish residential stability.[88]

TRAUMA INFORMED CARE

The principles of trauma-informed care are designed to ensure service provision is safe—for clients and for workers—and reduces the likelihood and/or impact of re-traumatisation.[89] The table below summarises how the principles can be applied to program and service design and the impact this has for individuals who have experienced a traumatic life event.

TABLE 33.   PRINCIPLES OF TRAUMA-INFORMED CARE FOR HOUSING AND HOMELESSNESS PROGRAM AND SERVICE DESIGN

Principles	Examples of principles in action	Impact
Safety **A physically and emotionally safe environment that is welcoming and where privacy is respected**	**Keep common areas, gathering spaces, bathrooms etc well-lit and implement security measures such as locks and cameras** **Provide respectful and compassionate responses** **Ask what does and what does not work for the individual (ties into communication)**	**The individual feels physically and emotionally safe**
Choice and collaboration Clients have a choice in their service experience through collaborating with service providers	Decision making is shared between staff and individuals, to ensure power is equally balanced The individual is told about and understands all of their options, rights and responsibilities in the service	Individuals are given a significant role in planning and evaluating services Individuals have a choice and control in the services they are seeking
Trustworthiness and transparency Clients trust their service provider	Ensure decisions are made with transparency and with the goal to build and maintain trust Provide clear and consistent information Service providers maintain respectful and professional boundaries	Individuals have trust in the program and are informed throughout the process

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[87] Henderson, M & Henderson, P. (2008). *Bail support program evaluation: Report to Corrections Victoria*, M&P Henderson & Associates Pty Ltd. (p.20)

[88] National Coalition for the Homeless. (2009). *Substance Abuse and Homelessness.* Retrieved from https://www.nationalhomeless.org/factsheets/addiction.pdf

[89] Buffalo Center for Social Research. (2015). *What is Trauma-Informed Care?* University at Buffalo

Empowerment and resilience Individuals develop and build a belief in their resilience and possibility of healing from trauma	Provide an atmosphere that prioritises empowerment and skill building	Individuals' strengths are recognised, encouraged and validated
	Active engagement with recovery goals, skills and support	Individuals have a belief in their resilience and ability to heal from trauma
Peer support and connectedness Clients feel supported and connected	Establish, develop and enhance networks with important community and social resources	Individuals can connect with others that have experienced similar situations
	Integrate individuals with shared experiences into the organisation	Individuals are connected to services and resources that target specific trauma
	Reinforce help-seeking behaviours by attending to the individual's needs and concerns immediately	
	Connect individuals with services specific to their trauma	

COLLABORATIVE

A key factor of a successful post release housing support program is its ability to facilitate effective multidisciplinary and collaborative service delivery.[90] Inter-agency coordination and collaboration can overcome certain barriers in bureaucracy and communication which would otherwise hinder or prevent individuals from being able to access the services or treatments they need. For example use of warm referrals to overcome the need for the person to repeat their story, the need to re-establish trust with a new service provider and the experience of being constantly referred on to another service rather than receiving service provision.[91] A successful housing support service would collaborate with other services that provide mental health treatment, physical health care, education, employment opportunities, daily living and peer support.[92] A multi-agency model that encourages system wide collaboration between services and supports, strengthens working partnerships between agencies and can streamline support for an individual. [93]

STRONG RELATIONSHIPS BETWEEN ORGANISATIONS

For any reintegration program to be effective there must be functional and strong interagency relationships between all organisations that are involved. This is important for several reasons:

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[90] Willis, M. (2018). *Supported housing for prisoners returning to the community: A review of the literature.* Australian Institute of Criminology. (p.3)

[91] Denning-Cotter G .(2008). *Bail support in Australia.* Indigenous Justice Clearinghouse. (p.2)

[92] National Coalition for the Homeless. (2009). *Substance Abuse and Homelessness.* Retrieved from https://www.nationalhomeless.org/factsheets/addiction.pdf

[93] Department of Child Safety, Youth and Women, Queensland Government. Evaluation of the integrated service response and high risk teams trial (2019): Summary of key findings. (p.2)

- prevents costly and inefficient duplication of processes[94]
- prevents people who have offended falling through gaps in the program and ensures that they have access to the relevant services
- enhances co-ordinated care.[95]

To ensure effective relationships between organisations the literature suggests that the partner organisations should have shared values, including being based around client-centred practice.[96] To achieve collaboration, all levels of the program's operations should be documented, and the information made available to relevant staff at the different partner organisations.[97]

Interagency collaboration has also been found to have a very important impact on rehabilitation for vulnerable individuals.[98] The consequences of breakdowns in coordination between agencies has conversely been shown to have potentially devasting outcomes on individuals.[99]

PROGRAM DURATION

The first three months post-release is a crucial period for people who have offended that require the most support as, in some cases, they have little financial support and limited access to other support and resources.[100] Research shows that people who have previously offended are likely to return to prison or experience homelessness within three-months following release. A study of participants in a homelessness outreach program conducted by the Homeless Persons' Legal Service and StreetCare found that participants had all experienced homelessness in the three months immediately post release.[101] There are also higher rates of reincarceration in the first three to six months after release.[102] Although providing housing supports for at least three months is crucial, long-term support for more than nine months is favourable.[103] Temporary accommodation can add to the stresses for individuals who have previously offended.[104]

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[94] Willis, M & M, JP.(2008). *Reintegration of Indigenous prisoners.* Australian Institute of Criminology. (p.50)
[95] Willis, M & M, JP.(2008). *Reintegration of Indigenous prisoners.* Australian Institute of Criminology. (p.50)
[96] Community Restorative Centre .(2019). *Throughcare and reintegration: What constitutes best practice in community based post release? A Community restorative center submission.* (p.3)
[97] Willis, M & M, JP.(2008). *Reintegration of Indigenous prisoners.* Australian Institute of Criminology. (p.50)
[98] Duff, C., et al.(2021). *Leaving rehab: enhancing transitions into stable housing.* AHURI. (p.72)
[99] Duff, C., et al.(2021). *Leaving rehab: enhancing transitions into stable housing.* AHURI. (p.69)
[100] Australian Law Reform Commission. (2019). *Throughcare and Reintegration: What Constitutes Best Practice in Community Based Post Release?* A Community Restorative Centre Submission. (p.2)
[101] Willis, M. (2018). Supported housing for prisoners returning to the community: A review of the literature. Australian Institute of Criminology. (p.6)
[102] Ibid (p.10)
[103] Australian Law Reform Commission. (2019). Throughcare and Reintegration: What Constitutes Best Practice in Community Based Post Release? A Community Restorative Centre Submission. (p.2)
[104] Martin, C., Reeve, R., McCausland, R., Baldry, E., Burton, P., White, R. and Thomas, S. (2021) Exiting prison with complex support needs: the role of housing assistance, AHURI Final Report No. 361, Australian Housing and Urban Research Institute Limited, Melbourne, (p.42)

