

EVALUATION OF THE ADULT & YOUTH THROUGH CARE PROGRAMS

Keogh Bay People Pty Ltd
on behalf of the
National Indigenous Australians Agency
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ACKNOWLEDGEMENTS

In the spirit of reconciliation Keogh Bay People Pty Ltd (Keogh Bay) acknowledge the Traditional Custodians of country throughout Australia and their connections to land, sea, and community. We pay our respect to Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

In particular, Keogh Bay pays respect to the Arrernte and Larrakia peoples of the Northern Territory; the Whadjuk Nyoongar people of Western Australia; the Kurna people of South Australia; the Tarkiner people of Tasmania; the Wurundjeri Woi-wurrung and Bunurong Boon Wurrung peoples of Victoria; the Darkinyung and Barkindji peoples of New South Wales; and the Darumbal, Gimuy-walubarra Yidi, Wulgurukaba, Yunbenun, Bindal, Gugu Badhun, Nywaigi, Jagera, Yuggera, Ugarapul, Turrbal and Wakka Wakka peoples of Queensland. We acknowledge that it was on the lands of these peoples that this evaluation was conducted over the twelve-month period from September 2022 to September 2023.

Sincere thanks are also given to the staff and clients of all through-care services who participated in the evaluation, and to the Justice Reintegration and Prevention Team within the National Indigenous Australians Agency (NIAA) who administer the adult and youth through-care programs. Their cooperation, guidance and support throughout the evaluation was invaluable.

LIST OF ACRONYMS

ACROYNYM	ACRONYM SPELT OUT
ABS	Australian Bureau of Statistics
ABT	ABT Associates Australia
ACCO	Aboriginal Community Controlled Organisation
AIATSIS	Aboriginal and Torres Strait Islander Studies
AIHW	Australian Institute of Health and Welfare
ALRM	Aboriginal Legal Rights Movement
AoD	Alcohol and Other Drugs
ATC	Adult Through Care
ATSI	Aboriginal and Torres Strait Islander
ATSILS	Aboriginal and Torres Strait Islander Legal Service
CHAC	Circular Head Aboriginal Corporation
COAG	Council of Australian Governments
CRC	Community Restorative Centre
EAG	Evaluation Advisory Group
FASD	Foetal Alcohol Spectrum Disorder
IEC	Indigenous Evaluation Committee
IAS	Indigenous Advancement Strategy
MoU	Memoranda of Understanding
NAAJA	North Australian Aboriginal Justice Agency
NDIS	National Disability Insurance Scheme
NIAA	National Indigenous Australians Agency
PR	Performance Report
RYSS	Regional Youth Support Services
ToC	Theory of Change
VACCA	Victorian Aboriginal Childcare Agency
WHO	World Health Organisation
YTC	Youth Through Care

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EXECUTIVE SUMMARY

This Report has been prepared by Keogh Bay People (Keogh Bay) on behalf of the National Indigenous Australians Agency (NIAA). It presents the findings of an evaluation of Indigenous Advancement Strategy (IAS) funded adult and youth through-care programs, developed in 2017 as part of a sector wide co-design process led by consultants ABT Associates Australia (ABT) in response to the Council of Australian Governments (COAG) *Prison to Work* Report (2016).

Through-care programs provide continuity of care for clients, prior to release and following their time spent in prison or detention, with the common element across all through-care models being individualised case management.¹ The Adult Through Care (ATC) and Youth Through Care (YTC) models developed by ABT aim to provide a holistic, culturally-informed and trauma-informed, intensive case management approach specific to incarcerated Indigenous people. The services are intended to be delivered to eligible clients on a voluntary basis six months prior to their release from prison or detention, when release plans addressing individual risks, needs and goals are prepared. Post-release, case workers intensively support clients to implement their plans and monitor progress.

EVALUATION PURPOSE

In July 2022, NIAA released an Approach to Market (ATM) for services to evaluate the ATC and YTC programs, with the intention to assess the extent to which the two programs contribute to overarching Closing the Gap targets. The evaluation is also aligned with Closing the Gap Priority Reform Two (Building the Community-Controlled Sector) and seeks to assess both the quality of the service models delivered, and the extent to which implementation has been Indigenous-led.

It is anticipated that this evaluation report will inform enhancements to service delivery by participating service providers, as well as possible future investments by the Australian Government in the two programs. Dissemination of the evaluation findings will be undertaken by NIAA for the benefit of stakeholders including the Australian Government, State and Territory Governments, academia, through-care service providers and Aboriginal Community Controlled Organisations (ACCOs).

EVALUATION OBJECTIVES

A set of specific evaluation objectives were defined by NIAA for inclusion in the evaluation's terms of reference,² and which can be summarised as follows:

¹ See: Berghuis, M. (2018). Re-entry Programs for Adult Male Offender Recidivism and Reintegration: A Systematic Review and Meta-Analysis. *International Journal of Offender Therapy and Comparative Criminology* 62(3); Day, A., Geia, L. and Tamatea, A. (2019). Towards effective throughcare approaches for Indigenous people leaving prison in Australia and New Zealand. Research Brief 25. Indigenous Justice Clearinghouse; Kendall, S. et al. (2018) Systematic review of qualitative evaluations of re-entry programs addressing problematic drug use and mental health disorders amongst people transitioning from prison to communities. *Health Justice* 6, 4; and Pegg, S. (2018). Literature Review: Current Practices in the Reintegration of High Needs Correctional Inmates. Inmate Health & Housing Collective Impact Initiative, John Howard Society of Toronto.

² To assess the extent to which: (i) The ATC and YTC programs have been delivered consistent with their co-designed models; (ii) whether current data collection processes accurately measure program performance; (iii) whether the programs' outcomes are aligned to client needs; (iv) whether expected outcomes have been achieved, or are likely to be achieved in the longer-term; (v) whether the programs contribute to client's successfully breaking contact with the criminal justice system and integrating into the community post incarceration; (vi) whether the designs of the ATC and YTC programs are aligned to broader government policy objectives; (vii) whether the ATC and YTC

- To assess whether the current design and implementation of the ATC and YTC models is operating as intended, to effectively support clients with their re-integration journey in partnership with family and kin, and other supportive stakeholders.
- To assess whether the ATC and YTC models, as currently implemented, have improved outcomes for clients, which are likely to reduce repeated offending and recidivism.
- To undertake associated research and analysis to inform program model frameworks and how the programs can be improved, considering those elements of service delivery that work, implementation challenges and gaps, and those elements that require further strengthening.

These objectives constitute a formative assessment of IAS funded through-care services in the early life-cycles of the programs, with an emphasis on process – *over, but not to the exclusion of* - outcomes.

EVALUATION RESEARCH QUESTIONS

Evaluation questions and sub-questions aligned to the evaluation objectives were prepared by NIAA for the purposes of the ATM and subsequent terms of reference. Details of how these research questions align to the evaluation research methods and data sources used, are provided in an Evaluation Data Matrix at Appendix A.

1. **Design Appropriateness** - How appropriate is the design of both the ATC and YTC models to meet the needs of clients and stakeholders? To what extent are the models strengths-based, culturally respectful and collaborative? To what extent does it represent an Indigenous approach?
2. **Service Collaboration and Duplication** - How well do the ATC and YTC models work alongside other government and non-government service provision, and are there areas of duplication?
3. **Quality of Delivery** - How well are the ATC and YTC models being delivered? What is working well, or less well, for service providers and why? What are the enablers, or barriers, to effective delivery of the ATC and YTC models? What gaps or opportunities could be addressed to improve service delivery and achieve program outcomes?
4. **Resource Use** - Are resources being used effectively and efficiently to deliver the ATC and YTC models?
5. **Making Improvements** - How could the design and delivery of the ATC and YTC models be improved to better meet the needs of clients and stakeholders?
6. **Achieving Outcomes** - Are there any early indications of ATC and YTC models achieving medium and longer term outcomes, such as reduced recidivism, reduced severity of offending, or improved outcomes in protective factors?

models are based on best practice and give consideration to any alternative approaches that would support improved client and program outcomes; (viii) whether the ATC and YTC Models can be restructured and/or enhanced to address gaps or opportunities in service provision and improve program outcomes, including incentivising provider behaviour towards improving client outcomes; and (ix) whether there is a continued need for the ATC and YTC programs.

7. **Unintended Consequences** - Are there any unintended consequences associated with the delivery of the ATC and YTC Models?
8. **Data Requirements** - To what extent do existing data collection and reporting meet the monitoring and evaluation needs of the ATC and YTC programs? What requirements are vital to inform a contribution to the National Agreement's justice targets?

EVALUATION SCOPE

The scope of the evaluation encompasses the activities of all nine through-care services currently funded through the IAS since 2019. Consultations and information gathering was undertaken by Keogh Bay on a jurisdiction-by-jurisdiction basis, with site visits to a total of 21 service-delivery locations across seven States and Territories. Given youth and adult programs are integrated within the management structures and practice frameworks of all services operating both programs, to avoid unnecessary duplication, general findings and observations relating to both models are combined.

Keogh Bay has used an integrated mixed methods approach to data collection and analysis, to obtain distinct but complementary data on the topics and issues covered by the evaluation's research questions. Thematic and statistical analysis was undertaken to explore the qualitative and quantitative data collected. With respect to quantitative data, this included initial exploratory analysis of Performance Reports to identify any issues with the underlying data, followed by descriptive statistical analysis to understand the initial data outputs. Where sufficient data was available, further time-series analysis was undertaken, with efforts to contextualise data and make inferences with reference to publicly available data sources. With respect to qualitative data from interviews, this was analysed thematically to identify patterns and key findings using a reference framework aligned to the evaluation data matrix at Appendix A and the relevant interview data collection tool. The codes used in this framework were jointly developed by the Keogh Bay researchers involved in undertaking the research interviews, with notes from stakeholder interviews organised according to the underlying framework.

A broad range of stakeholders were consulted at each service delivery location, including:

- Eighty-seven semi-structured interviews with ATC and YTC service provider staff, including interviews with program management and through-care case workers and support staff responsible for program implementation.
- Twelve semi-structured interviews with correctional services staff in each service location, including non-custodial program staff and community corrections.
- Eighty-six semi-structured interviews with through-care clients and their families, including active post-release and recently exited clients of both programs.
- A survey of ATC and YTC third-party referral partners, including representatives from government, Aboriginal community controlled, and other not-for-profit organisations providing secondary support services in partnership with through-care service providers, totalling 73 responses.
- Desk-top research and analysis of program documentation, including a best-practice literature review, and quantitative analysis of service provider program data gathered from performance reporting.

Research activities were developed in consultation with NIAA, including in response to feedback provided by a project Evaluation Advisory Group (EAG) and NIAA's Indigenous Evaluation Committee (IEC). Through-care service providers were also informed regarding the evaluation's design, with early contact made by Keogh Bay to introduce the project, discuss data collection methods and agree on respective roles and responsibilities. This has enabled the preparation of a suite of data collection methods that consider the history, operational contexts, current stakeholders, and types of data intended to be collected by service providers for each program. Copies of the data collection instruments are provided at Appendix B.

Keogh Bay have furthermore remained accountable to the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) research ethics committee through a human research ethics application process, including reporting any changes to the project which may affect its ethical integrity. This has included the requirement, post the grant of conditional approval, to obtain additional letters of support from ACCOs familiar with the program and the services of each through-care provider in their community; as well as a request to vary the evaluation to include consultations with correctional services staff. Formal ethics approval was granted by the AIATSIS Ethics Committee on 3 February 2023.

To protect the privacy and confidentiality of participating services and individuals, the findings presented in this report are reported at a whole of program level, with findings in relation to specific services or sites that are working well, or not so well, anonymized in this executive summary. Explicit informed consent to participate in the research process was required for all stakeholders, including written or verbal informed consent for all interviews, and electronic consent for completion of the online survey.

EVALUATION FINDINGS

This chapter provides a summary of key findings by research question, covering key program strengths, weaknesses and opportunities. Findings are preceded by six recommendations for program improvement, with actions for NIAA to revise program guidelines and service agreements.

DESIGN APPROPRIATENESS

The characteristics of through-care service delivery, as implemented by through-care service providers, departs from the ABT model to varying degrees. Through-care services follow legacy practices linked to prior funding agreements, adapted to local circumstances, rather than consciously following the co-designed ABT model. This finding is not, however, a blanket criticism of the ABT model proposed, since guidance around its core elements (including intensive case management, service collaboration, and working with family, culture and kin) encourages case workers to vary practices according to local needs and context-specific opportunities and risks.

In further responding to this research question, the following key findings are made:

- Because of historically high rates of staff turnover and a lack of buy-in to the original co-design process, most case workers are not aware of the ABT model, and to the extent that services are cognisant of following a national approach, constrained by its eligibility requirements, which were perceived to be prescriptive; and its reporting requirements, which were perceived to be and process-driven, while lacking the necessary contextual guidance and practical strategies required for effective implementation..
- Delivery of through-care services was found to vary from the ABT model proposed in fundamental ways, notably around the eligibility requirements for clients, including whether

they commenced after sentencing and pre-release from detention; whether they continued to receive post-release intensive case management and support for periods greater than 18 months; and the use of ATC program funds to provide services to a youth cohort. Clients who are on remand or on bail in the community, or who receive shorter sentences, were also found to be in receipt of through-care services, despite being technically ineligible for the program.

- A range of reasons were reported for these variations, including the influence of geography (being at a service delivery site far from places of detention, which inhibits pre-release engagement) and the need to address the support needs of the most vulnerable client groups, including the particular needs of females and youth, irrespective of their eligibility, and over extended periods of time.
- Such variations were not found to be detrimental to client outcomes. While the ABT model emphasises the importance of pre-release engagement, the evaluation found no reported evidence that post-release commencements are less effective in the long-term, with outcomes more dependent on the client's motivation and relationship with their case worker. There are also strong opinions in favour of longer periods of case management support, suggesting that where the length of case management is limited to two years (or 18 months post-release) clients are less likely to achieve their long term goals.
- Overall, the implementation of IAS funded through-care services was found to be strengths-based and client-centred, as well as culturally respectful and safe. Both YTC and ATC clients consistently stated that their case workers worked "alongside them", with the case worker's ability to "listen without judgement" being the foundation for a strengths-based approach. Clients were also predominantly of the view that their case workers were culturally respectful, and considered the role of culture in meeting their needs, even when the case worker did not identify as Indigenous.
- The potential of programs and services which strengthen cultural identity and which connect clients with country and kin, was consistently acknowledged by stakeholders as a driver of success (particularly for adults and especially adult males). Rigid approaches to cultural connection and access to cultural strengthening programs were not, however, regarded to be beneficial, particularly in the case of youth where the individual may be estranged from family and community, and approaches to cultural strengthening require a more cautious approach.
- Services models implemented by service providers were also found, on the basis of workforce and governance factors, to represent an Indigenous approach, with most IAS through-care services being led by service providers with majority Indigenous boards and by management teams who are led by Indigenous people. There is also evidence to suggest that the programs' non-Indigenous organisations have strategies in place to ensure Indigenous perspectives are heard, including Indigenous representation on boards and management groups.
- Since through-care services delivering both youth and adult programs have integrated these within operational and management systems and processes, separation of the two programs was seen as counter-factual to existing practices, while adding to the administrative, budgeting and reporting burden for these services.

SERVICE COLLABORATION

Service providers felt, overall, that their clients benefited from the strength of the services' relationship with external service providers, and that these relationships were important for case workers to effectively coordinate services holistically. In many instances, however, case workers and managers lack the capacity to actively or strategically developing service partnerships in their regions. The extent to which through-care services are duplicative of similar services was found, however, to be limited across all providers and locations, given through-care services are unique in delivering intensive case management support to clients for extended periods.

In further responding to this research question, the following key findings are made:

- The extent to which through-care services can meet the needs of clients to access a range of secondary services and supports was found to vary according to geography and the availability of these services. Through-care sites that are remote and geographically isolated, often lack the mix of secondary support services necessary to meet client needs locally. Service delivery sites that are not located close to the home location of their client base are similarly affected, even when the service-site may be close to a place of detention or otherwise well serviced.
- In more remote areas, there are likely to be service gaps which may be covered by outreach services, where service continuity and the development of trust may be problematic. Conversely, in urban locations, where service systems tend to be more congested, it may be harder to identify an appropriate provider who is suited to a particular client, or else a service that is culturally safe.
- Access to external services such as safe and secure housing, AoD (Alcohol and Other Drugs) rehabilitation or counselling were also seen to be somewhat ad hoc, and based upon loose networks of individual and informal relationships rather than being systematic. Pressing gaps were reported with regards to the NDIS, with reportedly few clients accessing this benefit.
- Where service duplication was reported, this was usually for through-care clients receiving re-integration support from correctional service agencies, with both community corrections and through-care service providers supporting clients to meet their parole requirements. Since significant case worker time is directed towards supporting clients to meet parole conditions and transporting them to appointments, a greater role for community corrections in supporting clients with their parole orders is arguably required.
- There is need for a more strategic approach to be taken in developing long-term service partnerships with clear and integrated pathways of support for clients. This requires a greater emphasis to be placed on organisational and institutional capacity-building to establish formal partnerships and long-term relationships with external services, including investments in substantive coordination mechanisms, such as inter-agency planning groups and formalised MoUs.
- Existing interagency meetings were found to be effective at an individual case planning level only, and more usually effective at the larger youth-focused services where a more established pattern of case management practices exists with statutory youth justice and child protection services.

QUALITY OF DELIVERY

According to service providers and external agencies, service providers are, overall, delivering the core model elements of through-care effectively, but continue to experience a range of environmental, organisational and operational challenges that hinder improvement. Effective through-care provision is understood by service providers to be dependent on self-motivated clients, supported by case workers through intensive case management, collaboration with external support services, and working with culture, family and kin, as appropriate. Success in this framework requires capable and committed case workers, backed by effective management and other organisational and financial resources.

In further responding to this research question, the following key findings are made:

- The quality of case workers and the support they receive from service providers was reported to be a key determinant of outcomes, with the more effective services seeking to improve staff pay and conditions.
- Attracting Indigenous staff has historically proven difficult, with a reported lack of resources and support to acquire qualifications, or other obstacles such as an inability to obtain clearances to work with youth or in prisons. The most effective case workers were found to be both appropriately qualified and experienced, as well as emotionally committed, with a client's trust in such case workers given irrespective of the case worker's indigeneity.
- Delivery of through-care services was, however, found to be inconsistent across geographies, with distance from the place of detention, or else the client's home community, reducing both the visibility of clients and the case worker's ability to coordinate supporting services.
- Gaps in service delivery were found to disproportionately affect females and youth, including prospective clients receiving shorter sentences, or clients on remand, who are disadvantaged in terms of their eligibility to access the service. A gap in service delivery specific to the YTC program was also reported when an individual reaches 18 years, when many programs and services for youth tend to drop off.
- Family was regarded by clients and case workers as especially important to the reintegration journey of clients for whom their role as a parent, son, or daughter, was integral to their identity, as well as for clients with physical or cognitive disabilities who had historically relied on family for practical support. Family, culture and kin, were not, however, considered a universally appropriate means of intervention in cases where this risks becoming a negative influence or else is otherwise prohibited.
- There is a reported need to update guidance to incorporate provision for greater levels of support to the family unit, rather than simply the individual client, and to enable peer-to-peer client relationship development and support groups, where assessed as appropriate and aligned to client goals. In updating the practice guidelines, it is recommended to move away from an individualistic approach to include supports that are more collective or relational, including practices that promote peer-to-peer interactions.

RESOURCE USE

Managers from all service providers across ATC and YTC programs, stated that their services were under-resourced and that additional funding was needed to meet client needs by recruiting more case

workers, increasing brokerage expenditure,³ improving access to high quality therapeutic programs, and by improving the pay and conditions of case workers to attract and retain high quality staff.

In further responding to this research question, the following key findings are made:

- All service providers stated that poor pay levels for case workers were a key driver of high levels of staff turnover, and challenges recruiting experienced, qualified, and committed staff. High turnover rates were reported by managers at all larger services. It is suggested that NIAA review funding levels to enable service providers to improve pay levels and working conditions, so that there is greater parity with equivalent occupations in government and elsewhere in the community services sector.
- Case workers frequently cited a lack of brokerage monies as a barrier to meeting the material needs of clients, and either lacked the authorisation to buy necessary small items, or would use their own income. It is suggested that the proportion of funds allocated for brokerage be increased and guidance be provided within service agreements to clarify the broad purposes to which these monies can be used, and to ensure an appropriate allocation of funds for this purpose.
- Nearly all services believed they were managing too large a case-load to be able to provide a truly intensive service for clients with complex needs, resulting in a reactive rather than a proactive mode of operation. It is suggested that minimum case-loads in service agreements be reviewed and potentially reduced from 8 to 15 (nominally 12) for adults, and 8 to 12 (nominally 10) for youths, to 8 to 10 for adults and 6 to 8 for youths, respectively.
- While case-loads are driven by several factors, such as the complexity of client need and the remoteness of the provider or client, an analysis of available data shows that case workers feel stretched, not simply because of high case-loads, but because many clients are supported for periods beyond the prescribed 18 months post-release, although case workers are not resourced to provide an intensive service for such extended periods.
- Extensions to the period of client support are typically driven by both the complexity of client needs, and the need to continue to support clients in meeting their parole obligations well beyond 18 months post-release.

MAKING IMPROVEMENTS

As part of the evaluation, several opportunities to improve practice were identified in feedback from stakeholders. These issues, including changes to client eligibility criteria, expansion of practices involving working with family and kin, developing MoUs with service partners, and access to additional funding resources, are summarised within the relevant sections.

The following additional opportunities from this feedback are, however, noted.

- That the definition of 'youth' be expanded from 18 to 25 years (in accordance with WHO definitions) to ensure continuity of care post-18 years and to better align with other youth care services, and that opportunities to formalise relationships with youth diversionary services should be taken up by services to address a gap in services to youth on weekends and after normal business hours.

³ The term 'brokerage' funding is widely used by case workers to refer to discretionary funding and expenditure.

- That service providers who have not done so, consider creating a team leader role (or similar) to coordinate local service delivery, improve accountability, support case workers and streamline internal processes across all their service sites.
- Service providers would also like to see the creation of a through-care community of practice to support case workers to identify and share areas of good practice, innovate in developing strategies of support, and to better contextualise their role.

ACHIEVING OUTCOMES

Through-care clients at all services reported a high degree of satisfaction with the services provided, grounded in strong relationships with case workers and satisfaction with the secondary services they had been referred to. Although services believe that overall they are making a positive difference, however, it was acknowledged that examples of clients successfully exiting the program with long term outcomes such as employment, secure housing, reunified relationships and no re-offending, was limited.

In further responding to this research question, the following key findings are made:

- High levels of client satisfaction, qualitatively reported, are backed by quantitative evidence to some extent. A range of data provided against key program metrics shows some mild positive outcomes that compare favourably with national averages. Data around the proportion of clients 'who have been convicted or charged with a new criminal offence', averages 43 percent across the ATC program, for example, and compares well with Productivity Commission data for 2020-21 showing that 57 percent of Aboriginal and Torres Strait Islander adults released from prison returned to prison within 2 years. Moreover, while 69 percent of the client offences committed, were reported to be of a less serious nature than the client's original offence.
- Twenty-two (22) percent of 794 closures were as a result of client goals being achieved, noting services with a higher proportion of 'client goals being met' tended to be strongly linked with ancillary support services. Lower levels of 'client goals being met' were reported for those services operating in remote locations with fewer available services and an increased travel burden.
- Structural factors limiting the impact of services were reported by both clients and case workers to include underlying 'human capital' issues, such as cognitive disabilities and poor mental health, addiction to alcohol and other drugs, or ongoing trauma; as well as deficiencies in 'social capital' like the influence of peers, a lack of affordable housing, and the absence of secondary support services and employment opportunities to enable long-term independence.
- Case workers also expressed a desire to see the focus of outcomes re-defined, to concentrate more on immediate, incremental changes, rather than those driving at long-term rehabilitation or reintegration *per se*. Employment in particular, as an outcome, was criticised since many clients are either receiving a disability pension, lack the foundational human capital, or else live in remote areas where employment opportunities are more limited.

UNINTENDED CONSEQUENCES

Although the client-centred nature of through-care delivery means that outcomes necessarily tend to be intentional, several unintended consequences were inferred from stakeholder interviews.

- Case workers working with youth in family settings reported inadvertently benefiting from opportunities to engage informally with vulnerable siblings of existing clients, prior to them offending.
- Case workers working with clients who have complex needs may experience vicarious trauma, or else be subject to demands that may inadvertently cause them psychological harm or stress.

DATA REQUIREMENTS

There is a clear need for clarified and improved data definitions and supporting data templates, including data glossaries, so that service providers can report on their performance in ways that better reflect existing practices and client goals.

In further responding to this research question, the following key findings are made:

- Service providers were unanimous in their criticism of existing data collection and reporting requirements for both programs, which they considered to be time consuming, repetitive and contact driven, and were typically not used to support monitoring and evaluation or continuous improvement processes.
- Service providers also reported that data definitions in mandated statistical reports were either absent or unclear, and therefore open to varying and inconsistent interpretations. In particular, the existing criminogenic needs index is regarded as subjective and pejorative, with feedback that this be revised in favour of a more culturally appropriate and strengths-based assessment tool.

RECOMMENDATIONS

Six recommendations have been developed to address the issues noted with respect to IAS funded through-care program design and implementation. These are intended to help further shape program guidelines and data collection, as well as the implementation of through-care services, in ways that address issues of service capacity and which enable high quality case work to flourish.

#	RECOMMENDATION	DESCRIPTION
1	Merge the ATC and YTC Programs	It is recommended that NIAA merge the ATC and YTC programs into a single through-care program, but maintain separate service requirements, activity and outcomes data reported for each cohort.
2	Revise Through-Care Guidelines: <ul style="list-style-type: none"> • Eligibility • Entry Points • Period of Support 	It is recommended that NIAA revise through-care program guidelines to clarify client eligibility criteria with respect to (i) post-release commencements, (ii) clients receiving short sentences or on remand and (iii) clients remaining on case-loads beyond 2 years.

#	RECOMMENDATION	DESCRIPTION
3	Provide Support to include the Family Group, peer-to-peer networks (including support that is more collective or relational)	It is recommended that NIAA update through-care program guidelines to clarify and expand guidance with respect to working with family, culture, and kin.
4	Update funding agreements: <ul style="list-style-type: none"> • Promote Service Coordination and partnerships • Reduce Minimum Case-loads • Improve Workforce Conditions and Capacity • Increase Brokerage Funding 	It is recommended that NIAA revise and update funding agreements to (i) address gaps in service coordination and partnerships arrangements, (ii) reduce minimum case-loads (iii) improve workforce conditions (iv) improve workforce capacity, and (v) increase discretionary brokerage funding.
5	Fund a Through-Care Community of Practice	It is recommended that a proportion of through-care program funding be utilised for the establishment and operation of a community of practice.
6	Develop Program Outcome Definitions	It is recommended that NIAA work with through-care service providers to undertake a review of program outcome data types and definitions.

INTRODUCTION

This report has been prepared by Keogh Bay on behalf of NIAA. It presents the findings of an evaluation of the IAS funded adult and youth through-care programs, which aim to support Indigenous people to re-engage with their communities following a period of detention, and thereby contribute to reduced rates of recidivism and the frequency and severity of re-offending.

IAS FUNDED THROUGH CARE PROGRAMS

In response to the COAG *Prison to Work Report* (2016), which identifies the need for investments in the development of culturally appropriate prisoner through-care models and services,⁴ NIAA commissioned a co-design process to improve the existing Adult Through Care (ATC) model and to develop a youth version. In 2017 consultants ABT Associates Australia were engaged (by the then Department of Prime Minister and Cabinet) to lead the co-design of an enhanced ATC program and to design a new Youth Through Care (YTC) program.

The co-design project involved consultation and engagement over 2018-19 with Indigenous participants, existing Commonwealth funded adult through-care service providers, community groups, non-government organisations, key experts and the relevant State and Territory Governments. The program model documentation details the minimum requirements for delivering and monitoring the programs, expectations for workforce development, and a data management strategy with guidance for the ongoing evaluation of program objectives.⁵

There are currently nine IAS funded through-care service providers, across eleven service contracts, including eight ATC contracts and three YTC contracts. The ATC program was implemented in July 2019, following the co-design process. There are currently eight ATC services across all States and Territories (except Victoria and the Australian Capital Territory) funded by NIAA to deliver the program, with service agreements ending in June 2023 extended by 12 months. The YTC program was also developed following an extensive co-design process and initially trialled between 2019 and 2021 by three service providers in Queensland, the Northern Territory and Victoria. There are currently three providers funded by NIAA to deliver the YTC program, with service contracts following the initial trial extended until June 2024.

EVALUATION PURPOSE

The establishment of national Closing the Gap justice outcomes in 2020 added renewed strategic focus for NIAA on the ATC and YTC programs and the extent to which they contribute to national justice targets (and therefore inter-related targets for economic participation, housing and family safety).

In July 2022, NIAA therefore released an Approach to Market (ATM) for services to evaluate the two programs, with the intention that the evaluation findings be used to assess the extent to which the ATC and YTC programs, as they are currently designed and implemented, can contribute to the National

⁴ See p.7 of Council of Australian Governments' (COAG) *Prison to Work Report* (2016).

⁵ ABT Associates (2021) *Adult Through-Care Model for Aboriginal and Torres Strait Islander Peoples* and ABT Associates (2021) *Youth Through-Care Model for Aboriginal and Torres Strait Islander Peoples*

Agreement on Closing the Gap justice targets 10 and 11.⁶ The evaluation is also aligned with Closing the Gap Priority Reform Two (Building the Community-Controlled Sector), in seeking to assess both the quality of the service models delivered and the extent to which implementation has been Indigenous-led.

Outcome Area 10: Aboriginal and Torres Strait Islander people are not overrepresented in the criminal justice system.

Target: By 2031, reduce the rate of Aboriginal and Torres Strait Islander adults held in incarceration by at least 15 per cent.

Outcome Area 11: Aboriginal and Torres Strait Islander young people are not overrepresented in the criminal justice system.

Target: By 2031, reduce the rate of Aboriginal and Torres Strait Islander young people (10-17 years) in detention by 30 per cent.

It is anticipated that this evaluation report will inform enhancements to service delivery by participating service providers, as well as possible future investments by the Australian Government in the two programs. Dissemination of the evaluation findings will be undertaken by NIAA for the benefit of a broad range of stakeholders including the Australian Government, State and Territory Governments, academia, through-care service providers and ACCOs.

EVALUATION OBJECTIVES

A set of specific evaluation objectives were defined by NIAA for inclusion in the evaluation's terms of reference,⁷ and which can be summarised as follows:

- To assess whether the current design and implementation of the ATC and YTC models is operating as intended, to effectively support clients with their reintegration journey in partnership with family and kin, and other supportive stakeholders.⁸

⁶ Outcome Area 10: Aboriginal and Torres Strait Islander people are not overrepresented in the criminal justice system. Target: By 2031, reduce the rate of Aboriginal and Torres Strait Islander adults held in incarceration by at least 15 per cent. Outcome Area 11: Aboriginal and Torres Strait Islander young people are not overrepresented in the criminal justice system. Target: By 2031, reduce the rate of Aboriginal and Torres Strait Islander young people (10-17 years) in detention by 30 per cent.

⁷ To assess the extent to which: (i) The ATC and YTC programs have been delivered consistent with their co-designed models; (ii) whether current data collection processes accurately measure program performance; (iii) whether the programs' outcomes are aligned to client needs; (iv) whether expected outcomes have been achieved, or are likely to be achieved in the longer-term; (v) whether the programs contribute to client's successfully breaking contact with the criminal justice system and integrating into the community post incarceration; (vi) whether the designs of the ATC and YTC programs are aligned to broader government policy objectives; (vii) whether the ATC and YTC models are based on best practice and give consideration to any alternative approaches that would support improved client and program outcomes; (viii) whether the ATC and YTC Models can be restructured and/or enhanced to address gaps or opportunities in service provision and improve program outcomes, including incentivising provider behaviour towards improving client outcomes; and (ix) whether there is a continued need for the ATC and YTC programs.

⁸ During implementation of the evaluation, it was found that although through-care service providers are delivering services in a manner consistent with some elements of the ABT models described in this report, they are not explicitly delivering services using the ABT practice framework and standards. As such, the focus in the evaluation on 'fidelity of model implementation' is on the extent to which service

- To assess whether the ATC and YTC models, as currently implemented, have improved outcomes for adult and youth clients, have or are likely to reduce repeated offending and recidivism.
- To undertake associated research and analysis to inform program model frameworks and how the programs can be improved, considering those elements of service delivery that work, implementation challenges and gaps, and those elements that require further strengthening.

These objectives are consistent with a formative assessment of IAS funded through-care services in the early life-cycles of the programs, with an emphasis on process – *over, but not to the exclusion of* – program outcomes.

EVALUATION RESEARCH QUESTIONS

Evaluation questions and sub-questions aligned to the evaluation objectives were prepared by NIAA for the purposes of the ATM and subsequent evaluation terms of reference. Details of how these research questions align to the evaluation research methods and data sources are provided in an Evaluation Data Matrix at Appendix A.

1. **Design Appropriateness** - How appropriate is the design of both the ATC and YTC models to meet the needs of clients and stakeholders? To what extent are the models strengths based, culturally respectful and collaborative? To what extent does it represent an Indigenous approach?
2. **Service Collaboration/Duplication** - How well do the ATC and YTC models work alongside other government and non-government service provision and are there areas of duplication?
3. **Quality of Delivery** - How well are the ATC and YTC models being delivered? What is working well, or less well, for service providers and why? What are the enablers, or barriers, to the effective delivery of the ATC and YTC models? What gaps or opportunities could be addressed to improve service delivery and achieve program outcomes?
4. **Resource Use** - Are resources being used effectively and efficiently to deliver the ATC and YTC models?
5. **Making Improvements** - How could the design and delivery of the ATC and YTC models be improved to better meet the needs of clients and stakeholders?
6. **Achieving Outcomes** - Are there any early indications of ATC and YTC models achieving medium and longer term outcomes i.e. reduced recidivism, reduced severity of offending, or improved outcomes in protective factors (such as secure housing, engagement in education or employment, reduced substance abuse, engagement in meaningful activities, strengthening cultural and family connections, etc)?

providers depart from the core elements of the ABT models, why this might have been the case, and whether the resulting practice is effective or not. This report has therefore evaluated the services as delivered, and therefore findings around effectiveness and outcomes are made with respect to actual delivery rather than as direct commentary on the ABT model itself.

