

## Foreword

*This report presents the key results of a process evaluation of the first 19 months of the Parolee Support Initiative—Mental Health/Intellectual Disability (PSI-MH/ID), one of 16 Shared Access trials being implemented under the NSW Housing and Human Services Accord.*

*The report is descriptive and provides a brief overview of the PSI. This is followed by a description of the outcomes, and a discussion of the key achievements and challenges experienced in the first 19 months of implementation of the project. The early results are encouraging showing modest but real positive impacts. However, monitoring and evaluating over a longer period are necessary to determine how sustainable are the gains identified here. The report ends with a discussion of the key findings.*

*I would like to thank all involved in delivery of the PSI for their efforts in advancing the range of challenges they face daily.*

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## First evaluation report on the Parolee Support Initiative (PSI)

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The **Parolee Support Initiative—Mental Health/Intellectual Disability (PSI-MH/ID)** aims to reduce the cycle of homelessness and re-offending by targeting high-risk offenders who have a mental health disorder and/or an intellectual disability. It is designed to provide offenders with complex needs with guaranteed accommodation in the Fairfield and Liverpool areas, as well as intensive support starting three months prior to release from custody and approximately six to nine months afterwards. As the lead agency for the PSI, Corrective Services NSW (CSNSW) has contracted the Community Restorative Centre (CRC) to implement the project and to provide the required intensive support to offenders.

The PSI-MH/ID began in May 2008 and is currently funded to June 2011. CSNSW is undertaking an internal monitoring and evaluation of the trial in two stages: Phase 1 covering the period from May 2008 to 31 December 2009; and Phase 2 covering the period from January 2010 to June 2011. This report constitutes the results of Phase 1 of the evaluation. Data for the study were obtained principally from a review of PSI documentation and information. This was complemented by in-depth interviews of PSI staff and key informants from partner agencies and other stakeholders.

## DESCRIPTION OF THE PSI

### **Aims**

The PSI aims to provide accommodation and transitional support to offenders with mental health disorders and/or intellectual disability, who are at risk of re-offending due to homelessness or a lack of stable accommodation, using a cross-agency partnership approach to service delivery. The project seeks to assist offenders with complex needs during their period of transition from custody back into the community so that they can establish appropriate support networks and life skills that would enable them to live independently in the community.

## Project partners

Implementation of the PSI is through a partnership approach between several human service agencies. CSNSW is the lead agency and has contracted CRC to provide the required intensive support to the target group. At an operational level, PSI involves close cooperation between CRC and the following partner agencies:

- **CSNSW** – particularly the Mental Health Screening Unit (MHSU) of the Metropolitan Remand and Reception Centre (MRRC), Long Bay Correctional Centre and Statewide Disability Services as the main sources of referrals; and the Community Offender Services Probation and Parole (COS P&P) for case management of offenders post-release
- **Housing NSW** – particularly their Fairfield and Liverpool/Miller branches
- **NSW Health** – particularly Mental Health Services of Sydney South West Area Health Service (SSWAHS).

PSI also works with local disability services, drug and alcohol services, recreational, social, educational, and employment service agencies within the Western Sydney region.

## Target group

The number targeted for PSI assistance is up to eight offenders at any one time, depending on their required level of support. Participation in the project is voluntary but parolees must be willing to reside in the Fairfield or Liverpool/Miller area. The target group includes offenders being released from custody into the community on a supervised parole order of a minimum of 10 months. The offenders must:

- have an identified mental health disorder and/or intellectual disability
- have a need for support services for up to six months post-release
- be homeless or lack suitable accommodation

- have been assessed on the LSI-R to be of medium to high-risk of re-offending
- not be eligible for support from Ageing, Disability and Home Care (ADHC).

The PSI delivers a broad range of intensive outreach support services which may be at a low, medium or high level. PSI staff provide floating hours of support to ensure the project is flexible and responsive in its service delivery. Services are provided to clients between 6 am and 8 pm seven days a week.