THROUGH-CARE MODEL

The concept of through-care is that support is most effective when provided continuously starting from while the person is still serving their sentences and continuing as they are released into the community.[105] This ensures that people do not fall through gaps as they leave prison and any rehabilitative process or treatment they are receiving remains uninterrupted. The Queensland Productivity Commission outlined a number of features of effective through-care systems in a report they published on imprisonment and recidivism. These features are as follows.[106]

6. The through-care models must have a clear and well-understood objective.
7. Incentives given to people in prison should align with the through-care objectives.
8. The through-care models must be adequately resourced.
9. There should be an effective assessment process of potential participants in order to determine those who need the available resources most.
10. The responsibility for decision-making should be located where decisions are made most efficiently. This means some decisions should be made centrally while others should be made in a decentralised manner depending on which is most practical and efficient.
11. There needs to be systems for coordinating through-care services and support programs. This includes consistent case management for clients as well as interagency coordination.

The features outlined by the Queensland Productivity Commission of an effective through-care model largely corroborates the findings of an earlier research report published by the Australian Institute of Criminology in 2008.[107] In response to the Australian Law Commission's report into the incarceration of Aboriginal Australians, the Community Restorative Centre recommended the use of a through-care model in the rehabilitation of people leaving prison. They further noted the advantage the through-care model provides in enabling the caseworker to build a relationship of trust with the clients in an environment without the distractions and chaos of life on the outside of prison. This early development of the caseworker relationship also allows for them to act as a 'bridge' for the client between imprisonment and community living.[108]

A1.4 CONCLUSION

The literature strongly supports the implementation of post-release housing support programs in general and programs such as the RHSP. The programs directly address critical barriers to people who have previously offended being able to return to the community by providing supports to access suitable accommodation. In addition, the RHSP includes the provision of case management support to ensure that clients are supported to address their other potentially complex and compounding needs such as substance dependency, poor

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[105]Willis, M & M, JP.(2008). *Reintegration of Indigenous prisoners.* Australian Institute of Criminology. (p. 48)

[106] Queensland Productivity Commission .(2019). *FINAL REPORT Inquiry into Imprisonment and Recidivism.* (p. 326)

[107] Willis, M & M, JP.(2008). *Reintegration of Indigenous prisoners.* Australian Institute of Criminology. (p.49)

[108] Community Restorative Centre .(2019). *Throughcare and reintegration: What constitutes best practice in community based post release? A Community restorative center submission.* (p.3)

mental health and finding employment. There is strong research evidence showing that support to address all of these needs is required to allow people exiting prison to avoid re-offending.

APPENDIX 2 DETAILED METHODOLOGY

A2.1 LITERATURE AND DOCUMENT REVIEW

We completed a desktop review of key program documentation to understand the program and its operations, as well as a targeted rapid literature scan of like programs to identify existing data which could contribute to analysis or provide supporting evidence of best practice for post-release housing program in the Australian and international context.

A2.2 QUALITATIVE DATA SOURCES

We interviewed a range or program staff, clients and other stakeholders to inform the evaluation. We then analysed clients responses thematically to answer the key evaluation questions.

STAFF AND STAKEHOLDER INTERVIEWS

ARTD completed a series of 13 videocall interviews with CRC and DCJ staff using a semi-structured interview guide. This included one interview (or group interview) with each staffing group at each of the 6 sites, and one interview with the two RHSP managers. Each interview included 1 to 3 participants. We also interviewed 3 other stakeholders involved with the program including 2 from DCJ Housing and one from non-profit Jewish House. Interviews were conducted from November 2022 to April 2023.

Interviews were semi-structured and completed using an interview guide developed in consultation with CRC and the ARG (see Appendix xx). The interviews were up to one hour in length and conducted via video conference.

CLIENT INTERVIEWS

We conducted interviews with 20 clients from across the 6 sites. Interviews with clients participating in the program were conducted from March to May 2023.

The interviews used a semi-structured interview guide aligned to key evaluation questions. The interview guide used a 'discovery spine' approach, which put the clients at the centre of their journey, enabling them to tell their story on their own terms. Clients decided what information and how much information they wanted to share. Interviewees could have a support person with them at the interview if preferred. Interviews took up to 45 mins and were held over the phone.

TABLE A1.   SUMMARY OF SEMI-STRUCTURED INTERVIEWS COMPLETED FOR THE EVALUATION

Stakeholder group	Interviewees location or role	Number of interviewees
CRC staff	**RHSP workers**	
	Inner Sydney	2
	Western Sydney	2
	South Western Sydney	1
	Western NSW	2
	Illawarra	1
	Hunter	2
	RHSP managers	2
DCJ staff	Inner Sydney	1
	Western Sydney	2
	South Western Sydney	2
	Western NSW	2
	Illawarra	1
	Hunter	1
RHSP clients	Inner Sydney	3
	Western Sydney	4
	South Western Sydney	4
	Western NSW	3
	Illawarra	5
	Hunter	1
Other stakeholders	DCJ Housing	2
	Jewish House	1
Total		**44**

A2.3 QUANTITATIVE ADMINISTRATIVE DATA

CIMS DATA

Timeframe for CIMS data extracts: July 2021 – February 2023.

CIMS data included de-identified unit record level CIMS extracts from the following lists:

- Accommodation List
- Case level of effort
- Contact details by person
- Contact History List
- Contact summary
- Demographic list
- Family list
- Intake Assessment
- List Support period Characteristics

- Memo List
- Outcomes List
- Payments by family
- Payments list
- Plan list
- PWI List V10
- Referral Received list
- Referral sent list
- Status at end of collection
- Status at end of support
- Support Period List

Aggregate reports extracted from CIMS were also provided for the above reports, as well as one additional aggregate-only report:

- Unassisted persons report

FACSIAR HOMES TENANCY DATA AND SHS DATA

Timeframe for FACSIAR and SHS data extracts: September 2021 – February 2023.

Groups, identified through SHS data extract:

- RHSP program participants (started the program between September 2021 and February 2023)
- SHS comparison group: Individuals who received a SHS support between September 2021 and February 2023, who were flagged as exiting from prison at the start of the support period. Individuals who met this criteria but were supported by CRC through another program were excluded from this group.

Flag for exiting prison at the start of support period: Dwelling_wkbefore == 16 Adult correctional facility.