7. **Unintended Consequences** - Are there any unintended consequences associated with the delivery of the ATC and YTC models?

8. **Data Requirements** - To what extent do existing data collection and reporting meet the monitoring and evaluation needs of the ATC and YTC programs? What requirements are vital to inform a contribution to the National Agreement's justice targets?

EVALUATION SCOPE

The scope of the evaluation encompasses the activities of all nine through-care service providers funded through the IAS since 2019, at their respective service delivery locations across all States and Territories (excluding the ACT). Keogh Bay adopted an integrated mixed methods approach to data collection and analysis for each service, to obtain distinct but complementary data on the topics and issues covered by the evaluation's research questions. In addition to an analysis of service provider performance reports (from 2019 to June 2023) this has required consultation with a range of stakeholders including management and staff at each ATC and YTC service; active (post-release) program clients and former clients (together with support persons or family members); third-party service providers and partner organisations; and correctional services staff familiar with one or more funded service.

The evaluation was conducted in four stages, including:

- A project inception stage to agree the scope of deliverables with NIAA and prepare a project work plan to guide overall project implementation.

- An evaluation planning stage required for the development of the evaluation plan and to make initial contact with ATC and YTC service providers to validate evaluation design.

- An evaluation implementation phase during which stakeholders were interviewed and data was collected.

- An analysis and reporting stage in which interim, draft and final evaluation reports were prepared.

Research activities were developed in consultation with NIAA, including in response to feedback provided by a project Evaluation Advisory Group (EAG) and NIAA's Indigenous Evaluation Committee (IEC). Through-care service providers were also informed regarding the evaluation's design, with early contact made by Keogh Bay researchers to introduce the project, discuss data collection methods and agree on respective roles and responsibilities. This has enabled the preparation of a suite of data collection methods, discussed in proceeding chapters, that consider the history, operational contexts, current stakeholders, and the types of data intended to be collected by service providers for each program.

Keogh Bay has furthermore remained accountable to the AIATSIIS research ethics committee through a human research ethics application process, including reporting any changes to the project which may affect its ethical integrity. This has included the requirement, post the grant of conditional approval, to obtain additional letters of support from ACCOs familiar with the program and the services of each through-care provider in their community, as well as a request to vary the evaluation by including consultations with correctional services staff. Formal ethics approval was granted by the AIATSIIS Ethics Committee on 3 February 2023.

To protect the privacy and confidentiality of participating services and individuals, the analysis and findings presented in this report are reported at a whole of program level, with findings in relation to specific services or sites that are working well, or not so well, reported on an exceptions basis. Moreover, since youth and adult programs are integrated within the management structures and practice frameworks of all services operating both programs, to avoid unnecessary duplication, general findings and observations relating to both models are combined. Any findings that are specific to youth or adult services are otherwise clearly identified.

REMAINDER OF THIS REPORT

The remainder of this report is structured into four chapters with supporting references and appendices (including the Evaluation Data Matrix and accompanying Data Collection Instruments).

- **Program Background** - Provides an overview of the ATC and YTC model as defined in the relevant co-design documentation, including a description of program theory and intended operational elements. The chapter concludes with an analysis of the strengths and weaknesses of the articulated model when compared to best-practice practice elements identified in the literature, regarding what works in through care program models that can be applied in Indigenous Australian contexts.
- **Evaluation Methodology** - Details Keogh Bay's approach to the design and implementation of the evaluation, including an overview of research methods and data collection tools, associated sample frames and response rates, and discussion of the methodological challenges encountered.
- **Evaluation Findings** - Details the evaluation findings based on Keogh Bay's analysis and interpretation of all available evidence. Findings are structured by evaluation research question, and unless otherwise indicated, are presented at a whole of program level.
- **Conclusions and Recommendations** - Provides a summary of key findings by research question together with overall conclusions regarding the design and implementation of the ATC and YTC programs. A series of recommendations for improvement of the programs are made, as relevant to the guiding evaluation question.

PROGRAM BACKGROUND

This chapter provides an overview of the ATC and YTC models as defined in the relevant co-design documentation, including a description of program theory and intended operational elements. The chapter concludes with an analysis of the strengths and weaknesses of the articulated models when compared to best-practice elements identified in the literature, regarding what works in through care program models that can be applied in Indigenous Australian contexts.

OVERVIEW

In response to the COAG *Prison to Work Report* (2016), which identifies the need for investments in the development of culturally appropriate through-care models and services (p.7), NIAA embarked upon a co-design process to improve the existing ATC model and to develop a youth version. In 2017, ABT Associates Australia was engaged to lead the co-design of an enhanced ATC program and a new YTC program for Indigenous people exiting prison or youth detention, with the goal to reduce recidivism and support a transition back into the community post-release.^{9,10}

The project involved consultation and engagement over 2018-19, with Aboriginal and Torres Strait Islander end-users, existing Commonwealth funded adult through-care service providers, community groups, non-government organisations, key experts and the relevant State and Territory Governments. The resulting program model documentation details the minimum requirements for delivering and monitoring the programs, expectations for workforce development, and a data management strategy with guidance on the ongoing monitoring and evaluation of the programs.

Through-care programs aim to provide continuity of care for a client prior to release and following their time spent in prison or detention, with the common element across all through-care models being individualised case management.¹¹ The ATC model and YTC model aim to provide a holistic, culturally-informed and trauma-informed, intensive case management approach. The services are intended to be delivered to eligible clients six months prior to their release from prison or detention, when release plans addressing individual risks, needs and goals are prepared. Post-release, case workers intensively support clients to implement their plans and monitor for progress.

ADULT THROUGH CARE PROGRAM

The current ATC program was implemented in July 2019. There are eight services funded through the IAS to deliver the program, with most current service agreements due to end in June 2024 (since extended). Based on the co-design model, ATC services are intended to be a holistic journey of intensive case management and client support during the pre-release and post-release phases of a client's reintegration. Clients participate in the program voluntarily, with a focus on Indigenous adults sentenced and in prison who are assessed as both motivated to stop re-offending and who recognise

⁹ ABT Associates (2021) Adult Through-Care Model for Aboriginal and Torres Strait Islander Peoples

¹⁰ ABT Associates (2021) Youth Through-Care Model for Aboriginal and Torres Strait Islander Peoples

¹¹ See: Berghuis, M. (2018). Re-entry Programs for Adult Male Offender Recidivism and Reintegration: A Systematic Review and Meta-Analysis. *International Journal of Offender Therapy and Comparative Criminology* 62(3); Day, A., Geia, L. and Tamatea, A. (2019). Towards effective throughcare approaches for Indigenous people leaving prison in Australia and New Zealand. Research Brief 25. Indigenous Justice Clearinghouse; Kendall, S. et al. (2018) Systematic review of qualitative evaluations of re-entry programs addressing problematic drug use and mental health disorders amongst people transitioning from prison to communities. *Health Justice* 6, 4; and Pegg, S. (2018). Literature Review: Current Practices in the Reintegration of High Needs Correctional Inmates. Inmate Health & Housing Collective Impact Initiative, John Howard Society of Toronto.

the need for transition support given their complex and high needs. The ATC program may commence as early as practical at pre-release (e.g. 4 to 6 months) and be delivered for 18 months to 2 years post-release.

According to the ABT model, services should be delivered by appropriately experienced and skilled case workers and management staff in both prison and community settings. Consultation with the client by case workers is required to be culturally safe and person-centred, to enable intensive case work and effective client support, referral support and coordination, with a range of family, community, government and non-government stakeholders and partners. The ATC program requires case workers to understand a client's needs for reintegration and any barriers to engagement that may impact the client's risk for recidivism, and then work in partnership - with the client at the centre - to define and work toward goals that address their needs and risks. The ATC case worker may provide direct support, therapeutic interventions and advocacy to help the client achieve their goals, including by supporting a client to understand their post-release legal responsibilities (e.g. parole) and link to other supports as needed and available.

The length, intensity and end point of the ATC journey will look different for each client, depending on their individual circumstances and goals. According to the model, a greater intensity of case management is generally required at the time of release to support increased vulnerability and daily-living transitional requirements during this period. ATC service providers must consider how to prioritise clients and manage ongoing staffing capacity to ensure comprehensive support is optimized for those most in need. The development of a Client Support Plan should reflect the intensity and frequency of supports that match and are responsive to the individual's, needs, risk factors and goals. Moments of increased vulnerability may also be experienced in response to family or community factors (including significant Sorry Business or community unrest), health or medical requirements during transition from prison to community, or when transitioning prison settings. A balanced ATC case-load of 8 to 15 clients is generally required.

Eight service providers are funded to deliver the ATC Program in all States and Territories except Victoria and the ACT. Annual program funding is approximately \$7.3 million.

Table 1 - ATC Program Service Providers, Delivery Sites and Count of Case Workers (15 May 2023)¹²

ATC Service Provider	Delivery Sites	Case Worker FTE
Aboriginal Legal Rights Movement (ALRM)	(SA) Adelaide	5 [of which 1 position vacant]
Aboriginal and Torres Strait Islander Legal Aid Service (ATSILS)	(QLD) Wacol, Murgon, Cairns, Rockhampton, Townsville	10 [of which 3 positions vacant] ¹³
Circular Head Aboriginal Corporation (CHAC)	(TAS) Circular Head* ¹⁴	2
Community Restorative Centre (CRC)	(NSW) Broken Hill, Wilcannia* ¹⁵	4
Five Bridges	(QLD) Ipswich	2
Nulsen (Outcare)	(WA) Perth	9
North Australian Aboriginal Justice Agency (NAAJA)	(NT) Darwin, Alice Springs	9 [of which 2 vacant]
Regional Youth Support Service (RYSS)	(NSW) Gosford	2

ATC MODEL CORE ELEMENTS AND STANDARDS

The program model acknowledges the critical contributions of three ‘core elements’: intensive case management and client support provided; the role of family, kin and community in supporting clients on their journey; and the range of available referral support services. These key stakeholders are expected to collaborate to provide a holistic ‘wrap-around’ approach to support clients achieve their goals, with client-led and person-centred support at the centre.

Figure 1 overpage shows the relationship between these core elements (or activity streams) and the set of Model Standards that inform each stage of the through-care process from initial engagement and assessment, to pre-release and post-release stages. The model acknowledges that the model standards may not be delivered in the order they are described, and that a range of factors (e.g. short sentences or timeliness of a referral) may require flexibility in the sequence of service provision. Specific adaptations to the Model Standards are also made for female prisoners to ensure that their needs and risks are addressed (often relating to the predominance of females as caregivers and victims of violence, shorter sentences and needing access to female-specific support).

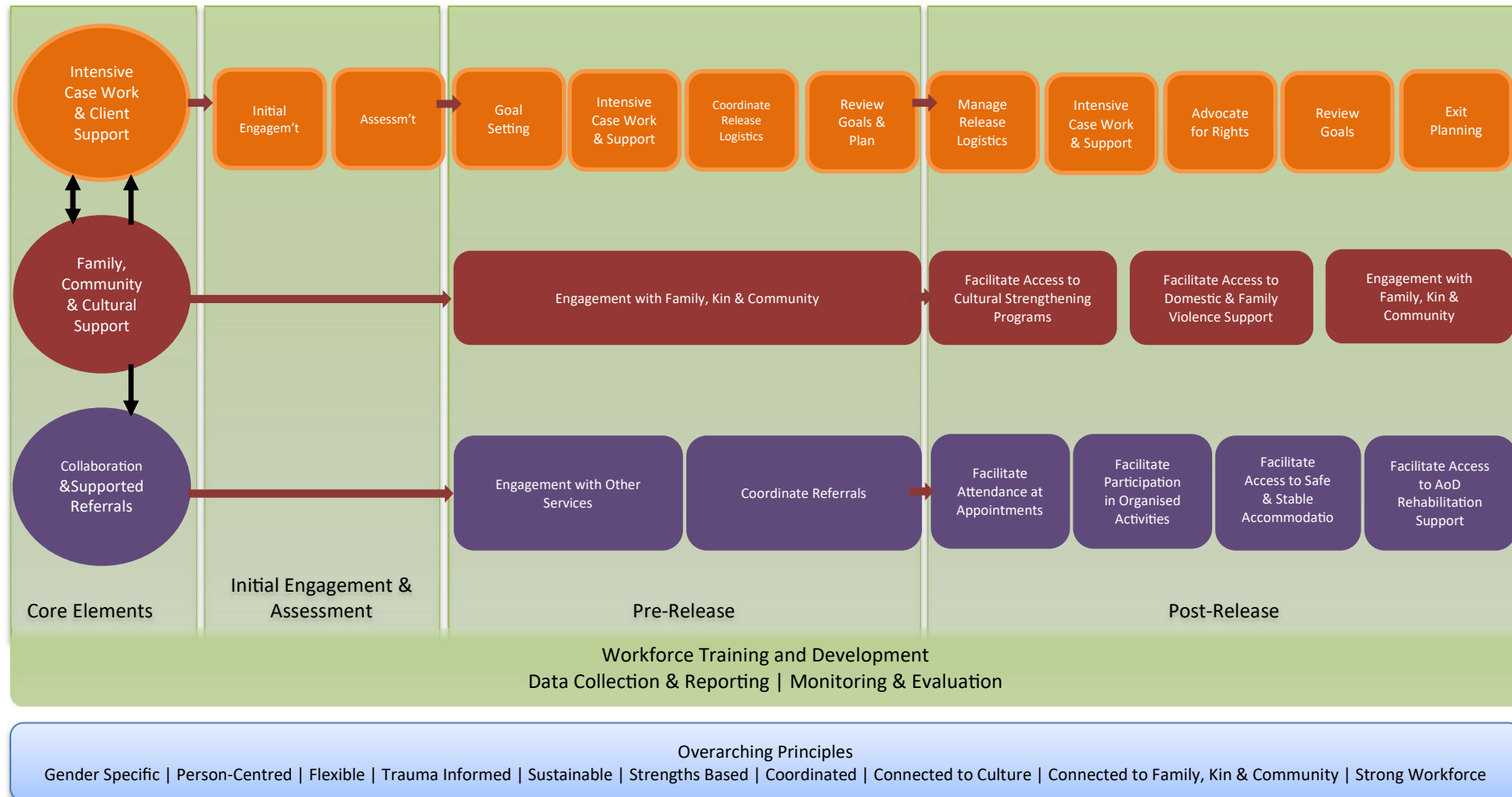
¹² Information obtained from ATC Program service agreements and verified by service providers. Provides an FTE count of front-line case worker staff and management or coordinators managing a case-load. The count excludes other management or data administration staff also funded through the program.

¹³ The ATSILS ATC team additionally comprises 4 case workers with a mental health focus, funded by a State-funded program.

¹⁴ The locations of Burnie and Wynyard are additionally listed in NIAA service agreements as service delivery sites; however, CHAC currently delivers no through-care services from these locations and all case workers are based in Circular Head.

¹⁵ The location of Canterbury is additionally listed in NIAA service agreements as a service delivery site, however, CRC currently delivers no through-care services from this location and all case workers are based in Broken Hill and Wilcannia.

Figure 1 – ATC Model Implementation Framework (Source: ABT Associates)



The Client Support Plan (developed at Goal Setting) is an important tool in supporting and documenting the goal setting process for all clients. The Client Support Plan assists the ATC Case Worker to clarify the support requirements of a client and can be reviewed and revised as the client's needs and goals change. The appropriate length of time between plan reviews may vary according to the evolving circumstances of the client but should be iterative during pre-release and no less than every three months post-release.

ATC MODEL ENABLERS

Workforce development and data management are regarded as key enablers in support of delivery of the ATC model core elements. The ATC model requires that at minimum an ATC team should comprise an ATC Manager or Coordinator, ATC Case Workers and identified specialist positions as relevant (for example, a case worker with a disability services or mental health services specialisation). Consistent with the IAS, ATC service providers should apply affirmative measures regarding the recruitment of Indigenous staff.

Training requirements for the ATC workforce should be inclusive of mandatory Core Training and Orientation together with ongoing Professional Development for employees to strengthen their practice and capabilities.¹⁶ Ongoing support and supervision for ATC workers may include standard line-management supervision, in conjunction with clinical and cultural supervision to ensure the social and emotional well-being of staff operating in challenging contexts.

A minimum data set has been designed to reflect the information required to understand ATC outcomes, whilst minimising the administrative burden on ATC service providers. To enable robust monitoring and evaluation of ATC services, including meaningful performance reporting and outcome evaluation, ATC service providers must implement appropriate policies, procedures, and information and communication technology (ICT) to manage the data collection and monitoring processes.¹⁷

ATC data collection forms are organised into three excel workbooks, known as the Minimum Data Set, including:

- **An Organisation Wide Reporting Template** – Consisting of a Stats Reporting Form (covering information on client demographics, offences, pre-release and post release duration, reoffending, program outcomes, services offered and client exit information) and a Qualitative Reporting Form (detailing information on client feedback, challenging aspects of case management, staff suggestions or lessons learnt, and any client case studies).
- **A Manager Reporting Template** – Consisting of a Manager Report Form (detailing information on case-loads, required trainings, management, cultural, and clinical supervision completed) and a Dates List (with the required dates for clients in the ATC program and some demographic

¹⁶ Topics to be covered through core training include cultural training and working with Aboriginal and Torres Strait Islander stakeholders; trauma-informed care; suicide prevention, self-harm, and Aboriginal Mental Health First Aid training; intensive case work and client support, including in service delivery requirements and standards; and self-care; and understanding the key stakeholders and their roles in the delivery and referral into/from the ATC program.

¹⁷ The ATC guidance requires that ATC service providers: develop, implement and maintain a data governance policy that identifies appropriate procedures for ATC data collection, sharing, privacy, storage, security and disposal; ensure appropriate infrastructure capacity, capability, and compatibility as appropriate to the relevant ICT or client management system, to support ATC data collection and extraction; and apply data management strategies using a team approach, clear workforce roles and responsibilities, adequate resourcing and appropriate skills and training.

data such as date of enrolment, date of release from prison, date of exit from program, date of returning to prison if it occurs, age and gender of clients).

- **An (Optional) Case Worker Reporting Template**, with the same two spreadsheets used for organization-wide reporting (but designed for ATC Case Workers to fill out periodically).

To ensure program monitoring feeds into a broader program improvement cycle, it is suggested that ATC service providers develop and implement a quality improvement system. The ATC program is intended to be monitored every six months through:

- **Quantitative Reporting** – Information provided on the number of active clients, client demographics, offences, pre-release and post release duration, reoffending, Program outcomes, services offered, client exit information, staff numbers, staff training and supervision.
- **Qualitative Reporting** - Information on client feedback, client case studies, new ways of working, challenging aspects of case management and staff suggestions or lessons learnt. Additional qualitative information self-assessing how implementation of the Program aligns with or deviates from the documented model based on staff suggestions and other feedback may also be included.

ATC MODEL THEORY OF CHANGE

The ATC model's theory of change (ToC) is a key output of the program's co-design process involving Indigenous end-users, existing Commonwealth funded adult through-care service providers, community groups, and non-government organisations. As stated in the ATC model documentation, the ToC for delivering the ATC program is:

A culturally safe¹⁸ adult through-care journey for Aboriginal and Torres Strait Islanders that considers social and individual needs and risks, will support improved social and emotional wellbeing and connection to country, community and family, and ultimately lead to a reduction in the occurrence and severity of reoffending.

The reintegration suggested by the ToC refers to a client's transition out of prison and back to community where they can make pro-social choices and decisions about their life, leading to a reduction in the incidence of recidivism. The stated aims of the ATC model according to this theory are to:

- Reduce the frequency and severity of re-offending incidences and consequent recidivism among Indigenous adults.
- Ensure Indigenous people in prison, or who have exited prison with high and complex needs, receive the services they need for successful and culturally competent reintegration into the community, including addressing the underlying risk factors and any gender-specific needs and experiences of females.

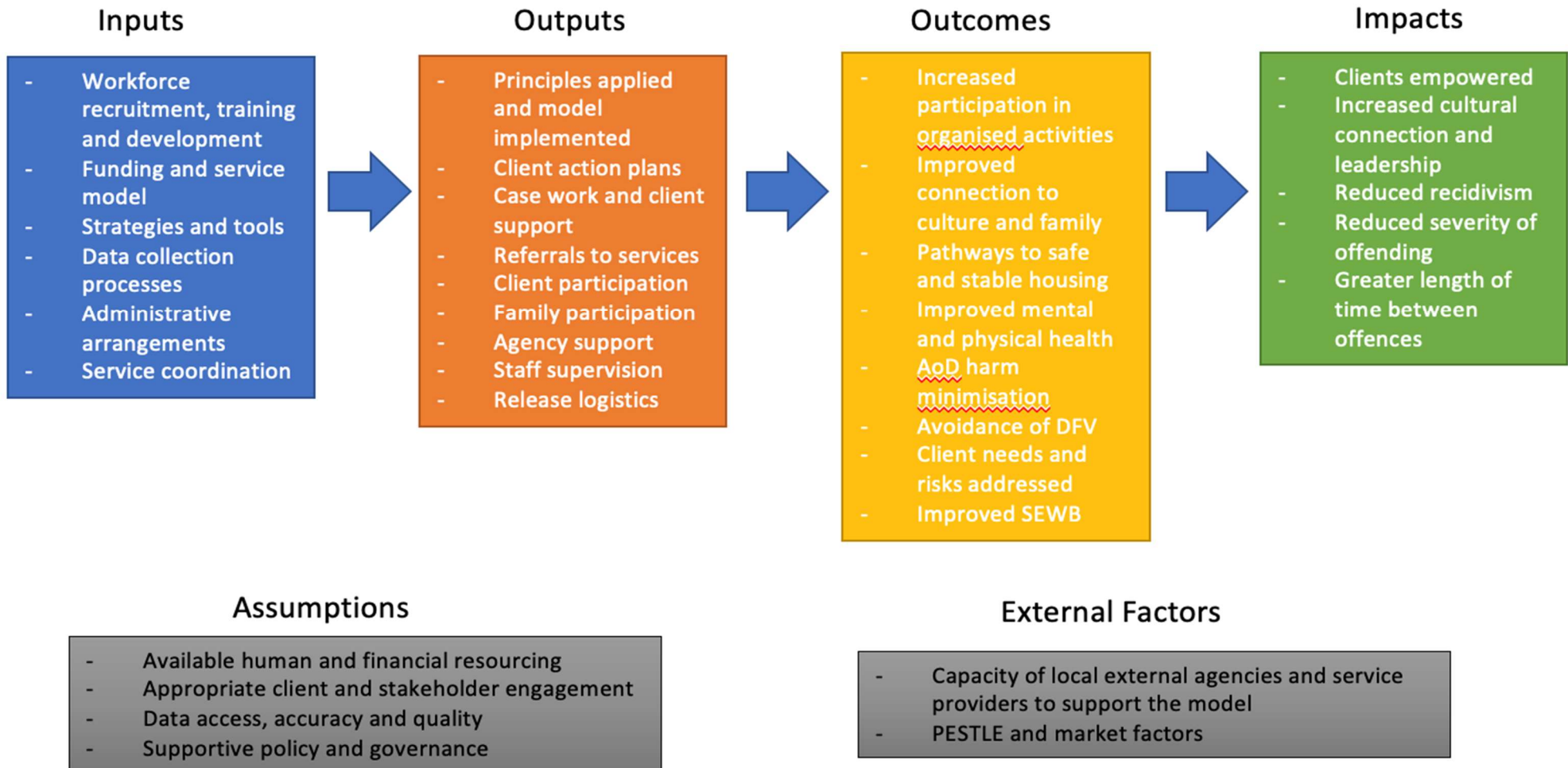
¹⁸ For the ATC model cultural safety is defined as comprising Indigenous leadership and staff; appropriate language and communication; a familiar environment; culturally competent policy, systems and processes; and the acknowledgement of intergenerational trauma, such that clients feel empowered to participate.

Figure 2 overpage presents the program logic based on the agreed ToC developed through the co-design process, where:

- **Program Inputs** – Includes program design, funding and the resources and enablers such as workforce required to deliver the program.
- **Program Outputs** – The application of program principles and other core elements of the ATC Model related to case management; family, community, and cultural support; and collaboration with external service providers.
- **Program Outcomes** – The immediate effects of the case management, engagement and referral processes in terms of the achievement of short to-medium term client goals along their journey.
- **Program Impacts** – The resulting longer-term consequences of the achievement of client goals on personal empowerment and meaningful connection with social and cultural institutions, leading to a reduction in anti-social and criminal behaviours.

The program logic supports program planning, delivery, monitoring and evaluation by defining the activities that comprise each program and the changes that are expected to result from them.

Figure 2 – ATC Model Program Logic (Source: ABT Associates)



YOUTH THROUGH CARE PROGRAM

The YTC Program was also developed following an extensive co-design process and initially trialled between 2019 and 2021 in Queensland, the Northern Territory and Victoria. Like the ATC model, the YTC model is intended to be client-centred, holistic, culturally safe, and trauma-informed, supporting Indigenous youth exiting detention. It aims to intensively support young people following their initial contact with correctional services, until they have reintegrated into the community.

Access to the program is similarly voluntary, with places intended to be offered to Indigenous youth aged 10 to 17 years (at the time of intake) and either sentenced or on remand in selected youth detention facilities. The YTC model intends to prioritise early engagement with prospective clients, ideally at the moment of entry into the detention system, and continuing throughout the period of detention through to release and a minimum of 12 months post-release. Like the ATC model, the intensity of support typically increases around the time of release, although YTC case workers must be aware of elevated risk factors affecting youth which may require additional supports (e.g. transitioning to an adult prison, increased vulnerability associated with release at holiday times, family or community factors, or particular health requirements).

Given the range of elevated risk factors and the vulnerability of the client base, the YTC model encourages providers to refer to their detention facility risk assessment policies and the relevant State or Territory based Work Health and Safety procedures when conducting client risk assessments. YTC staff must also comply with the prevailing child safety, working with children, and mandatory reporting legislation in their relevant State or Territory. For clients with dual child protection and youth justice orders, providers should work closely with child protection case workers to ensure holistic risk assessments are conducted.¹⁹ The YTC model was initially trialled between 2019 and 2021, with service contracts then extended until June 2024. There are three providers funded to deliver the YTC services for approximately \$2.8 million per annum.

Table 2 – YTC Program Service Providers, Delivery Sites and Count of Case Workers (at 15 May 2023)²⁰

ATC Service Provider	Delivery Sites	Case Worker FTE
Aboriginal and Torres Strait Islander Legal Aid Service (ATSILS)	(QLD) Wacol, Cairns, Mt Isa, Townsville	8
North Australian Aboriginal Justice Agency (NAAJA)	(NT) Darwin, Alice Springs	8 [of which 2 vacant]
Victorian Aboriginal Child Care Agency (VACCA)	(VIC) Melbourne	6

¹⁹ ABT Associates (2021) Final Report - Youth Through-care Trial Jan 2020 - June 2021.

²⁰ Information obtained from YTC Program service agreements and verified by service providers. Provides an FTE count of front-line case worker staff and management or coordinators managing a case-load. The count excludes other management or data administration staff also funded through the program.

YTC MODEL CORE ELEMENTS AND STANDARDS

As with the ATC Model, a set of fundamental principles focused around trauma-informed and culturally safe practices should underpin the delivery of YTC services,²¹ with practices structured according to the pre- and post-release phases of activity to guide actions that facilitate effective case management.

Like the ATC model, practices should be premised on the delivery of early, intensive, individually-tailored case management to ensure individual complex needs and primary risk factors are identified and addressed using a multi-disciplinary, inter-agency, family and community engagement approach. A YTC case worker provides co-ordination for all referral support services during the through-care journey, with the aim to supplement this element through engagement with a positive social network providing general support and customised cultural strengthening, reconnection, and healing supports. Full details of the practice elements for the YTC model are summarised overpage in Figure 2. In summary:

- Case planning processes should incorporate the holistic needs of the young person throughout the process (e.g., considering their personal aspirations, family and cultural context, neurological and cognitive capabilities, and other social and emotional wellbeing needs).
- Multidisciplinary and culturally safe supports and services (e.g., Alcohol and Other Drugs (AoD) support, accommodation, social and emotional wellbeing programs, and physical health) should be outlined and delegated before the case plan is implemented.
- The young person should be supported as an individual, a family and kinship member and a member of the wider community, considering their connections to kin and country.

YTC MODEL ENABLERS

As with the ATC model, workforce development and data management are regarded as key enablers in support of YTC delivery. The YTC model requires that at minimum an YTC team should comprise a YTC Manager, YTC Case Workers and a part-time data and reporting administrator. YTC case workers should be representative of the diversity of their client base, with male and female representation, and managing a case-load of approximately 8 to 12 clients depending on complexity and needs of the clients.

Consistent with the IAS, ATC service providers should apply affirmative measures regarding the recruitment of Indigenous staff. To achieve a positive outcome for the young person, a critical component is effective and continuous engagement between the case worker and the client. Accordingly, YTC service providers should recruit case worker staff primarily based on attitude, communication, and advocacy skills.²²

Training requirements for the YTC workforce is consistent with that applied to the ATC workers, noting a Community of Practice (CoP) support group with members from each of the implementing service

²¹ Namely 'cultural Safety': cultural competency must be embedded and promoted within all aspects of service delivery; 'trauma-informed': practice acknowledges and is informed by experiences of trauma; 'client-centred': individualised support and decision-making centred on client needs and risks; gender-appropriate: support acknowledges and is informed by factors relating to gender; 'connection to country': connection to culture and family ties.

²² To enable empowerment of the client and their family, including cultural competence and connection applicable to the communities in which they work, and to work appropriately with the client and their families, and to work collaboratively with external services, supporting organisations, community, and the client's family or peer groups.

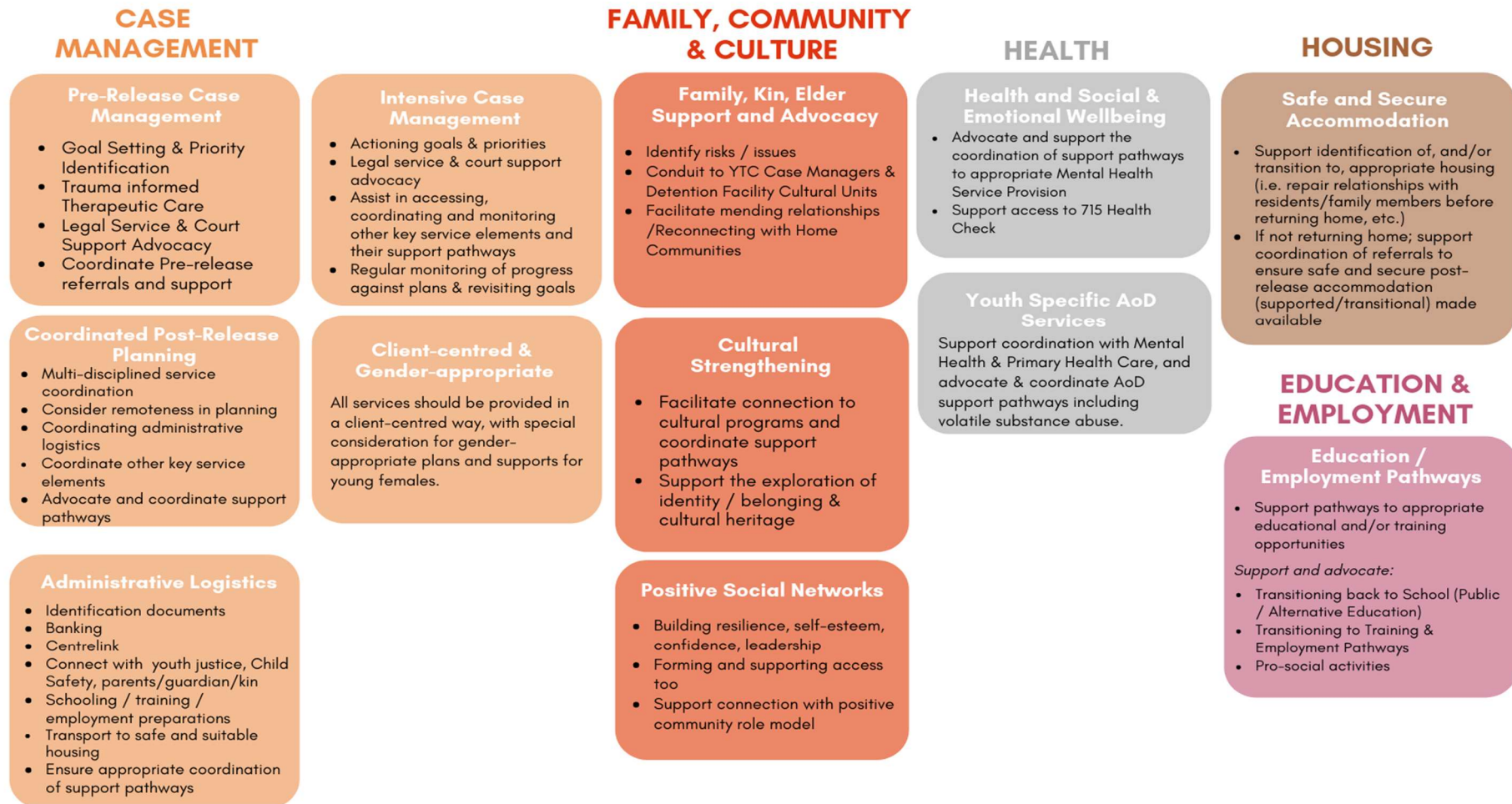
providers was intended to be developed as part of the YTC Program trials. Ongoing support and supervision for YTC workers may also include standard line-management supervision, in conjunction with clinical and cultural supervision to ensure the social and emotional well-being of staff operating in a challenging context.

Like the ATC Program, a data management strategy has been developed. This focuses on the maintenance of a minimum data set designed to ensure adequate information is provided against the essential components of the program in support of a 6 monthly performance reporting cycle. Components include:

- **Data Management Group** – Establishment of a data management group within the YTC team.
- **Core Model Training** – Orientation of the YTC Case Worker on the use of data forms.
- **Data Collection** – Collection of core quantitative data (for example, baseline enrolment, schedules, release details and other client data) and other qualitative information such as feedback interviews and fidelity reporting.

Continuous quality improvement is encouraged through periodic reviews of data reports and feedback from staff and partners.