## Early years of the PSI

In 2004, CSNSW received an enhancement from NSW Treasury for a project that addresses the need for housing and transitional support of offenders with mental health disorders and/or intellectual disability. In early 2006, CSNSW became part of the Human Services and Housing Accord and the lead agency for the PSI project. In May 2007, after a competitive tender process, CSNSW contracted CRC to implement the PSI. The funding agreement between CSNSW and CRC was executed in June 2007 for a two-year period (*i.e.* June 2007 to June 2009). In May 2008, this agreement was extended to June 2010 to bring it in line with the PSI Operating Agreement. Funding has been extended subsequently a further 12 months to June 2011.

## Operating Agreement

The PSI Shared Access Operating Agreement provides specific guidelines on the role of each partner agency in the delivery of the project. Under this, CSNSW and its partner agencies have agreed that: "cross agency partnering to plan, co-ordinate and develop housing, support and skills development strategies is the most effective way to build and strengthen service responses for parolees participating in the PSI" (Housing and Human Services Accord 2008, p. 5).

PSI partner agencies began discussing the terms of the Operating Agreement in July 2007. Because they were

working at an interagency level, it took time to develop and finalise this process so that all parties were satisfied with its conditions. The operating agreement signed by all partner agencies was to be effective for a two-year period from May 2008 to May 2010. However, this has been reviewed and extended to June 2011 in line with the extended funding agreement between CRC and CSNSW.

## Governance and reporting arrangements

The PSI is governed by a Steering Committee and an Operations Committee (OC). The Steering Committee oversees the strategic direction and implementation of the project and has representation from each agency signatory to the Operating Agreement. CSNSW is responsible for convening the Steering Committee as often as required.

The Operations Committee guides the daily operations of the project. It is composed of local representatives from CRC, COS P&P, CSNSW, Housing NSW, SSWAHS, Justice Health, and other agencies providing support to the individual participant. CRC is responsible for convening the Operations Committee every four to eight weeks or as needed.

## PSI SERVICE MODEL

Under the PSI Operating Agreement, partner agencies have committed to provide suitable support to parolees with complex needs using a service model where support is provided both before and after release from custody. The different stages of support are shown below and in Figure 1.