Flag for date seeking assistance: assistance_request_date

SHS datasets

Individuals who will make up the comparison group were identified from SHS support periods between September 2021 to February 2023 as:

- All individuals who presented to a SHS for a period off support who were flagged as at the Dwelling Week Before the support period as 'Adult correctional facility'

From SHS support period, variables requested include:
- SLK
- Date_of_birth: (to calculate Age at presentation for support)
- Sex_id: Sex
- Previously_Homeless_Ind_1_Mth: Previously homeless – 1 month

- Previously_Homeless_Ind_1_Year: Previously homeless – 1 year
- Indigenous_Status: Indigenous status
- FACS: FACS district
- Diagnosed_mental_health

HOMES

Public Housing Tenancies – Household:

- SLK
- Client reference number
- Tenancy reference number
- Tenancy start date
- Tenancy end date
- Reason for termination

FACSIAR CHIMES TENANCY DATA

CHIMES community housing tenancy data was provided to the evaluation for analysis, however as community housing tenancy data extracts were only available for each complete financial year, the evaluation was only able to access the relevant data about community housing outcomes from RHSP participants and the comparison group from July 2021 to June 2022, and which covers less than a year of program implementation. For this reason, community housing outcomes were not examined as part of this evaluation.

APPENDIX 3   INTERVIEW GUIDES

A3.1 CRC RHSP STAFF

INTRODUCTION

1. Can you please tell me a bit about your role with the Reintegration Housing Support Program (RHSP)?
    - *How long have you been in your role?*

ABOUT THE REINTEGRATION HOUSING SUPPORT PROGRAM SERVICE MODEL AND ITS IMPLEMENTATION

2. What are the most positive features of the RHSP program and why?

    - *What works well?*
3. What are the hardest or most challenging aspects of the program to implement and why? (Prompts as needed)

    - *Getting contract in place*
    - *Agreeing on key performance measures, caseloads etc*
    - *Co-location in DCJ Housing offices*
    - *Establishing relationships with DCJ staff*
    - *Available housing for participants*
    - *What doesn't work well*
    - *To what extent have these issues been addressed?*

4. How is the RHSP program different to other support services you have delivered/ or other support services available for people leaving custody?
    - *From your understanding, what are the most important features of the program?*

5. What impact has COVID-19 had on the implementation of RHSP?

CO-LOCATION WITH DCJ HOUSING

We are interested in understanding your experiences of co-location with the DCJ Housing office in your site.

6. Can you describe what co-location with DCJ Housing looks like in your site?
    - *How long has it been working that way?*
    - *What did it look like during COVID-19 lockdown?*
7. Has co-location changed the relationships you have with DCJ Housing staff?
    - *What is working well?*
    - *Where have there been challenges?*
8. Have you noticed any changes how DCJ Housing staff engage with your clients/ people exiting prison as a result of co-location?

-   *Are they better able to support people exiting prison?*
-   *Have you seen any changes in their attitudes?*

9. How, if at all, has co-location changed you understanding of DCJ Housing products?
    -   *Referral pathways for clients into Housing?*
    -   *Other Housing products that are available?*
10. How, if at all, has co-location changed the way you advocate for your clients and support their housing needs?

REFERRAL AND ENGAGEMENT

We're interested in understanding the specifics of how people are referred to the RHSP and any issues for you or the people referred during the process.

11. Please describe for me how people are referred to the Reintegration Housing Support Program?
    -   *When is a referral made?*
    -   *What happens when you receive a referral?*
    -   *Who is responsible for handling referrals?*
    -   *How do you communicate with the people referred and the organisation/person who referred them?*
    -   *What, if any, timeframes for response exist?*
12. How do you identify which referrals are appropriate?
    -   *Are the eligibility criteria clear?*
    -   *How appropriate are the eligibility criteria?*
    -   *How do you manage inappropriate referrals you receive?*

13. When there are more eligible referrals than positions available, how do you determine which referrals are accepted?

ENGAGING WITH PARTICIPANTS

14. What works well about engaging clients in the program and supports?
15. What do you think are the key barriers for participants to engage with the program?
    -   *To what extent can you address these?*
    -   *How difficult is it to maintain engagement throughout delivery?*
    -   *Would it be more difficult for certain participants or groups of participants than others to access the Reintegration Housing Support Program?*
    -   *How could the program need to change to make it easier for these people to access the program?*
    -   *What proportion of your clients are Aboriginal or Torres Strait Islander?*
    -   *Do you think that the program is culturally appropriate and safe for Aboriginal and Torres Strait Islander people and families and why? Other culturally appropriate services in your region?*

CLIENT OUTCOMES

16. Have you noticed any benefits of the program for people involved?

- *What changes have you seen participants make?*
- *Stable/ long term housing options?*
- *Recidivism?*

17. Who do you think the program is most effective for and why?
    - *Any differences between clients who have positive outcomes compared to those with less positive outcomes?*

18. Has RHSP changed the pathways into housing for people exiting prison?
    - *Types of housing (TA, boarding house, social housing)*
    - *How people move from one to the other, durations in types of housing.*

LOCAL SERVICE SYSTEM AND IMPROVEMENT

19. How does the Reintegration Housing Support Program fit within the broader support service system for people leaving custody in NSW?
20. What, if any, changes are needed to the way the Reintegration Housing Support Program operates?
21. Is there anything else that you think I should know?

A3.2 DCJ HOUSING STAFF

INTRODUCTION

1. Can you please provide a brief overview of your role and how this brings you into contact with the Reintegration Housing Support Program?
    - *How long have you been in your role?*
    - *How does your work with the Reintegration Housing Support Program fit within the scope of the other work you do?*
2. What, if any, is your understanding of the RHSP?

ABOUT THE REINTEGRATION HOUSING SUPPORT PROGRAM SERVICE MODEL AND ITS IMPLEMENTATION

3. What are the most positive features of the RHSP program and why?

    - *What works well?*
4. What are the hardest or most challenging aspects of the service model to implement and why? (Prompts as needed)

    - *Getting contract in place*
    - *Agreeing on key performance measures, caseloads etc*
    - *Co-location in DCJ Housing offices*
    - *Establishing relationships with DCJ staff*
    - *Available housing for participants*
    - *What doesn't work well*
    - *To what extent have these issues been addressed?*

5. How is the RHSP program different to other support services you are aware of?
   - *From your understanding, what are the most important features of the program?*
   - *How appropriate is this model for people exiting prison who may be at risk of homelessness and how come?*

6. What impact has COVID-19 had on the implementation of RHSP?

CO-LOCATION

We are interested in understanding your experiences of co-location with the CRC RHSP workers in your office.