Figure 3 – YTC Model Implementation Framework (Source: ABT Associates)



YTC MODEL THEORY OF CHANGE

The YTC model adopts a similar ToC to the ATC model. As stated in the YTC Model documentation, the ToC for delivering the program is:

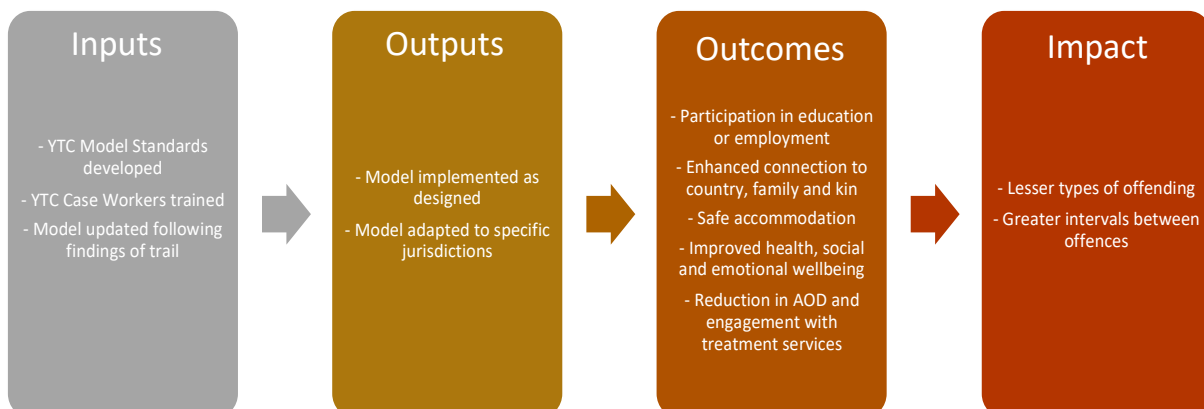
Trusted, well qualified YTC Case Workers who provide appropriate and holistic therapeutic case management, delivered in a culturally safe, client-centred, and trauma-informed manner, with a solid connection to culture, country and family, will empower young Aboriginal and Torres Strait Islander peoples to reduce reoffending behaviour and grow positive futures.

As with the ATC model, the primary aim of the ATC program is stated as:

- A reduction in criminal activity and reoffending, including the severity of offending and a potential increase in the time between offences, through the facilitated engagement of clients with culture, country and family in collaboration with supportive services.

Figure 4 below shows the high-level YTC program logic produced through the co-design process, including: the activities and outputs involved in implementing the initiative; the short-term and intermediate effects in knowledge and meaningful participation, and the eventual, long-term impacts on behaviour and pro-social choices.

Figure 4 – YTC Model Program Logic (Source: ABT Associates)



LITERATURE REVIEW AND ANALYSIS

This section assesses the quality of the ATC and YTC model designs with reference to best-practice elements identified in Australian and international literature, regarding what works in through-care program models that can be applied in the Indigenous Australian context. The analysis contributes to findings outlined in proceeding chapters of the report, in particular with regards to research question one around appropriateness of model design.

The literature selected focuses on meta-analyses and literature reviews of ‘what works’ in prisoner through-care, itself defined as comprehensive case management for a prisoner in the lead up to their release from prison and throughout their transition to life outside.²³ While the selection draws from

²³ Tubex, H. (2021) Throughcare for Indigenous Peoples Leaving Prison, Decolonization of Criminology and Justice, 3(1), 82-91.

international literature, the study prioritises recent Australian evaluations of through-care programs, recognising that the experiences of Indigenous Australians within the criminal justice system are grounded in the uniqueness of Indigenous cultures and histories of colonisation, where cultural obligations towards country and family, particularly in remote settings, all impact how through-care needs must be addressed.²⁴

According to the literature reviewed, at a minimum, such programs must be culturally competent in design and delivery, flexible in addressing the holistic needs of clients, demonstrate ongoing interagency coordination, and where appropriate involve families and communities.^{25,26,27} Although the ABT models described are found to broadly capture these elements through their emphasis on intensive support with case management and structured assessment and planning throughout pre-release, re-entry and post-release phases, comparison with identified good practices expose a number of potential design weaknesses and areas for improvement.

While several themes are discussed in further detail below, perhaps the most notable limitation of the ABT models described is the absence of any reference to program governance, in the form of Indigenous leadership, ownership and control over services that affect Indigenous people. It is widely acknowledged in the literature that strategies to address the high rates of Indigenous incarceration should be Indigenous-led, with Indigenous organisations the preferred provider for Indigenous services (or else mainstream services need to be culturally competent and safe).²⁸ This includes localised community control and ownership, typically founded on the relationship between ACCOs and their communities, which not only offer a culturally safe environment by definition, but which draw on community knowledge to design and deliver services.²⁹ While this evaluation finds IAS service models to be Indigenous-led, this aspiration is not explicit in the ABT model design documents.

The ABT models described were developed in an attempt to achieve uniformity and give administrative direction to service providers, including around data collection, but are criticised in the literature for “failing to recognise the distinction between risk management and through-care”, where the first is a resource-intensive attempt at public protection in response to a perceived risk, and the second is an enabling process with the aim to support individuals in their healing and reintegration.³⁰ Given the emphasis on pre- and post-criminogenic assessment and the risk of re-offending, the ATC and YTC models developed by ABT are seen to over emphasise the former, and lack sufficient guidance for the consistent development of more supportive through-care practice and strategies. The approach taken to reporting on this index was consistently criticised by service providers as being subjective and pejorative, with preference for a more culturally appropriate and strengths-based assessment tool that captures more appropriate outcomes such as longer periods of abstinence from alcohol, other drugs, or gambling (as opposed to abstinence); longer periods in contact with family (as opposed to

²⁴ Rynne, J. & Cassematis, P. (2015) Assessing the Prison Experience for Australian First Peoples: A Prospective Research Approach, *International Journal for Crime, Justice and Social Democracy* 4(1): 96-112.

²⁵ Abbott, P et al. (2017) Do programs for Aboriginal and Torres Strait Islander People Leaving Prison Meet their Health and Social Support Needs? *Australian Journal of Rural Health* 26(1):6-13.

²⁶ Social Policy Research Centre (2016) Evaluation of Extended Throughcare Pilot Program: Evaluation Plan.

²⁷ Kendall, S. et al. (2018) Systematic Review of Qualitative Evaluations of Re-entry Programs Addressing Problematic Drug Use and Mental Health Disorders Amongst People Transitioning from Prison to Communities, *Health Justice* 6 (4).

²⁸ PWC (2017) Indigenous Incarceration: Unlock the Facts.

²⁹ Haswell, M. et al. (2014) Returning Home, Back to Community - Custodial Care Learnings from the Pilot Project Evaluation of Three Sites Around Australia, Muru Marri, School of Public Health and Community Medicine, UNSW Australia, Sydney.

³⁰ Tubex, H. (2021) Throughcare for Indigenous Peoples Leaving Prison, *Decolonization of Criminology and Justice*, 3(1), 82-91

permanent reconnection); and other indicators such as self-reported improvements in social and emotional well-being.

While findings regarding the experiences of IAS funded through-care services with the co-design process are presented elsewhere in this report, specific limitations regarding the ABT co-design process and its outcomes, and which are consistent with consultation findings, are raised in the literature reviewed.³¹ Notably, although it is stated in the design reports that the ATC and YTC models were designed following extensive consultation and engagement, no number or list of stakeholders or references are provided, and there is no description of the methodology used to develop the model. The content of the ATC and YTC design reports is furthermore regarded as “managerial”, using sets of generic guidelines that lack explanatory context and sufficient practical guidance to support real world practices, such that the “almost mathematical approach” contrasts with the “grassroots, hands-on, and very flexible approach of the services met with during fieldwork.”³²

Based on the literature reviewed, despite the broad flexibility of the approach, the administrative and managerial approach implied by the ABT models presents some limitations for through-care practice with respect to the core model elements of intensive case management and support, cultural connection and the involvement of families, and the coordination of third-party services.

INTENSIVE CASE MANAGEMENT AND SUPPORT

While intensive case management and support is fundamental to the ATC and YTC models described, with an approach that emphasises flexibility and judgement, practice guidelines are silent regarding the strategies a case worker might use to effectively achieve this and what a ‘strengths-based’ or ‘person-centred’ approach might look like in practice, beyond early contact with prisoners during the period of custody, involving prisoners in support plans, and linking prisoners into community-based services.³³ In contrast, since former prisoners are not a homogeneous group, the best-practice literature proposes various strategies for individualised case management, taking into account factors such as the client’s criminal history, length of sentence and any special needs resulting from a history of drug use or cognitive disability.³⁴

Consistent with a strengths-based approach the literature emphasises the concept of ‘responsivity’, which refers to the importance of communications and supports, including coaching and mentor support, which matches the specific characteristics of the client. Not all offenders are the same in terms of their level of motivation, gender, cognitive ability, or culture, and effective case management should be responsive to these characteristics and the context in which the client operates.³⁵ Similar to through-care, ‘continuity of care’ involving individual, flexible case management, relationships and communication, is also advocated for within the literature. Continuity of care is viewed as client-centred, comprehensive, interdisciplinary work that can include informal dimensions with group model

³¹ Tubex, H. (2021) Throughcare for Indigenous Peoples Leaving Prison, *Decolonization of Criminology and Justice*, 3(1), 82-91.

³² Tubex, H. (2021) Throughcare for Indigenous Peoples Leaving Prison, *Decolonization of Criminology and Justice*, 3(1), 82-91.

³³ Pegg, S. (2018) Literature Review: Current Practices in the Reintegration of High Needs Correctional Inmates, Inmate Health & Housing Collective Impact Initiative, John Howard Society of Toronto.

³⁴ United Nations Office on Drugs and Crime (2018). *Introductory Handbook on the Prevention of Recidivism and the Social Reintegration of Offenders*, Criminal Justice Handbook Series.

³⁵ Queensland Government Statistician’s Office, Queensland Treasury (2021) *Wise Practice for Designing and Implementing Criminal Justice Programs for Aboriginal and Torres Strait Islander Peoples*, Research Report.

practices and team care (not just individualised support as emphasised in the current ATC and YTC models).³⁶

According to the literature reviewed, the key to the practical achievement of effective case management is the relationship between the case worker and the client, recognising that former offenders who are empowered are considered more likely to seek change and form relationships within the broader community. The available evidence suggests that case workers who are interested in the lives of their clients, focus on client strengths, and who are reliable and collaborative in their approach will achieve the best outcomes.³⁷ An overarching conclusion from all papers reviewed was that clients benefit from a combination of practical resources and empathic support from case workers, and that their role as an advocate and mentor for clients, using respectful communication combined with practical support, plays a major role in program successes.^{38,39} The combination of empathic support and practical resources is consistently found to “produce positive relational and psychological outcomes for participants in the short and long term, including improved interpersonal relationships, improved self-efficacy and formation of pro-social identity.”⁴⁰

Although ‘workforce’ is indeed a feature of the ATC and YTC models, it is reductively expressed in terms of recruitment processes only (which seek to balance formal qualifications and lived experience amongst case workers) without addressing the importance of personal relationships, including strategies for building trust through flexible work practices (with delegations that allow case workers to respond to issues as they occur) and consistent behaviours (being dependable, approachable, trustworthy and non-judgmental in all interactions with clients).^{41,42}

The importance of the timing of more or less intensive contact with clients by case workers is also under-emphasised in the ATC and YTC models described. According to international evaluations, the through-care process will usually require attention to different priorities at different points; with intensive contact in the period immediately following release and less intensive but longer-term support should stability of circumstances be established (noting ongoing intensive support is likely to be required for prisoners with complex needs). Throughout this process, the importance of personal relationships between workers and ex-prisoners is significant, both in supporting the prisoner with practical challenges and maintaining client engagement and motivation.^{43,44}

³⁶ Williams, M. (2015) *Connective Services: Post-prison Release Support in an Urban Aboriginal Population*, A thesis submitted in fulfilment of the requirements for the degree of Doctor of Philosophy, Muru Marri School of Public Health and Community Medicine.

³⁷ Schlager, M. D. (2018) *Through the Looking Glass: Taking Stock of Offender Re-entry*, *Journal of Contemporary Criminal Justice*, 34(1).

³⁸ Malloch, M.S., McIvor, G., Schinkel, M. and Armstrong, S. (2013) *The Elements of Effective Through-care - Part 1: International Review*, Scottish Government - Community Justice Services, Technical Report, Scottish Centre for Crime and Justice Research, Glasgow.

³⁹ Visher, C. A., Lattimore, P. K., Barrick, K. & Tueller, S. (2017) *Evaluating the Long-Term Effects of Prisoner Re-entry Services on Recidivism: What Types of Services Matter?* *Justice Quarterly*, 34:1, 136-165.

⁴⁰ Cultural Indigenous Research Centre Australia (2013) *Evaluation of Indigenous Justice Programs Project B: Offender Support and Reintegration*, Final Report.

⁴¹ Cultural Indigenous Research Centre Australia (2013) *Evaluation of Indigenous Justice Programs Project B: Offender Support and Reintegration*, Final Report.

⁴² Kendall, S. et al. (2018) *Systematic Review of Qualitative Evaluations of Re-entry Programs Addressing Problematic Drug Use and Mental Health Disorders Amongst People Transitioning from Prison to Communities*, *Health Justice* 6 (4).

⁴³ Pegg, S. (2018) *Literature Review: Current Practices in the Reintegration of High Needs Correctional Inmates*, Inmate Health & Housing Collective Impact Initiative, John Howard Society of Toronto.

⁴⁴ Berghuis, M. (2018) *Re-entry Programs for Adult Male Offender Recidivism and Reintegration: A Systematic Review and Meta-Analysis*, *International Journal of Offender Therapy and Comparative Criminology* 62(3).

The period immediately post-release is regarded to be a particularly high-risk period characterised by poor continuity of care, inadequate social support and limited financial resources.⁴⁵ While release planning is a feature of the ATC and YTC models this stage is again described in purely assessment and planning terms, without any practical guidance around the types of challenges likely to be encountered (including the operational realities of correctional services at the point of release) and strategies to address them. Although significant parts of through-care as actually practiced, the models fail to consider – beyond record keeping requirements - the immediate needs faced by clients upon release such as the availability of transport, access to accommodation, the need for food and clothing, and financial means.

CULTURAL CONNECTION AND THE INVOLVEMENT OF FAMILIES

The literature indicates that connection to culture for Indigenous people serves as an important protective factor, helping to build resilience and strength through identity.⁴⁶ Notwithstanding a lack of statistical evidence, there is clear recognition in the literature of the importance of cultural programs, “which centre on culturally based forms of identity, belonging, stability and protection that create meaning and connection for Aboriginal peoples.”⁴⁷ Moreover the literature affirms that, despite a lack of evidence regarding impacts on reoffending, culturally enhanced programs may be more effective as they build cultural knowledge, self-image and pride; create a sense of identity, belonging and confidence; and build positive attitudes toward supporting program providers and wider society.⁴⁸ Connecting to culture should therefore form a key component of Indigenous through-care programs.

Again, while the ATC and YTC models state the importance of culturally sensitive program delivery and access to cultural programs that facilitate cultural connection and strengthening, although guiding case workers to be flexible, assess risk, and use judgement, the model lacks a specific discussion of strategies for its achievement and the circumstances that make its use as an intervention appropriate or otherwise. Strategies discussed in the literature and which might be incorporated into any future IAS through-care model might include: supporting a culturally welcoming program experience in meeting places; incorporating opportunities for peer emotional support; adaptations of program content assets and communications, and most importantly, involving Indigenous people in program implementation.^{49,50}

The literature also shows that family and community support are other strong determinants of positive outcomes, and the importance of engaging families in supporting roles.⁵¹ It is emphasised that an individualistic approach may be inappropriate for Indigenous peoples with a collective or relational sense of belonging and identity, and that involvement of extended family members and community to

⁴⁵ PWC (2017). Indigenous Incarceration: Unlock the Facts.

⁴⁶ Office of the Inspector of Custodial Services (2014) Recidivism Rates and the Impact of Treatment Programs.

⁴⁷ Cultural Indigenous Research Centre Australia (2013) Evaluation of Indigenous Justice Programs Project B: Offender Support and Reintegration, Final Report.

⁴⁸ Cultural Indigenous Research Centre Australia (2013) Evaluation of Indigenous Justice Programs Project B: Offender Support and Reintegration, Final Report.

⁴⁹ Tujague, N, et. al. (2021) Ticking the Box of Cultural Safety is Not Enough: Why Trauma-informed Practice is Critical to Indigenous Healing, Rural and Remote Health Townsville, Vol.21, Issue. 3.

⁵⁰ Queensland Government Statistician’s Office, Queensland Treasury (2021) Wise Practice for Designing and Implementing Criminal Justice Programs for Aboriginal and Torres Strait Islander Peoples, Research Report.

⁵¹ Cultural Indigenous Research Centre Australia (2013) Evaluation of Indigenous Justice Programs Project B: Offender Support and Reintegration, Final Report.

address causal factors or explore ways of healing in a traditional sense, can be crucial.⁵² In one study, perceived family acceptance was found to be strongly associated with employment success, drug abstinence and expressions of optimism, for example, while clients visited by their families or friends were found to be less likely to reoffend than those who did not receive social visits.⁵³

Although featuring as a stream of activity in both ATC and YTC models, without contextual discussion or practical guidance, the potential impact of family and friend on outcomes for through-care clients risks being de-valued, with opportunities for family or community engagement through, say, local justice groups (or yarning circles, or men's groups) or through elder involvement with youth diversionary programs, either missed or under-resourced.⁵⁴

At the same time, it is important to recognise that preserving family and other personal network connections is not unconditionally appropriate (as the ATC and YTC models presume). In cases where such networks constitute 'negative social capital', disengagement rather than preservation is essential to success in constructive change and internal transformation.⁵⁵ Moreover, while the role of families can be crucial in helping the individual rebuild self-esteem and confidence, the literature indicates that families themselves may require resources and support to achieve this, noting their capacity to offer support is typically undermined by factors such as poor socio-economic status (both educational and material resources) or else a lack of confidence to be involved with, or mistrust of, a perceived institutional process.⁵⁶ None of these issues are considered by either the ATC or YTC models.

COORDINATION OF THIRD-PARTY SERVICES

With respect to third-party service delivery the literature suggests that the problem is not the lack of services available, although this may sometimes be a factor, but that they are fragmented, uncoordinated, and funded on an unstable basis.^{57, 58} Service coordination is therefore rightly prioritised as a core service activity in ACT and YTC program design, such that continuity of care might be provided as part of a smooth transition from prison into community. The literature goes on to identify that all such programs and activity are best delivered as part of an integrated program of support, designed to address an individual offender's specific issues and challenges. Through-care, it is suggested, should provide a holistic approach to meeting the needs of clients, requiring government

⁵² Bennett, B. and Gates, T. (2022) Decolonization and Trauma-informed Truth-telling about Indigenous Australia in a Social Work Diversity Course, *Journal of Ethnic and Cultural Diversity in Social Work*.

⁵³ Williams, M. (2015) *Connective Services: Post-prison Release Support in an Urban Aboriginal Population*, A thesis submitted in fulfilment of the requirements for the degree of Doctor of Philosophy, Muru Marri School of Public Health and Community Medicine.

⁵⁴ Haswell, M. et al. (2014) *Returning Home, Back to Community - Custodial Care Learnings from the Pilot Project Evaluation of Three Sites Around Australia*, Muru Marri, School of Public Health and Community Medicine, UNSW Australia, Sydney.

⁵⁵ Tubex, H. Rynne, J. and Blagg, H. (2020) *Building Effective Throughcare Strategies for Indigenous Offenders in Western Australia and the Northern Territory*, Report to the Criminology Research Advisory Council.

⁵⁶ Day, A., Geia, L. and Tamatea, A. (2019) *Towards Effective Throughcare Approaches for Indigenous People Leaving Prison in Australia and New Zealand*, Research Brief 25, Indigenous Justice Clearinghouse.

⁵⁷ Day, A., Geia, L. and Tamatea, A. (2019) *Towards Effective Throughcare Approaches for Indigenous People Leaving Prison in Australia and New Zealand*, Research Brief 25, Indigenous Justice Clearinghouse.

⁵⁸ Berghuis, M. (2018) *Re-entry Programs for Adult Male Offender Recidivism and Reintegration: A Systematic Review and Meta-Analysis*, *International Journal of Offender Therapy and Comparative Criminology* 62(3).

and service provider collaboration between justice, community and welfare services, housing and health.⁵⁹

As with other aspects of program design, while effective service coordination and collaboration are stated objectives of the ATC and YTC through-care models, the guidance and strategies necessary to deliver on these aspirations are lacking, with an over-emphasis on case management processes tending to promote crisis-driven and responsive arrangements rather than service integration.

According to the through-care literature, effective service coordination by case workers is based upon effective service partnerships, where relationships with allied services and supports are developed over the long-term. When strong relationships are developed, these partnerships not only have the potential to improve the availability of services, but the level of acceptance by clients, and linkages between complementary services such that coordinated pathways are provided.⁶⁰ Such partnerships are most effective when built on the cooperation of organisations with mutually reinforcing goals.

Achievement of the aspiration for service coordination and collaboration involves, of course, much more than a simple referral to community-based services, as implied by the ATC and YTC models. Indeed, according to the literature, there is little evidence that interventions that merely refer clients to services are effective in supporting the reintegration process.⁶¹ Rather, there must be formal linkages between institutional programs (justice and corrective services) and community-based services to ensure a genuine continuity of support, with coordination activities continuing to link-up a range of community-based and institutional services post-release. To ensure a continuity of support, there must be genuine substantive coordination mechanisms in place to achieve this, such as planning groups and formalised Memoranda of Understanding (MoUs), backed by suitable and localised governance arrangements and funding to ensure consistent levels of cooperation across the service system.

More specifically, it is clear from the literature that any such collaborative arrangements with external services should be inclusive of employment and housing programs, which are identified as crucial for addressing problem behaviours (such as drug or alcohol misuse) and the avoidance of reincarceration.⁶² In terms of adult employment, becoming employed is understood to substantially reduce the risk of reoffending, by providing not just income, but structure, routine and opportunities to contribute to the lives of others through valuable social contact.

While 'employment' (or reconnection with education or training opportunities in the case of youth) is listed as a desired outcome in both ATC and YTC through-care models, the contextual issues and opportunities for maximising employment success fail to be addressed. Although need is high, employment opportunities for clients returning to regional locations, or most remote communities, are few. Notwithstanding the known benefits, therefore, it is simply not meaningful or realistic to expect employment to be measured as an outcome against which success can be determined for all cases. Further guidance for case management is needed, such that employment programs and training

⁵⁹ United Nations Office on Drugs and Crime (2018). *Introductory Handbook on the Prevention of Recidivism and the Social Reintegration of Offenders*, Criminal Justice Handbook Series.

⁶⁰ Abbott, P et al. (2017) Do programs for Aboriginal and Torres Strait Islander People Leaving Prison Meet their Health and Social Support Needs? *Australian Journal of Rural Health* 26(1):6-13.

⁶¹ United Nations Office on Drugs and Crime (2018). *Introductory Handbook on the Prevention of Recidivism and the Social Reintegration of Offenders*, Criminal Justice Handbook Series.

⁶² Berghuis, M. (2018) Re-entry Programs for Adult Male Offender Recidivism and Reintegration: A Systematic Review and Meta-Analysis, *International Journal of Offender Therapy and Comparative Criminology* 62(3).

tailored to local realities might be identified and worked with, and to foster stronger partnerships with employment services (particularly those with experience working with ex-prisoners and those with complex support needs).

The same argument can be made with regards to stable housing, since finding suitable housing tends to be a major challenge for former prisoners, yet is an essential prerequisite for almost all social and emotional well-being needs, as well as the need for shelter. Suitable and stable accommodation is widely associated with increased personal agency, optimism and responsibility, and is known to be a critical enabling factor in finding and sustaining a job.⁶³ It is a key factor affecting the extent to which a through-care client is able to successfully reintegrate into his or her community.

While housing is named as a priority area of support in the ATC and YTC model design - as with employment outcomes - its listing lacks any context or strategy, such as guidance for housing advocacy, including the formation of partnerships with community housing providers to help access transitional housing or other supported accommodation settings. The literature is clear that from a through-care perspective there is a dire need for transitional supported-housing post-release as an integral component of the through-care model. A graduated release provides an opportunity for supervision and monitoring, as well as better enabling the take up of employment and training opportunities. This support needs to be holistic, providing not only accommodation but also opportunities for supporting life-skills development, how to clean and maintain a house, and how to budget. In circumstances where affordable and appropriate housing is extremely limited, the current ATC and YTC models - which simply list housing as a necessary outcome measure - arguably fall short.

⁶³ United Nations Office on Drugs and Crime (2018). *Introductory Handbook on the Prevention of Recidivism and the Social Reintegration of Offenders*, Criminal Justice Handbook Series.

EVALUATION METHODOLOGY

This chapter details Keogh Bay's approach to the design and implementation of the evaluation, including an overview of data collection methods and instruments, data sources and sampling, procedures used to analyse the data collected, and approaches to stakeholder engagement. The limitations associated with the methods applied and steps taken to mitigate those limitations are also identified.

EVALUATION APPROACH

Keogh Bay's evaluation design is based on program theory in the ToC and Program Logics, which drives the focus of evaluation activities. The design brings together data related to each link in the chain of logic and explores whether or not these validate the logic of the program, and whether the logic needs to evolve in light of the evidence. The approach to evaluation is therefore theory-based, reliant on a detailed understanding of the core through-care models proposed, to structure an analysis in terms of the appropriateness of program design, the fidelity of implementation, and the effectiveness of outputs in achieving client and societal goals.

Keogh Bay uses an integrated mixed methods approach to data collection and analysis, to obtain distinct but complementary data on the topics and issues covered by the evaluation's research questions. Multiple strands of evidence are analysed and assessed to address each research question, with the output of each method first considered discretely before being comparatively reviewed for anomalies and consistency of argument. Given the emphasis on process and an analysis of the implications of process outputs for client outcomes, a broad range of evaluation stakeholders have been consulted, including management and staff of ATC and YTC services responsible for program implementation; third-party service providers and agencies (both government, Aboriginal community controlled, and other not-for-profits) providing complimentary support services in partnership with service providers; and active and recently exited clients (together with selected family or kin). The methods used to collect data from these stakeholders include semi-structured interviews, an online survey, and desktop review and analysis of available program documentation and data sets. Keogh Bay has developed a data matrix (Appendix A) as the basis for structuring the research project, providing alignment between evaluation, questions and data requirements, and their sources and research methods.

Thematic and statistical analysis is used to explore the qualitative and quantitative data collected. With respect to quantitative data, this included initial exploratory analysis of Performance Reports to identify any issues with the underlying data (e.g. outliers, or changes in data item definitions and time periods), followed by descriptive statistical analysis to understand the initial data outputs. Where sufficient data was available, further time-series analysis was undertaken, with efforts to contextualise data and make inferences with reference to publicly available data sources (e.g. integrating nationally collated AIHW and Productivity Commission data). With respect to qualitative data from interviews, this was analysed thematically to identify patterns and key findings using a reference framework aligned to the evaluation data matrix at Appendix A and the relevant interview data collection tool. The codes used in this framework were jointly developed by the Keogh Bay researchers involved in undertaking the research interviews, with notes from stakeholder interviews organised according to the underlying framework. During the analysis process, codes and associated themes were grouped into clusters around interrelated ideas or concepts, including 'what is working well', 'what isn't working well', 'barriers and enablers for success', and 'the client experience'.

The use of a control group – such as an Australian region or jurisdiction that does not deliver an NIAA funded through care program, or a cohort of individuals who have experienced a period of detention but have not participated in a through-care program - has been intentionally rejected for reasons including the absence of a comparable program logic (against which logical inferences can be assessed) and the practical infeasibility of being able to secure the participation of such groups (where neither NIAA or the participating service providers have relevant relationships and the necessary incentives to participate are lacking).

EVALUATION PRINCIPLES

Keogh Bay is a Supply Nation registered, part Indigenous-owned consultancy that acknowledges and respects the right of Indigenous peoples to be involved in and provide leadership over research that affects them. We have acknowledged the diversity of Indigenous through-care clients, their family and kin, by materially investing the greater part of consultation effort in discussions with this stakeholder group, both in recognition of the right of these voices to be prioritised, and out of recognition for the diversity of perspectives given an individual's experience of age, gender or country. Through-care service providers, including a majority Indigenous management, were also consulted during the evaluation's design, with early contact made by researchers to introduce the project, discuss data collection methods and agree on respective roles and responsibilities with respect to stakeholder engagement.

Key principles which underpin Keogh Bay's approach to planning and conducting the evaluation in a way that is culturally secure, ethical and robust, are detailed below.

- **A respectful, culturally secure approach:** Achieved by the leadership and inclusion of Keogh Bay's Indigenous staff in all stages of the project design; conduct of consultations with client-participants by an Indigenous team member if preferred by the participant; and conduct of consultations in appropriate settings with a positive, flexible and transparent approach to develop relationships. Protocols for establishing informed consent from Indigenous client-participants were discussed with service providers prior to contact. These have sought to protect the rights of vulnerable participants, including through the development of an appropriate distress protocol and use of plain English participant information sheets. Keogh Bay has also sought to use already established data and information where possible, to prevent overburdening stakeholders with unnecessary data requests.
- **Full consideration of project sensitivities:** When implementing evaluation activities Keogh Bay teams recognised that stakeholders may perceive the evaluation as judgement of their work. We therefore conducted ourselves in a manner that was as sensitive as possible, emphasising the fact in introductions that the evaluation is not an assessment or audit of an individuals' quality of work. Keogh Bay consultation teams were cognisant of the inherent sensitivity of the topic for Indigenous clients who risked feeling judgement or shame should consultations not be conducted in a trauma-informed and culturally secure manner.

EVALUATION GOVERNANCE AND ETHICS

This evaluation has sought oversight from an independent Evaluation Advisory Group (EAG) that includes Indigenous members to provide direction, accountability and advice throughout the project. The EAG has provided input to key deliverables (including an evaluation plan) as well as draft and final

reports.⁶⁴ NIAA's Indigenous Evaluation Committee (IEC) has also provided scrutiny to ensure the cultural safety of the research and its alignment to the IAS Evaluation Framework.⁶⁵

In accordance with the requirements of the IAS Evaluation Framework, Keogh Bay's research processes were additionally accountable to the AIATSIS Ethics Committee, with obligations to report any changes to the project which may affect its ethical integrity (such as changes in personnel, or variations to protocols for engaging client-participants). Since the evaluation has involved contact with potentially vulnerable adult and youth through-care clients with experience of detention, it has been crucial for any risks to these participants to be identified and all agreed ethical requirements, particularly regarding privacy and informed consent, to be adhered to. Formal ethics approval was granted by the AIATSIS Ethics Committee on 3 February 2023, with a variation to consult with Correctional Services staff approved in 11 April 2023.

Participant Consent and Privacy

Explicit informed consent to participate in the research process was required for all stakeholders, including verbal informed consent for all interviews and electronic consent for completion of the online survey. Explicit informed consent of adult client-participants was required for all interviewees of the ATC program, with the requirement to either sign a consent form, or verbally agree to the protections in place, prior to each interview. The process for obtaining the informed consent of YTC client-participants was two-fold, with a statement of consent required from a parent or guardian in addition to the approval of the youth-participant.

Contact with Indigenous client-participants and their family or kin was facilitated with the support of the through-care service provider. While guided by Keogh Bay in terms of participant criteria, such stakeholders were identified by case workers and managers known to these individuals. This enabled a number of practices to be put in place with the assistance of case workers, including helping to ensure that the participant has agreed to participate in advance of the interview; conducting consultations at a venue of the participant's choice; and choosing an appropriate time of day that will minimise disruption to the person's usual routine. As a further incentive to participate, client-participants were provided with a \$50 dollar food voucher at commencement of their interview.

To protect the privacy and confidentiality of participants all evaluation activities have adhered to the Australian Privacy Principles in the Privacy Act 1988 (Cth). As well as providing an environment where stakeholders feel comfortable to contribute confidentially, Keogh Bay has ensured that data collection tools do not name any individual; no individual is identified in any deliverables or reports; and that details which could identify an individual have been removed from all administrative data. Furthermore, outcomes data collected from ATC and YTC service providers has been analysed at an

⁶⁴ Terms of reference for the Evaluation Advisory Group (EAG) include provision of support and guidance regarding the evaluation's implementation, together with review and feedback to support the development and finalisation of deliverables.

⁶⁵ The Indigenous Advancement Strategy (IAS) Evaluation Framework is a guide for evaluation of programs and activities under the IA), delivered by NIAA. The Evaluation Framework is intended to align with the wider role of the Productivity Commission in overseeing the development and implementation of a whole of government evaluation strategy of policies and programs affecting Indigenous Australians. The Evaluation Framework outlines standards to guide a consistent approach to all NIAA evaluation activity. These standards include a set of core values and best practice principles, including ethical review. Ethics review must be sought from a National Health and Medical Research Council registered Human Research Ethics Committee (HREC) with experience reviewing Aboriginal and Torres Strait Islander research. The Indigenous Evaluation Committee (IEC) is a key part of the Evaluation Framework. Through the provision of independent strategic and technical advice, the Committee supports the improvement of evaluation practices of NIAA in line with the Framework's principles of relevance, credibility, robustness and appropriateness.

organisational level in un-published working documents only, prior to analysis at the whole of program level, as presented in this report. Any names used when quoting informants or within vignettes are fictional.

EVALUATION ACTIVITIES

Findings presented in subsequent chapters of this report reflect the integration of multiple sources of evidence as the basis of the conclusions presented. This section describes the design of the various research activities implemented and the risks or challenges associated with their implementation. Consultations and information gathering was undertaken by Keogh Bay on a jurisdiction-by-jurisdiction basis, with site visits to a total of 21 service-delivery sites across seven States and Territories. Stakeholder consultations in these locations were undertaken as part of a mixed methods approach including:

- Semi-structured interviews with ATC and YTC service provider staff, including interviews with program management and through-care case workers and support staff responsible for program implementation.
- Semi-structured interviews with Correctional Services agency staff in each service location, including non-custodial program staff and community corrections.
- Semi-structured interviews with through-care clients and their families, including active post-release and recently exited clients of both programs.
- A survey of ATC and YTC third-party referral partners, including representatives from government, Aboriginal community controlled, and other not-for-profit organisations providing complimentary support services in partnership with through-care service providers.
- Desk-top research and analysis of program documentation, including a best-practice literature review, and a quantitative analysis of service provider program data gathered from performance reporting.

