

Summary of findings from the Reintegration Housing Support Program (RHSP) Evaluation

Research Overview

Community Restorative Centre (CRC) engaged ARTD

Consultants to conduct an evaluation of CRC's RHSP pilot.

The RHSP model sees two RHSP support workers co-locate within DCJ Housing offices in metropolitan and regional locations. Taking a housing first approach, the program supports people exiting prison who are at risk of homelessness to access housing and sustain their tenancies through wrap-around psychosocial support. The evaluation relates to the period from program inception (1 July 2021) to 31 May 2023.

ARTD's study aimed to answer the question...

How a novel collaboration between government and a specialist community organisation achieved positive outcomes for people leaving prison.

'did the RHSP reduce homelessness amongst people exiting prison in NSW?'



RHSP Clients

377 clients were supported by RHSP in the evaluation period. During this period:

- Most clients had a recent history of homelessness in the last month (37% sleeping rough; 40% in short term or emergency accommodation)
- 36% were Aboriginal and Torres Strait Islander peoples. This is higher than the 20% target outlined in the program guidelines, indicating the program is working well to engage this cohort.
- A small proportion of clients were women (14.6%) and 0.4% were non-binary. 0.4% had a variation in sex characteristics (also known as intersex).
- 9% of clients were aged 18 to 25 and 16% were 56 or over. The average client age was 37.
- 50% required support for mental health
- The most common reason for RHSP support was exiting custody (90% of clients)
- 44% of client referrals came from adult correctional facilities, 32% from DCJ Housing and 24% from other sources

Methodology



The study involved a mixed methods (qualitative and quantitative) process and outcomes evaluation. Qualitative data was collected via staff, stakeholder and client

interviews. Administrative data was also engaged from the Client Information Management System (CIMS) used by RHSP, and data extracts from Specialist Homelessness Services (SHS) and HOMES public housing tenancy data. SHS data was used to create a comparison group with CIMS data. The program evaluation was guided by an Aboriginal Reference Group.

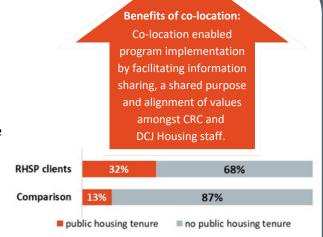
Ethics approval for the administrative data analysis and interviews with clients was granted February 2023 from the Aboriginal Health and Medical Research Council (AH&MRC) Human Research Ethics Committee (approval number: 2024/22).

Key Findings

The RHSP had been largely implemented as intended.

Beneficial outcomes for clients

- The RHSP was effective in achieving housing outcomes.
 Clients typically started support either in prison (39%) or emergency accommodation (33%). At the end of RHSP support, 43% of clients were housed in a house, townhouse or flat.
- Clients more likely to achieve a public housing outcome than the comparison group (RHSP: 32%; comparison group: 13%), which was statistically significant.



- 18% reduction in clients in emergency accommodation from intake to end of RHSP support.
- Improved client connection to support services, plus improved client wellbeing. The Personal Wellbeing
 Index illustrated this improvement in wellbeing from the start to end of RHSP engagement, showing an
 improvement in mean score from 55 to 70. Overall wellbeing scores range from 0 100, with higher scores
 indicating higher levels of reported wellbeing.
- Comparing RHSP clients to a 2020 NSW Bureau of Crime Statistics and Research study suggests RHSP clients may return to custody at a lower rate than the overall population of people released.

Person-centered engagement
In line with the program model,
the RUSP corporated possible with

the RHSP connected people with dedicated and trusted supports

through holistic, trauma-informed, and outreach-based case management using a one person, one worker model.

Case plan development

Across all sites, two-thirds (69%) of clients had at least one case plan developed—lower than the program target of 80%. However, three sites exceeded the target.

As CRC is required to accept all referrals of atrisk individuals from DCJ Housing where capacity exists- even where the individual refuses to engage with the RHSP- the lower proportion of people with case plans likely reflects the inherent challenges of engaging this client cohort.

Relationships and trust

Staff worked to build trust with RHSP clients, whether they were referred pre- or post-release, which facilitated engagement.
Clients reported genuine, respectful and reliable support.

She (RHSP worker) 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)

Some evaluation recommendations

Improve awareness and understanding of the program by other services

For example, through growing relationships with referring parties who work in correctional facilities.

Enhance program guidelines

For example: 1) develop a tool or guidelines to support transparency and consistency of intake decisions and 2) ensure knowledge of the RHSP is shared with new DCJ Housing staff to sustain implementation

Consider program capacity and extension
For example: 1) continue to grow and fund program
and 2) consider flexibility to extend the period of
support for clients who require it, and/or introduce a
step-down approach.