7. Describe what co-location looks like in your site?
   - *How long has it been working that way?*
   - *What did it look like during COVID-19 lockdown?*
8. How has co-location impacted your relationships with RHSP staff?
   - *What is working well?*
   - *Where have there been challenges?*
9. Have you noticed any changes in the capacity of RHSP staff to support their clients as a result of co-location?
   - *Knowledge of DCJ Housing products?*
   - *Referral pathways into housing for people exiting prison?*
10. How, if at all, has co-location changed how you engage with RHSP workers?
11. How, if at all, has co-location changed the way **you** support the housing needs of people exiting prison at risk of homelessness?
    - *Attitudes?*
    - *Referral pathways?*

OUTCOMES

12. Have you noticed any benefits of the program for people involved?
    - *What changes have you seen participants make?*
    - *Stable/ long term housing?*

13. Who do you think the program is most effective for and why?
    - *What factors do you think determine these changes?*

14. What, if any, changes have you noticed in the referral pathways into housing for people exiting prison because of the RHSP?

LOCAL SERVICE SYSTEM

15. How does the Reintegration Housing Support Program fit within the broader support service system for people exiting prison in NSW?
    - Is it the right program for people in this region?
    - Why/ why not?
16. What, if any, changes are needed to the way the Reintegration Housing Support Program operates?

17. Which people might find it hard to access the Reintegration Housing Support Program? How would the program need to change to make it easier for these participants?
18. Is there anything else you think I should know?

A3.3 PROGRAM STAKEHOLDERS

1. Can you please provide a brief overview of your role and how this brings you into contact with the Reintegration Housing Support Program?
    - How long have you been in your role?
    - How does your work with the Reintegration Housing Support Program fit within the scope of the other work you do?
2. What, if any, is your understanding of the RHSP?

3. How does the Reintegration Housing Support Program fit within the broader support service system for people exiting prison in NSW?
    - Is it the right program for people in this region?
    - Why/ why not?
4. How would you describe the current capacity of DCJ Housing staff to meet the needs of people exiting prison who are at risk of homelessness?
    - What, if any, impact has the co-location of CRC staff in DCJ Housing staff as part of the RHSP had on the capacity of DCJ Housing staff to deal with this cohort?

5. What challenges exist in current referral pathways to provide housing support to people exiting prison at risk of homelessness?
    a. What impact, if any, has the RHSP had on these processes? Have any new or more efficient referral pathways been developed?

6. Is there anything else you think I should know?

A3.4 CLIENTS

INTRODUCTION

1. To start with, is there something you can tell me about yourself? I would like to get to know a bit before we talk about your experience with the program. You don't need to share anything that you don't feel comfortable with (*note to interviewer: keep it open, guided by the interviewee)*

THE PROGRAM

2. Who told you about the CRC Reintegration Housing Support Program?
    - support worker?
    - other incarcerated men/ women?
    - already aware from previous experience?
    - Family or friends?

- DCJ Housing office?
- Something else?

3. When did you find out about [the CRC/the program/ your caseworker]?

- While in custody?
- After your release?

•
4. How long have you been engaged with the program?

5. What makes you want to engage with [CRC/ the program/ your caseworker]?

6. How, if at all, was [the CRC/the program/ your caseworker] able to help you with your housing/ accommodation after your exit from custody?

7. What other support did you receive from the service?
   - Centrelink
   - Getting the house set-up (furnishings, cookware, bedding)
   - Accessing help with mental health/counselling support
   - Reconnecting with family/negotiating with Child Safety
   - Reconnecting with culture
   - Finding work
   - Applying to study
   - Legal support needs
   - Accessing medication
   - Medicare
   - Banking
   - Support with accessing NDIS?
   - Applying for or accessing longer-term accommodation?
   - Having someone to talk to

8. Tell me about what you liked about the program and how your case worker helped you get the things and the supports you needed?
   - Did you feel respected?
   - What was it about your case worker that you liked?
   - Where did you and your case worker meet? (*prompt: in the community? At DCJ Housing offices? Elsewhere?)*

9. Tell me about what didn't work so well?

   - Anything about your support worker that you didn't like?
   - Respect?
   - Anything that made you think about leaving the program/ stopping engaging with your case worker?
   - Anything about how and when you met with your case worker that you didn't like?

10. Were there things that you needed help with that the service couldn't do?
    - Housing
    - Anything you needed more support with?
    - (interviewer – refer to Q6 prompts)

11. Is there anything that you think you will need help with after you finish the program?
    - Anything that the program is helping you with now?
    - Anything that you also need more support with now?

12. For you, what was the best or most important thing about the support you received from CRC?

APPENDIX 4   ADDITIONAL TABLES

A4.1 INTRODUCTION

TABLE A2.   THE NUMBER AND PROPORTION OF CLIENTS WHO HAVE BEEN ENGAGED WITH THE PROGRAM FOR THE SHORT, MEDIUM AND LONG TERM

Time since start	N	%
Less than 3 months	65	17%
3-8 months	87	23%
9 + months	225	60%
Total	377	100%

Source: CIMS Support period list, July 2021 – February 2023.

TABLE A3.   MONTHS SINCE THE START OF SUPPORT

	Months from start of support
N	377.00
Mean	9.35
Median	11.00
SD	5.41
Min	0.00
Max	17.00
Q1	4.00
Q3	14.00

Source: CIMS Support period list, July 2021 – February 2023.

A4.2 IMPLEMENTATION OF THE RHSP

REFERRALS ARE BEING ACCEPTED INTO THE PROGRAM

Client sex

TABLE A4.   SEX OF RHSP CLIENTS

	N	%
Female	55	15%
Male	321	85%
Total	**376**	**100%**
Missing	1	

Source: CIMS: Demographics, July 2021 – February 2023.

TABLE A5.   SEX OF RHSP CLIENTS, BY SITE

	Female		Male		Total	
	N	%	N	%	N	%
Coniston	7	8%	82	92%	89	100%
Dubbo	9	19%	39	81%	48	100%
Liverpool	5	10%	46	90%	51	100%
Mount Druitt	11	28%	29	72%	40	100%
Newcastle	5	12%	36	88%	41	100%
Strawberry Hills	6	13%	41	87%	48	100%
Total	**43**	**14%**	**273**	**86%**	**317**	**100%**

Source: CIMS: Demographics, Intake, July 2021 – February 2023.