Activity enumeration data for each research activity is summarised in the table below, with a further explanation of sampling, target groups and delivery mechanisms provided over page. Copies of the collection instruments described are provided at Appendix B.

Table 3 – Evaluation Research Activity Data

Research Activity	Count
SEMI-STRUCTURED INTERVIEWS WITH SERVICE PROVIDERS (Including Case Workers, Managers and Data Administrators)	87 [inc. 22 Youth focused]
SEMI-STRUCTURED INTERVIEWS WITH CORRECTIONAL SERVICES STAFF	12 [inc. 4 Youth focused]
SEMI-STRUCTURED INTERVIEWS WITH CLIENTS AND FAMILY	86 [inc. 24 Youth focused]
DESK-TOP REVIEW (Including literature and Performance Reports)	N/A
SURVEY OF REFERRAL PARTNERS	73 [n=329]

SEMI-STRUCTURED INTERVIEWS WITH SERVICE PROVIDERS

Semi-structured interviews with case workers, program managers and data administrators currently employed by through-care service providers were undertaken at each service delivery site. These interviews were conducted to discuss the service’s implementation of the relevant through-care model, including whether the design and implementation is meeting client needs, and the extent to which services have adapted the model in response to local circumstances. Interviews with case workers have emphasised day-to-day program delivery and the impacts for clients, while interviews with managers and data administrators have explored enabling and organisational factors such as workforce, governance and data collection processes.

As expected, the number of interviews conducted by organisation and site has varied in accordance with the distribution of funded positions outlined in Tables 1 and 2. Since more interviews were conducted at larger services and in urban centres, this has created some bias in data collection. Reported findings from interviews with service providers are therefore careful to distinguish between issues that are common to all providers and those which apply to a particular organisation or grouping of sites (for instance, distinguishing between urban and remote locations).

Overall, since the employees of through-care services have a direct interest in the evaluation, levels of participation were high, with incidents of non-participation isolated to staff absent from work over the period of the visit. Out of a total pool of 57 case workers (65 funded positions less 8 vacancies) 54 individuals were consulted (or 95 percent of available staff), in addition to 33 individuals in management or administrative positions but not managing a case-load. Of the total, 22 interviews focused on the YTC Program (noting a disproportionately higher number of youth-related positions vacant, or staff absent).

SEMI-STRUCTURED INTERVIEWS WITH CORRECTIONAL SERVICES STAFF

Keogh Bay conducted semi-structured interviews with correctional services staff, including Community Liaison Officers, transition support staff, parole officers and other community corrections staff employed by the relevant correctional services department in each jurisdiction. These interviews were included in the evaluation design following feedback from the IEC. Discussions considered implementation of the relevant through-care service model from a corrections perspective, including whether the service model is meeting client needs and agency views on areas for service model improvement.

As with service provider staff interviews, the number of interviews conducted has varied by service site, dependent on the footprint of correctional services in that location and the precise service model applied by the through-care service.⁶⁶ Contact lists of corrections staff familiar with each service were collected from most service providers, noting that the ability of services to provide complete lists was dependent on the quality of relationships locally. While invitations and follow-up was undertaken with over 50 prospective interviewees a total of just 12 such interviewees were consulted, with many either declining to be interviewed, not responding to calls or emails, or else seeking unforthcoming permission from managers to participate.⁶⁷ Furthermore, ten of these 12 interviews were with contacts provided by just three of the nine service providers.

SEMI-STRUCTURED INTERVIEWS WITH CLIENTS AND FAMILY

Keogh Bay originally proposed Yarning Circles as a means of consultation with client-participants and family support persons, with the option to participate in a one-to-one or small family grouping provided only as an alternative. For several reasons - including the preference of client-participants for greater privacy, the need for flexibility to conduct meetings at a time and place of the client's choosing, as well as the logistical infeasibility of transporting participants large distances to attend groups sessions – the option to conduct interviews individually was taken in all cases. No yarning circles were facilitated and interviews with client-participants were conducted individually or in small family-groups in a wide range of settings depending on individual circumstances.⁶⁸ Appendix B details the range of interview questions, designed to develop an understanding of program outcomes and areas for improvement from a client perspective.

Notwithstanding the risk of selection bias, contact with client-participants was facilitated by case workers, with the pool of available contacts driven by case workers' individual relationship with the client, and – in the case of those who have exited the program – access to valid contact details.⁶⁹ To the extent possible such bias was mitigated through the conduct of the interview (probing for examples

⁶⁶ Noting four service delivery sites have no contact with Correctional Services staff locally. Three primary contacts were requested for each service delivery site, plus up to three substitute or reserve contacts.

⁶⁷ Some Corrections staff expressed privately that despite confidentiality and privacy provisions they remained uncomfortable discussing the performance of through-care services and for historical reasons – including recent media attention - are wary of participating in interviews.

⁶⁸ This typically included use of a private room for face-to-face meetings either at the service or in other private settings locally. Several interviews were also conducted by telephone, typically in circumstances where the client-participant did not reside in the same location as the service base, or else commitments prevented the client-participant from attending the interview at a date when Keogh Bay researchers were present. Flexibility and responsiveness were required of Keogh Bay researchers throughout this process. Sessions were held in culturally safe, accessible, and welcoming settings with refreshments and \$50 dollar voucher payments per participant.

⁶⁹ The participation of client-participants in this evaluation has inevitably tended towards the selection of clients who have positively engaged with the service, since those who have exited the program without achieving their goals are typically disengaged from their case worker and lack up-to-date contact details.

for statements made) and by ensuring the privacy of the client-participant to speak freely. Participants were furthermore selected based on criteria provided by Keogh Bay, intended to achieve a balance of age, gender, status (active or exited), location of residence and period of involvement with the program.

A total of 86 individual client-participants and family members were consulted across a diverse range of geographies and age groups. Despite the additional challenge of engaging with youth - in what could be perceived to be an institutional context - this count includes 24 youth-focused interviews, inclusive of 11 accompanying adults.⁷⁰ This enumeration is broadly reflective of the funding and staffing ratios for the two programs (see Tables 1 and 2) despite the fact that for one of the three YTC services no prospective client-participants accepted the invitation to participate.⁷¹

SURVEY OF THIRD-PARTY SERVICE PARTNERS

To research the perspectives of through-care service partners across a larger number of organisations than can be achieved through face-to-face delivery, an online survey of third-party providers of secondary support services was undertaken. The survey was launched by email on 4 May 2023 and remained open until 30 June 2023 (following a three week extension and reminder email to improve response rates). The survey consists of 20 short questions, taking 6 to 10 minutes to complete, using the SurveyMonkey application to enable monitoring of response rates and ease of quantification for closed question responses. Survey content, including use of specific phrases and wording to convey meaning and enhance the user experience, was refined through internal piloting. Survey questions are detailed at Appendix B.⁷²

The survey frame is constituted by contact lists extracted from the existing contacts database of service providers provided to Keogh Bay by site for each ATC and YTC service. A total of 329 unique contacts (including past as well as current service partners) were submitted after an initial process of cleaning and follow-up research to ensure the validity of email addresses.⁷³ A total of 73 complete responses were received (a response rate of 22 percent).⁷⁴ Although the distribution of responses is roughly proportionate to the size of the corresponding through care service, it should be noted that, overall, survey responses are disproportionately skewed towards the largest two services with 71 percent of all responses relating to NAAJA and ATSILS.⁷⁵ While no statistical weighting is applied (given the relatively small number of responses) this bias is considered throughout the analysis of survey results.

Respondents represented organisations across a wide spectrum of service types, with providers of Housing, AOD Rehabilitation, Cultural Strengthening, Education and Training, Employment DFV Support, Family Support and Correctional Services, each providing more than 10 percent of responses respectively. Approximately 20 percent of responses were received from ACCOs and a further 40 percent and 30 percent, respectively, from other not-for-profits or a State or Territory Government

⁷⁰ A requirement of the Ethics Approval was that youth participants aged less than 18 years must have a parent or guardian in attendance.

⁷¹ No youth clients or family members were consulted at one YTC through-care service, despite repeated attempts by staff and Keogh Bay to contact individuals. While engagement with youth in this context is inherently challenging the situation in this instance was compounded by the high proportion of youth clients who are also in statutory care or may be estranged from immediate family members and for whom consent to participate could not be provided.

⁷² The 'live' survey can be accessed at <https://www.surveymonkey.com/r/7H63R8W>

⁷³ This count excludes approximately 30 email addresses which bounced and for which no substitute email was obtainable. A recipient may have left an organisation for example and not provided a forwarding or alternative email.

⁷⁴ Responses were received from partners linked to all services except two.

⁷⁵ While this distribution can be attributed to the larger footprint of these services, it should also be noted that more comprehensive partner lists were provided by these services, relative to other services whose administrative capacity may be less.

human services agency. Of those responding, 58 percent are in regular contact with a through-care service to either receive or make a referral, with a further 49 percent doing so on an occasional basis.

DESK-TOP REVIEW AND ANALYSIS

Keogh Bay has undertaken a narrative literature review of through-care best practice in the Indigenous Australian and international First Nation's contexts, as a means of further assessing the extent to which the design of the ABT model is consistent with best-practice. Drawing from the reference list detailed at the end of this report, the outputs of this analysis are provided in the preceding chapter (where a further description of the ATC and YTC program models is provided).

As a supplement to other qualitative sources, Keogh Bay has also reviewed aspects of each service provider's qualitative performance reporting, including case studies and other activity reports which constitute self-reporting of service delivery successes, challenges and any lessons learnt. This information is noted to be of varying availability, quality and consistency (between service providers and time periods) but, where appropriate, is used to support, verify or otherwise compare to findings from semi-structured interview sources.

Program Data Analysis

ATC and YTC service providers are required to collect a broad range of client and service activity information within a Minimum Data Set submitted as part of an IAS Performance Report prepared six-monthly. The body of the Performance Report provides a brief self-reported assessment of progress in delivering program outcomes and reports against contractual measures regarding Indigenous employment levels and overall client numbers. Annexures to the Performance Report are intended to be organised into three excel workbooks plus additional qualitative attachments, including:

- **An Organisation Wide Reporting Template** – Consisting of a Stats Reporting Form (covering information on client demographics, offences, pre-release and post release duration, reoffending, program outcomes, services offered and client exit information) and a Qualitative Reporting Form (detailing information on client feedback, staff suggestions or lessons learnt, and client case studies).
- **A Manager Reporting Template** – Consisting of a Manager Report Form (detailing information on staff case-loads, required trainings, management, cultural, and clinical supervision completed) and a Dates List (with the required dates for clients in the ATC program and some demographic data such as date of enrolment, date of release from prison, date of exit from program, date of returning to prison if it occurs, age and gender of clients).
- **An (Optional) Case Worker Reporting Template**, with the same two spreadsheets used for organization-wide reporting (but designed for ATC Case Workers to fill out periodically).

Keogh Bay has extracted and synthesised available quantitative information from these reports (in particular the Organisation Wide Stats Reporting Forms and the Manager Report Form) to assess reported service activity and available client outcome data, and to evaluate the performance of the ATC and YTC programs against the measures listed in the evaluation data matrix.⁷⁶

⁷⁶ Microsoft Excel was used for undertaking analyses and presenting the results of any statistical data analysis in charts and tables.

In undertaking this analysis Keogh Bay note several fundamental limitations with the quality and availability of the data sets provided, and for which we have identified operational challenges amongst service providers that have contributed to data quality issues. These issues, ranging from the COVID-19 Pandemic, organisational capacity to human error with manual processing, are discussed elsewhere in this report, but are manifest within the data sets in terms of missing, incomplete and erroneous Stats Reporting Form data (also known as Organisational Reports) and Managers Report Form data, which were not consistently available across service providers, and in available reports contained various calculation errors, missing entries and fundamentally differing interpretations of counting rules.⁷⁷

With respect to the ATC program the following specific data limitations should also be considered when reading the quantitative findings presented elsewhere in this report:

- Several services (namely Nulsen, RYSS, ATSILS, NAAJA and to a lesser degree CRC and CHAC) deliver services to both adult and youth clients (aged 18 years or under). Other than for ATSILS and NAAJA this data has not been extracted separately, given the services delivered to youth for the other providers are funded under the ATC program.
- Two providers (namely CHAC and Nulsen) have used legacy reporting templates for the July to December 2019 and January to June 2020 periods, for which historical indicators and different accounting rules have applied. This means the data provided for these periods is limited when comparing to other periods for the same organisation or to the reports of different providers for the same periods.
- Keogh Bay excluded two CHAC Organisational ‘Sub-Reports’ (one of two reports provided for July to September 2020 and one of two reports for January to March 2022) which were found to be duplicates. Whilst there is some data for these periods available and where appropriate an average is taken, the likelihood of an undercount is increased by this decision.
- ATC service provider Organisational Reports were not consistently reported across the same time series, with several providers reporting on a quarterly rather than six-monthly basis. In both cases there are several missing reports (despite follow-up with the services by NIAA). For providers who have missing reports, despite use of averages, there may be an undercount of clients, activity, and outcomes.

With respect to the YTC program the following specific data limitation should also be considered:

- YTC time series data relating to YTC Data Reports (also known as Organisational Reports) is limited for two of the three providers (ATSILS and VACCA). Data prior to June 2021 was utilised for a YTC trial project and was stored and recorded elsewhere in a different format with only extracts of this data available to the researchers.
- The Data Reports available for the three YTC service providers are for different periods which limits their utility for comparative analysis.⁷⁸

⁷⁷ For example, different interpretations of the definition of a new client as either a new individual or an existing individual either returning following a period of detention or else being re-entered onto a case-load after exceeding the eligible period; or differing definitions and interpretations of how to score client progress against pre-release and post-release assessments of criminogenic risk factors.

⁷⁸ Specifically: ATSILS – July 2021 to December 2022; NAAJA – July 2019 to December 2022; VACCA – January 2022 to December 2022

EVALUATION FINDINGS

This chapter presents the evaluation findings based on Keogh Bay's analysis and interpretation of available evidence. Findings are structured by evaluation research question and presented at a whole of program level unless otherwise indicated. Moreover, since youth and adult programs were found to be integrated within the management structures and practice frameworks of services operating both programs, to avoid unnecessary duplication, findings and observations in relation to both programs are combined.

NOTE ON LIMITATIONS

Given the fundamental limitations noted with respect to the quantitative data in available service Performance Reports, the research is reliant on qualitative data from interviews to evidence findings. Since more interviews were conducted at larger services and in urban centres, this has created some bias in data collection. Findings are therefore careful to distinguish between issues that are common to all providers and those which apply to a particular organisation or grouping. Interviews with correctional services staff and responses to the online survey were particularly skewed in this regard, with the number of interviews and survey responses largely dependent on the footprint of the through-care service in that location, and the quality of the external relationships developed by local through-care teams. The responses are therefore skewed towards the largest two services with approximately two-thirds of all such responses relating to NAAJA and ATSILS. Furthermore, contact with client-participants was facilitated by case workers, with the pool of available contacts driven by a case workers' individual relationship with the client as well as access to valid contact details. To the extent possible, any selection bias in this processes was mitigated through use of selection criteria provided by Keogh Bay, and through careful conduct of the interview (e.g. ensuring the privacy of the client-participant to speak freely).

With respect to quantitative data limitations, Keogh Bay notes several fundamental issues with the quality and availability of the data sets provided, and for which we have identified operational challenges amongst service providers that have contributed to data quality challenges. These issues, ranging from the COVID-19 Pandemic (which constrained face-to-face service delivery and related measures), organisational capacity, to human error with manual processing, are manifest within the data sets in terms of missing, incomplete and erroneous Stats Reporting Form data (also known as Organisational Reports) and Managers Report Form data, which were not consistently available across service providers, and in available reports contained various calculation errors, missing entries and fundamentally differing interpretations of counting rules.

1. DESIGN APPROPRIATENESS

How appropriate is the design of both the ATC and YTC models to meet the needs of clients and stakeholders? To what extent are the models strengths based, culturally respectful and collaborative? To what extent does it represent an Indigenous approach?

APPROPRIATENESS OF DESIGN

A key finding of this evaluation is that neither adult nor youth through-care services have explicitly adopted the ABT model and associated practice frameworks developed during the 2019 co-design process, with case worker staff at only two services indicating knowledge of the ABT work. To the extent that services are cognisant of following a national approach, case workers felt constrained by its eligibility requirements, which were perceived to be prescriptive; and its reporting requirements, which were perceived to be and process-driven and believed to drive practice while lacking the necessary contextual guidance and practical strategies required for effective implementation.

The service models implemented are largely based on legacy practices and the content of prior funding agreements that have not fundamentally changed since 2019. In the case of NAAJA, whose adult and youth models were considered by service managers to most closely align with the ABT practice framework, it was explained that since the ABT work was based on NAAJA's existing practice, this negated the need to consciously re-package their own model. Beyond selected managers, no case workers were aware of the ABT model at all, and understood that their practice framework (where documented) had been locally adapted from generic quality standards for case management in human services.

According to service managers, the lack of conscious alignment between the co-design models and the models of service implemented is attributed to historically high rates of staff turnover at most services, including at the management level, which has resulted in a lack of continuity between those teams present during the co-design process and those presently working at through-care services. A view held by those service managers with knowledge of the process was that the co-design project was flawed, and failed to either acknowledge prior practice or reflect the context within which services operate. The implication was that service providers disengaged from later stages of the process and did not ultimately support the model's implementation.

Moreover, through-care staff at several organisations, including two large state-wide providers, have reported a historical lack of board and executive oversight of their through-care programs, which although understood to be 'a good thing' have lacked a direct voice to the board or explicit consideration in strategic planning. While one organisation noted that it is not the role of their professional board to be hands on, this is perceived by staff to have weakened managerial accountability and exposed the programs to the vagaries of organisational politics, including a perceived disinterest in how the programs are implemented (relative to the organisation's main legal functions). This is despite evidence of managerial accountability structures put in place by the executive in at least one of these organisations. Indeed, one executive described their through-care program as 'significant', noting that the program provides an avenue for prevention and diversion in a way that core legal programs do not.

The ABT model is not explicitly implemented by any IAS funded through-care service, with the service models implemented by service providers sometimes varying from the ABT model in fundamental ways. A service practicing intensive case management and coordinated client support, for example, is not technically a through-care service, if it delivers no pre-release client support. Moreover, several adult services currently use a portion of their ATC program funds to service youth, which although included their IAS funding agreements, raises the question as to why two separate programs with otherwise distinct funding agreements are in operation.⁷⁹ While the definition of youth can be debated, this is defined within the ABT model as applying only to young persons aged less than 18 years. This fundamental variance reflects the historical practices of these organisations and the priorities of their respective boards to service the youth population, despite not having participated in YTC program trials.

Elements of the model proposed are therefore varied by service providers to a greater or lesser degree, either as a genuine attempt to improve practices in response to local circumstances, or because their ability to meet the requirements of the model is constrained by organisational capacity or some external environmental factor. Variations in through-care practice, away from the ABT model prescribed, include around the extent to which eligibility is limited to sentenced clients and prescribed

⁷⁹ Both services appear strongly embedded in their respective youth through-care service models, self-reporting as preferred youth service providers or youth justice and corrections referrals from the Baxter and Banksia youth detention centres respectively.

age groups; the extent to which services deliver pre-release support in prison; the length of time post-release support is delivered. How and why services have varied from the model is discussed throughout this chapter.

WHETHER SERVICE MODELS MEET CLIENT NEEDS

Findings from client and case worker interviews indicate that through-care models which establish strong, trusted and culturally safe relationships between case workers and clients, and which facilitate access to high quality secondary services, have the potential to meet the needs of clients who are motivated to change. For many case workers and clients a key principle underpinning client motivation is that through-care as a model is not delivered by government, but exists instead as a client-driven and voluntary program, working alongside clients independently of their mandatory obligations.

Service managers and case workers stated that the ATC and YTC programs have the potential to work extremely well for clients who have made a decision to change (often motivated by an underlying change in individual circumstances, such as the birth or death of a family member, or a desire to be a role model to someone more vulnerable). In addition to client motivation, the process of intensive case management was considered by managers and case workers to benefit from 'continuity', in terms of responsive and consistent practices delivered by a trusted case worker, and 'time', with through-care being a long term process, ideally (but not always) delivered 3 to 6 months prior to release and a minimum of 18 months post-release from prison or detention. Case workers considered the length of the support timeframe to be a crucial aspect of the model, and essential for understanding the whole person and learning from interactions with family and services.

Timing and Place of Throughcare Service Delivery

All ATC services except one (which operates a post-release supported accommodation service) aimed, ideally, to work with clients at both pre-release and post-release stages, but considered this to be unachievable in some circumstances. While clients at several services commenced the program pre-release, this was not typically the case for service sites operating without access to a prison or place of detention locally. For case workers in more isolated locations, where clients may join the service post-release, any such departure from the through-care model, was not, however, considered to be detrimental to client outcomes. At such locations, given the more limited client base, case workers have tended to assess the merits of working with an individual on a case-by-case basis, and – notwithstanding the theory favouring pre-release engagement – have not taken a prescriptive approach to selection based on release staging, preferring instead to identify clients from the local pool of formerly incarcerated persons, based on their level of personal motivation and willingness to engage.

It was furthermore argued by some case workers, that participants on full-term release (without a parole order) can demonstrate little buy-in to through-care services, irrespective of pre-release engagement, and despite what participants might intend whilst incarcerated. Multiple factors were thought to contribute to disengagement on release, including humbug from family and kin (with whom they have a preference to return to) and high levels of transience which makes clients uncontactable.

Geographic and logistical factors such as the distance between places of detention, sites of service delivery and the home communities of clients, were observed to be strong determinants of the extent to which service providers were able to meet client needs generally, and the extent to which clients are engaged pre-release. Based on interviews with service managers and case workers, ATC service delivery sites that are far from a place of detention tend to have lower levels of pre-release prisoner supply and weaker relationships with prison-based correctional services staff. This means they are more removed

from prison referral and entry processes, and less likely to have sufficient opportunity to intensively engage with clients pre-release. Large distances between service delivery sites to a prison or place of detention was acknowledged to be a limiting factor for engagement with pre-release clients at several services.

Period of Service Delivery and Access to Secondary Services

While evidence from client interviews suggests pre-release engagement with clients can be effective, there is little evidence, however, to support the hypothesis that post-release commencements are less effective in the long-term. None of the clients who commenced with a through-care service post-release believed the quality of the support provided to them was necessarily diminished, despite this being a finding in the best-practice literature (and in qualitative evidence from pre-release clients that pre-release contact was beneficial for them). Of more importance to them was the quality of their relationship with their case worker and the length and intensity of the time they were able to work with them after deciding to make a change to their lives.

The time-period over which a client could work with a case worker was regarded by case workers and clients to be crucial, noting that even after trust between the case worker and client was established, this needed to be maintained. In cases where clients have complex needs this time period was considered by case workers and clients to be indefinite, given the extent of the individual's ongoing support needs. Many of the case workers interviewed, with the exception of case workers at two services, acknowledged this sentiment to be a driver of their providing extended periods of support to individuals well beyond the prescribed 18 months of support for the post-release period. From these discussions there is evidence of strong opinions in favour of longer periods of support, and that where the length of case management is limited to two years, clients are less likely to achieve their long term goals.

More practically, an extension to the timeframes permissible under the ABT through-care model was desired by some case workers for motivated clients post a period of parole, claiming the "clock needs to start then!", since only after these orders are complied with can the client's true long-term motivations be assessed. The ability to work with youth well beyond the term of their parole was seen as particularly important where this coincides with a drop-off in ancillary support from Youth Justice. Furthermore, services for which the model of case management is limited to coincide with the period of parole, are, arguably, inherently limited in their ability to address a client's long term goals. All clients of this type of service, which assists clients post-release in a supported accommodation setting, are subject to short-term probation or parole orders (of approximately 3 to 6 months) and will typically have little to no contact with the service after meeting their conditions and upon expiry of their eligibility to remain in the accommodation provided.

Where intensive case management with motivated clients is incremental and long-term, it is regarded by case workers and service managers to have greater potential to foster engagement with behavioural change services, such as Alcohol and Other Drugs or Family and Domestic Violence Counselling, which might otherwise be initially avoided by clients given the potential for personal shame. To the extent that clients were motivated to engage with secondary services, those interviewed acknowledged strong levels of advocacy and support from their case workers in meeting their need to access and benefit from these services.

Service delivery by through care providers was also considered by service partners responding to the online survey to be, for the most part, adequately supportive of clients in their interactions with external partners, with 56 percent of respondents identifying case workers as 'always' or 'usually'

supporting clients to effectively engage, and 16 percent identifying this attribute as 'rarely' or 'never' delivered. During interviews with correctional services staff it was noted, however, that this aspect of service delivery could be strengthened with improved levels of communication between the case worker and the referred service, and that this was largely dependent on the capability and professionalism of the individual case worker. For their part, clients were overall satisfied with the quality of referrals, except in a small number of cases where these were not regarded to be culturally safe.

Once again, the extent to which through-care services are meeting the needs of clients to access a range of secondary services and supports in pursuit of their goals, was seen to vary according to geography and the availability of these services. As evidenced in discussions with service managers, through-care sites that are remote and geographically isolated, often lack the necessary mix of secondary support services necessary to meet client needs locally, or else are themselves limited in terms of their local client base, requiring travel over long distances and time-periods which lessens opportunities to develop a rapport. Sites with a small client base and lack of support services locally were found to be especially affected by this dynamic.

Service delivery sites that are not located close to the home location of their client base are similarly affected, even when the service-site base may be close to a place of detention or otherwise well serviced. Given the remoteness of the client's home communities from such services, the scope for intensive engagement post-release was often found to be limited. In such examples, a large proportion of clients will reportedly drop-off the program soon after returning to their remote home community (given the unvirtuous circle of infrequent face-to-face contact and the client's self-immersion in the life of the community).

Management, case workers and clients also identified issues around service access for client's with complex needs or perceived to be high-risk by the third-party service. This included concerns based on offence type and gender (for example, concerns regarding female staff welfare when working with males convicted of family or domestic violence) or instances where a service had refused to accept a client because of offences of a sexual nature. Some case workers at small Aboriginal-controlled through-care services commented that their clients preferred not to access services from large national NGOs, on the assumption these were culturally unsafe, while others felt this perception varied according to client preferences and local workforce composition. Although a general preference existed amongst those clients interviewed for Indigenous controlled and staffed services, in some urban and regional settings mainstream providers were preferred for reasons of personal privacy or concerns about local personality or family-based politics.

WHETHER SERVICE MODELS ARE STRENGTHS-BASED, CULTURALLY RESPECTFUL AND COLLABORATIVE

All service management, case workers and the majority of clients considered their service to be strengths-based and client-centred, culturally respectful and safe, and open to collaboration with external service providers.

Both YTC and ATC clients consistently stated that their case workers worked "alongside them" and their case worker's ability to "listen without judgement" was the foundation for a strengths-based approach. Through this process it was felt that they could come to understand the whole person, and over time identify a client's support needs with them. This has required case management practices to be flexible, adapting to differing client needs according to individual circumstances and available human and social capital.

All clients considered the services they had received to be strengths-based, being considerate of their personal characteristics and background, individual aspirations, and personal situation (be that issues

with physical or mental health, homelessness or other issues impacting their capacity to fulfil personal goals). Keogh Bay heard numerous examples whereby a client would be taken-on by a service despite challenging individual circumstances, because they had voluntarily engaged and seemed motivated to participate. According to case workers, services will not reject a consenting client, irrespective of the nature of their offence, cognitive impairment, or other characteristics that may affect outcomes.

Service delivery by through care providers was considered by service partners responding to the online survey to be predominantly client-centred, with 74 percent of respondents identifying services as 'always' or 'usually' delivering individualised support with the person's needs, strengths and risks at the centre, and just 8 percent identifying this attribute as 'rarely' or 'never' delivered. Through-care services were furthermore, regarded by survey respondents to be delivering services to clients that are adapted to the gender of their clients, with 72 percent of respondents identifying services as 'always' or 'usually' providing a service whose practice acknowledges and is informed by factors relating to gender, and 13 percent identifying this attribute as 'rarely' or 'never' delivered. These results support findings from interviews with clients, which found no evidence of client-centric principles being more or less applied to females than to males.

All clients were also strongly of the view that their case workers were culturally respectful, and considered the role of culture in meeting their needs, even when the case worker did not identify as Indigenous. It was stated by client's that their Indigenous case worker, for example, understood "the proper way", or "knows to talk with all kinds of black fellas", while, as one client put it when referring to their non-Indigenous case worker, "no one else has done what he's done, I talk with him like family now." Cultural safety was thought to be achieved by services through a range of strategies including internal monitoring and review by a cultural advisor or coordinator, employment of staff with lived experience in Indigenous settings, periodic use of client feedback surveys, and through ongoing staff training and development. All services claimed to make explicit reference to cultural safety in practice frameworks, and to cultural competency training requirements in policies and procedures. The case study below provides evidence of the ways in which culture can be applied as part of a strengths-based approach to meaningful engagement with a client.

Leon is aged between 10 and 14 years and has been working with a youth through-care case worker for approximately 8 months. Leon has complex needs and is assessed as having significant trauma and high-risk behaviours including being both a victim and a perpetrator of violence. After the first three months of working with Leon his case worker spoke with him about the use of 'cultural grounding tools' to help him engage and build-up his identity. This included sessions with Elders, genealogical inquiry, and listening to cultural stories from his places of country. Leon says these methods have helped him calm down and his case worker says they've seen a significant de-escalation in his anger. Leon feels a lot more grounded with a stronger sense of purpose and belonging now that he's more aware of who he is and where he's from.

The extent to which services embedded client cultural safety as a priority was frequently demonstrated by the way in which case workers might advocate for their clients in interactions with other services, if they felt a client's cultural needs were not being met. In one case, for example, a client who refused to attend a mainstream AoD program because he did not feel culturally safe, was able to work with their case worker on negotiating attendance at an alternative and more suitable program, despite this requiring negotiation and approval by parole services and other logistical arrangements to be put in place. Service delivery by through-care providers was similarly considered by service partners responding to the online survey to be largely culturally safe, with 76 percent of respondents identifying services as 'always' or 'usually' providing a service environment that supports a safe and positive experience in relation to the client's Aboriginal and Torres Strait Islander culture, and just 9 percent identifying this attribute as 'rarely' or 'never' delivered. Survey results with regards to the extent to

which services are trauma-informed were similar, but somewhat less positive, with 67 percent of respondents identifying services as 'always' or 'usually' providing a service whose practice acknowledges and is informed by experiences of trauma, 22 percent describing this a 'somewhat', and 11 percent identifying this attribute as 'rarely' or 'never' delivered.

In addition, where available, many services will seek to make referrals to cultural strengthening programs, on the grounds that connection to culture is extremely important to their clients. For some services, access to yarning circles and community justice groups led by elders are a crucial component of the service model, while for other services, the identification of cultural strengthening programs within their local service systems is also regarded as a priority. Barriers to accessing these services do, however, exist and are discussed elsewhere in this report.

Notwithstanding the importance of cultural strengthening as an engagement and therapeutic strategy, several case workers - notably with Indigenous backgrounds - cautioned that connection to culture and access to cultural strengthening programs was not necessarily beneficial to all clients just because they are Indigenous. The comment was made that for clients returning to remote settings who have traditional cultural obligations, 'connection to culture' is ontologically fundamental and so not something that an individual might be referred to as a service. Moreover, as observed by other case workers with regards to Indigenous youth, while connecting to culture may be strongly therapeutic in some cases, a standardised approach must not be taken (and requires extensive listening and preparation to understand what might work - which country, when and with who? - given the individual may be estranged from kin and family).

Furthermore, with regards to cultural safety, several services acknowledged sub-optimal arrangements for meeting clients at the service's premises, where meeting rooms were felt to be overly corporate and unwelcoming, particularly for youth and clients with children. The lack of suitable meeting rooms was believed to limit opportunities for clients to visit the service, including opportunities for peer networking in a safe and welcoming space.

WHETHER SERVICE MODELS REPRESENT AN INDIGENOUS APPROACH

In establishing whether IAS funded through-care models represent an Indigenous approach, the researchers have assessed factors including organisational and program governance, workforce, and evidence of an emphasis on culture in programming through internal and third-party referrals (see previous section). Keogh Bay has found that for the most part, models do represent an Indigenous approach to service delivery and where practical, seek to meet the cultural needs of clients.

In terms of leadership and decision-making, with the exception of a few, through-care service providers are led by majority Indigenous boards and by management teams who are led by Indigenous people. ATSILS, CHAC, Five Bridges, NAAJA, VACCA and ALRM are themselves ACCOs, with demonstrated experience as leading advocates for Indigenous justice and development in their communities.

Although not Indigenous controlled, there is also evidence to suggest that the programs' non-Indigenous organisations have strategies in place to ensure Indigenous perspectives within their organisations are heard, including Indigenous representation on boards and management groups. CRC, RYSS and Nulsen have each developed a Reconciliation Action Plan (RAP) which details a range of initiatives to improve Indigenous representation, mandate cultural competency training amongst staff, and consider the appropriateness of programming with reference to Indigenous cultural advisors. It is not known if an Indigenous organisation providing the same service would be preferred by clients and

the community, however, policy settings in most States and Territories do increasingly favour ACCO service delivery for Indigenous clients across the human services sector.⁸⁰

Workforce data relating to the Indigenous status of staff is provided in the table below, it shows that across the ATC program, the average proportion of Indigenous staff is 65 percent and 46 percent for the YTC program. As shown, with the exception of Nulsen the proportion of Indigenous staff is not necessarily less for a non-Indigenous controlled organisation than one which is Indigenous controlled (noting CRC and RYSS each have a greater proportion of Indigenous staff than either ATSILS or NAAJA).

With the exception of the smaller ACCO services, for whom most case workers and other program staff identify as Indigenous, there is little correlation between the Indigenous status of team members and the fact of Indigenous control. The Indigeneity of ATSILS' case workers, for example, is mixed and there are few Indigenous case workers at NAAJA (none in the YTC team when fieldwork was undertaken) notwithstanding the composition of its executive team and board. Based on interviews with clients this has not impacted the perception of either service as being inherently Indigenous or providing an Indigenous service. Factors affecting the capacity of through-care services to recruit and retain an Indigenous workforce are discussed in proceeding sections of this report.