### **Pre-release: service provision in custody (3 months)**

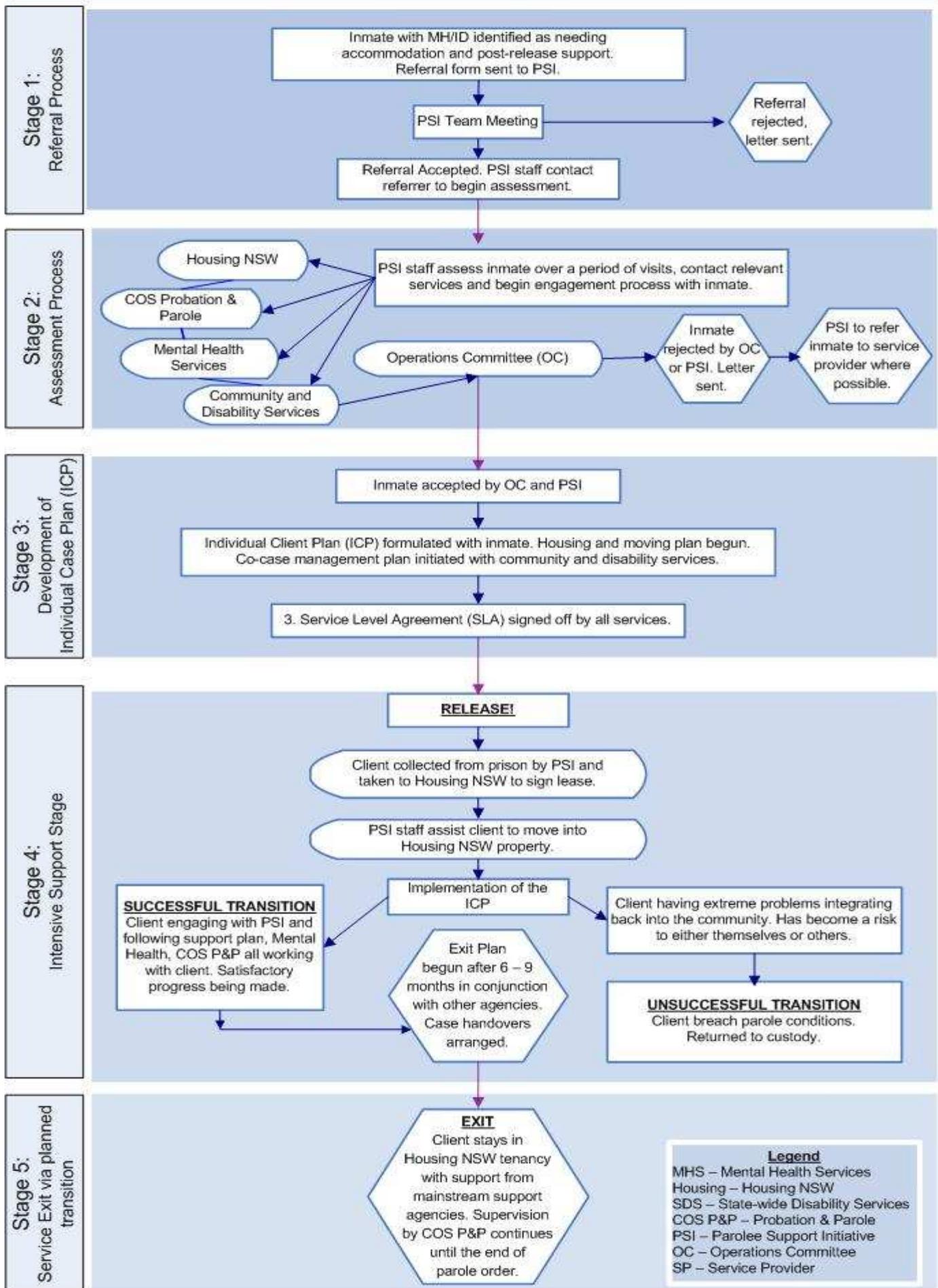
- Stage 1: Referral process
- Stage 2: Assessment process
- Stage 3: Development of the *Individual Client Plan (ICP)*

### **Post-release: service provision in the community (6-9 months)**

- Stage 4: Intensive support stage
- Stage 5: Service exit via planned transition

# Parolee Support Initiative (PSI)

## Flowchart of Support



## Pre-release: service provision in custody

The referral process (Stage 1) begins when an inmate with mental health disorders and/or intellectual disability, while still in custody but due for release, is identified as needing accommodation and post-release support. Referrals are usually done between three to six months prior to a nominated offender's earliest release date. PSI received a total of 51 referrals from December 2007 to December 2009. Of the 51 referrals received, almost half (49%; n=25) of the referrals were *not accepted for assessment* since they did not match the PSI eligibility criteria. Half (51%; n=26) of the referrals were accepted for further assessment.

In Stage 2 (Assessment process), PSI staff and partner agencies determine a nominated offender's suitability for acceptance into the PSI. This begins when the referring officer sends the completed eligibility checklist to PSI staff using the specific PSI Assessment Form. Once a nominated offender is assessed as suitable for the project, PSI staff contact partner services (e.g. Housing NSW, MHSU, Mental Health Services, and Statewide Disability Services) to discuss each referred case. It is also at this stage when PSI staff visit the nominated inmates in custody to obtain their consent to start the assessment process and to explore how the PSI can provide support.

Stage 3 involves the development of a comprehensive *Individual Client Plan (ICP)* for each offender accepted into the PSI. At this stage, PSI staff visit the inmate more frequently inside the correctional centre so that they can jointly develop the ICP. The plan specifies the intensity, type and duration of support that will be provided for the offender by PSI staff in conjunction with partner agencies.