TABLE A6.   SEX OF RHSP CLIENTS, FOR ABORIGINAL AND NON-ABORIGINAL CLIENTS

	Female		Male		Total	
	N	%	N	%	N	%
Aboriginal	30	55%	106	33%	136	36%
Non-Aboriginal	25	45%	215	67%	241	64%
Total	**55**	**100%**	**321**	**100%**	**377**	**100%**

Source: CIMS: Demographics, July 2021 – February 2023.

Client age

TABLE A7.   RHSP CLIENT AGE, BY AGE RANGE

	N	%
18 - 20 years	4	1%
21 - 25 years	31	8%
26 - 35 years	126	33%
36 - 45 years	131	35%
46 - 55 years	69	18%
56 - 65 years	12	3%
66 - 85 years	4	1%
Total	**377**	**99%**
Missing	0	

Source: CIMS: Demographics, July 2021 – February 2023.

TABLE A8.   RHSP CLIENT AGE, FOR ABORIGINAL AND NON-ABORIGINAL CLIENTS

	Aboriginal		Non-Aboriginal		Total	
Age range	N	%	N	%	N	%
18 - 20 years	1	1%	3	1%	4	1%
21 - 25 years	19	14%	12	5%	31	8%
26 - 35 years	53	39%	73	30%	126	33%
36 - 45 years	45	33%	86	36%	131	35%
46 - 55 years	14	10%	55	23%	69	18%
56 - 65 years	4	3%	8	3%	12	3%
66 - 85 years	0	0%	4	2%	4	1%
Total	136	100%	241	100%	377	100%

Source: CIMS: Demographics, July 2021 – February 2023.

Aboriginal clients

TABLE A9.   THE PROPORTION OF RHSP CLIENTS WHO IDENTIFY AS ABORIGINAL

	N	%
Aboriginal	136	36%
Non Aboriginal	241	64%
Total	**377**	**100%**
Missing	0	

Source: CIMS: Demographics, July 2021 – February 2023.

TABLE A10.   THE PROPORTION OF ABORIGINAL RHSP CLIENTS, BY SITE

	Aboriginal		Non-Aboriginal		Total	
	N	%	N	%	N	%
Coniston	17	19%	72	81%	89	100%
Dubbo	40	83%	8	17%	48	100%
Liverpool	14	27%	37	73%	51	100%
Mount Druitt	14	35%	26	65%	40	100%
Newcastle	11	27%	30	73%	41	100%
Strawberry Hills	12	25%	36	75%	48	100%
Total	**108**	**34%**	**209**	**66%**	**317**	**100%**

Source: CIMS: Demographics, Intake, July 2021 – February 2023.

Mental health diagnosis

TABLE A11.   PROPORTION OF RHSP CLIENTS WITH A PRIOR MENTAL HEALTH DIAGNOSIS

	N	%
NA	2	1%
Yes	256	65%
No	58	15%
Don't know	75	19%
Total	**391**	**100%**

Source: CIMS: Support period, July 2021 – February 2023.

TABLE A12. THE PROPORTION OF CLIENTS WITH A PRIOR MENTAL HEALTH DIAGNOSIS, FOR ABORIGINAL AND NON-ABORIGINAL CLIENTS

	Aboriginal		Non-Aboriginal		Total	
Prior diagnosed mental health condition	**N**	**%**	**N**	**%**	**N**	**%**
NA	0	0%	2	1%	2	1%
Yes	91	64%	165	67%	256	65%
No	19	13%	39	16%	58	15%
Don't know	33	23%	42	17%	75	19%
Total	**143**	**100%**	**248**	**100%**	**391**	**100%**

Source: CIMS: Support period, Demographics, July 2021 – February 2023.

History of homelessness

TABLE A13. CLIENT EXPERIENCES OF HOMELESSNESS IN THE LAST MONTH

	N	%
Sleeping rough or in non conventional accommodation	145	37%
Short term or emergency accommodation due to a lack of other options	156	40%
Not homeless	124	32%
Don't know	17	4%
Total	**391**	**100%**

Source: CIMS: Support period, July 2021 – February 2023.

TABLE A14. CLIENT EXPERIENCES OF HOMELESSNESS IN THE LAST 12 MONTHS

	N	%
Sleeping rough or in non conventional accommodation	176	45%
Short term or emergency accommodation due to a lack of other options	174	45%
Not homeless	102	26%
Don't know	15	4%
Total	**391**	**100%**

Source: CIMS: Support period, Demographics, July 2021 – February 2023.

TABLE A15.   CLIENT EXPERIENCES OF HOMELESSNESS IN THE LAST MONTH, FOR ABORIGINAL AND NON-ABORIGINAL CLIENTS

	Aboriginal		Non-Aboriginal		Total	
	N	%	N	%	N	%
Sleeping rough or in non conventional accommodation	47	33%	98	40%	145	37%
Short term or emergency accommodation due to a lack of other options	59	41%	97	39%	156	40%
Not homeless	46	32%	78	31%	124	32%
Don't know	8	6%	9	4%	17	4%
Total	**143**	**100%**	**248**	**100%**	**391**	**100%**

Source: CIMS: Support period, Demographics, July 2021 – February 2023.

TABLE A16.   CLIENT EXPERIENCES OF HOMELESSNESS IN THE LAST 12 MONTHS, FOR ABORIGINAL AND NON-ABORIGINAL CLIENTS

	Aboriginal		Non-Aboriginal		Total	
	N	%	N	%	N	%
Sleeping rough or in non conventional accommodation	62	43%	114	46%	176	45%
Short term or emergency accommodation due to a lack of other options	62	43%	112	45%	174	45%
Not homeless	38	27%	64	26%	102	26%
Don't know	8	6%	7	3%	15	4%
Total	**143**	**100%**	**248**	**100%**	**391**	**100%**

Source: CIMS: Support period, Demographics, July 2021 – February 2023.

Presenting reasons

TABLE A17.   PRESENTING REASONS

Presenting reason	N	%
Transition from custodial arrangements	351	90%
Mental health issues	194	50%
Problematic drug or substance use	173	44%
Housing affordability stress	140	36%
Unemployment	139	36%
Financial difficulties	102	26%
Lack of family and or community support	81	21%
Housing crisis e g eviction	63	16%
Relationship family breakdown	62	16%
Inadequate or inappropriate dwelling conditions	54	14%
Previous accommodation ended	49	13%
Domestic and family violence	37	9%
Medical issues	37	9%
Problematic alcohol use	33	8%
Time out from family other situation	24	6%
Employment difficulties	18	5%
Unable to return home due to environmental reasons	9	2%
Non family violence	8	2%
Other	6	2%
Transition from other care arrangements	4	1%
Sexual abuse	3	1%
Problematic gambling	2	1%
Transition from foster care and child safety residential placements	2	1%
Discrimination including racial and sexual	0	0%
Itinerant	0	0%
Disengagement with school or other education and training	0	0%
Don't know	0	0%
Total	**391**	**100%**

Source: CIMS: Support period, Demographics, July 2021 – February 2023.