Table 4 - ATC and YTC Program Workforce Data (Indigeneity of Staff) by Service Provider (1 July 2019 to 31 December 2022)

DATA ITEM	ALRM	ATSILS	CHAC	CRC	FIVE BRIDGES	NAAJA	NULSEN (OUTCARE)	RYSS	VACCA
Average Proportion of Indigenous Staff (ATC)	89%	49%	95%	61%	89%	40%	26%	70%	NA
Average Proportion of Indigenous Staff (YTC)	NA	50%	NA	NA	NA	34%	NA	NA	53%

Service delivery by through care providers was considered by service partners responding to the online survey to be largely led by motivated staff, irrespective of their Indigenous status, with 73 percent of respondents identifying services as 'always' or 'usually' providing a service delivered by motivated staff, and just 8 percent identifying this attribute as 'rarely' or 'never' delivered.

The potential of programs and services which strengthen cultural identity and which connect clients with country and kin was consistently acknowledged by management, case workers and clients as a driver of success, particularly for adults and especially adult males. The extent to which cultural strengthening programs as a key element of an Indigenous approach ought to be applied, however, was subject to debate amongst Indigenous case workers, more than one of whom qualified that for them the essence of an Indigenous approach is in the spirit of the relationships established than in "having to tick the culture box."

⁸⁰ See for example Western Australia's 'Aboriginal Community Controlled Organisation Strategy 2022-2032'.

To this extent, aspects of the models implemented were seen by clients and case workers to be somewhat lacking as an Indigenous approach, since activities to promote social interaction amongst peers are often limited and face various operational challenges (discussed elsewhere in this report). The suggestion being made here - and in various ways by providers irrespective of the Indigenous status of staff - is that implementation of a truly Indigenous approach would better support collective social activity, which brings client-peers together, over an individualised approach that simply refers an individual to a third-party service to claim cultural strengthening has been provided.

2. SERVICE COLLABORATION

How well do the ATC and YTC Models work alongside other government and non-government service provision and are there areas of duplication?

EXTENT OF COLLABORATION WITH EXTERNAL SERVICES

Collaboration and the coordination of supported referrals is a core practice element of both ATC and YTC models. All service providers felt that overall their clients benefited from the strength of the services' relationship with external service providers, and that these relationships were important for case workers to effectively coordinate through-care services holistically. Linkages to justice, corrections and primary health services were found to be common to all through-care services, with linkages to secondary services such as housing, alcohol and other drugs, or employment and training, seen to be more ad hoc and case specific. All service providers self-reported as being open to collaboration with third-party services, but stated that the extent to which this occurs is dependent on the knowledge, experience and networks of individual case workers, and the quality and availability of external services in a location (including the openness of external services to working with through-care clients based on their individual case history).

While referrals to a wide range of third-party supports is a core component of the through-care model, the extent to which these linkages can be considered 'collaborative' (in the sense of being established partnerships across complimentary services) or 'integrated' (in the sense of seamlessly meeting the holistic needs of clients) is mixed. Based on responses to the survey of third-party services, 46 percent of respondents to the survey were unaware of any meetings or fora established by a service provider to facilitate inter-agency collaboration, and of the 54 percent of respondents who were aware, all responses related to just two services.

Furthermore, while service delivery by through-care providers was considered by those responding to the survey to be largely well-coordinated (with 61 percent of respondents identifying referral processes as 'always' or 'usually' adequately coordinated by case workers), respondents were somewhat less able to identify through-care services as being collaborative in their follow up, with 52 percent of respondents identifying referral processes as 'always' or 'usually' involving feedback and review, and 48 percent identifying this attribute as only 'sometimes' 'rarely' or 'never' delivered.

From interviews with service providers, it is apparent that in many instances, despite the importance of third-party services for meeting client needs, case workers and managers are not actively or strategically developing service partnerships in their regions, and beyond the occasion of a referral, have a limited capacity to do so given resource constraints and the responsive, crisis-driven, way in which services are typically delivered. This finding is backed by statements from interviews with correctional services staff and from (open text) survey responses, where reference is made to "gaps in services coming together" and to examples where despite commitments to act as the lead service for clients with complex needs, this has faltered and lost momentum, based on what the respondent believes to be the limited capacity of the through-care service to manage the process.

Interagency meetings were found to be effective at an individual case planning level in only limited cases, and more usually effective at the larger youth-focused services where a more established pattern of case management practices exists with statutory youth justice and child protection services. Case workers at YTC services did, however, also comment on occasional challenges working with statutory child protection services (in contrast to youth justice services) which were commonly regarded as overly bureaucratic and on occasions thought to preference bureaucratic expediency over the priorities of young people.

In the absence of well-resourced and planned approaches to collaboration, based on interviews with correctional services, as well as with service providers, the extent to which through-care services lead in collaboration with service partners was found to depend on the quality of individual relationships and networks, with a notable lack of corporate knowledge management to systematise the approach or sustain relationships should a case worker be absent or leave. Other than with justice and corrections, few MoUs with external services exist, and nor did the researchers find evidence of regular structured engagement in local service provider forums or networks. Although the COVID-19 pandemic was often cited as the reason for this, where interagency working groups did exist, these were generally acknowledged by service managers to be “hit and miss” and lacking strategic purpose.

In terms of the availability and quality of third-party services, this was reported by service management and case workers to vary by location, depending on the characteristics of the local service system. In regional and remote settings where locally delivered services may be lacking, there was reported to be an obvious service gap, which according to case managers is filled only partially by visiting or outreach services for whom continuity with clients is difficult. Moreover, in urban contexts where the service environment may be more congested yet fragmented, case workers reported spending a disproportionate amount of time identifying and ‘vetting’ services to ensure their availability when needed. While the service environment in some larger remote community settings was regarded as somewhat more stable, gaps in services caused by seasonality or instability in local governance were also noted. Specifically in relation to youth, service providers commented on the recent high demand for youth services and the existence of long wait-lists for high quality youth diversion, flexible education and counselling services.

For those services consistently working with sentenced clients prior to their release, an effective working relationship with correctional services was regarded as essential, although not necessarily always achieved given high rates of staff turnover and the alternative demands placed on staff in both through-care and correctional settings. Indigenous liaison officers within prisons were reported to be a primary point of referral for many providers, with close working relationships seen as critical for staff to effectively identify prospective clients pre-release. With isolated exceptions, all ATC services reported working collaboratively with sentence management and therapeutic/program teams within corrections to target referrals and obtain the support of prison administration to initiate pre-release meetings and assessments. Case workers at most services (again with isolated exceptions) will regularly visit prisons as part of a fortnightly or monthly routine, and in the case of larger services, such relationships are underpinned by MoUs and time investments in relationship development by coordinators and management.

Marvin was recommended the through-care program from a mate in prison who knew about his need for accommodation. Marvin has been staying at the shared house provided by the service for a couple of months now and has been getting to know the case workers who run the house. They spend a lot of time together, with plenty of opportunity to talk about the future. Since becoming more settled, Marvin has taken up the case workers’ suggestion to go along to a men’s group organised by one of her friends (also a case worker), where Marvin can meet up with other men his age, who have also been in prison. Marvin has been to these meetings three times now, and last week met with an uncle from the community who’d come to talk to the group about his own experience with drugs and alcohol. Marvin listened and talked to the uncle and has been invited to visit at his house. One of the case workers has offered to take him.

As the case study above shows, collaboration between services works best when the opportunities for integration with external services are perceived by the client to be seamless, when the linkages are based on long-term relationships, and when the lead through-care service is able to provide a consistent foundation of support. In this example, what is perceived as seamless and organic from the perspective of the client is in fact a consequence of structured and intentional work by the service provider, to identify appropriate support needs, and leverage established and long-term relationships with proven and culturally safe third-party services (in this case the Aboriginal men's group and an Aboriginal drug and alcohol counsellor, integrated around a cultural healing approach).

EXTENT OF DUPLICATION WITH EXTERNAL SERVICES

Based on interviews with service providers, the extent to which through-care services are duplicative of similar services is limited across all providers and locations, on the basis that through-care services are unique with respect to the intensity of personal support they are able to provide. Service delivery was considered by external services responding to the online survey, however, to be to somewhat duplicative. Although 40 percent of respondents identified this as 'rarely' or 'never' the case, 42 percent identified duplication with their own services as 'sometimes' occurring and a further 17 percent as 'always' or 'usually'.

To the extent that duplication occurs, based on service provider interviews, there are distinct differences between pre-release and post-release phases of activity. All service providers delivering pre-release services under the ATC program identified the existence of pre-release and reintegration/transition support services operated by the relevant correctional services agency in their jurisdiction. In all such cases, however, the highly limited capacity of these services to meet growing demand in prisons was noted, notwithstanding the commonly held view that much of the work undertaken to support clients obtain various forms of social identification in the early stages of release, ought to have been completed from prison.⁸¹ This perspective was shared by those correctional services staff interviewed, who acknowledged the relationship between their agency and through-care teams can be frustrated by lack of a communication from "stretched and extremely busy staff working in overcrowding prisons".

Post-release, the supply of potentially duplicative services increases, with some providers in urban locations, reporting the existence of similar intensive case management and support services provided by non-government organisations (in addition to the limited case management provided by community corrections and parole). These services are not, however, regarded by managers of Indigenous controlled through-care services to be specialist and culturally safe for Indigenous clients, and in addition to community corrections, are typically delivered by large diversified NGOs with a potentially more limited connection to community and culture.⁸²

As well as concerns regarding cultural safety, these services were also regarded by case workers to be less flexible in their approach and operating services for shorter time periods. Coordination and referrals undertaken by community corrections were considered by case workers to be something that ought ideally to be resourced by a local through-care service provider, but rather than being dismissed as an area of duplication, were viewed as an additional resource given such high levels of demand. The case study below evidences the preference of some clients for a specialist through-care service.

⁸¹ Also noting that this model relies on services such as Medicare, Centrelink, and the banks, coming into prisons to enable access to these services.

⁸² Services mentioned included Mission Australia, Women of Worth, and Reset.

Tracy is an adult female living in a large regional town. She has a history of drug and alcohol misuse and has been a victim of domestic violence. Tracy was released from prison over six months ago and despite lots of sadness and anger, is confident she'll never go back. Tracy had no contact with a through-care service in prison but had heard about the program from a talk someone had given. On first leaving prison Tracy soon felt she had no-where to go and became desperate for support to find a place to stay and clean up. Tracy was told by friends that she could get help from a 'crisis support service' provided by one of the big 'care' NGOs. She made contact calling a number and someone was able to quickly help find her a room at a hostel, give her new clothes, and take her to the clinic for a check-up.

Tracy was grateful for the help they gave her, but after a few weeks became anxious she'd not heard from them and worried that too many people came and went from the hostel. Thankfully, Tracy remembered about the other through-care service she was told about in prison. She called the phone number given to her by the big NGO and they were able to put her in touch. She was seen by a case worker from the service within days and is working with them to find more permanent housing. They have bought her a microwave oven and are talking to her about some drug and alcohol counselling that might be a step to talking to someone about a job.

Some limited duplication was also noted for youth, where the existence of numerous localised youth connection services, also providing youth case management services was noted. This was in addition to case management services provided to youth in statutory care who have entered the youth justice system.⁸³ As with the adult program, however, none of the YTC providers believed there was any truly comparable service operating in their geographic area.

3. QUALITY OF DELIVERY

How well are the ATC and YTC models being delivered? What is working well/less well for service providers/sites and why? What are the enablers/barriers to the effective delivery of the ATC and YTC models? What gaps or opportunities could be addressed to improve service delivery and achieve program outcomes?

WHETHER CORE SERVICE MODEL ELEMENTS ARE EFFECTIVELY DELIVERED

In accordance with best-practice frameworks identified in the literature, the core elements of through-care service delivery are identified to be intensive case management and client support, working with family and kin, and collaboration with secondary services. According to service providers and external agencies, although service providers are not delivering the ABT model explicitly, they are, overall, delivering similar components to its core model elements, but in various ways according to unique local circumstances. While aspects of this localised delivery are found to be effective, service providers nevertheless continue to experience a range of environmental, organisational and operational challenges that hinder further improvement. Based on evidence from stakeholder interviews, survey results and desk-top analysis, the delivery of through-care services is found to be inconsistent, with large variances in the quality of service delivery reported within and between services.

Since issues around collaboration and the coordination of client support are discussed elsewhere in this chapter, this section will focus on the core model elements of intensive case management and working with family.

⁸³ For example, Gudjagang Ngara Li-dhi

Intensive Case Management and Client Support

With respect to case management and client support, clients provided numerous examples of when they felt their case worker had gone “above and beyond” to assist them, for example, by helping them through a personal crisis, or by ensuring their immediate needs for clothing or accommodation were being met. This was often reported to involve case workers meeting or transporting clients after normal business hours, or using their own money (not brokerage) to buy a client and their dependents food. A story was also reported by a client whereby, at a time they had been prone to drug and alcohol relapse and felt vulnerable to suicidal thoughts, they would regularly call their case worker for emotional support, in preference to calling their counsellor, who they felt was less approachable and otherwise required an appointment.

Case workers said that they frequently provided a level of support that, although crucial for the client, was acknowledged as not necessarily within the scope of the program, or something that can be readily measured in reporting systems. Numerous examples were provided, from travelling large distances for a client to visit with their elderly mother, to getting a hair-cut and new clothes for a job, or to taking calls from an anxious parent late at night after curfew. Given the need for flexibility and the emphasis most case workers place on responding to a client’s perceived needs, only in some cases was the normal or prescribed pattern of support identified. Although limited to 29 responses, service partners responding to the online survey considered through-care services to be largely effective, with 79 percent of respondents identifying services as ‘always’ or ‘usually’ supporting clients to achieve their case plan goals, and only 3 percent identifying this attribute as ‘rarely’ or ‘never’ achieved.

Services with the option to engage with clients pre-release felt this was invaluablely important, given this provides an opportunity for structured engagement at a time when the client is more open to receiving support and less likely to become disengaged by distractions. Early pre-release engagement was considered important by those case workers able to achieve this, on the basis that it helped the client understand the benefits of the service, help build trust and overcome hesitations about using the service. For some services, the preference of case workers is that this process commence early, up to 6 months prior to release, so that the client is as emotionally and practically ready for reintegration as possible upon release. Services with shorter or no period of pre-release, have lacked this opportunity and have risked losing clients from the service at the early stages post-release. The case study below evidences the benefit for some clients of early pre-release support from their through-care provider.

Denise is a young adult female who was sentenced to prison a year ago for a domestic violence offence. This was the first time she had been sentenced to an adult prison, although she had previously spent time in juvenile detention. Denise was referred to a through-care case worker by one of the prison staff she liked, who suggested she should meet with them at one of their upcoming visits. Denise wasn’t sure about the program and hadn’t heard much about it but knew from her experience as a youth that it was going to be difficult leaving the prison alone. When Denise met the case worker for the first time, she immediately felt comfortable and so when the case worker came back a week or so later, Denise was happy to accept their assistance. The case worker offered to help with accommodation from Mission Housing, because Denise couldn’t return to the same house. When the time came, the case worker picked Denise up from the prison and before taking her home to the unit, took her to McDonald’s for breakfast. Denise says the case worker has since always been there for her and refers to her Aunty.

The stage immediately post-release is then usually the most intensive, for a period from a couple of weeks to the first few months, depending on circumstances and the complexity of the client’s needs. Irrespective of their longer term effectiveness and client outcomes, a case worker will typically meet with the client almost daily to weekly in this phase, often working to obtain social identification (Centrelink, Medicare, and banking) and ensuring compliance with any parole orders. While

circumstances vary, the majority of case workers will not push longer-term case planning in this period, and will focus on maintaining rapport in the post-release setting, as well as providing *ad hoc* mentoring and other practical support to make the client emotionally settled, and with access to some form of safe and secure accommodation.

Only with these emotional and material foundations in place will most case workers then work with clients on achieving their longer-term goals, including reconnection with family and culture if this is a priority for the client. Many clients will, however, drop-off at this point, having either met their short-term material needs, or otherwise disengaged from being involved in a longer-term and potentially more personally challenging process. Some case workers noted the need to focus iteratively on small and short-term goals to keep the momentum of engagement. This means introducing longer-term goals such as further training, education and employment, softly, over time, to prevent rejection and disengagement by the client.

For clients who remain in the through-care program after the first 3 to 6 months post-release, the pattern of support begins to diverge widely, depending on the individual demands of the client and the extent to which the service can strategically progress clients through their case-load. Most case plans were reported to 'evolve', with the intensity of support therefore necessarily flexing in response to crisis, emerging barriers and changing personal circumstances. For some case workers this more chaotic reality was regarded as the normal pattern of events post-release and would caution not to over emphasise highly aspirational goals that risked failure. Although reactive and un-strategic, support of this nature was considered to require constant communication with clients and the maintenance of a close almost personal over professional relationship. The case study below evidences the impact for clients of a close relationship with their case worker.

Mark learned about the through-care program when he was enrolled in a dangerous prisoner program and introduced to a through-care case worker. Mark unsure whether he liked the case worker at first, but after several weeks of them visiting, began to feel at ease, and they would joke and talk about sports. Mark was jailed for a serious offence around 12 years ago, when he was just 17 years old, and has struggled to maintain relationships, even with family. When it was time for Mark's release he was "scared about where to go" and didn't have anyone for support other than his through-care case worker. On release Mark's case worker helped him with social ID and then accommodation, as well as getting him to parole appointments, including attendance at a men's healing centre. Mark was released from prison 2 years ago and has recently exited the through-care program, but keeps in contact with the case worker, with whom he occasionally has breakfast and still calls "brother".

All youth services acknowledged challenges engaging with the young people who are typically mistrustful of authority and institutions. This issue was reportedly compounded by the shorter sentences usually received by young people, which made it challenging to develop rapport and trust in a short time-frame pre-release (and when youth are receptive to post-release support). Youth case workers consistently reported needing to hit the ground running; working very intensively with their clients in the first few weeks after release (including release from remand when not sentenced).

In only a small number of examples was the more rigid pattern of intensive case management described in the ABT model applied, whereby a client's longer-term goals and coordinated case plan are established, and the intensity of client support progressively lessens to a maintenance or hold pattern. "You can't put a time on it" was a common refrain amongst case workers, who felt the opportunity should remain indefinitely open if a client continued to request support.

Case management services for the most part are delivered on a highly gendered basis, with all services except two, using female case workers to service females and vice-versa. Various reasons broadly related to cultural safety were provided by case workers and managers as a rationale for the delivery of gender-based through-care, including client preferences (to avoid shame or embarrassment that might compromise rapport); family preferences, so that issues of partner jealousy and conflict are avoided; and – in the case of male clients not working with female case workers – to avoid putting case workers at risk. While all services providing gender-based services considered this to be effective in developing strong client and case worker relationships, neither case workers nor clients of services with mixed-gender case-loads identified this as a barrier to engagement.

Cultural Connection and the Involvement of Families

Family was regarded by clients and case workers as especially important to the reintegration journey of clients for whom their role as a parent, son, or daughter, was integral to their identity (and for whom reunification was a primary goal) but was also seen to be important for clients with physical or cognitive disabilities who had historically relied on family for practical support. In such circumstances case workers recognised the importance of family, not just to the social and emotional well-being of the client, but as an important source of knowledge about the needs of clients including possible housing options. Some youth focused case workers will also connect with family very early in the process prior to release, and will engage holistically with their client and family to establish a working partnership.

Although the role of family as a core element of through-care programs was recognised by the majority of case workers, it was not universally considered an appropriate or ‘given’ element of service delivery for all clients. According to some YTC case workers, in some instances, a youth can be ‘turned off’ by engagement with family for personal reasons, even following attempts to engage in ‘restorative conversations’ to rebuild the family unit. The case study below evidences the benefit for some clients of positive post-release re-engagement with family.

Millie is a 16-year-old female living in a regional town, who was referred to a through-care case worker a year ago by a youth justice worker. Millie lives with her mother and younger brother, Tyson, aged 9 years. Millie receives case management and support to meet her parole obligations, including getting to various appointments to see her parole officer, attend a drug and alcohol program and to liaise with her local senior school, where she plans to return.

Millie reports trusting her case worker to act in her best interests and says the case worker has “picked her up” emotionally. According to Millie’s mother, the case worker has helped get her and Millie talking again, (even about sensitive issues like birth control) and Millie says she feels “in a good place”. Millie reports loving her little brother, whom her mother describes as always “watching and learning” from this older sister. Millie is now trusted enough by her mother to help with the care of Tyson when she’s out.

The majority of case workers will, however, seek to include family members in case management, and with the consent of clients will include family in goal setting processes to ensure there is a supportive social network around the individual client. According to many case workers, the involvement of family is crucial to ensure that services are culturally safe and holistic, and so that families have the opportunity to become an integral part of the process of a client becoming self-reliant and independent.

Quality engagement with family is not, however, universally achieved, even in circumstances where re-engagement is set by the client as a personal goal. Depending on the offence committed, a through-care client may, for example, be legally prevented from returning to their home community or family dwelling, or otherwise be subject to orders that prevent them from visiting a spouse or child.

Furthermore, while they might want to connect with selected family, family might not be open to re-engagement; with more than one case worker speaking of the need to directly mediate or make a referral to relationship counselling in response to a family dispute. Many youth clients involved with child protection services, for example, may not wish to, or are prevented from, reconnecting with immediate family for reasons of their own personal well-being and safety, or will prefer not to talk with case workers about emotionally charged issues in front of a close family member.

In other circumstances, the distance between clients and family might mean that a case worker is logistically unable to include them in the case management process. Many ATC case workers working with adult male clients, for example, will connect with family on only a limited basis, if at all, even when reconnection is set as a goal. In contrast for adult females at some services, their willingness to reconnect with family and in turn the family's response, is unofficially regarded as an important indicator of the client's potential to fully engage.

The desire of many case workers' to work holistically with family, rather than just the primary client, was also observed and discussed with case workers, often in the context of a youth or dependent client living with a parent or care-giver. In these examples the case worker would direct their efforts to the parent or caregiver rather than the primary client, providing support for them as well as the core client, for example to access shops or appointments, or (more fundamentally) to advocate for access to housing. While this approach can have clear benefits for the primary client-dependent, occasions were observed whereby the level of support provided to the carer, seemed to go beyond what might be reasonably necessary to assist the primary client, for example, at times when the primary client wasn't present or didn't directly benefit. Further practice-guidance may therefore be required for case workers to maximise the benefits of this approach and to avoid 'missing the target'.

Government regulations, parole compliance and insurance were also seen as an obstacle for services seeking to better engage adult and youth clients in kin or peer groups beyond the immediate family; noting challenges with mixing genders and ages, and with overnight activities such as camping and outdoor pursuits, which were regarded as being in high demand but administratively challenging to deliver. The case study below evidences the benefit for some clients of positive peer-to-peer engagement facilitated by case workers and where the case worker has connected a group of similar clients.

Henry, Mick, and Darren are adult males living in a small regional town. They were all released from prison more than 2 years ago, but have struggled to reintegrate into the community, because of anxiety, shame and rejection given the sexual nature of their previous convictions. Henry and Mick regard themselves as being lucky because despite being on multi-year parole orders, they went to prison in this region and have been released locally to their hometown. Henry, Mick, and Darren like to hang out together, but don't feel comfortable doing this at the local Men's Shed. The three men meet up for breakfast each Friday and try a different café each week. Henry and Mick can afford to pay for this with their disability pension, but Darren is on job-seeker allowance. They always invite their through-care case worker along because of his knowledge of football and rugby. The case worker collects them in his car and usually pays for Darren's meal.

To this extent, aspects of the models implemented were seen by clients and case workers alike to be somewhat lacking as an Indigenous approach, since activities to promote social interaction amongst peers are often limited and face various operational challenges. The suggestion was made by case workers that implementation of a truly Indigenous approach would better support collective social activity which brings client-peers together, over more formalised activities that are provided more formally as a service by a third-party organisation.

WHAT IS WORKING WELL AND ASSOCIATED ENABLERS

The quality of case workers and by extension the level of support they receive to operate effectively and sustainably was found to be key to enabling services that are flexible and responsive to the needs of clients.

Through-Care Case Workers

According to service managers, the extent to which service providers are successfully onboarding new case workers has historically been mixed, even at larger services with more established human resource management systems. In cases where these resources have improved, new staff are provided with an induction pack inclusive of program level and organisational policies and procedures, and will receive a range of mandatory training, on-the-job training with a 'buddy', and ongoing access to further training and professional development opportunities (should regular performance reviews be undertaken). Some services use a software application, such as Employment Hero, to guide the performance review process, and to ensure teams undertake the required modules and hours of core training, as well as to record professional development opportunities.

The level of ongoing support and mentoring provided by managers to case workers has also historically varied, but based on the interviews with service managers and case workers, this is also beginning to improve at larger services. At most services, case workers commented on their close and effective working relationships with their program manager, with whom they felt comfortable discussing staff wellbeing issues. All teams have access to an Employee Assistance Programme (EAP), with some services providing in-house training in psychological safety and vicarious trauma, as well as providing access to clinical and cultural supervision if external support is needed. Most services conduct regular team meetings, both in sub-groups based on geography and at a service-wide level, and while exceptions exist - based on interviews with case workers - the workplace culture of most services is supportive.

Although recruitment of experienced and qualified staff is an ongoing challenge, the reported high quality of case work staff in many instances – by management and clients alike – should be noted. At smaller services where staff turnover was less of an issue, long serving case worker teams had many years of cumulative experience and effectively balanced the need for lived experience and empathy with the requisite qualifications and technical expertise. At some services there is an expectation that staff will have a Cert IV or Diploma in community services or an equivalent. Where lived experience exists, yet a formal qualification is lacking, staff will often be supported to obtain this qualification. While the financial and mentoring capacity of services to provide this support varies, some have access to a Learning and Development Unit in-house, and staff have access to up to \$2,000 for training to support their development.

The extent to which case workers are effectively supported by management in terms of onboarding, training and development, clinical and cultural supervision, and performance development, is largely determined by the quality of the senior management, including whether program managers themselves have the support of their executive and board. The chain of management is strongest in smaller services, where management of the through-care service is undertaken directly by the CEO, as well as in those larger services which benefitted from cohesive management teams. This not only ensures a direct line of communication from case workers to the executive, but – for diversified organisations offering complimentary therapeutic or accommodation services - also fosters improved integration of complimentary services, with clear pathways for internal referrals.

WHAT IS WORKING LESS WELL AND ASSOCIATED BARRIERS

As reported by case workers and service managers, a range of structural, organisational and operation barriers can negatively impact the delivery of through-care services, including external factors such as remoteness and access to client housing, as well as more directly related to management and human resources.

Service Provider Organisational Capacity

A range of operational and managerial issues also adversely affect some through-care services. In larger services, where through-care is regarded as ancillary to core legal services, there has historically been a high turnover of managerial leadership and case workers, particular in satellite regional offices. While focused efforts are in place to address this issue, at the time of the researcher's visits, neither service had reached a point of stabilisation, and it may be some time before evidence of operational and performance improvement emerges. Two larger adult and youth through-care services, for example, have both experienced recent staff and managerial changes following a challenging period for the administration of these services. Both services consider themselves to be restabilizing, but with a large proportion of new and inexperienced case workers in the role.

These services have historically not operated as effectively managed teams, and until recently have lacked the systems, processes, and management support necessary to guide practice, drive accountability and support intra-team collaboration. One striking example of the impact of this legacy was observed in one remote service delivery location, where an inexperienced case worker had been working for 2 years in relative isolation, without ever having had training in through-care practices and with no intermediate management support from a local team leader or coordinator. This case worker had a case-load of two youth clients, both of whom were existing clients transferred to their case-load upon joining.

Two services also acknowledged concerns regarding the integration of operations with the legal divisions of their organisations. Notwithstanding benefits such as timely referrals from lawyers or the capability to work through bail amendments, several detrimental issues were noted, including an ongoing need to push back where lawyers recommended through-care to the courts or parole boards (thereby negating the voluntary principle), and the potential for conflicts of interest (for example, if asked to provide a statement of character to the court).

Across all services, pay levels were frequently cited by case workers as the primary reason for high rates of staff turnover and challenges recruiting experienced and qualified staff. Other managerial issues were also noted by service managers, including limited opportunities for career progression, vicarious trauma, and long hours supporting clients without recognition or reward. Along with relatively short-term contract arrangements, this has made it difficult to attract qualified, experienced and committed staff. One service, for example, has no team leader or coordinator role within its case worker teams (which limits progression within an already isolated program); and since the organisation does not recognise through-care as a crisis service, does not resource the time spent by case workers after hours working with vulnerable clients in crisis.

Service providers have also historically struggled to recruit case worker teams with the right balance of lived experience and technical competency, such that client engagement is achieved but supported by the technical aspects of case coordination and reporting. Attempts to recruit Indigenous staff have also faced additional challenges in cases where people with lived experience have lacked sufficient support to achieve further qualifications or have been denied clearance to work with youth or in prisons, either because of some history of offending or because of a familial conflict of interest. Frequent changes in

case workers can disrupt the continuity of case management and support to clients, and according to case workers can be detrimental to the ongoing quality of client engagement, with youth especially being negatively impacted by having to re-tell their story.

Investments in training and professional development were not made consistently across either the ATC or YTC programs, and varied according to the extent of management supervision and the capacity of management (and the organisation's underlying management systems) to review the professional development needs and training requirements of staff. Core training in areas of practice such as client-centred case management and trauma-informed care were not consistently delivered, and at all but two services training had not been provided to new staff in practice model standards or in understanding the key stakeholders and referral partners in their local service system. Specific training gaps identified for further professional development by case workers across several services, included culturally appropriate suicide prevention and culturally appropriate mental health training. Additional training was especially required for work with high needs clients with cognitive disability.

Services where through-care services are ancillary to core legal services also experienced challenges with budget management and use of discretionary brokerage funding. Program-level management had no control over budget setting processes and – a corollary of not being recognised as a crisis service – case workers lacked adequate access to discretionary brokerage monies to use on an as needed basis for clients. According to case workers, access to such monies was not only *ad hoc* and uncertain, but administratively complex and often provided only as a reimbursement to staff.⁸⁴ This has not only stretched the personal financial resources of some staff but created a perception of employer mistrust of their case workers by those individuals affected.

Also with regards to gaps in the way case workers are supported, is the need for crisis intervention supports for youth case workers for clients who need support after hours and on weekends, when youths tend to be most socially active. This was regarded to be a major gap in the YTC program that is preventing these services from meeting the needs of youth beyond normal business hours. With additional staff resources or other means, such as partnerships with youth services, the opportunity exists to provide this additional support, and for youth, for example, to have access to youth worker support at these times during the week.

Geographic Remoteness and Service Access

Service delivery sites not located either close to places of prison or detention, or close to the home community of their clients tended to experience greater service delivery challenges (both in terms of client engagement and access to services) than those located near to the source of demand and a wider range of post-release support services. As discussed below, the absence of this structural foundation for success is compounded in services which experience managerial and workforce challenges, and for whom the through-care program is not equivalent in priority to other functions within the organisation.

Based on interviews with corrective services staff and clients, ATC services which are not geographically proximate to prisons are disadvantaged since case workers are unable to establish close and effective relationships with prison staff or with their clients prior to their release. Although strategies have been put in place by some services to mitigate this limitation – for example fortnightly schedules of travel -

⁸⁴ In the case of at least one through-care service funds available for brokerage are sourced not from program funds but from untied funds within the organisation. The fact that brokerage monies are not allocated from program funds may in part explain the administration involved in managing this pool.

this comes at a significant opportunity cost in terms of time away from other clients or unproductive time spent during travel.

Services which operate at a distance from the home community of their clients also tend to work either inefficiently - spending a great deal of unproductive time travelling between dispersed clients – or else consciously reduce the level of client engagement and support (including the coordination of secondary services). Although many home communities in regional and remote areas may be disadvantaged by a lack of affordable transport or public transport options, the time spent by some case workers driving across large regions to service clients was widely recognised by service managers to be problematic and something which has constrained case-load expansion.

Furthermore, where clients had relocated home to a discrete remote community and contact with case workers became more limited, case workers relied on continuity of support to be provided by external service providers, or else were forced to accept the reality that a client might drop-off their case-load or become uncontactable. The implication is that destination of release in these cases is not always fully taken into account when prioritising clients, while the problem of distance is further compounded when clients live at a distance to the locations of secondary services, making the task of coordinating secondary services extremely challenging.

Taken together the problem of service reach is recognised to stretch the time resources of some cases workers, foster a degree of transport dependency, and prevent case workers from working in support of other clients. In the case of discrete remote communities, it is not expected that case workers will visit their clients following repatriation, however a large proportion of clients will drop off within weeks of returning home, when they cannot be regularly contacted, or service providers lack strong local partners to assist in maintaining support.

In addition to remoteness, service providers universally stated that access to affordable, safe and secure housing for clients was the greatest external barrier to successful client outcomes, and a driver of factors such as homelessness and transience which increase the prospects of reoffending, as well as being a causal factor for other drivers such as unemployment. While a small number of services are able to integrate housing into their support models, most spend a large proportion of their intensive case management advocating for clients to access social or community housing. Additional barriers were also reported, depending on the severity of the offence, since hostels and rehabilitation facilities will not take sex offenders, while many clients with a history of domestic violence were prevented from moving to their usual places of residence.

GAPS OR OPPORTUNITIES TO IMPROVE EFFECTIVENESS OF SERVICE DELIVERY

Various gaps in services and associated service models were identified during research, noting the extent to which gaps can be filled is dependent not just on access to additional resources and the capacity of services to take a strategic approach, but on success in advocating for policy changes at the State and Territory level.

Eligibility to Receive a Service

From a demand and eligibility perspective, prospective clients receiving shorter sentences were also regarded by service managers to be disadvantaged in terms of their ability to access a through-care service, since they are either not picked up at the point of referral or else lack the time for pre-release contact (despite this being an opportunity for earlier intervention with clients who may otherwise progress to longer sentences). This situation was understood by service providers to disproportionately affect females, for whom shorter sentences partially explains their smaller through-care client

numbers. All services reported working with both males and females, but in all cases predominantly males (despite the increasing numbers of females within the prison population).

It was also widely considered that neither program is meeting the needs of individuals and clients on remand (who have not been sentenced and do not have a prison release date).⁸⁵ Such individuals were either - in the case of ATC - regarded as ineligible for the service (given they haven't been sentenced) or else, in the case of YTC, unable to successfully set goals until after their court appearance.⁸⁶ It was reported by service managers that this is a significant issues for females and youth, since most are on remand or on bail in the community, yet the strict eligibility criteria for through-care, makes it problematic for them to access the service which is intended for sentenced prisoners. This view was echoed by comments from interviews with correctional services, who described the need for flexibility in the delivery of through-care services to meet the needs of those on remand and those subject to a shorter sentence (including recurrent offenders who might regularly complete a custodial sentence of 3 to 5 months).