## Post-release: service provision in the community

The provision of intensive support in Stage 4 commences on the day the inmates are released from correctional centres. This involves close coordination between PSI staff

and key support providers to ensure that the needs of the offender are met in the community. PSI staff collect the parolees from the correctional centres and then taken to Housing NSW to sign their lease agreement (which range from six months to two years). PSI staff also assist the parolees move into the housing unit allocated to them.

In Stage 5, PSI staff facilitate the exit of parolees from the PSI to mainstream services. PSI staff have forged strong working agreements with four community service providers (*viz. Neami, The Junction Works, Aftercare, and Woodville Community Services*).

## Profile of PSI participants

Thirteen (13) offenders were accepted in the PSI from May 2008 to December 2009. Of these,

- ten (76.9%) were males
- one (7.7%) was ATSI
- four (30.8%) had both a mental health disorder and intellectual disability
- five (38.4%) had mental health disorders only; four (30.8%) had an intellectual disability only.

The mean age of PSI participants was 35 years.

## Offending background of PSI participants

CSNSW uses the LSI-R (*Level of Service Inventory-Revised*) as a tool to assess an offender's criminogenic needs and re-offending risk level. Of the 13 offenders accepted in the PSI, 30.8% (n=4) had an LSI-R risk rating of 'high', while 61.5% (n=8) were in the 'medium-high' risk category.

Most (92.3%; n=12) of the participants were convicted of serious offences including: 46.1% (n=6) for homicide; 30.8% (n=4) for robbery; and 15.4% (n=2) for theft.

Of the 13 PSI participants, 23.1% (n=3) had 'more than 20 convictions'; 7.7% (n=1) had more than 10 convictions; while 23.1% (n=3) had '6-7 convictions'. Three offenders (23.1%) had '3-4 convictions' while two offenders (15.4%) had only 'one conviction'.

Half (53.8%; n=7) of those accepted into the PSI were in custody at the Metropolitan Remand and Reception Centre (MRRRC) before they were released to parole. Two offenders each were released from: Long Bay's Metropolitan Special Programs Centre (MSPC); Emu Plains Correctional Centre; and Silverwater Women's Correctional Centre. Only one came from the Goulburn Correctional Centre.

## PARTICIPANT OUTCOMES

At the end of December 2009, there were five (38.5%; n=5) participants still active in the project at post-release stage. On the other hand, eight (61.5%; n=8) participants were no longer active in the PSI. Of these, half had planned exits while half had unplanned exits (*i.e.* returned to custody).

## Length of project involvement

The referral/assessment process took on average 6.5 weeks or 1.5 months, with the shortest time being two weeks and the longest time being 20.1 weeks. PSI support to participants at pre-release stage (from acceptance date to release date) averaged 13.2 weeks or 3.0 months. PSI support to all participants at post-release stage (from release date to exit date) averaged 23.0 weeks or 5.3 months.

## Housing outcomes

### Lease arrangements

All (100%; n=13) participants were accommodated by Housing NSW in public housing stock in the Fairfield, Liverpool/Miller areas. Most parolees (84.6%; n=11) moved into their allocated Housing NSW property on the day they were released. The types of property leased to the PSI clients included: bedsit (53.8%; n=7); two-bedroom unit (38.5%; n=5); and one-bedroom unit (7.7%; n=1). Almost all clients (92.3%; n=12) had a two-year lease on the Housing NSW property allocated to them. Only one offender (7.7%), who was considered extremely high-risk, was given a short term lease of 'three to six months'.

## Tenancy outcomes

Most (69.2%; n=9) of the PSI participants were still maintaining their tenancies as at 31 December 2009. These included five (38.5%; n=5) still active in PSI at post-release stage and four (30.8%; n=4) who had planned exits. Only four clients (30.8%; n=4) had their tenancies terminated because they had returned to custody. No participant had their tenancies terminated for anything other than re-offending.