Case level of effort

TABLE A18.   INTENSITY OF SUPPORT REQUIRED, BY CLIENT SEX

	High		Medium		Low		Total	
Sex	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Female	27	63%	11	26%	5	12%	56	100%
Male	156	59%	73	28%	34	13%	333	100%
Total	**183**	**60%**	**84**	**27%**	**39**	**13%**	**389**	**100%**

Source: CIMS: Case level of effort, July 2021 – February 2023.

TABLE A19.   INTENSITY OF SUPPORT REQUIRED, FOR ABORIGINAL AND NON-ABORIGINAL CLIENTS

	High		Medium	Low			Total	
	N	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Aboriginal	72	61%	32	28%	13	11%	143	100%
Non Aboriginal	112	59%	52	27%	26	14%	248	100%
Total	**184**	**60%**	**84**	**27%**	**39**	**13%**	**391**	**100%**

Source: CIMS: Case level of effort, Demographics, July 2021 – February 2023.

TABLE A20.   INTENSITY OF SUPPORT REQUIRED, BY SITE

	High		Medium	Low			Total	
Site	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Coniston	42	61%	20	29%	7	10%	92	100%
Dubbo	26	60%	13	30%	4	9%	51	100%
Liverpool	25	56%	13	29%	7	16%	52	100%
Mount Druitt	24	67%	5	14%	7	19%	44	100%
Newcastle	16	48%	14	42%	3	9%	41	100%
Strawberry Hills	33	69%	8	17%	7	15%	50	100%
Total	**166**	**61%**	**73**	**27%**	**35**	**13%**	**330**	**100%**

Source: CIMS: Case level of effort, Intake, July 2021 – February 2023.

TABLE A21.   INTENSITY OF SUPPORT REQUIRED, FOR CURRENT AND EXITED CLIENTS

	High		Medium		Low		Total	
Status	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Current	58	69%	20	24%	6	7%	101	100%
Exited	126	57%	64	29%	33	15%	290	100%
Total	**184**	**60%**	**84**	**27%**	**39**	**13%**	**391**	**100%**

Source: CIMS: Case level of effort, Status at end of support, July 2021 – February 2023.

Referrals

TABLE A22.   REFERRAL SITE

Site	**N**	**%**
Coniston	89	28%
Dubbo	48	15%
Liverpool	51	16%
Mount Druitt	40	13%
Newcastle	42	13%
Strawberry Hills	48	15%
Total	**318**	**100%**

Source: CIMS: Intake, July 2021 – February 2023.

Referral timing

TABLE A23.   TIMING OF REFERRAL

	N	**%**
Pre release	161	51%
Post release	156	49%
Total	**316**	**100%**

Source: CIMS: Intake, July 2021 – February 2023.

TABLE A24.   TIMING OF REFERRAL, BY SITE

	Pre-release		Post- release		Total	
Site	**N**	**%**	**N**	**%**	**N**	**%**
Coniston	23	26%	65	74%	89	100%
Dubbo	14	30%	32	70%	48	100%
Liverpool	35	69%	16	31%	51	100%
Mount Druitt	28	70%	13	32%	40	100%
Newcastle	34	83%	7	17%	41	100%
Strawberry Hills	26	54%	22	46%	48	100%
Total	**160**	**51%**	**155**	**49%**	**317**	**100%**

Source: CIMS: Intake, July 2021 – February 2023.

TABLE A25.   REFERRAL TIMING, FOR ABORIGINAL AND NON-ABORIGINAL CLIENTS

	Aboriginal		Non-Aboriginal		Total	
Timing of referral	**N**	**%**	**N**	**%**	**N**	**%**
Pre release	57	54%	103	49%	161	51%
Post release	49	46%	107	51%	156	49%
Total	**106**	**100%**	**209**	**100%**	**316**	**100%**

Source: CIMS: Intake, July 2021 – February 2023.

THE PROGRAM DELIVERED SUPPORTS TO HELP WILLING CLIENTS TO MEET THEIR CASE PLAN GOALS

Case plans

TABLE A26.   PROPORTION OF CLIENTS WITH AT LEAST ONE CASE PLAN

Case plan developed	N	%
At least one case plan developed	261	69%
No case plan developed	116	31%
Total	**377**	**100%**

Source: CIMS: Plan list, Intake, July 2021 – February 2023.

TABLE A27.   PROPORTION OF CLIENTS WITH AT LEAST ONE CASE PLAN, BY SITE

	At least one case plan developed		No case plan developed		Total	
Site	**N**	**%**	**N**	**%**	**N**	**%**
Coniston	68	76%	21	24%	89	100%
Dubbo	39	81%	9	19%	48	100%
Liverpool	41	80%	10	20%	51	100%
Mount Druitt	33	82%	7	18%	40	100%
Newcastle	29	71%	12	29%	41	100%
Strawberry Hills	29	60%	19	40%	48	100%
Total	**239**	**75%**	**78**	**25%**	**317**	**100%**

Source: CIMS: Plan list, Intake, July 2021 – February 2023.

TABLE A28.   PROPORTION OF CLIENTS WITH AT LEAST ONE CASE PLAN, FOR ABORIGINAL CLIENTS

	At least one case plan developed		No case plan developed		Total	
	N	**%**	**N**	**%**	**N**	**%**
Aboriginal	93	68%	43	32%	136	100%
Non-Aboriginal	168	70%	72	30%	240	100%
Total	**261**	**69%**	**115**	**31%**	**376**	**100%**

Source: CIMS: Plan list, Intake, July 2021 – February 2023.

A4.3 OUTCOMES FOR CLIENTS

HOUSING OUTCOMES

TABLE A29. MOST RECENT DWELLING FOR CURRENT AND EXITED CLIENTS, REFERRED PRE AND POST RELEASE

Dwelling type at February 2023/ end of support period	Current client				Exited clients			
	Post release		Pre release		Post release		Pre release	
	N	%	N	%	N	%	N	%
House/townhouse/flat	25	66%	22	58%	51	44%	52	46%
Emergency accommodation	7	18%	6	16%	11	10%	8	7%
Adult correctional facility	4	11%	8	21%	20	17%	31	27%
Boarding/rooming house	1	3%	2	5%	12	10%	6	5%
Rehabilitation	1	3%	0	0%	0	0%	0	0%
Cabin	0	0%	0	0%	0	0%	1	1%
Caravan	0	0%	0	0%	1	1%	1	1%
Disability support	0	0%	0	0%	0	0%	3	3%
Don't know	0	0%	0	0%	14	12%	9	8%
Hotel/motel/bed and breakfast	0	0%	0	0%	1	1%	1	1%
No dwelling/street/park/in the open	0	0%	0	0%	2	2%	0	0%
Other	0	0%	0	0%	3	3%	2	2%
Total	**38**	**100%**	**38**	**100%**	**115**	**100%**	**114**	**100%**

Source: CIMS: Status at end of collection, Status at end of support, July 2021 – February 2023.