Since the ABT through-care model stipulates eligibility should commence with more than 6 months left on a sentence, services are at best circumventing the prescribed model in limited cases, or else not meeting the latent demand from this prospective client group. Most service providers will not onboard prisoners on remand, although one YTC service will reportedly do so for older youth clients (noting YTC clients aged less than 14 years tend not to be placed on remand by the courts).

Given the need for some trigger for a change in mindset, it was noted by those working with youth, that clients aged 16 years and older tended to be the more engaged, and that younger teens and adolescents were often at greater risk of re-offending and lacked the maturity for the process to be self-driven. This observation partially explains why, according to service managers, older youth constitute the larger proportion of youth clients. That the through-care model is less suited to meeting the needs of youth aged under 14 years was noted, but not necessarily seen as a catastrophe given the presence of other statutory and non-government services available to this cohort. Based on discussion with data administrators, YTC clients are most frequently male, aged 14 to 17 years, and have tended to join the program while either on bail or in community on an administrative order.

As identified by case workers at one YTC service, a gap in service delivery specific to the YTC program can emerge when an individual reaches 18 years and transitions to adulthood programs. At this point many programs and services for youth tend to drop off, meaning youth who are still maturing and those with complex needs, including those with cognitive disabilities, begin to lose essential forms of support. In Victoria, Indigenous youth may enter a youth detention centre (rather than an adult prison) even when aged over 18 years, but remain technically ineligible based on age for through-care services. While NIAA provides some flexibility to continue providing services after a client reaches 18 years, it was felt this needed to be clarified for some services and ultimately the definition of youth expanded – in line with World Health Organisation (WHO) definitions – to include young people up to the age of 24 years. It was commented that in Victoria at least a dual track system exists, with some departments defining youth as 18 years and under and others using the WHO definition.

⁸⁵ Most service providers will not onboard prisoners on remand, although NAAJA will do so for older YTC clients (noting YTC clients aged less than 14 years tend not to be placed on remand by the courts).

⁸⁶ Indeed the majority of youth clients at VACCA were youth referred on remand.

A related issue identified by one YTC service was the typically long waitlist for youth alcohol and drug services, which risked losing youth who ought to be accessing these services immediately upon release, when they are still in a motivational stage. It was commented that many services expect the young person to go to them, whereas this is rarely a realistic expectation.

4. RESOURCE USE

Are resources being used/deployed effectively and efficiently to deliver the ATC and YTC models?

WHETHER RESOURCES ARE USED EFFECTIVELY AND EFFICIENTLY

Managers from all service providers across ATC and YTC programs, stated that their services were under-resourced and that additional funding was needed to meet client needs by recruiting more case workers, increasing brokerage expenditure and access to high quality therapeutic programs, and by improving the pay and conditions of case workers to attract and retain high quality staff.

Operational Capacity

The overall quantum of ATC program funding is approximately \$7.3 million per annum – funding 43 case worker positions (equivalent to approximately \$170,000 per front-line position) in addition to managers, administrators and other corporate staff who do not manage a case-load. For the YTC program, the figures are \$2.8 million and \$117,000 respectively (for 24 front-line positions) although this is not necessarily an indication that fewer resources are available to the YTC program, given that – with the exception of one service - the management and administration of both programs is combined.

Based on expenditure data provided by some services, expenditure is distributed according to a common pattern, with approximately 70 percent of each annual budget allocated to fixed case worker staff costs, 20 to 25 percent on other fixed costs including the salaries of management and other corporate overheads (for contributions to rents, corporate staff and insurances, etc.) plus 5 to 10 percent on variable costs for brokerage and the variable component of transport. Corporate overheads were marginally less for larger services than for smaller services, indicating some degree of financial efficiency dividend for services operating at scale.

No service provider delivers the through-care program as a stand-alone service, and service delivery is integrated - to a greater or lesser extent - with other operations of the host organisation. In some cases this has provided the opportunity for efficiencies and potential cost savings when the through-care program can 'piggy-back' on the resources and services provided by a larger or complimentary program. In other cases, despite some opportunities for integration, the through-care program is for the most part operationally isolated, despite the fact of physical co-location at some sites.

Since programs are delivered as services operating within a host organisation, responsibilities for funding are corporate and tend not to be delegated to the service level. Despite opportunities for programmatic synergies and greater financial efficiency, the fact that through-care operates within the broader organisational context of each service was regarded by service managers to be counterproductive in some cases. For larger services linked to a legal services division, the association has highlighted disparities between the two functions, with opportunities for promotion and higher pay regarded to favour those working in the legal function. No service has a diverse and sustainable funding base for their through-care programs, which operate solely with IAS funding, noting that in some instances, program management and case workers were not aware of the program's budget (which was managed by the corporation's executive management team).

While data on rates of case worker turnover were not available, high turnover rates were reported by managers at all larger services irrespective of program type (and at the time of visiting several services were experiencing changes in personnel or were attempting to fill vacant positions). Notwithstanding the limited pool of experienced and qualified labour in regional locations, and the impact of the COVID-19 pandemic which placed aspects of service delivery on hold, poor pay levels for case workers was regarded by managers and case workers to be a strong contributing factor to high staff turnover rates.⁸⁷ Recent years have seen substantial variations between planned budgets and actual expenditure amongst some services, which is attributed by service (and finance) managers to underspends on salaries for vacant positions.

Service managers who express the desire for increased funding to recruit more case workers cite high levels of demand for through-care services. It is not possible to verify such claims using the available data, since only a small number of services actively maintain a 'waitlist' or list of eligible clients for whom a place cannot be made available. This data is not available in six-monthly performance reporting.⁸⁸ That said, given the large number of Indigenous persons in prison or detention, compared to the number of through care places, as a general proposition, it is difficult to refute the claim. As at March 2023, for example, there were 13,716 Aboriginal and Torres Strait Islander adult prisoners in Australia,⁸⁹ compared to an estimated case-load of IAS funded through-care clients of just under 400 persons. Clearly only a small proportion of prisoners have access to through-care services, with demand according to service managers, highest in locations with large prison populations as well as those locations that are popular destinations for individuals post-release.

Service Provider Case-loads

Nearly all case workers, irrespective of their client cohort or service, believed they were managing too large a case-load to be able to provide a truly intensive service for their clients, and felt they were in a reactive rather than a proactive mode of operation (responding to individual client calls and needs on an *ad hoc* basis, rather than managing their case-loads strategically). This was especially true of case workers with a high proportion of post-release clients for whom case work is more intensive, and for case workers with youth clients for whom greater effort was needed to establish and maintain engagement.

Data regarding the average number of active clients over available reporting periods from 1 July 2019 to 31 December 2022 is provided in the table below. While inconsistencies in the data definitions and counting rules applied by services means this data should be treated with caution, it shows that the ATC program supported an average of 397 active clients in the period, while 157 were supported by YTC.

Although the calculation of case worker to client ratios is challenging as a measure of productivity, since counts for case workers do not incorporate periods of absence or vacancy, using the staff data reported in Tables 1 and 2, the ratio for the ATC program is calculated at 9.2 clients for every case worker, and 6.5 clients for the YTC. Despite known data limitations these ratios make intuitive sense, with youth

⁸⁷ Pay levels for case workers vary by level of experience but typically average \$65,000, or the equivalent of the lower salary band for an APS level 3.

⁸⁸ In some instances, data is also maintained regarding the number of prospective clients who apply but are deemed ineligible, however, since individuals were deemed ineligible, this does not appropriately reflect true service demand.

⁸⁹ ABS, Corrective Services, Australia, March Quarter 2023.

casework anecdotally reported to be relatively more time-consuming given the particularly complex needs of youth and the additional time required for ongoing engagement. The uniqueness of Five Bridges as an ATC service with low client to case worker ratios provides an exception to prove rule, given the accommodation focus of this model which tends towards particularly small client groupings.

Table 5 – Average Number of Active Clients by Service Provider (July 2019 to December 2022)

PROVIDER	AVERAGE NO. OF ATC CLIENTS	CLIENT TO CASE WORKER RATIO	AVERAGE NO. OF YTC CLIENTS	CLIENT TO CASE WORKER RATIO
ALRM	61	12.2	NA	NA
ATSILS⁹⁰	105	10.5	62	7.75
CHAC⁹¹	22	11	NA	NA
CRC	51	12.75	NA	NA
Five Bridges	7	3.5	NA	NA
NAAJA	61	6.7	58	7.25
Nulsen (Outcare)⁹²	74	8.2	NA	NA
RYSS	16	8	NA	NA
VACCA	NA	NA	37	6.2
	397		157	

Given that the suggested case-load in ABT program guidelines is 8 to 15 (nominally 12) for adults and 8 to 12 (nominally 10) for youths, if accurate, such ratios somewhat weaken the argument that more case workers are necessary to meet client demand, but do nevertheless correlate with the narrative from case workers that they are too stretched to increase case-loads because of the intensive needs of existing clients. While each service considered a different level of contact to be appropriate or sufficient to constitute intensive case management, it was not uncommon for case workers to estimate the optimum number of clients to be 10 individuals for adults and 8 or less for youth, therefore approximating the ratios calculated.

Based on the available data there are, however, large variances between case-loads by service and the size of active case-loads anecdotally reported also varied widely, with some smaller services claiming up to 20 clients per case worker, and in other examples individual case workers reporting fewer than 8 clients. If ratios are calculated using the available data, the recommended case-load of 12 adult clients is exceeded for only one service, while the case-loads for all YTC services approximate the recommended level.

Without dismissing the claims of case workers, there are many reasons why these ratios might legitimately vary between and within services, including the number of new clients on active case-

⁹⁰ Eight of the reporting periods were quarterly, instead of six monthly.

⁹¹ Two reporting periods were quarterly, instead of six monthly.

⁹² Two reporting periods were quarterly, instead of six monthly.

loads, the geography of a region, and the complexity of client needs (noting several ATC funded services also service youth clients, which may reduce client ratios). According to interviews with correctional services, this can be attributed to unbalanced case-loads, with too few active cases managed in prison as well as case workers servicing too large a region. Whether a case worker felt they were managing a balanced case-load in terms of managing clients at various pre- and post-release stages and of varying individual complexity was mixed, noting not all providers deliver pre-release services or have the benefit of an in-depth client pre-assessment prior to accepting a referral.

Case workers in regional and remote locations frequently commented on the time pressures placed on them when required to transport clients long distances to attend appointments as part of their parole requirements. While conscious of the potential for this use of time to be perceived as inefficient (given the long distances travelled for sometimes short appointments) such tasks were also regarded as an opportunity for client mentoring, as well as being essential support to ensure parole orders are met. Other time spent transporting clients or providing transactional services for arguably less critical requirements (for example, grocery or clothes shopping) was considered to be something of a grey area, with some case workers seeing this as an equally essential service (despite otherwise claiming to be under resourced) and others actively avoiding such favours to prevent themselves being labelled a “taxi service”.

Data regarding the number of returning and new clients is also revealing (see table below). According to the service data provided, in the period from July 2019 to December 2022, the ATC program supported a total of 744 new clients and 649 returning clients who had re-engaged with the program. The YTC supported a total of 79 new clients and 15 returning clients who had re-engaged with the program.⁹³

While this data is also limited in availability and quality, and must similarly be interpreted with caution,⁹⁴ the large variance in the numbers of new and returning clients reported – which exceeds the total number of active clients reported over the same period – correlates broadly with evidence from interviews with case workers and managers regarding the extended length of time an individual can often remain with a service over cycles of re-offending, and the frequent practice of re-logging an existing client as ‘new’ following the initial 18 month post-release period, or after a change in case worker.

⁹³ *YTC Data Reports*. 1 July 2019 to 31 December 2022. Please note that ATSILS and VACCA did not report data for all this three-and-a-half-year period.

⁹⁴ In some instances, the number of returning and new clients added to be greater than the total number of active clients. The counting rules of service providers vary, while missing reports and inconsistent reporting periods limit comparability.

Table 6 – Number of New and Returning Clients by Service Provider (July 2019 to December 2022)

PROVIDER	NO. OF NEW ATC CLIENTS	NO. OF RETURNING ATC CLIENTS	NO. OF NEW YTC CLIENTS	NO. OF RETURNING YTC CLIENTS
ALRM	121	44	NA	NA
ATSILS	147	37	33	7
CHAC	15	188	NA	NA
CRC	33	212	NA	NA
Five Bridges⁹⁵	19	2	NA	NA
NAAJA	136	34	30	0
Nulsen (Outcare)⁹⁶	240	130	NA	NA
RYSS⁹⁷	33	2	NA	NA
VACCA	NA	NA	16	8
	744	649	79	15

Based on interviews with clients, it is not uncommon for active clients to have been with a service for several years and be regularly recorded in case-loads. The case studies below evidence the types of scenarios a case worker might experience that tend towards lengthy case-periods or repeat cases.

Tia is an adult female living in small regional town. She has a history of drug and alcohol misuse, including periods relapsing as a crystal methamphetamine (ice) user. Tia has been a client of her through-care service on and off for 8 years and has been with her current case worker for 3 years. Over this period, she has returned to prison four times, twice for theft and twice for failing drug and alcohol tests required as part of her parole conditions. Her case worker has been helping her work through this and takes her to appointments, including drug and alcohol counselling and has helped her find a house. Her case worker visits her in prison and has been a constant source of support – someone she can call when she’s depressed. Tia wants to stay out of prison this time, so that she can be reunited with her son.

Alan is an adult male living in a large regional town. Alan was released from prison three years ago and was referred as a through-care client post-release by the men’s shelter accommodation service he stayed with upon release. He has spent several years in prison for a serious offence and has been placed on a special offender parole order that he wants to complete in his hometown where he has family. Alan has no car of his own and is supported by his through-care case worker to attend parole appointments and the clinic. He talks to his case worker like an uncle. Alan has four years left of his parole order and understands that he will remain with the through-care service for the remainder of the order.

In only a small number of instances were clients usually processed within a period of less than 18 months (driven in this case by high rates of client recidivism and challenges continuing through-care

⁹⁵ Five Bridges had missing reports in this period, and this may have impacted the client numbers presented.

⁹⁶ Based on notes in Nulsen’s reports, the organisation may treat referred clients that have been accepted, but not yet active, as active clients. Therefore the ‘new client’ data should be treated with caution.

⁹⁷ RYSS had missing reports in this period, and this may have impacted the client numbers presented.

services once a client returns to their home community). In this case clients who re-offended were taken off the program, to free up capacity for a new client, while others who had completed their primary goals but re-contacted the service in crisis, were managed as a 'brief intervention' (without re-joining the active case-load). The indication that this practice is rare, implies that despite undoubtedly high levels of latent demand from prisons or detention centres, case workers feel stretched not because of the high number of new clients, but because of the length of time high needs individuals remain on their case-load. Notwithstanding the needs of these clients, where their cumulative length of time with a service exceeds 2 years, unless there is additional case worker capacity, this may continue displace new entrants to the service.

Table 7 - Number and Proportion of Referred Youth Clients Not Supported by Reason Type (1 January 2020 to 31 December 2022)

REASON WHY CLIENT REFERRAL NOT SUPPORTED	ATSILS	NAAJA	VAACA	TOTAL
Client Ineligible⁹⁸	20 (56%)	41 (100%)	17 (77%)	78
Provider Had No Capacity to Support New Clients	14 (39%)	0 (0%)	0 (0%)	14
Referred Client was Waitlisted	2 (6%)	0 (0%)	0 (0%)	2
Other Reasons	0 (0%)	0 (0%)	5 (23%)	5
Total Clients Referred Who Could Not be Supported	36	41	22	99

With respect to the YTC program, this finding is confirmed by available data regarding the number of referred clients unable to be supported (see table below). It shows that those services which - on the basis of qualitative evidence from interviews with case workers and service managers - tend to restrict intakes according to eligibility criteria and who then limit the period of post-release support to 18 months, tend not to turn down a referral on the basis of having no capacity. Comparable data for the ATC program was unfortunately not available.

⁹⁸ The absence of clear data definitions in through-care reporting means there is no accepted definition of 'Client Ineligible'. Based on discussions with service managers it can include a range of criteria, including the client's age, severity of offence, or pre- or post-release status.

5. MAKING IMPROVEMENTS

How could the design and delivery of the ATC and YTC models be improved to better meet the needs of clients and stakeholders?

WAYS SERVICE MODELS COULD BE IMPROVED

A range of opportunities exist for through-care services to strengthen and build upon elements of existing practice to improve the effectiveness of service delivery. The extent to which gaps can be filled and opportunities for improvement taken, however, is dependent not just on access to additional resources, but on the capacity of services to take a systematic and strategic approach to areas of practice including the way services collaborate with service partners, and provide the tools and support for case workers to deliver an effective service.

Integration of Complex Services

A systemic issue for all services is their role in managing parole orders. All service providers consulted were working with clients subject to parole, and would regularly assist clients with transport, communications and scheduling of appointments to ensure they were not put at risk of breaching their orders. While service providers have advocated for community corrections to play a greater role in managing parole orders, and for greater flexibility in the interpretation of orders, where expectations are not managed by the case worker, clients have become wholly reliant on the case worker to make and attend appointments or comply with their various orders as the focus of the through-care service.

Although factors such as cognitive capacity and access to transport are strong mitigating factors, managing parole orders has become the core activity of case workers at some services. This arguably negates through-care's voluntary principle, and depending on the length of parole or probation, can result in periods of extended support well beyond 18 months post-release. Parole conditions were regarded by case workers to be a barrier to various through-care activities where these restricted group or peer activities, prevented participation in overnight programs (because of curfews) or in cases where meeting probation and parole orders necessitated access to transport or telecommunications that were simply not available to clients.

Since a greater role for community corrections in supporting clients with their parole requirements is identified by through-care case workers as a need, the opportunity exists for service providers to elevate their relationship with these agencies from being *ad hoc* and responsive to a more structured relationship based on formal MoUs. While some larger services do have these in place, other services do not, despite having identified various barriers to meeting client outcomes that are dependent on the discretionary decisions of probation and parole officers. It is anticipated that the presence of an MoU will ensure the commitment of parole services to taking a discretionary approach when needed, according to the circumstances of the client, and based on the advice of the through-care case worker.

A similarly strategic approach, including the negotiation of MoUs, is required with respect to the disability sector, in order for through-care services to support clients who may be eligible to benefit from the National Disability Insurance Scheme (NDIS). Services confirmed that a large proportion of through-care clients are people with a disability, yet few through-care service providers employ case workers with a suitable specialisation or background in therapeutic services or with knowledge of the NDIS. Since NDIS assessments are not undertaken in most prisons the opportunity exists for MoUs to be developed that ensure an NDIS assessment is undertaken immediately after release, with case workers playing a role in integrating NDIS plans into more holistic case plans, and then in advocating for, or otherwise monitoring, NDIS package implementation. A similar gap in service exists for those services

who may be working with young people at risk of offending and detention (referred from juvenile justice) for whom Foetal Alcohol Spectrum Disorder (FASD) is common and an associated therapeutic care model required.

In locations where there is a gap in locally available services, particularly those providing the opportunity for cultural strengthening, the opportunity exists for through-care services to fill this gap through delivery of low intensity peer support services. These would augment existing individualised case management and would bring similar cohorts of clients together around a group activity or program. While various barriers exist to the delivery of group activities these are usually not insurmountable when prior arrangements are made with the relevant authority and comprehensive planning is undertaken. Examples of services and activities that bring client-peers together already exist within the through-care landscape but are rarely funded or otherwise supported. As one Indigenous case worker commented:

“Lived experience is very powerful, its evidence, it gives hope to someone that has no hope. If I’m in prison I want to see someone that is Aboriginal has been there and has gone on to do something different. That is what will motivate me. That is very motivating for my people”.

Additional gaps in service delivery were also identified for those through-care services not currently using brokerage funding effectively and for whom discretionary funds are limited. Case workers at these services frequently cited a lack of brokerage monies as a major barrier to meeting the material needs of clients, and either lacked the authorisation to buy necessary items (such as a phone, toiletries, or minor home furnishings) or would use their own income. Additional funding for this component of service delivery was regarded as a necessary but not sufficient factor, with further guidance required regarding policies and procedures or recourse to third-party service partners.

FEEDBACK ON WAYS SERVICES CAN IMPROVE

Further ways in which the ATC and YTC models, as implemented, could be improved are taken from direct stakeholders feedback, including from service managers, case workers, clients and staff at correctional services.

Program Design

Case workers across both small and large services suggested that program guidelines should be evolved to offer greater clarity and certainty for managers and case workers regarding expectations for engagement with family. While the practice of supporting a ‘client with family’ was currently supported it was suggested that guidelines and practices be reframed, where appropriate, to support ‘family as the client’. This was especially felt to be appropriate in the case of females, who have maintained close family relationships and youth still living with parents. Similar suggestions were also made by case workers with regards to group working, including formal and informal therapeutic interventions delivered collectively, if appropriate, for an active case-load.

A further suggestion made specifically with regards to the YTC program included the need to expand the definition of youth from under 18 to under 25 years – in line with World Health Organisation (WHO) guidelines - given the prevalence of social and developmental delay and the need (in the State of Victoria) to better align youth through-care with state-based youth justice systems (to ensure continuity of care for youths held in custody beyond their eighteenth birthday). The suggestion was also made by providers of through-care services to youth that expectations regarding youth who

interact with the youth justice system but have not entered custody should be improved, to allow for this cohort to be serviced within existing program frameworks.

Program Implementation

Although a feature of management and team structures at some larger services, at sites of ATC and YTC services with more than one case worker it was suggested that the role of team leader or coordinator be consistently introduced to improve site level accountability and streamline internal reporting processes. The need to introduce the role of a through-care support worker to assist case managers with some transactional aspects of the service (such as obtaining social identification or other forms of desk-based client advocacy) was also raised in the context of high case-loads and the need to dedicate more 'one-to-one' time to mentoring and counselling support for clients with complex needs.

All service managers, of course, stated that their services could be improved with additional funding to employ more case workers to deliver the program. Managers stated that additional funding could also be used to deliver selected secondary services such as alcohol and other drug counselling, or mental health counselling, in circumstances where there is evidence of demand but these services are not available locally. According to ATC managers, if the funds were available, the most significant expenditure would be made on accessing supported accommodation through a third-party not-for-profit provider, and for this to be made available for clients immediately upon prison release, and for the duration of their time as an active client should housing in their community or with family not be available.

The need for additional resourcing of through-care was also raised by correctional services staff, who felt funding for additional staff might improve the capacity of through-care services to coordinate with them more effectively, including efforts to obtain any available medical information from prison clinics prior to a prisoners release.

Data Requirements

Related to the suggestions made regarding improvements to program design is the need, expressed by managers of both ATC and YTC services, for clarified and improved data and outcome definitions in program guidelines and data glossaries. This issue is further explored within this proceeding sections of this chapter and includes the need to address fundamental design requirements such as the definition of a client, a returning client, and recidivism.

Furthermore, as a mechanism to inform the continuous improvement of practice, the suggestion was made by service managers and data administrators to establish a through-care community of practice (including both ATC and YTC programs) so managers and case workers across providers can share and discuss challenges and areas of good practice.

6. ACHIEVING OUTCOMES

Are there any early indications of ATC and YTC models achieving medium and longer term outcomes i.e. reduced recidivism, reduced severity of offending, or improved outcomes in protective factors (such as secure housing, engagement in education or employment, reduced substance abuse, engagement in meaningful activities, strengthening cultural and family connections, etc)?

WHETHER MEDIUM AND LONGER TERM OUTCOMES ARE BEING ACHIEVED

Through-care clients at all services reported a high degree of satisfaction with the services provided, grounded in strong relationships with case workers and satisfaction with the secondary services they had been referred to.⁹⁹ Based on client feedback, in nearly all cases clients felt more confident and better able to meet their goals with the support of their case workers. For many clients, as described by them, working with their case worker was one of the few times in their lives that they believed someone was genuinely looking out for them, and that this made them feel more optimistic about their future. As one client reported, "It's my birthday soon and I'm looking forward to it. For the first time, I can start to think ahead."

Irrespective of the location or service type, clients frequently stated that they felt like changed people with the support of the program, and were able to envisage a positive and more independent future. The satisfaction of goals such as sobriety, and "staying out of trouble" were frequently described by clients, and attributed by them to changes within themselves that could only have been realised with the help of their case worker. As one youth client commented, "She [my case worker] has kept me from messing up. I'd be going to the 'big house' if it wasn't for her being with me."

Commonly experienced changes in the lives and circumstances of clients, as reported by them, included increased confidence, the ability to make better decisions, being free from drugs and alcohol, staying away from friends who pressured them into committing crime, and feeling like a part of society by having access to a bank account, Medicare and other forms of social identification: "I feel like a person, not a prisoner", was how one client put it. The case study below evidences the impact for clients as a consequence of seemingly small achievements.

Chace has only recently been released from prison and was introduced to the program by a Cultural Liaison Officer there. He has a history of drug and alcohol misuse and poor mental health. Since leaving prison Chace has worked with his case worker on finding accommodation, getting his social identity so he can "feel like part of the community again", getting to appointments at the clinic, and on opening a bank account so he can receive his disability pension. Chace has only recently started to open-up to his case worker about his long-term goals, but he already believes he can call on his case worker any time, and as a mentor the case worker has already provided, "...more support than my Dad." Most of all Chace wants his independence and will try to achieve as many goals as he can with his case workers' help. Chace said that "without this support I would've been unstable; I would've ended up back in prison."

While stories of remarkable client achievements exist, and services strongly believe that overall they are making a positive difference, most case workers acknowledged, however, that examples of clients successfully exiting the program with strong outcomes (i.e. employment, housing, reunified relationships and no re-offending) was the exception. Case workers acknowledged significant

⁹⁹ As noted in the method section of this report the identification of clients for interview as part of this evaluation was self-selecting in that former clients dissatisfied with the service are likely to be disengaged, uncontactable or have returned to detention.

environmental and mitigating factors repeatedly impacting client outcomes. These factors included underlying 'human capital' issues such as cognitive disabilities and poor mental health, addiction to alcohol and drugs, and ongoing trauma and the impacts of colonisation, in addition to deficiencies in 'social capital', like the influence of peers, a lack of affordable housing, and - particularly in remote areas - the absence of secondary support services and employment opportunities to enable long-term independence.

Indeed case workers at some services claimed they no longer saw lower rates of recidivism as a meaningful objective, suggesting that since the return to prison for the many clients was inevitable, they should focus on more realistic and incremental outcomes, such as less severe offending or longer periods between detention. Other types of outcomes (not currently included in service reporting) were also suggested, including longer periods of abstinence from alcohol, other drugs, or gambling; longer periods in contact with family; self-reported improvements in social and emotional well-being; or the simple fact of actually reaching out and acknowledging the need for support.

As reported by clients, the most common goals aspired to and achieved were largely modest and short-term, yet their importance to the individuals concerned cannot be under-estimated. This has included support to sober-up and stabilise emotionally (before thinking through bigger decisions), having access to food and clothes, access to a mobile phone, and the need for bank accounts and social identification. As one client stated, "with ID I can get a [bank] account, with that I can have my money, so then I can look after things for myself."

More complex and longer-term goals around housing and family reunification were also frequently cited but less often achieved, while stable employment in particular was spoken of in predominantly aspirational or future-oriented terms, with very few examples from client interviews of this goal having actually been achieved. This was the case even for long-term clients who raised employment as a goal, and who had attended various employment and training programs and courses. According to those interviewed from corrective services, although through-care is regarded as necessary and to have enormous potential for those clients motivated to change, they remain concerned about the sustainability of outcomes. In the words of one corrective services employee:

"It has the potential to be such a transformative program but I have rarely seen successful outcomes for the participants. People that have worked in the program have done some fabulous advocacy work, but this is a case by case basis and hinges on the capability of the professional and the motivation of the client."

The is view was supported by some case workers who perceived that, for adult clients at least, through-care may be less effective in producing outcomes for repeat offenders in their 20s or 30s, when compared to older clients in their 40s and 50s, who may be more jaded by the experience of prison and therefore more open to changing their outlook. Service partners delivering secondary support services who responded to the online survey were also somewhat less confident regarding the extent to which through-care services are effective in decreasing the likelihood of a client reoffending, with just 40 percent considering this outcome to be 'always' or 'usually' the case, compared to 38 percent 'rarely' or 'never' and 22 percent only 'sometimes'.

Furthermore, in free-text comments submitted for the survey it was remarked that clients will usually only attend a counselling session or therapeutic course as part of their goals when this is mandated as a parole order, as opposed to voluntarily attending. While consistent with views expressed by some case workers, this claim is not consistent, however, with the views expressed by most clients, for whom

attendance at such sessions, their level of engagement, and the outcomes they were able to achieve, was dependent on the relevance and quality of the program. Client shame associated with accessing some services – rather than a blanket refusal to attend - was also raised by case workers as an issue for many clients, with males in particular often refusing to access AoD programs voluntarily, for fear of admitting to misuse or having to divulge where they obtain their alcohol or drugs from.

Reported Service Outcomes and Effectiveness

Analysis of available service performance data (notwithstanding issues with availability and the quality of recorded data) is consistent with the qualitative finding that long-term client outcomes have been achieved but not systematically across the program. The table below shows available data (available for the ATC program only) with respect to education, employment and housing outcomes, and shows the proportion of active clients achieving these outcomes.

Based on this data the average proportion of clients who become employed whilst participating in the program is low, at just 18 percent (and with 4 percent of this cohort subsequently becoming unemployed). Moreover, approximately 40 percent of this result is attributable to a single provider, for whom issues with the quality of reported data, including double counting of clients, are identified. The proportion of clients attending adult education or training is similarly low at 12 percent.

More optimistically, the proportion of clients participating in ‘regular and meaningful activity’ such as community events, while averaging just 18 percent across all services, is greater than 25 percent for three services, but understandably low for those services who reported service delivery challenges as a consequence of their remoteness. Furthermore, albeit contrary to evidence of poor housing outcomes in the literature,¹⁰⁰ the proportion of clients achieving stable and secure accommodation is pleasingly high at 70 percent, and below this level for just one service. This data may, however, include double entries for clients who have moved home, and since undefined, may also include forms of temporary accommodation or tertiary homelessness (as reported at client interviews).¹⁰¹

¹⁰⁰ See United Nations Office on Drugs and Crime (2018). Introductory Handbook on the Prevention of Recidivism and the Social Reintegration of Offenders, Criminal Justice Handbook Series https://www.unodc.org/documents/justice-and-prison-reform/18-02303_ebook.pdf

¹⁰¹ It is also of concern for the integrity of the data that providers offering accommodation as part of their service model do not report 100 percent achievement on this outcome.

Table 8 – Proportion of Post-release Clients Achieving Outcomes (1 July 2019 to 31 December 2022)

Outcomes (in %)	ALRM	ATSILS	CHAC	CRC	Five Bridges	NAAJA	Nulsen (Outcare)	RYSS	Av. %
Are employed	10	11	38	3	7	NA	14	12	14
Were employed but no longer	11	2	1	1	0	NA	10	4	4
Attending education or training	17	7	1	1	3	NA	30	23	12
Regular & meaningful activity ¹⁰²	20	26	15	1	3	NA	30	31	18
Stable & secure accommodation	76	70	92	23	79	NA	74	77	70
Total number of post-release clients (within data set)	83	375	149	139	29	NA	284	26	NA

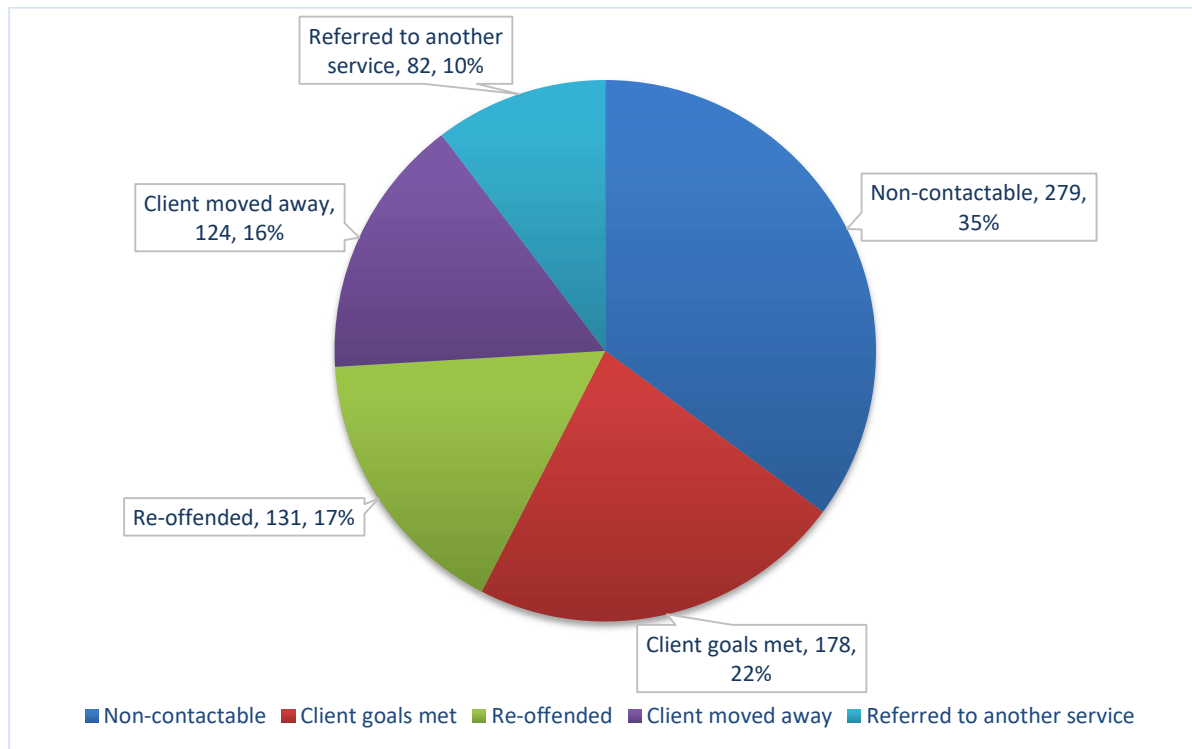
The diagram below summarises the recorded reasons for ‘case closure’ for all closed ATC cases between 1 July 2019 and 31 December 2022 (noting this may include duplicate individuals who have re-entered the program).^{103,104} Of the 794 closures recorded, it shows that in just 22 percent of cases the reason for closure was that all client goals had been met, while the majority of closures were attributable to clients not being contactable or because they had moved away (51 percent of cases combined). Only 17 percent of cases were reported as being closed due to client re-offending, although as previously discussed, since re-offending is not consistently used by case workers as a reason for closure, this may be under-reported (meaning this indicator does not effectively measure rates of client recidivism).