## Rental arrears or nuisance complaints

Almost everyone (92.3%; n=12) in the PSI group had no rental and water arrears during their tenancy. Only one client had difficulty paying his rent due to problems with Centrelink. No nuisance and annoyance issues were recorded for any of the PSI participants.

## KEY ACHIEVEMENTS

### The PSI service model works

There was general consensus among project partners that the PSI service model works and should be replicated. Feedback from stakeholders interviewed revealed that the following aspects of the model were particularly effective:

- Heavy emphasis was placed on the early stages of project planning and development. While this had delayed the actual project start, representatives from PSI partner agencies agreed that this delay enabled them to streamline processes and clarify issues. This has resulted in a strong and cooperative attitude among stakeholders.
- The referral and assessment process was simple. The forms were easy to use yet comprehensive. PSI staff were willing to assist and were proactive in getting and providing information necessary for assessing a nominated offender's eligibility.
- Open lines of communication between partner agencies facilitated information sharing.

- The PSI demonstrated the effectiveness of having shared responsibilities for assessing the eligibility of referred offenders. This was achieved through regular exchange of information across agencies (by phone and by email) and through regular meetings of the Operations Committee (OC).
- The level of support provided by PSI staff to partner agencies was rated by stakeholders as very good. PSI staff prepare well prior to each meeting, making sure all OC members are fully informed of the background and specific needs of referred offenders prior to the meeting, making it easier to decide on whether or not the referral is eligible for PSI support.
- The comprehensive *Individual Client Plans (ICP)* and *Service Level Agreements (SLAs)* developed for each participant clarified the roles and responsibilities of partner agencies. These were effective in keeping all services informed of specific needs of participants, enabling PSI to put resources in place when the offender was released from prison.
- The co-location of PSI staff at Housing NSW's office in Fairfield is considered to have benefited staff from both agencies. It has facilitated communication between the two agencies, enabling them to coordinate closely to address the needs of each participant. In addition, PSI staff have become more aware of Housing NSW's protocols in allocating housing units. As a result, PSI staff report that they have developed a better understanding of the problems of finding suitable housing units for offenders with very complex needs.
- The PSI was designed to provide three levels of support (low, medium, and high). The experience of the first 19 months of the project has revealed that for most participants, the level of support at pre-release stage (from the date of acceptance

into the PSI to date of release to parole) starts at either low or medium level. This then peaks to the highest level during the days or weeks immediately following the offender's release from custody into the community. The evaluation study has revealed that intensive support provided post-release often was in excess of 20 hours per client per week. This support ideally should gradually taper off to a medium to low level as the clients become more capable of independent living in the community until they are exited eventually to mainstream services.

However, there is no normal curve. As expected, PSI staff increased their level of support whenever an offender experienced crisis situations. Given the complex needs of the target group of PSI, these crisis situations are highly unpredictable and can occur several times during the offender's involvement with the PSI project. This highlights the value of PSI staff providing floating hours of support, where staff divide the workload among themselves in such a way that they are able to cater to the varying needs of all participants.

## Strengths of CRC as the contract support provider

### Information dissemination

The PSI staff held several formal briefings or information sessions with partner agencies (especially Housing NSW staff and Mental Health Services) in 2008. Feedback particularly from these two agencies reveal that these sessions were effective in dispelling stereotypes and allaying fears relating to the risks they perceive in providing support services to serious offenders with mental health disorders and/or intellectual disability. These sessions were not only useful in promoting the project but were also used to clarify issues regarding PSI's eligibility criteria and its referral and assessment process.

### ***CRC is responsive to the needs of participants***

According to feedback from partner agencies, CRC's strength lies in their ability to respond to the changing needs of the participants during the period of support.