TABLE A30.   MOST RECENT TENURE TYPE FOR CURRENT AND EXITED CLIENTS, REFERRED PRE AND POST RELEASE

	Current clients				Exited clients			
	Post release		Pre release		Post release		Pre release	
Tenure type at February 2023/ end of support period	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Renter	20	53%	17	45%	51	44%	40	35%
No tenure	7	18%	14	37%	36	31%	42	37%
Rent free	6	16%	5	13%	10	9%	9	8%
Other rent free	5	13%	2	5%	3	3%	4	4%
Don't know	0	0%	0	0%	14	12%	17	15%
Other renter	0	0%	0	0%	1	1%	2	2%
Total	**38**	**100%**	**38**	**100%**	**115**	**100%**	**114**	**100%**

Source: CIMS: Status at end of collection, Status at end of support, July 2021 – February 2023.

TABLE A31.   MOST RECENT DWELLING TYPE FOR ALL CLIENTS, ACROSS SITES

Dwelling at February 2023/ end of support period	Coniston		Dubbo		Liverpool		Mount Druitt		Newcastle		Strawberry Hills	
	N	%	N	%	N	%	N	%	N	%	N	%
House/townhouse/flat	45	51%	21	45%	25	53%	28	76%	18	45%	15	31%
Adult correctional facility	12	14%	15	32%	15	32%	4	11%	7	18%	10	21%
Don't know	11	12%	2	4%	3	6%	0	0%	6	15%	1	2%
Boarding/rooming house	10	11%	1	2%	1	2%	0	0%	4	10%	5	10%
Emergency accommodation	6	7%	4	9%	2	4%	4	11%	2	5%	14	29%
Other	2	2%	3	6%	0	0%	0	0%	0	0%	0	0%
Hotel/motel/bed and breakfast	1	1%	0	0%	0	0%	0	0%	1	2%	0	0%
Rehabilitation	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%
Cabin	0	0%	0	0%	0	0%	0	0%	1	2%	0	0%
Caravan	0	0%	0	0%	0	0%	1	3%	1	2%	0	0%
Disability support	0	0%	0	0%	1	2%	0	0%	0	0%	2	4%
No dwelling/street/park/in the open	0	0%	1	2%	0	0%	0	0%	0	0%	1	2%
Total	**88**	**100%**	**47**	**100%**	**47**	**100%**	**37**	**100%**	**40**	**100%**	**48**	**100%**

Source: CIMS: Status at end of collection, Status at end of support, Intake, July 2021 – February 2023.

TABLE A32.   MOST RECENT TENURE TYPE FOR ALL CLIENTS, BY SITE

Tenure type at February 2023/ end of support period	Coniston N	%	Dubbo N	%	Liverpool N	%	Mount Druitt N	%	Newcastle N	%	Strawberry Hills N	%
Renter	43	49%	9	19%	18	38%	22	59%	17	42%	19	40%
No tenure	26	30%	27	57%	15	32%	7	19%	13	32%	11	23%
Don't know	11	12%	2	4%	8	17%	1	3%	9	22%	1	2%
Other rent free	4	5%	2	4%	5	11%	1	3%	0	0%	3	6%
Rent free	4	5%	6	13%	1	2%	6	16%	1	2%	12	25%
Other renter	0	0%	1	2%	0	0%	0	0%	0	0%	2	4%
Total	**88**	**100%**	**47**	**100%**	**47**	**100%**	**37**	**100%**	**40**	**100%**	**48**	**100%**

Source: CIMS: Status at end of collection, Status at end of support, Intake, July 2021 – February 2023.

SAFETY AND WELLBEING

Personal Wellbeing Index

TABLE A33.   CLIENT SATISFACTION WITH THEIR LIVING SATISFACTION, AS MEASURED BY THE PWI, ACROSS TIMEPOINTS

Living standard score	N	Mean	SD	Min	Max
Start	157	5	2	1	10
Periodic	42	6	2	1	9
End	42	7	2	1	10

Source: RHSP CIMS – Outcomes, July 2021 – February 2023.Note: Sub-domains of the PWI are scored from 0 – 10, with higher scores indicaitng higher levels of satisfaction with the life domain.

TABLE A34.   CLIENT SATISFACTION WITH THEIR HEALTH, AS MEASURED BY THE PWI, ACROSS TIMEPOINTS

Health score	N	Mean	SD	Min	Max
Start	159	6	2	1	10
Periodic	42	6	2	1	10
End	42	7	2	2	10

Source: RHSP CIMS – Outcomes, July 2021 – February 2023.Note: Sub-domains of the PWI are scored from 0 – 10, with higher scores indicaitng higher levels of satisfaction with the life domain.

TABLE A35.   CLIENT SATISFACTION WITH WHAT THEY ARE ACHIEVING IN THEIR LIVES, AS MEASURED BY THE PWI, ACROSS TIMEPOINTS

Achievement score	N	Mean	SD	Min	Max
Start	157	5	2	1	10
Periodic	42	6	2	2	9
End	42	7	2	1	10

Source: RHSP CIMS – Outcomes, July 2021 – February 2023.Note: Sub-domains of the PWI are scored from 0 – 10, with higher scores indicaitng higher levels of satisfaction with the life domain.

TABLE A36.   CLIENT SATISFACTION WITH THEIR PERSONAL RELATIONSHIPS, AS MEASURED BY THE PWI, ACROSS TIMEPOINTS

Relationships score	N	Mean	SD	Min	Max
Start	156	6	2	1	10
Periodic	42	6	2	2	10
End	42	7	2	2	10

Source: RHSP CIMS – Outcomes, July 2021 – February 2023.Note: Sub-domains of the PWI are scored from 0 – 10, with higher scores indicaitng higher levels of satisfaction with the life domain.