¹⁰² Including volunteering or participating in community events.

¹⁰³ Note: For many providers the reasons for closures did not add to the number of total closures. Keogh Bay has therefore used the sub-totals to calculate the total closures proportions for ATC. Clients may be counted twice if they exited, re-entered, and exited again in the period examined.

¹⁰⁴ Note: Two providers had missing reports during this period which will likely affect closure numbers.

Figure 5 – Number and Proportion of Adult Case Closures by Reason Type (1 July 2019 to December 2022)

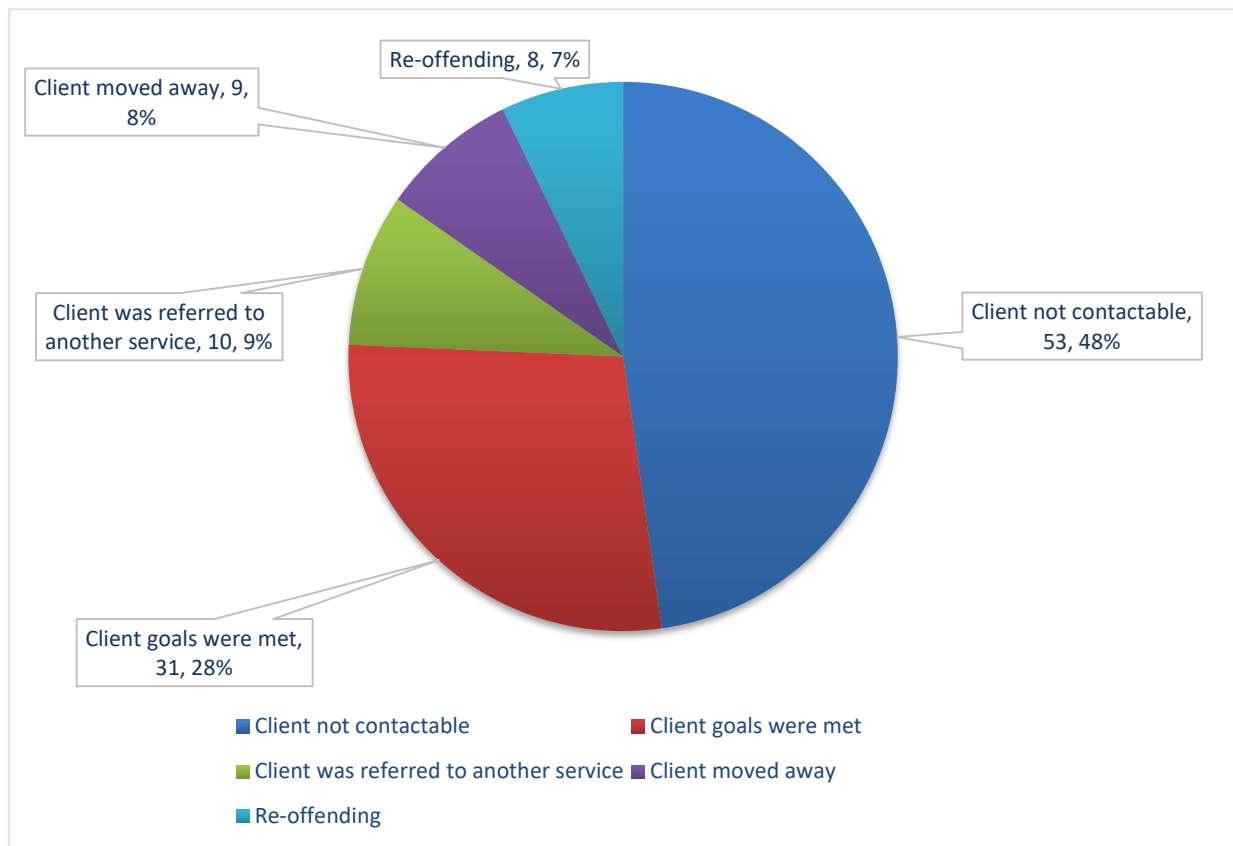


A further breakdown of this data by service provider reveals significant variance between services, with a higher proportion of ‘client goals being met’ for those services linked to ancillary support services, who averaged 33 percent, and lower levels of ‘client goals being met’ for those services operating in remote locations with fewer available services and an increased travel burden. The extent to which clients left a service because they become uncontactable or moved away was also higher at these latter services (accounting for 67 percent of all recorded case closures in the case of one service).

Analysis of similar data for the YTC program provided in the diagram below, shows that the proportion of closures due to goals being met was also relatively low at 28 percent, while the proportion of cases closed because the client moved away or became uncontactable was similarly high, at 56 percent combined. Closures due to re-offending were, however, encouragingly low for the YTC program at just 7 percent, although cohort data available for this analysis was limited to entries for just 8 individuals and may be under-reported (meaning this indicator does not effectively measure rates of client recidivism).

A further breakdown of this data by service provider reveals less variance between services in comparison with the data for adults. Similar to the data for adults, however, the highest proportion of ‘client goals being met’ (at 44 percent) was achieved by a service with access to integrated therapeutic and counselling services.

Figure 6 – Number and Proportion of Youth Case Closures by Reason Type (1 July 2019 to 31 December 2022)



While through-care services do not collect data on recidivism in relation to a client’s return to prison or detention *per se*, a series of associated data are collected which enable some comparison to the nationally reported recidivism figures. For both ATC and YTC clients this includes data on a range of proxy outcomes relating to client charges, convictions and administrative breaches, as provided in the tables below. Notwithstanding limitations with this data,¹⁰⁵ its comparison between services and with national data reveals provisionally encouraging results in some areas.

¹⁰⁵ The proxies used are not a direct comparison to the national recidivism figures and use differing definitions and periods. Additional limitations within the available through-care program data include missing data for available reporting periods, double counting for active clients across reporting periods, variances as to whether a provider counts a new offence only when it has occurred in the reporting period, significantly different outcomes for some services between periods, and mismatches between offence type counts and the total number of offences.

Table 9 – Data Relating to Charges, Convictions, Administrative Breaches/Offences for ATC Clients (1 July 2019 to 31 December 2022)

Indicator	ALRM	ATSILS	CHAC	CRC	Five Bridges	NAAJA	Nulsen (Outcare)	RYSS
Of the active clients in the period examined, proportion that had a charge, conviction or administrative breach recorded 1 July 2020 – 31 December 2022	28%	25%	20%	25%	24%	9%	31%	35%
Average proportion of Stage 1 to 6 clients who have been convicted or charged with a new criminal offence since imprisonment 1 July 2021 to 31 December 2022	82% ¹⁰⁶	33%	43%	41%	29%	NA	27%	NA
Average proportion of charges/convictions in the period that were of a less serious offence 1 July 2019-30 December 2022	64%	65%	61%	NA	86%	74%	67%	66%

National Figures: Adult offenders released from prison who returned to prison or corrective services within two years of release 2020-21¹⁰⁷ are:

- 57 percent of adults released from prison, returned to prison within two years.
- 64 per cent of adults released from prison, returned to community corrections within two years.

As shown in the table above, the proportion of adult clients ‘that had a charge, conviction or administrative breach’ averaged 25 percent across the program. Given the strict rules that typically apply around parole orders, and based on consultations with corrective services staff, this figure appears to be relatively low. Noting this outcome is ‘core business’ for services (given the high proportion of clients anecdotally known to be working through parole orders) the result may also be somewhat undercounted, since defaults are only recorded when they become known to the relevant authority.

Data around the proportion of clients ‘who have been convicted or charged with a new criminal offence’, which averages 43 percent across the ATC program, also compares well as a proxy for nationally reported recidivism rates, with Productivity Commission data for 2020-21 showing that 57

¹⁰⁶ Such an anomalously high reported figure may be reflective errors in reporting, for example as a consequence of incorrect data entry or misinterpretation of data definitions.

¹⁰⁷ Productivity Commission. ROGS 2022, Table CA 4. Accessed 18 April 2023 at <https://www.pc.gov.au/ongoing/report-on-government-services/2022/justice>

percent of Aboriginal and Torres Strait Islander adults released from prison returned to prison within 2 years, while 64 percent returned to corrective services.¹⁰⁸ Although not a direct comparison of like for like data sets, this result implies a 14 percentage point uplift in outcomes above the scenario of no treatment.

Also encouraging, but nevertheless somewhat ambiguous, are outcomes relating to the severity of the offence, for which on average across the program, 69 percent of the offences committed were of a less serious type than the client's original offence. It is not clear from this data, however, whether the cumulative number of offences for a given offender are recorded, and as with the previous indicator, defaults are only recorded when they become known to the relevant authority.

Noting the same overall limitations with the available data and the imperfect nature of these proxies,¹⁰⁹ comparison can also be made between recidivism proxies for YTC clients and outcomes reported in national data sets compiled by the AIHW.¹¹⁰ These comparisons are overall, similarly favourable, albeit with some exceptions, and are based on a smaller data set over a shorter period and subject to a greater degree of variance between service providers.

As shown in the table below, the proportion of active clients 'that had a charge, conviction or administrative breach recorded', for example, averages 45 percent, which compares favourably to the 57 percent and 80 percent of young people in national figures released from sentenced community-based supervision and sentenced detention, respectively, who returned to sentenced supervision or detention within 12 months. This result, however, masks significant variance between service providers, with the figure of 77 percent reported for on service Clittle better than no treatment. The result for this indicator, averaging 45 percent, is also marginally worse than the national rate of 41 percent of Indigenous young people 'who were under sentenced youth justice supervision ...and returned to sentenced supervision before turning 18 years'.

A similar argument can be made with respect to the proportion of YTC clients 'who have been convicted or charged with a new criminal offence since imprisonment', with the average program rate of 34 percent being favourably less than all comparable national figures, but at a rate of 53 percent, greater for one of the two providers with respect to national rates for young people 'who returned to sentenced supervision before turning 18 years' for (41 percent).

¹⁰⁸ See table CA.4 in the Productivity Commission's Report on Government Services

¹⁰⁹ Additional and specific limitations for the YTC program outcomes data include, for example, the count of active clients with offences and no offences adding to more than the total number of active clients. Trial site data sets have also applied different accounting rules.

¹¹⁰ See Young People Returning to Sentenced Youth Justice Supervision 2018-19.

Table 10 – Data Relating to Charges, Convictions, Administrative Breaches/Offences for YTC Clients

INDICATOR	ATSILS	NAAJA	VAACA
Of the active clients in the period examined, proportion that had a charge, conviction or administrative breach recorded 1 January 2022 – 31 December 2022	77%	12%	45%
Average proportion of Stage 1 to 6 clients who have been convicted or charged with a new criminal offence since imprisonment 1 July 2021 to 31 December 2022	NA	14%	53%
Trial site recidivism rate January 2020 to June 2021¹¹¹	46%	50%	38%

National Figures

INDICATOR	ATSILS	NAAJA	VAACA
Of young people aged 10 to 17 who were under sentenced youth justice supervision at some time between 2000–01 and 2018–19, what proportion returned to sentenced supervision before turning 18 years.¹¹²	41%	41%	41%
Of young people aged 10–16 in 2017–18 and released from sentenced community-based supervision, what proportion returned to sentenced supervision within 6 months and within 12 months.¹¹³	40% within 6 months and 57% within 12 months	40% within 6 months and 57% within 12 months	40% within 6 months and 57% within 12 months
Of those released from sentenced detention, what proportion returned within 6 months and 12 months.¹¹⁴	61% within 6 months, and 80% within 12 months	61% within 6 months, and 80% within 12 months	61% within 6 months, and 80% within 12 months

A further data set relating to the proportion of Stage 1 to 6 clients (adult and youth) who have a lower criminogenic need index score than at intake, has also been analysed, but given the absence of data from five of nine providers will not be presented here. The approach taken to reporting on this index was consistently criticised by service providers for being subjective and pejorative, and providers have either not submitted reports or else have inputted erroneous non-numeric data. The spread of results provided ranged from 4 percent of clients who improved, to 64 percent.

¹¹¹ YTC Summarised Trial Data that supported the *Final Report-Youth Through-Care Trial January 2020 – June 2021* by ABT Associate

¹¹² AIHW. *Young People Returning to Sentenced Youth Justice Supervision 2018-19*. Accessed 11 April 2023 at <https://www.aihw.gov.au/reports/youth-justice/young-people-returning-sentenced-supervision-2019/contents/summary>

¹¹³ Ibid.

¹¹⁴ Ibid.

7. UNINTENDED CONSEQUENCES

Are there any unintended consequences associated with the delivery of the ATC and YTC Models?

Stakeholders directly reported few, if any, unintended consequences of program implementation, with case workers and managers suggesting that the client-centred nature of delivery meant that outcomes were necessarily intentional (while unanticipated events typically presented themselves as challenges or barriers to implementation, usually outside of a case workers' control). That said, several unintended consequences were inferred from interviews with clients and service providers.

POSITIVE BUT UNINTENDED CONSEQUENCES

Several providers working with young people in family settings with siblings, including young adults as well as those under the YTC program, stated that the opportunity to work holistically with clients and family had provided them with an opportunity to identify vulnerable siblings of clients at risk of offending. In these cases, the prospective new clients were typically either incorporated into the scope of services delivered to the primary client, or else referred to appropriate alternative services.

Although not recorded in performance data, case workers and clients offered numerous examples whereby service delivery to the primary client had benefitted a vulnerable younger sibling, either through unofficial provision of direct support to the 'new' client with light-touch case management and support services, by motivating the primary client or older sibling to become a mentor to their brother or sister, or by advocating for supports such as housing to the benefit of the whole family. The case study below evidences how working with a client can inadvertently lead to benefits for a younger sibling.

Kayla is a 17-year-old female living in a regional town. She was referred to a through-care case worker over 18 months ago by her lawyer from an Aboriginal legal service. Kayla lives with her mother and has a younger sister aged 13, Hailey, who has also been involved with the youth justice system, but who has never been sentenced or detained. Kayla is subject to a parole order and works with her through-care case worker on a regular basis to talk things through and attend appointments. Kayla does not attend school or further education, but supported by her case worker goes to the youth centre twice a week, is learning how to use a computer there, and after setting up a bank account receives a youth allowance that she uses to pay for her mobile phone and to buy takeaway food for herself and her younger sister.

Kayla is close to her sister Hailey and they spend much of their time together. The through-care case worker also talks to Hailey during visits and takes her with Kayla to the youth centre and on other visits. Hailey is enrolled in school and does not receive a youth allowance but was able to set up a bank account with the help of the case worker at the same time as Kayla. According to Hailey's mother she is also more settled since her older sister was referred to the service and Hailey enjoys her talks with the case worker who reminds her to keep attending school and to avoid people who might cause trouble. Since working with her case worker Kayla has become something of a mentor to her sister and has talked to her about not getting into trouble so "she doesn't end up in the Big House" when she's older. Kayla's mother is proud that she is growing up to be strong and a role model for her younger sister.

While from a purely managerial perspective this additional activity may be deemed an inappropriate use of program resources and outside the scope of the service model, this approach is clearly consistent with good practice principles of 'holistic care' and 'family-focused care' - treating the family to benefit the individual – not to mention plain common sense (given the alternative would be to wait until the

sibling has entered the justice system and been detained to become eligible for the program). During such discussions, service providers also stated a preference for taking-on the siblings of former or active clients as new clients, should they subsequently enter prison or detention, given self-referrals based on knowledge of sibling or peer experience is regarded by some case workers as a strong indicator of a client's motivation to change.

NEGATIVE BUT UNINTENDED CONSEQUENCES

A negative yet unintended consequence, as reported by case workers, is a tendency for vulnerable clients who have developed a level of dependency on the case worker relationship, to make demands on case workers that may inadvertently cause psychological harm or stress to the detriment of the case worker. Many case workers identified as having developed close personal relationships with their clients, but acknowledged it is not unusual to be called late at night or on weekends to be asked to respond to a crisis better dealt with by emergency services. While such examples can be seen as an expression of the client's trust in the case worker, and are consistent with the principles of a client-centred and responsive approach, where appropriate policies and procedures are not in place, this can result in cumulative emotional strain on the case worker and may in some instances create the potential for a conflict of interest (should a client inadvertently reveal an unreported criminal act when seeking assistance in a crisis).

From discussions with Indigenous case workers it is also clear that anxiety from non-Indigenous staff around the cultural safety of their case management practices, can place additional strain on Indigenous case workers, who – notwithstanding the importance of this principle – are pressured to fill this gap and provide a level of cultural supervision beyond their capacity to offer support. This is especially the case when there is no external or alternative source of cultural supervision and support, other than from an Indigenous case worker within the team. While 'cultural supervision' in terms of space for affected staff to voice their concerns with a manager, and potentially seek counselling support through their EAP, is a feature of the ABT model, a lack of support for Indigenous case workers was nevertheless reported at some services. This issue was found to largely affect non-Indigenous services with a relatively small number of Indigenous case workers (and where historical examples of Indigenous case workers leaving the role for this reason were provided).

8. DATA REQUIREMENTS

To what extent do existing data collection and reporting meet the monitoring and evaluation needs of the ATC and YTC programs? What requirements are vital to inform a contribution to the National Agreement's justice targets?

WHETHER REPORTING MEETS PROGRAM NEEDS

Case workers, service managers and (where employed by the service provider) data administrators,¹¹⁵ were unanimous in their criticism of existing data collection and reporting requirements for both the ATC and YTC programs, which were considered to be time consuming, not aligned to the needs of the program, and with the exception of the largest two service providers, ultimately pointless, given no analysis of the recorded data is undertaken.

¹¹⁵ Of the eight services only NAAJA employs a dedicated data administrator (operating across both programs).

The consequences of this sentiment and the ineffective way in which data is recorded and reported by most services is reflected in the availability and quality of ATC and YTC data provided to Keogh Bay for the purposes of this evaluation. As discussed in the preceding chapter of this report, Keogh Bay notes several fundamental limitations with the statistical data provided, in terms of missing, incomplete and erroneous Stats Reporting Form data and Managers Report Form data, which were not consistently available across service providers, and in available reports contained various calculation errors, missing entries and fundamentally differing interpretations of counting rules.¹¹⁶

All service providers recognised that existing data collection and reporting activities were failing to meet the monitoring and evaluation needs of the program and that reports were generally not used at the service level to inform a process of planning or continuous improvement, other than at the individual client level (where data informs case planning and scheduling of appointments). While management teams acknowledged legacy issues including historical use of manual data collection systems, human error in data entry, and a lack of time and enthusiasm for data inputting amongst case workers, these 'people' factors were found to be only a small component of the problem (meaning an increased focus on user training or initiatives such as diarising time for data entry are a necessary but insufficient solution). It was also noted by one service provider involved in the trial of the youth service that support for data collection and analysis provided during the trial phase was helpful, but did not continue to be made available during following the pilot phase.

When acknowledging the inadequacy of statistical performance reporting, service managers and data administrators consistently stated that data definitions in mandated statistical reports were either absent or unclear and therefore open to varying interpretations. Examples provided include whether a client remaining with a service beyond a 24 month period is entered as a new client; how to account for a client that re-joins a service following a repeat period of detention; when to take a client off the active case-load; when to transfer a 'brief intervention' client to the active case-load; and whether to define a repeat offender on the basis of a charge or a conviction (and how this intersects with the severity of the offence-type). Inconsistent interpretations of the criminogenic needs index was also identified by service managers as an issue, with criminogenic needs assessments regarded as subjective and overly negative (i.e. not strengths-based) thereby limiting the value of the pre- and post-assessments as a measure of client progress.

More fundamentally, service managers and case workers were unanimous in concluding that mandated data collection templates developed following the co-design process failed to capture a true picture of the types of service activity and client outcomes they believed were representative of the program. Managers, for example, frequently described the templates as "repetitive" and "contact driven", indicating that statistical reports were useful as a means of monitoring case worker activity, but did not reflect the value of the service and the outcomes achieved for clients, which are incremental, reversible, and inherently difficult to quantify. Case workers spoke frequently of client successes in terms of a "small changes in mindset" and an approach to the client's relationship with the world that was not adequately captured in reported statistics. For example, a client might initially accept but later refuse or defer contact with a secondary service because they don't feel ready, their goals have changed, or they've attend once and not seen the benefit – all part of their personal development journey – but this nuance is lost by simply recording the fact of a contact (or lack thereof).

¹¹⁶ For example, different interpretations of the definition of a new client as either a new individual or an existing individual either returning following a period of detention or else being re-entered onto a case-load after exceeding the eligible period; or differing definitions and interpretations of how to score client progress against pre-release and post-release assessments of criminogenic risk factors.

Reflecting these general findings, YTC services indicated that current data collection systems fail to adequately report on important practice elements such as engagement with family and peers. For youth it was suggested that indicators around “reconnecting to family and kin” were limited and failed to distinguish between cases where family engagement was important to clients and cases where such engagement was something to be actively avoided. Although arguably beyond the scope of expected service delivery, interactions with family and peers that did not directly involve the primary client were regarded to be under recorded, notwithstanding the rationale that these interactions were part of an holistic service to the primary client. Simply being able to “tick the box if you’ve worked with family” was not regarded as adequately capturing the full extent of meaningful service delivery involving the client’s family or the proportion of time invested by the case worker in doing so.

Due to the absence of performance management systems able to generate robust monitoring data, services have not been able to successfully evidence their progress against outcomes statistically. This has not only hindered their ability to identify their achievements and successes, but hinders their capacity to modify and adjust programs in light of findings. As a partial solution to this problem, some service providers have sought to emphasise qualitative reporting and case studies over the statistical reports, but these tend not to be analysed in time series, nor linked to other client data, and exist in reporting as a list of anecdotal stories.

In recognition of the inadequacy of existing manual systems, which are inefficient and error-prone, several service providers are in the early stages of transferring data collection processes to online client relationship management systems as part of broader organisational transformation projects. These will have wide-reaching consequences for human resource management as well as data collection and reporting processes across these services. While the introduction of these systems has the potential to improve data collection and reporting practices, the implementation of these systems is in the early phases and an assessment of their value cannot be made at this stage.

REQUIREMENTS TO INFORM CLOSING THE GAP JUSTICE TARGETS

Closing the Gap justice targets, specifically outcomes 10 and 11,¹¹⁷ require the measurement of rates of Aboriginal and Torres Strait Islander incarceration (adults) and detention (young people aged 10-17 years). Data regarding rates of incarceration and detention is collected by the relevant State or Territory corrective services agency, and published by the Australian Bureau of Statistics (ABS) and Australian Institute of Health and Welfare (AIHW).^{118,119}

For ATC and YTC program data to inform or compliment these targets would require measurement of the rate of recidivism, and hence the contribution made by these programs to a reduction in this rate. Recidivism in its broadest terms is the rate at which incarcerated or detained persons re-commit a criminal act following release, and can be applied to offences that result in a range of consequences, including an arrest, being charged, convicted or re-sentenced. State and Territory data in relation to recidivism is currently published by the Productivity Commission and AIHW respectively, and focuses on the custodial dimension to re-sentencing, where the rate of recidivism is defined as “the proportion

¹¹⁷ Outcome 10: Aboriginal and Torres Strait Islander people are not overrepresented in the criminal justice system; Outcome Area 11: Aboriginal and Torres Strait Islander young people are not overrepresented in the criminal justice system.

¹¹⁸ See ABS Corrective Services and Prisoners in Australia catalogues.

¹¹⁹ See AIHW Youth Justice in Australia, Table S85a: Young people aged 10–17 in detention on an average day by Indigenous status, States and Territories.

of adult offenders released from prison who returned to corrective services within two years of release” and “ the proportion of youth released from sentenced detention, who returned within 6 months and 12 months.”^{120,121}

Discussions with service managers and data administrators have identified that for through-care program data collection to successfully enable a calculation of the rate of recidivism, there must be a consistent definition used in statistical reporting, such that where the criterion of ‘returned to prison or detention’ is not used, there is a consistent definition of reoffending, both in terms of the definition of an offence (whether this results in an arrest, a charge, a conviction or leads to a custodial sentence) and the period of measurement between offences.¹²² While ‘rate of recidivism’ is included as a measure in through-care reporting, it is apparent from Keogh Bay’s analysis of data sets that different data definitions have been applied. Greater confidence in the reliability of recidivism data for the through-care cohort would not only improve service-level performance reporting, but would enable a more robust comparison of service data with national and State or Territory specific data sets should the same data definitions be applied.

¹²⁰ See Productivity Commission. ROGS 2021. Accessed 18 April 2022 at <https://www.pc.gov.au/ongoing/report-on-government-services/2022/justice>.

¹²¹ See AIHW Young People Returning to Sentenced Youth Justice Supervision 2018-19.

¹²² The Australian National Institute of Justice, for example, uses a three-year rather than a two-year period following the person's release.

CONCLUSIONS AND RECOMMENDATIONS

This chapter provides a summary of key findings by research question, with overall conclusions delineated by strengths, weaknesses and opportunities for the design and implementation of the ATC and YTC programs. Six recommendations for improvement are made, with actions for NIAA to update program guidelines and service agreements to enable high quality case work to flourish.

DESIGN APPROPRIATENESS

While through-care service providers are delivering services in a manner consistent with some elements of the ABT models described, it is clear they are not explicitly delivering services according to the ABT practice framework and standards. The focus in this evaluation on 'fidelity of model implementation' has therefore been on the extent to which service providers have departed from the core elements of the ABT models, why this has been the case, and whether the resulting practice is effective or not in meeting client needs. This report has therefore evaluated the services as delivered, with findings regarding the effectiveness and outcomes of services made with respect to actual delivery rather than as direct commentary on the ABT model itself.

The characteristics of through-care service delivery, as implemented by through-care service providers, departs from the ABT model to varying degrees. Through-care service models follow legacy practices linked to prior funding agreements, adapted to local circumstances, rather than consciously following the co-designed ABT model. Because of historically high rates of staff turnover and a lack of buy-in to the co-design process itself, most case workers are not aware of the ABT model. To the extent that services are cognisant of following a national approach, case workers felt constrained by its eligibility requirements, which were perceived to be prescriptive; and its reporting requirements, which were perceived to be process-driven and thought to drive practice, while lacking the necessary contextual guidance and practical strategies required for effective implementation.

This finding is not, however, a blanket criticism of the ABT model, since guidance around the core elements of the service model proposed (including intensive case management, service collaboration, and working with family, culture and kin) proactively encourages case workers to vary practices according to a local needs and context-specific opportunities and risks. Rather, case workers did not refer to ATC or YTC (ABT) model guidance in their work, and were therefore unaware of the flexibility permitted in delivery of the model's core elements. Case workers instead sought to 'work around' what they perceived to be a linear process of assessment, planning and review, in preference for a more dynamic, contextualised, and incremental approach to working with their clients, which they considered to be localised and case-by-case based.

That said, notwithstanding the flexibility of the ABT models with respect to case-management and on-going client support, delivery of through-care services was found to vary from the ABT model proposed in often fundamental ways, notably around the eligibility requirements for clients, including whether they commenced after sentencing and pre-release from detention; whether they continued to receive post-release intensive case management and support for periods greater than 18 months; and the use of ATC program funds to provide services to a youth cohort.

A range of reasons were reported for these variations, including the influence of geography (being at a service delivery site far from places of detention, which inhibits pre-release engagement) and the need to address particular support needs of the most vulnerable client groups. Service providers therefore reported varying program eligibility requirements in response to client circumstances or to address perceived gaps in the prescribed service model. Clients who are on remand or on bail in the community, or who receive shorter sentences, for example, were also found to be in receipt of through-care

services, despite being technically ineligible for the program. It was reported by service managers that this is a significant issue for females and youth, who may otherwise have difficulty receiving through-care services intended for prisoners on longer sentences.

Such variations, however, were not found to be detrimental to client outcomes. While the ABT model emphasises the importance of pre-release engagement, based on stakeholder consultations, there is little evidence to support the hypothesis that post-release commencements are less effective in the long-term (with outcomes more dependent on the client's motivation and the development of a trusting relationship with their case worker). Moreover, where the length of case management is limited to two years, clients reported being less able to achieve their long term goals and a greater level of independence, when compared to clients benefiting from a longer period of service. Service providers delivering through-care to a youth cohort using ATC funding were also found to benefit youth clients transitioning to adulthood – who might otherwise cease to receive services (noting also the finding that clients aged 16 years and older tended to be more engaged, with younger teens and adolescents reported to be at greater risk of re-offending). Ultimately, where gaps in the ability of service models to meet client needs were identified, for example, with respect to clients on shorter sentences or on remand, services were attempting to fill these, subject to available resources.

Overall, the implementation of IAS funded through-care services was found to be largely strengths-based and client-centred, as well as culturally respectful and safe. Both YTC and ATC clients consistently stated that their case workers worked “alongside them”, with the case worker's ability to “listen without judgement” being the foundation for a strengths-based approach. The potential of programs and services which strengthen cultural identity and which connect clients with country and kin was also consistently acknowledged by service providers and clients to be a driver of success, particularly for adults and especially adult males. Services models were also found, on the basis of workforce and governance factors, to represent an Indigenous approach, with most IAS through-care services being led by service providers with majority Indigenous boards and by management teams who are led by Indigenous people.

SERVICE COLLABORATION

Consistent with the ABT model, service providers reported that effective through-care service delivery should be holistic, involving the coordination and collaboration of secondary support services to meet the needs of clients, facilitated by established relationships with the third-party service provider. In particular, for client's commencing pre-release, close relationships with prison staff (especially Indigenous Liaison Officers) were regarded as important for identifying and developing relationships with clients early; while collaborative case management practices for youth were seen as essential when working with statutory services, particularly for youth aged less than 14 years. Post-release, in cases where the service system contains a range of high quality services with whom relationships are productive, service delivery can appear seamless to clients, leading to increased trust and voluntary connection to the program.

Despite acknowledging the importance of service delivery partnerships, service providers overall, however, reported a lack of capacity to sustain their relationships with secondary services to drive an holistic, integrated, and intensive response. The extent to which service pathways are collaborative or integrated was found to be mixed, with a service provider's ability to collaborate with justice or corrective services often hindered by geography or weak relationships with parole officers, which has limited the capacity of case workers to establish pre-release relationships, or else work around the more inflexible parole requirements post-release.

Access to external services such as safe and secure housing, AoD rehabilitation or counselling were also seen to be somewhat ad hoc, and based upon loose networks of individual and informal relationships

rather than being systematic. In addition to crucial housing support, pressing gaps were reported with regards to the NDIS, with reportedly few clients accessing this benefit, despite the potential for significant resources and associated support services to be accessed. Few formal mechanisms or forums for interagency collaboration exist, while case workers tend not to be actively or strategically developing service partnerships in their regions given resource constraints, the maturity of management and planning systems, and the responsive, crisis-driven, way in which services are typically delivered.

Several causal factors were reported to inhibit the extent to which service providers can improve levels of service collaboration, including but not limited to staff turnover and the limited capacity of case workers to proactively develop service networks. The availability and quality of third-party services is also often impacted by location. In more remote areas, there are likely to be service gaps which may be covered by outreach services, where service continuity and the development of trust may be problematic. Conversely, in urban locations, where service systems tend to be more congested, it may be harder to identify an appropriate provider who is suited to a particular client, or else a service that is culturally safe.

The extent to which through-care services are duplicative of similar services was found, however, to be limited across all providers and locations, on the basis that through-care services are unique with respect to the intensity of personal support they are able to provide their clients. Where duplication was reported, this was usually for clients receiving re-integration support from correctional service agencies, with both community corrections and through-care service providers supporting clients to meet their parole requirements. The potential for duplication was also reported to be greatest in urban areas where there are more likely to be additional intensive case management services, although any such service was not seen as 'competition' (reportedly being less flexible in their approach to case management and time periods, as well as lacking connections into the community).

Since significant case worker time is directed towards supporting clients to meet parole conditions and transporting them to appointments, a greater role for community corrections in supporting clients with their parole orders is needed, with the opportunity for service providers to elevate their relationship with these agencies from being ad hoc and responsive to being a more structured relationship based on formal MoUs. A similarly strategic approach is required with respect to the housing and disability sector, for through-care services to support clients who are eligible to benefit from the NDIS and to mitigate homelessness and transience (which increases the risk of reoffending). Creating formal relationships with disability support providers will ensure clients receive best practice care for their condition, and enables case workers to focus on holistic case management.

QUALITY OF DELIVERY

Consistent with the ABT models, effective through-care provision is understood by service providers to be dependent on voluntary, self-motivated clients, supported by case workers through intensive case management, collaboration with external support services, and working with culture, family and kin, as appropriate. Although acknowledging the inherent flexibility in the approaches taken to implementation of these core service model elements as a strength, success in this framework requires capable and committed case workers, backed by effective management and other organisational and financial resources.

The quality of case workers and the support they receive, therefore, was reported to be a key determinant of program success, with the more effective services seeking to improve staff pay and conditions, and providing case workers with access to clinical and cultural supervision, comprehensive onboarding, strong performance management practices, and access to training and professional development. Accordingly, the most effective case workers were found to be both appropriately

qualified and experienced (including lived experience of client trauma) as well as emotionally committed, with a client's respect for, and trust in, such case workers, reported irrespective of the case worker's indigeneity.

Although overall a strength at all service providers, the quality of case worker support was found to vary, both between sites at the same service and between services. Geographic isolation and the level of support provided to the service by the host organisation were identified as important contributing factors. In larger services, where through-care is regarded as ancillary to core legal services, there has historically been a high turnover of managerial leadership and case workers, with management structures and pay levels reported to be the primary issue driving historically high rates of staff turnover. Attracting Indigenous staff has also proven difficult, with a reported lack of resources and support to acquire qualifications, or other obstacles such as an inability to obtain clearances to work with youth or in prisons.

That said, despite these limitations, in almost all cases clients felt that their case worker was effective and had gone 'above and beyond' to assist in meeting their needs, with clients who develop a close relationship with their case worker reportedly more likely to stay connected to the program and report higher levels of satisfaction with the service. Strong client-case worker relationships could reportedly be achieved both during pre-release support, when clients are likely less distracted but anxious for support, as well as post-release, when often practical and short-term goals are worked on and achieved to build a trusting relationship. Notwithstanding the commitment of case workers, however, in addition to organisational determinants, the influence of geography continued to be a mitigating factor, with the ability of case workers to establish client relationships, pre-release, dependent on their proximity to a prison or detention centre; and distance from the client's home community reducing both the visibility of clients and the case worker's ability to coordinate supporting services. Intensive case management in such circumstances was regarded as difficult to achieve, requiring travel across large distances to maintain relationships.