Stakeholders interviewed also commented that the level of support provided by PSI staff to partner agencies has been very good. Stakeholders report that PSI staff always prepare well prior to each Operations Committee meeting.

### ***Data collection and provision***

PSI staff were very helpful in providing CSNSW with information for the evaluation study. They have developed internal processes and business systems that have facilitated collection of monitoring data for evaluation purposes.

### **Other factors contributing to PSI's success**

#### ***Contribution of Mental Health Services, Sydney South West Area Health Services (SSWAHS)***

The close collaboration between CRC and Mental Health Services, SSWAHS is a key contributing factor to PSI's success. The contributions made by Mental Health Services to the project include, but are not limited to:

- Conducting pre-release assessments by consultant psychiatrists and/or senior management personnel. This shows that Mental Health Services have adopted "a flexible model of care"
- Using internal processes (e.g. SSWAHS' Complex and High Risk Care Committee) to plan the care of complex cases
- Ensuring that all PSI participants have an identified care coordinator and that they are reviewed regularly by psychiatrists

- Making the full range of mental health service elements available to participants (e.g. provision of hospital care, community care coordination, rehabilitation services, mental health emergency team, specialist psychological services, etc.)
- Facilitating referrals to the *Housing and Support Initiative (HASI)*—which Mental Health Services have the nomination rights for—as part of the exit planning process.

### ***Strong Partnership***

Much of the success of the PSI can be attributed to the strong partnership between CSNSW, CRC and Mental Health Services, as well as the continued support and cooperation of other partner agencies involved in the project. This is evidenced by the fact that during the first 19 months of the project, there has never been an operational or partnership issue that has had to be escalated to the Steering Committee. According to a stakeholder, this was 'a striking example of how well the partners were working together'.

*"I believe that one of the reasons the PSI project is extremely successful is that PSI staff really look at the needs of the clients and match their support to particular needs at that particular time... It was absolutely 'Rolls-Royce' case management—the type you wish for but hardly ever see."*

-- Stakeholder interviewed

## **CHALLENGES EXPERIENCED**

### **Pre-release support provision**

#### ***Referral and assessment process***

The PSI Steering Committee had originally envisioned that most of the referrals would be sourced mainly from the Statewide Disability Services Unit of CSNSW. However, the Operations Committee eventually decided to broaden the field by accepting referrals from all sources. As a result of this decision, the number of referrals received grew. Even so, PSI staff note that the number of referrals received during the period do not provide an accurate picture of the level of demand for support for this particular target group. Informal feedback from referring officers reveal that this is partly due to the officers' lack of time as an offshoot of their heavy daily workload.

#### ***Forms used***

PSI staff had to shorten the referral and assessment forms after they found that the participants (partly as a result of their mental health disorder/intellectual disability) had difficulty answering long and complex questionnaires. In particular, the Assessment Form was shortened by dividing the original form into several questionnaires focussing on particular areas of assessment (e.g. mental health, living skills, etc.). PSI staff just obtained further information on the referred offender when required. In addition, the *Client Information Sharing Consent Form* that was developed as part of the Accord was simplified for PSI.

### **Post-release support provision**

#### ***Availability of suitable accommodation***

Finding suitable accommodation in public housing for PSI's target group remains a major challenge. PSI staff note that the participants who re-offended did so partly because they were housed in units with known drug users. As one stakeholder put it: "Putting people in units which are known to house drug addicts is like setting up the client to fail... They don't have much of a fighting chance."

## **Transition to mainstream services**

The average time it took for a participant to be exited from the PSI was longer than expected. Based on data from the present evaluation study, it took on average 9.4 months before the clients could be exited successfully to mainstream support services. This is longer than the six months of post-release support that was projected in the PSI proposal. Again, this has implications for plans to expand the project to other locations.

## **Risk management**

The target group for PSI support are high-risk offenders with mental health disorders/intellectual disabilities. The complexity of the needs of this particular group of offenders meant that PSI staff had to double up when doing home visits to extremely high-risk clients. This has implications on the level of resources available to the project.