TABLE A37.   CLIENT SATISFACTION WITH THEIR SAFETY, AS MEASURED BY THE PWI, ACROSS TIMEPOINTS

Safety score	N	Mean	SD	Min	Max
Start	160	6	3	1	10
Periodic	41	6	2	1	10
End	42	7	2	2	10

Source: RHSP CIMS – Outcomes, July 2021 – February 2023.Note: Sub-domains of the PWI are scored from 0 – 10, with higher scores indicaitng higher levels of satisfaction with the life domain.

TABLE A38.   CLIENT SATISFACTION WITH THEIR COMMUNITY CONNECTIONS, AS MEASURED BY THE PWI, ACROSS TIMEPOINTS

Community connections score	N	Mean	SD	Min	Max
Start	155	5	2	1	10
Periodic	40	6	2	2	10
End	41	7	2	3	10

Source: RHSP CIMS – Outcomes, July 2021 – February 2023.Note: Sub-domains of the PWI are scored from 0 – 10, with higher scores indicaitng higher levels of satisfaction with the life domain.

TABLE A39.   CLIENT SATISFACTION WITH THEIR FUTURE SECURITY, AS MEASURED BY THE PWI, ACROSS TIMEPOINTS

Future security score	N	Mean	SD	Min	Max
Start	157	6	2	1	10
Periodic	42	6	2	2	10
End	41	7	1	3	10

Source: RHSP CIMS – Outcomes, July 2021 – February 2023.Note: Sub-domains of the PWI are scored from 0 – 10, with higher scores indicaitng higher levels of satisfaction with the life domain.

CRIMINAL JUSTICE SYSTEM INVOLVEMENT

TABLE A40.   REASON FOR CLOSE

Reason for close	N	%
Lost contact with client	78	27%
Client's immediate needs met/case management goals achieved	67	24%
Client incarcerated	**47**	**17%**
Client no longer requested assistance	34	12%
Client did not turn up	17	6%
Other	14	5%
Client referred to a mainstream agency	6	2%
Client referred to another specialist homelessness agency	6	2%
Maximum service period reached	6	2%
Client institutionalised	5	2%
Service withdrawn from client and no referral made	4	1%
Total	**284**	**100%**

Source: CIMS, Status at end of support, July 2021 – February 2023.

TABLE A41.   REASON FOR CLOSE, FOR ABORIGINAL AND NON-ABORIGINAL CLIENTS

	Aboriginal		Non-Aboriginal		Total	
Reason for close	**N**	**%**	**N**	**%**	**N**	**%**
Lost contact with client	40	38%	38	21%	78	27%
Client incarcerated	**22**	**21%**	**25**	**14%**	**47**	**17%**
Client no longer requested assistance	13	12%	21	12%	34	12%
Client's immediate needs met/case management goals achieved	12	11%	55	31%	67	24%
Client did not turn up	7	7%	10	6%	17	6%
Other	5	5%	9	5%	14	5%
Client referred to a mainstream agency	2	2%	4	2%	6	2%
Client referred to another specialist homelessness agency	2	2%	4	2%	6	2%
Maximum service period reached	2	2%	4	2%	6	2%
Service withdrawn from client and no referral made	1	1%	3	2%	4	1%
Client institutionalised	0	0%	5	3%	5	2%
Total	**106**	**100%**	**178**	**100%**	**284**	**100%**

Source: CIMS, Status at end of support, Demographics, July 2021 – February 2023.

APPENDIX 5 CLIENT CASE STORIES

RHSP client case stories are informed by interviews with clients and RHSP staff, but do not reflect any specific individual. These case stories are intended to illustrate common features of the experiences of clients who are referred into the program pre-release and post-release.

Case story 1: Jack*, referred into RHSP pre-release

Jack is in his 40s and is living in a boarding house in a suburb of Sydney, where he temporarily settled after he was released from custody. Jack has dual citizenship and spent a long time in a correctional centre in NSW. Due to his long time in custody Jack did not have his Australian passport or his Certificate of Citizenship to prove his right to live and work in Australia, and was concerned about being able to stay in Australia after exiting custody. A case worker in his correctional centre referred Jack to RHSP in the hopes that the program would be able to support him to obtain these documents. After getting to know his worker Julie* via AVL, Julie was able to organise for Jack's citizenship documents to be obtained before he exited custody.

Whilst he was in custody, Jack remained in regular contact with his worker via AVL and Julie was able to arrange for Jack to stay in a boarding house upon his exit from custody. On his release date, Julie picked Jack up from the correctional centre and drove him to his accommodation. Julie also supported Jack with his application for social housing and liaised with the staff at DCJ Housing on Jack's behalf. Jack has not yet obtained permanent housing, but he is happy to have a roof over his head and remains hopeful that he will soon receive an offer.

After Jack's release, he continued to stay in weekly contact with Julie and they often speak on the phone about Jack's anxiety and concerns he has about reintegrating back into the community. To help Jack with his mental health, Julie connected Jack with a psychologist and an AOD counsellor.

In the future, Jack would like to obtain his drivers license and get a job. Julie is currently supporting him to get some financial support to pay for his license and is helping him to apply for work. Jack feels grateful for the support he is receiving from Julie and is confident that she has set him up for success going forward. Despite that, he is anxious about his support period ending soon and having to navigate society without Julie's support.

Case story 2: Morgan*, referred into RHSP post-release

Morgan is in her 30s and spent some time in a correctional centre in regional NSW. Upon her release, she stayed in temporary accommodation for a couple of nights. Once that ended, she was able to stay with friends, but when she couldn't keep couch surfing, she did not have any more accommodation options. When Morgan went to her local DCJ Housing office to inquire about Link2Home she was visibly distressed about not having a place to stay. The DCJ Housing staff member told her about RHSP and referred her to the service.

When Morgan met her worker Vicki*, she instantly connected with her due to Vicki's even-temperedness and the similarities in the language they use. Vicki helped Morgan to obtain temporary accommodation for a few nights and from there arranged a bed in a boarding house for her. At the same time she started Morgan's priority housing application for her and her 3 children.

At times Morgan found it difficult to stay in contact with Vicki, because she was going through a relationship breakdown with her partner and struggling with addiction. She appreciated that Vicki continued to reach out to her and offered her support, even after Morgan had missed several appointments with her.

Vicki connected Morgan with an AOD counsellor, arranged for her to see a local GP and a dentist. She also accompanied Morgan to her appointments with child protection agencies, to arrange for her to get her care for her children back, who had been living with Morgan's mother while she was in custody.

Through the support from Vicki, Morgan was able to obtain permanent social housing in a neighbourhood she finds suitable for herself and her kids. Morgan is continuing to recover from addiction and is happy to be reunited with her children who she now cares for independently. She is happy and proud about her achievements and believes they come down to the support she has had from Vicki.

* Not real names, individuals do not reflect any one person.