## **Staff-to-client ratio**

PSI management believe that it may be feasible for each PSI staff member to increase their caseload from two to three offenders (*i.e.* two in the community plus one in custody at pre-release stage). However, this would depend on how many participants are in the community at any one time that are considered too high risk for single staff visits.

# **DISCUSSION**

## **Target Group**

The PSI serviced the target group that it had set out to support. These are the offenders being released from custody into the community on a supervised parole order for a minimum of 10 months who have an identified mental health disorder and/or intellectual disability.

## **Housing Outcomes**

The PSI enabled 13 parolees to have access to secure, affordable, public housing. In most cases, accommodation was made available on the day the inmate was released from custody. The fact that parolees with previous tenancy issues have been allowed access to a Housing NSW property and that most participants have successfully maintained their tenancies are positive indicators of the success of the PSI in providing stable accommodation for offenders with complex needs.

Early indications suggest that intensive support to these parolees is effective in helping them maintain stable housing, as evidenced by the fact that there were no participants who had their tenancies terminated for anything other than re-offending.

## **Offending outcomes**

It is premature to assess the long-term impact of the PSI on re-offending. However, early indications from this report suggest that co-case management of offenders and the provision of intensive support prior to and after release have enabled a larger proportion of PSI participants to comply with their parole conditions. It is also noteworthy that no PSI participant had been involved in any significant incident involving danger to staff from any service during the life of the project to date.

## **Partnership development**

The experience of the first 19 months of the PSI has revealed that while it takes time to establish partnerships across different agencies, devoting time for project start-up pays off. Cooperation among partners is strengthened. Project implementation is not as problematic since working relationships and coordination mechanisms between partner agencies are improved.

## **Prioritisation of target group**

The number of referrals being received by PSI staff can be expected to increase in the remaining months of the project as the PSI becomes more widely-known. This will create an even greater demand for intensive support for offenders with complex needs. It may be necessary then to establish a consistent and viable approach to establishing which offenders will be prioritised for housing and support services.

## **Documentation and data collection processes**

The PSI developed a number of forms and procedures that have been trialled in the first 19 months of implementation. It is important to continue to document any changes in these processes in order to provide a template for other projects as well as to provide adequate documentation in case of staff turnover.

## **Suggestions for the future**

The following suggestions have been put forward by stakeholders:

- If funding permits, the PSI project should be expanded to other areas and the number of offenders targeted for support increased. If funding is a barrier to including more offenders in the PSI, the program should assess ways by which the funding may be spread across more offenders (*i.e.* determine whether it is feasible to spend less money on each offender so that more offenders can be involved in the project).
- PSI staff should prepare a summary report on how each participant fared in the project. This is important especially for those who are returned to custody. This summary report can be used as part of the supporting documents to be presented to Magistrates if and when the offender is recommended again for parole.

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**Note:** This is an abridged version. For a copy of the full report, please contact [maria.hollero@dcs.nsw.gov.au](mailto:maria.hollero@dcs.nsw.gov.au).

The **Practice Development Report Series** is produced and reviewed by the OPU Editorial Team: Kevin O'Sullivan, Maria Hollero, Michelle Ring.

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- Housing NSW and PSI partner agencies should continue to identify housing units most appropriate for PSI participants, depending on their offending history and housing stock availability. In allocating housing units to offenders, care should be taken to ensure that parolees are not housed among people who can unduly negatively influence them.
- The PSI model should be promoted heavily by publishing the results of the evaluation study and by holding more information dissemination sessions on the PSI. This way, the PSI model can be used for other projects in other locations.
- The next phase of the monitoring and evaluation study should include a cost benefit analysis to determine whether the PSI model provides optimal use of public funds.

*“Offenders see the PSI as their last chance with more assistance being provided than they have ever had. All they have to do is accept the conditions of the project.”*

*--Stakeholder interviewed*

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\*Note: Used in full report