An equally crucial dimension to the quality of service delivery, is the role of culture, family and kin, and consistent with the ABT model, family were frequently involved in supporting clients through their re-integration journey. In all cases case workers recognised the importance of re-establishing or leveraging client relationships with family, and would generally discuss with clients ways in which family might be appropriately involved. Notwithstanding the inherent flexibility of the service model, which acknowledges the need for judgement and a provisionally cautious approach in regards to family involvement (which may be regarded as a negative influence or be prohibited in some circumstances) case workers across all services were seen to vary their practices from a standard approach. This meant working holistically with the family unit, rather than simply the individual client, in cases where the client was dependent on a parent, grandparent, spouse or carer; or else expanding the definition of family to include groupings of peers, in cases where these relationships were regarded as especially important to the client's identity and sense of wellbeing.

RESOURCE USE

Managers from all service providers across ATC and YTC programs, stated that their services were under-resourced and that additional funding was needed to meet client needs by recruiting more case workers, increasing brokerage expenditure, improving access to high quality therapeutic programs, and by improving the pay and conditions of case workers to attract and retain high quality staff. At all service providers, the pay levels of case workers was reported to be a key driver of high levels of staff turnover, challenges recruiting experienced, qualified, and committed staff, and in providing continuity of support to clients. It is in the context of relatively poor levels of pay that the issue of discretionary brokerage expenditure has emerged as an important topic for case workers, given reports of case

workers using their personal income to buy discretionary items for clients when brokerage money is either not available or else administratively challenging to access from the service provider.

Given the large number of Indigenous persons in prison or detention, compared to the number of through care places, it is difficult to refute the claim that more resources are needed. Virtually all case workers reported that their case-load is too high to provide intensive and effective case management services. An analysis of service provider case-loads, however, shows a high degree variance in case-loads between providers and sites. When ratios are calculated using the available data, the recommended case-load of 12 adult clients is exceeded for only one service, while the case-loads for all YTC services approximate the recommended level. While case-loads are driven by several factors, such as the complexity of client need and the remoteness of the provider or client, it is likely therefore that case workers feel stretched, not simply because of high case-loads driven by high levels of new client demand, but because of the fact that many clients are supported for lengthy periods beyond the prescribed 18 months post-release. Although factors such as cognitive capacity and access to transport are strong mitigating factors, which increase the complexity of client need (and which cannot be resolved within 18 months) such extensions to the period of client support are often driven by the need to continue to support clients in meeting their parole obligations well beyond 18 months post-release.

MAKING IMPROVEMENTS

A range of opportunities exist for through-care services to strengthen and build upon elements of existing practice to improve the effectiveness of service delivery. The extent to which opportunities for improvement can be taken, however, is dependent not just on access to additional resources, but on the capacity of services to take a systematic and strategic approach to the way services collaborate with service partners, and support case workers to deliver an effective service. As part of the evaluation, several opportunities to improve practice were identified in feedback from stakeholders. Since many of the issues raised in response to this area of inquiry are raised in other sections of this chapter they will not be repeated here (for instance, changes to client eligibility criteria, expansion of practices involving working with family and kin, and developing MoUs with service partners).

The following additional opportunities from this feedback are, however, noted:

- With respect to model design, in addition to reframing guidelines so that the family unit and peer groups can be better supported (in unison with the individual client) a further suggestion was that the definition of 'youth' be expanded from 18 to 25 years (in accordance with WHO definitions) to ensure continuity of care post-18 years and to better align with other youth care services.
- With respect to service collaboration and the negotiation of MoUs, it is further noted by youth service providers that opportunities exist to formalise relationships with youth diversionary services, who may be able to address a gap in services to youth on weekends and after normal business hours when through-care case workers are not usually working.
- With respect to program implementation, there was additionally a suggestion that service providers (especially larger service providers) create a team leader role (or similar) to coordinate local service delivery, improve accountability, support case workers and streamline internal processes across all service sites. Service providers would also like to see the creation of a through-care community of practice to support case workers to identify and share areas of good practice, innovate in developing strategies of support, and to better contextualise their role.

ACHIEVING OUTCOMES

Through-care clients at all services reported a high degree of satisfaction with the services provided, grounded in strong relationships with case workers and satisfaction with the secondary services they had been referred to. Client feedback indicates strong satisfaction with the services received and the importance of a strong and trusting bond with case workers. These outcomes, qualitatively reported, are backed by quantitative evidence to some extent, although the poor quality and limited availability of service level performance data limits confidence, while the evidence of positive outcomes is not systematic across the program. A range of data provided against key program metrics shows some mild positive outcomes that often compared favourably with national averages. Highlights include data around the proportion of clients 'who have been convicted or charged with a new criminal offence', which averages 43 percent across the ATC program, and compares well with Productivity Commission data for 2020-21 showing that 57 percent of Aboriginal and Torres Strait Islander adults released from prison returned to prison within 2 years. Moreover, 69 percent of client offences committed while on case-loads were of a less serious nature than the original offence.

While services believe that overall they are making a positive difference, therefore, it was acknowledged that examples of clients successfully exiting the program with long term outcomes such as employment, secure housing, reunified relationships and no re-offending, was limited by a range of mitigating factors. These factors included underlying 'human capital' issues such as cognitive disabilities and poor mental health, addiction to alcohol and drugs, and ongoing trauma, in addition to deficiencies in 'social capital' like the influence of peers, a lack of affordable housing, and - particularly in remote areas - the absence of secondary support services and employment opportunities to enable long-term independence. According to available data, just 18 percent of clients became employed while participating in the program, with 12 per cent of clients attended education or training. Where positive outcomes were realised this was often for older clients (those in their 40s and 50s).

During discussions with case workers many expressed a desire to see the focus of outcomes defined in the current model to be shifted, to concentrate more on more immediate, incremental changes, rather than those driving at long-term rehabilitation or reintegration (such as, longer periods of being free from drugs and alcohol, better and longer connection with families, and self-reported improvements in social and emotional well-being. Employment in particular, as an outcome, was criticised since many clients are reported to be either receiving a disability pension, lack the foundational human capital, or else live in remote areas where employment opportunities are more limited.

UNINTENDED CONSEQUENCES

The client-centred nature of through-care delivery means that outcomes necessarily tend to be intentional, while unanticipated events are typically challenges or barriers to implementation outside case workers' control. That said, several unintended consequences were inferred from stakeholder interviews. Firstly, an unintended yet positive consequence was found in relation to young people in family settings with siblings, whereby case workers with an opportunity to work holistically with clients and family, took up opportunities to work with the vulnerable siblings of existing clients, who were observed to be at risk of offending.

Secondly, an unintended yet negative consequence was found, where there may be a tendency for vulnerable clients who have become dependent on their case worker, to make demands that may inadvertently cause psychological harm or stress to the detriment of the case worker. This often manifests where the client will call outside of normal hours, especially in crisis situations, ask for support that is out-of-scope and may incur a financial cost to the case worker. The nature of the service and importance of the trusted relationship means that case workers have a hard time saying no, especially where no alternative support for the client is available.

DATA REQUIREMENTS

Service providers were unanimous in their criticism of existing data collection and reporting requirements for both the ATC and YTC programs, which were considered to be time consuming, repetitive, contact driven, and rarely analysed and used to inform continuous improvement processes or ongoing monitoring and evaluation needs of the program. In particular, service providers were unanimous in concluding that mandated data collection templates failed to capture a true picture of the types of service activity and client outcomes they believed are representative of the program (which are incremental, reversible, and inherently difficult to quantify). These criticisms are made worse by the lack of consistent data definitions, with service providers consistently stating that data definitions in mandated statistical reports were either absent or unclear and therefore open to varying interpretations.¹²³

As a response to the issues identified, some service providers have moved to the use of qualitative reporting and case studies as a means to demonstrate programmatic success. In addition, providers are developing online data collection and client relationship systems that may have longer-term benefits in terms of highlighting service performance. Service providers generally reported that the most effective application of data is where it used to manage clients at the individual level (e.g., case planning, scheduling of appointments, etc).

Data managers and administrators would therefore like more clarity around data definitions to better use their time and imbue confidence that data will be used to help improve the program and offer feedback to providers as to how they are performing. Given the resources and time required to collect and collate data, increasing management or case worker capacity and providing training in data collection (and data definitions) will be useful to improve practices.

RECOMMENDATIONS

Six recommendations have been developed to address the issues noted with respect to through-care program design and implementation. These are intended to help further shape program guidelines and data collection, as well as the implementation of through-care services, in ways that address issues of service capacity and which enable high quality case work to flourish. As with any such policy recommendations, it is prudent that implementation support be provided by NIAA to ensure their effective implementation by service providers, including by ensuring – where possible – that the resources required for implementation of any new initiative does not reduce the overall quantum of funding for front-line service delivery. A role for NIAA will also be critical in supporting service providers in their advocacy for a better alignment of State and Territory community corrections policy (amongst other areas of policy) with effective through-care practices.

¹²³ Examples where further clarification is required, include whether a client remaining with a service beyond a 24 month period is entered as a new client; how to account for a client that re-joins a service following a repeat period of detention; when to take a client off the active case-load; when to transfer a 'brief intervention' client to the active case-load; and whether to define a repeat offender on the basis of a charge or a conviction (and how this intersects with the severity of the offence-type). Furthermore, where the criterion of 'returned to prison or detention' is not used as the basis for a definition of recidivism, a consistent definition of reoffending must be defined, both in terms of the definition of an offence (whether this results in an arrest, a charge, a conviction or leads to a custodial sentence) and the period of measurement between offences.

NUMBER	RECOMMENDATION	DESCRIPTION
1	Merge the ATC and YTC programs	<p>It is recommended that NIAA merge the ATC and YTC programs into a single through-care program, but maintain separate service requirements, activity, and outcomes data as relevant to each cohort. Since through-care services delivering both programs have integrated these within operational and management systems and processes, it makes little sense for their continued separation in funding agreements, which according to affected services adds to their administrative, budgeting and reporting burden. Moreover, several adult services in any case already deliver youth services by agreement with NIAA, without this being delivered under a separate youth program. Youth clients of these services are found to benefit from linkages to complimentary programs and services delivered by these providers, as well as continuity of service upon transition to adulthood, when services delivered to youth are otherwise at risk of dropping-off.</p>
2	<p>Revise through-care program guidelines:</p> <ul style="list-style-type: none"> • Eligibility • Entry Points • Period of Support 	<p>It is recommended that NIAA revise through-care program guidelines to clarify client eligibility criteria with respect to (i) post-release commencement, (ii) clients receiving short sentences or on remand and (iii) clients remaining on case-loads beyond 2 years.</p> <ol style="list-style-type: none"> i. Most service providers will start working with a mix of clients at pre-release and post-release stages. While there is some evidence in best-practice to suggest that pre-release commencements help foster space and time for relationship development, this should not preclude service providers from initiating post-release commencements if appropriate, for example, where the client has received a short sentence or is returning to a location (far from a place of detention) from which the through-care service was logistically unable to commence the client pre-release. The evaluation finds no evidence of diminished outcomes for post-release clients (compared to pre-release) with outcomes more contingent on factors such as the client’s personal motivation and trust in their case worker. ii. Corollary to the above, and subject to preparation of clear guidance, service providers should not be prevented from commencing clients who received a short sentence (that is, less than 6 months) or those who have been placed on remand. This cohort of prospective clients was regarded by service providers to be no less vulnerable than clients with longer

NUMBER	RECOMMENDATION	DESCRIPTION
		<p>sentences, and consistent with best-practice literature presents opportunities for earlier program intervention. The current inability of service providers to commence clients on short sentences was found to be particularly detrimental for prospective female and youth clients, despite these groups being both high need and a growing source of latent demand.</p> <p>iii. Furthermore, it is recommended to extend the period of client eligibility for through-care services to 3 years, in circumstances where clients have complex needs but show evidence of progressing towards their goals incrementally. This change will ensure that clients who remain vulnerable to re-offending continue to receive support from service providers while removing the incentive for active clients to be recorded as new clients in case-loads. Extension of the period during which a client can receive services is consistent with best-practice guidance (that refers to an optimal three year period), enables service providers to better meet the needs of vulnerable clients, and reflects the existing practice of most through-care services.</p>
3	Update program guidelines to enable case workers to better support the family unit and peer-to-peer client interactions	It is recommended that NIAA update through-care program guidelines to clarify and expand guidance with respect to working with family, culture, and kin. While the current model has a focus on including family, culture and kin in support processes - and recognises that client perspectives and risks regarding connection to family, culture and kin, must be worked with – based on service provider and client feedback there is a need to update guidance to enable greater levels of support to the family unit, rather than simply the individual client, and for greater support for peer-to-peer client relationship development and client support groups. Service providers already working holistically with the family unit or encouraging client-peer interactions have reported notable successes with this approach but feel existing program guidelines fail to actively encourage this practice. In updating practice guidelines, it is recommended to move away from an individualistic approach to include supports that are more collective or relational, including practices that promote peer-to-peer interactions.
4	Update funding agreements:	It is recommended that NIAA revise and update funding agreements to (i) address gaps in service coordination and partnerships arrangements, (ii) reduce minimum case-loads

NUMBER	RECOMMENDATION	DESCRIPTION
	<ul style="list-style-type: none"> • Promote Service Coordination and Partnerships • Reduce Minimum Case-loads • Improve Workforce Conditions and Capacity • Increase Brokerage Funding 	<p>(iii) improve workforce conditions (iv) improve workforce capacity, and (v) increase discretionary brokerage funding.</p> <ul style="list-style-type: none"> i. There is need for a more strategic approach to be taken in developing long-term service partnerships with clear and integrated pathways of support for clients. This requires a greater emphasis be placed on organisational and institutional capacity-building to establish formal partnerships and long-term relationships with external services, including investments in substantive coordination mechanisms, such as inter-agency planning groups and formalised MoUs. To date only two service providers have developed formal MoUs, despite the benefits of structured partnerships being a feature of the best-practice literature. ii. It is recommended that minimum case-loads in service agreements be reviewed and potentially reduced from 8 to 15 (nominally 12) for adults and 8 to 12 (nominally 10) for youths, to 8 to 10 for adults and 6 to 8 for youth (as averages across a service). While each service considered a different level of contact to be appropriate to constitute intensive case management, most case workers, irrespective of their client cohort or service, believed that existing case-load requirements were too large to enable a truly intensive service for their clients. iii. It is recommended that NIAA review funding levels to enable service providers to improve pay levels and working conditions for through-care staff, such that there is greater parity with equivalent occupations in government and elsewhere in the community services sector. Funding agreements may also be updated to include clauses with respect to training and professional development investments by service providers, such that a more consistent approach to identifying training needs and allocating expenditure is taken. Poor pay and a lack of career development opportunities were reported by service providers to be the primary reason for high rates of staff turnover at several through-care services. iv. It is recommended that NIAA use funding agreements to ensure that all sites have a designated senior or coordinator position, and that larger sites have the capacity to recruit an ancillary case worker support position. At present many sites lack coordinator roles to report to and coordinate across locations and have

NUMBER	RECOMMENDATION	DESCRIPTION
		<p>lacked dedicated time for the development of service partnerships, or to support junior and less experienced case workers on a day-to-day basis.</p> <p>v. It is recommended that NIAA address gaps and inconsistencies in the way services manage discretionary brokerage funding. Case workers frequently cited a lack of brokerage monies as a barrier to meeting the material needs of clients, and either lacked the authorisation to buy necessary items, or would use their own income. It is suggested that the proportion of funds allocated for brokerage be increased and guidance be provided within service agreements to clarify the broad purposes to which these monies can be used, and to ensure an appropriate allocation of funds for this purpose. Variations and inconsistencies in the way brokerage monies are used was noted as key operational impediment at most through-care services.</p>
5	Fund a Through-Care Community of Practice	<p>It is recommended that a proportion of through-care program funding be utilised for the establishment and operation of a community of practice. This will inform the continuous improvement of through-care practice, including as a mechanism to identify and share areas of good practice and improve the consistency of implementation. This could be implemented, including online and conferencing components, by a suitable peak Aboriginal justice entity, or else be chaired on a rotational basis (noting that such peaks operate on a jurisdictional rather than national basis). Such a community of practice was a recommendation of the ABT model and youth service trials, which has not been formally implemented despite the support of through-care providers.</p>
6	Develop Program Outcome Definitions	<p>It is recommended that NIAA work with through-care service providers to undertake a review of program outcome data types and definitions. Given the poor quality and patchy availability of data currently captured in service performance reports, there is a clear need for clarified and improved data definitions and supporting data tools, including data glossaries. All data fields in performance reports should be reviewed in consultation with service providers, and definitions be clarified and updated in program guidelines. As part of this task, it is recommended that the existing criminogenic needs index, which is regarded as subjective and pejorative, be revised in favour of a more culturally appropriate and strengths-based assessment tool that captures more nuanced outcomes (including longer periods of abstinence from alcohol, other</p>

NUMBER	RECOMMENDATION	DESCRIPTION
		drugs, or gambling; longer periods in contact with family; self-reported improvements in social and emotional well-being; or the simple fact of actually reaching out and acknowledging the need for support). Service providers were unanimous in their support for a review of existing outcomes indicators and their measurement.

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APPENDIX A: EVALUATION DATA MATRIX

Evaluation Question 1: How appropriate is the design of both the ATC and YTC models to meet the needs of clients and stakeholders? To what extent are the models’ strengths based, culturally respectful and collaborative? To what extent do they represent an Indigenous approach?

DATA	DATA SOURCES	COLLECTION TOOL
Observation that ATC and YTC model design is reflective of evidence in the research of what works in through-care program models.	- ATC and YTC Manager and Data Administrator	- Desk-top Review
Feedback from service providers that service implementation is guided by model design, including reference to the proposed program logic.	- ATC and YTC Manager and Data Administrator	- Semi-structured Interview with Managers and Data Administrators
Feedback from clients and families that identifies the service model as meeting their needs.	- Clients and Family - Performance Reporting	- Semi-structured Interview with Client and Family - Desk-top Review
Feedback that identifies service provider staff are satisfied that the service model is meeting client needs.	- ATC and YTC Case Workers - ATC and YTC Manager and Data Administrator - Performance Reporting - Correctional Services staff	- Semi-structured Interview with Case Workers - Semi-structured Interview with Managers and Data Administrators - Semi-structured Interview with Corrective Services - Desk-top Review
Feedback from clients and families that identifies the service model as being culturally respectful and culturally safe.	- Clients and Family - Performance Reporting	- Semi-structured Interview with Client and Family - Desk-top Review
Feedback from clients and families that identifies the service model as being strengths-based. Feedback that identifies service provider staff are satisfied that the service model is culturally respectful and culturally safe.	- Clients and Family - Performance Reporting - ATC and YTC Case Workers - ATC and YTC Manager and Data Administrator - Performance Reporting - Correctional Services staff	- Semi-structured Interview with Client and Family - Desk-top Review - Semi-structured Interview with Case Workers - Semi-structured Interview with Managers and Data Administrators - Semi-structured Interview with Corrective Services - Desk-top Review

DATA	DATA SOURCES	COLLECTION TOOL
Feedback that identifies service provider staff are satisfied that the service model is strengths-based.	<ul style="list-style-type: none"> - ATC and YTC Case Workers - ATC and YTC Manager and Data Administrator - Performance Reporting - Correctional Services staff 	<ul style="list-style-type: none"> - Semi-structured Interview with Case Workers - Semi-structured Interview with Managers and Data Administrators - Semi-structured Interview with Corrective Services - Desk-top Review
Observation that through-care service providers promote an environment of cultural safety and competency through policy and procedures documentation used to guide case management.	<ul style="list-style-type: none"> - ATC and YTC Manager and Data Administrator 	<ul style="list-style-type: none"> - Semi-structured Interview with Managers and Data Administrators - Desk-top Review
Proportion of external service providers that identify the service model as being culturally respectful and culturally safe for clients.	<ul style="list-style-type: none"> - External Service Providers - Correctional Services staff 	<ul style="list-style-type: none"> - External Service Provider Survey - Semi-structured Interview with Corrective Services
Feedback from external agencies that identifies the service model as being collaborative.	<ul style="list-style-type: none"> - External Service Providers - Correctional Services staff 	<ul style="list-style-type: none"> - External Service Provider Survey - Semi-structured Interview with Corrective Services
Proportion of external service providers that identify the service model as being collaborative.	<ul style="list-style-type: none"> - External Service Providers - Correctional Services staff 	<ul style="list-style-type: none"> - External Service Provider Survey - Semi-structured Interview with Corrective Services
Proportion of external service providers that identify the service model as meeting the needs of clients.	<ul style="list-style-type: none"> - External Service Providers - Correctional Services staff 	<ul style="list-style-type: none"> - External Service Provider Survey - Semi-structured Interview with Corrective Services
Proportion of through-care service providers and referred services that are Indigenous controlled.	<ul style="list-style-type: none"> - ATC and YTC Manager and Data Administrator 	<ul style="list-style-type: none"> - Semi-structured Interview with Managers and Data Administrators
Proportion of referrals to services aimed at cultural strengthening and connection to country.	<ul style="list-style-type: none"> - ATC and YTC Manager and Data Administrator - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Managers and Data Administrators - Desk-top Review

DATA	DATA SOURCES	COLLECTION TOOL
Feedback from service providers that identifies Indigenous decision-making and leadership over through-care service delivery in their organisations.	<ul style="list-style-type: none"> - ATC and YTC Manager and Data Administrator - Correctional Services staff 	<ul style="list-style-type: none"> - Semi-structured Interview with Managers and Data Administrators - Semi-structured Interview with Corrective Services
Indigenous FTE as a proportion of total employment, and proportion of case workers identifying as Indigenous.	<ul style="list-style-type: none"> - ATC and YTC Manager and Data Administrator - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Managers and Data Administrators - Desk-top Review

Evaluation Question 2: How well do the ATC and YTC Models work alongside other government and non-government service provision and are there areas of duplication?

DATA	DATA SOURCES	COLLECTION TOOL
Frequency counts of client referrals by type by location.	<ul style="list-style-type: none"> - Performance Reporting 	<ul style="list-style-type: none"> - Desk-top Review
Descriptors from clients and family that the availability of, and access to, external services is sufficient to meet client needs.	<ul style="list-style-type: none"> - Clients and Family - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Client and Family - Desk-top Review
Descriptors from service providers that the availability of, and access to, external services is sufficient to meet client needs.	<ul style="list-style-type: none"> - ATC and YTC Case Workers - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Case Workers - Desk-top Review
Feedback from service providers regarding the maturity of the service system, including the extent of collaboration, follow-up, and clarity of referral pathways.	<ul style="list-style-type: none"> - ATC and YTC Case Workers - ATC and YTC Managers and Data Administrators - External Service Providers - Correctional Services staff - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Case Workers - Semi-structured Interview with Managers and Data Administrators - Semi-structured Interview with Corrective Services - External Service Provider Survey - Desk-top Review
Feedback from service providers that identifies duplication in service delivery within the service system	<ul style="list-style-type: none"> - ATC and YTC Case Workers - Performance Reporting - Correctional Services Staff 	<ul style="list-style-type: none"> - Semi-structured Interview with Case Workers - Semi-structured Interview with Corrective Services - Desk-top Review
Proportion of external service providers that report duplication of services.	<ul style="list-style-type: none"> - External Service Providers - Performance Reporting 	<ul style="list-style-type: none"> - External Service Provider Survey - Desk-top Review

DATA	DATA SOURCES	COLLECTION TOOL
Proportion of external service providers that report receiving regular referrals from through-care service providers.	<ul style="list-style-type: none"> - External Service Providers - Performance Reporting 	<ul style="list-style-type: none"> - External Service Provider Survey - Desk-top Review

Evaluation Question 3: How well are the ATC and YTC models being delivered? What is working well/less well for service providers/sites and why? What are the enablers/barriers to the effective delivery of the ATC and YTC models? What gaps or opportunities could be addressed to improve service delivery and achieve program outcomes?

DATA	DATA SOURCES	COLLECTION TOOL
Feedback regarding whether ATC and YTC model principles, core elements and activities are implemented as designed.	<ul style="list-style-type: none"> - ATC and YTC Manager and Data Administrator - ATC and YTC Case Workers - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Case Workers - Semi-structured Interview with Managers and Data Administrators - Desk-top Review
Feedback from clients, family and case workers that trusted relationships between case workers, clients and family are developed.	<ul style="list-style-type: none"> - Clients and Family - ATC and YTC Case Workers - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Client and Family - Semi-structured Interview with Case Workers - Desk-top Review
Feedback from clients, family and case workers that regular and meaningful engagement with the client's family and kin is facilitated.	<ul style="list-style-type: none"> - Clients and Family - ATC and YTC Case Workers - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Client and Family - Semi-structured Interview with Case Workers - Desk-top review
Feedback from clients, family and service providers staff regarding what is working well and what is working less well with respect to program delivery.	<ul style="list-style-type: none"> - Clients and Family - ATC and YTC Case Workers - ATC and YTC Managers and Data Administrators - Correctional Services staff - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Client and Family - Semi-structured Interview with Case Workers - Semi-structured Interview with Managers and Administrators - Semi-structured Interview with Corrective Services - Desk-top review
Feedback from clients, family and service providers regarding enablers and barriers to program delivery.	<ul style="list-style-type: none"> - Clients and Family - ATC and YTC Case Workers - ATC and YTC Managers and Data Administrators - Correctional Services staff - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Client and Family - Semi-structured Interview with Case Workers - Semi-structured Interview with Managers and Administrators - Semi-structured Interview with Corrective Services - Desk-top review

DATA	DATA SOURCES	COLLECTION TOOL
Feedback from clients, family and service provider staff regarding gaps in service delivery and opportunities that could be addressed to improve service delivery.	<ul style="list-style-type: none"> - Clients and Family - ATC and YTC Case Workers - ATC and YTC Managers and Data Administrators - Correctional Services staff 	<ul style="list-style-type: none"> - Semi-structured Interview with Client and Family - Semi-structured Interview with Case Workers - Semi-structured Interview with Managers and Administrators - Semi-structured Interview with Corrective Services
Count of clients by age, gender, and location.	<ul style="list-style-type: none"> - ATC and YTC Case Workers - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Case Workers - Desk-top Review
Count of meetings between case workers and clients, mapped to service model requirements.	<ul style="list-style-type: none"> - ATC and YTC Case Workers - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Case Workers - Desk-top Review
Count of meetings between case workers, clients, and external service providers, mapped to service model requirements.	<ul style="list-style-type: none"> - ATC and YTC Case Workers - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Case Workers - Desk-top Review
Count of meetings between case workers, clients and family, mapped to service model requirements.	<ul style="list-style-type: none"> - ATC and YTC Case Workers - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Case Workers - Desk-top Review
Proportion of clients who progress to have post-release client plans reviewed.	<ul style="list-style-type: none"> - Clients and Family - ATC and YTC Case Workers - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Client and Family - Semi-structured Interview with Case Workers - Desk-top Review
Proportion of clients that exit the service (drop out) and have not met their goals.	<ul style="list-style-type: none"> - Clients and Family - ATC and YTC Case Workers - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Client and Family - Semi-structured Interview with Case Workers - Desk-top Review

Evaluation Question 4: Are resources being used/deployed effectively and efficiently to deliver the ATC and YTC models?

DATA	DATA SOURCES	COLLECTION TOOL
Feedback on whether the ATC and YTC workforce are trained in model practices and have access to the systems, processes, and technology to perform their role effectively.	<ul style="list-style-type: none"> - ATC and YTC Manager and Data Administrator - ATC and YTC Case Workers - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Case Workers - Semi-structured Interview with Managers and Data Administrators - Desk-top Review
Feedback from service providers regarding the effectiveness and efficiency of the human, financial and infrastructure/capital resources used in service delivery.	<ul style="list-style-type: none"> - ATC and YTC Case Workers - ATC and YTC Manager and Data Administrator - Correctional Services Staff - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Case Workers - Semi-structured Interview with Managers and Data Administrators - Semi-structured Interview with Corrective Services - Desk-top Review
Descriptors of any variance between budgeted and actual expenditure (in aggregate, by service location or between pre-release and post-release phases of delivery).	<ul style="list-style-type: none"> - ATC and YTC Manager and Data Administrator - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Managers and Data Administrators - Desk-top Review
Feedback from services regarding the efficiency of their operations and opportunities for cost savings.	<ul style="list-style-type: none"> - ATC and YTC Manager and Data Administrator - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Managers and Data Administrators - Desk-top Review
Number of eligible prospective clients that cannot be taken on-board.	<ul style="list-style-type: none"> - Clients and Family - ATC and YTC Case Workers - ATC and YTC Managers and Data Administrators - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Client and Family - Semi-structured Interview with Case Workers - Semi-structured Interview with Managers and Administrators - Desk-top Review
Analysis of productivity levels including average case-loads, case lengths/time, referral activity, etc.).	<ul style="list-style-type: none"> - ATC and YTC Case Workers - ATC and YTC Managers and Data Administrators - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Case Workers - Semi-structured Interview with Managers and Administrators - Desk-top Review
Feedback regarding whether case workers manage a balanced case-load.	<ul style="list-style-type: none"> - ATC and YTC Case Workers - ATC and YTC Managers and Data Administrators - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Case Workers - Semi-structured Interview with Managers and Administrators - Desk-top Review

DATA	DATA SOURCES	COLLECTION TOOL
Count of case worker staff by service location v. clients by location.	<ul style="list-style-type: none"> - ATC and YTC Managers and Data Administrators - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Managers and Administrators - Desk-top Review
Percentage breakdown of each service's program budget by staffing, fixed costs and variable costs by location.	<ul style="list-style-type: none"> - ATC and YTC Managers and Data Administrators - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Managers and Administrators - Desk-top Review

Evaluation Question 5: How could the design and delivery of the ATC and YTC models be improved to better meet the needs of clients and stakeholders?

DATA	DATA SOURCES	COLLECTION TOOL
Descriptors in performance reporting which evidences the implementation of variations from model standards (or improved ways of working).	<ul style="list-style-type: none"> - ATC and YTC Manager and Data Administrator - ATC and YTC Case Workers - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Case Workers - Semi-structured Interview with Managers and Data Administrators - Desk-top Review
Feedback from clients, family and service providers regarding ways the ATC and YTC Programs can be improved.	<ul style="list-style-type: none"> - Clients and Family - ATC and YTC Case Workers - ATC and YTC Manager and Data Administrator - External Service Providers - Correctional Services Staff - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Client and Family - Semi-structured Interview with Case Workers - Semi-structured Interview with Managers and Data Administrators - Semi-structured Interview with Corrective Services - External Service Provider Survey - Desk-top Review
Evidence in the research of what works in through care program models that can be applied in Indigenous Australian contexts.	<ul style="list-style-type: none"> - Australian and international literature 	<ul style="list-style-type: none"> - Desk-top Review

Evaluation Question 6: Are there any early indications of ATC and YTC models achieving medium and longer-term outcomes i.e., reduced recidivism, reduced severity of offending, or improved outcomes in protective factors (such as secure housing, engagement in education or employment, reduced substance abuse, engagement in meaningful activities, strengthening cultural and family connections, etc.)?

DATA	DATA SOURCES	COLLECTION TOOL
Proportion of clients who exit the program because their goals have been met.	<ul style="list-style-type: none"> - Clients and Family - ATC and YTC Case Workers - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Client and Family - Semi-structured Interview with Case Workers - Desk-top Review
Feedback that clients feel empowered and supported to achieve their goals and engage more confidently in the community.	<ul style="list-style-type: none"> - Clients and Family - ATC and YTC Case Workers - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Client and Family - Semi-structured Interview with Case Workers - Desk-top Review
Percentage of clients that report increased participation in education, training or employment.	<ul style="list-style-type: none"> - Clients and Family - ATC and YTC Case Workers - External Service Providers - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Client and Family - Semi-structured Interview with Case Workers - External Service Provider Survey - Desk-top Review
Feedback from clients and family that reports improved connection to family, kin and community support networks.	<ul style="list-style-type: none"> - Clients and Family - ATC and YTC Case Workers - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Client and Family - Semi-structured Interview with Case Workers - Desk-top Review
Percentage of clients that report access to safe, secure, and suitable housing.	<ul style="list-style-type: none"> - Clients and Family - ATC and YTC Case Workers - External Service Providers - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Client and Family - Semi-structured Interview with Case Workers - External Service Provider Survey - Desk-top Review
Percentage of clients that report strengthened cultural identity and connection to culture and engagement with cultural strengthening services.	<ul style="list-style-type: none"> - Clients and Family - ATC and YTC Case Workers - External Service Providers - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Client and Family - Semi-structured Interview with Case Workers - External Service Provider Survey - Desk-top Review
Percentage of clients that report improved social and emotional well-being (including physical and mental health) and increased engagement with treatment services (as appropriate).	<ul style="list-style-type: none"> - Clients and Family - ATC and YTC Case Workers - External Service Providers - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Client and Family - Semi-structured Interview with Case Workers - External Service Provider Survey - Desk-top Review

DATA	DATA SOURCES	COLLECTION TOOL
Percentage of clients that report reduced Domestic and Family Violence (DFV) harm and increased engagement with DFV care and avoidance services (as appropriate).	<ul style="list-style-type: none"> - Clients and Family - ATC and YTC Case Workers - External Service Providers - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Client and Family - Semi-structured Interview with Case Workers - External Service Provider Survey - Desk-top Review
Percentage of clients that report a reduction in AOD harm, including safer use and increased engagement with treatment services (as appropriate).	<ul style="list-style-type: none"> - Clients and Family - ATC and YTC Case Workers - External Service Providers - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Client and Family - Semi-structured Interview with Case Workers - External Service Provider Survey - Desk-top Review
Percentage of clients that report lesser types of offending and greater intervals between offences (proportion of active clients whose re-offence is less severe).	<ul style="list-style-type: none"> - Clients and Family - ATC and YTC Case Workers - External Service Providers - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Client and Family - Semi-structured Interview with Case Workers - External Service Provider Survey - Desk-top Review
Percentage of clients that report lower rates of recidivism (proportion of active clients who have re-offended post-release).	<ul style="list-style-type: none"> - Clients and Family - ATC and YTC Case Workers - External Service Providers - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Client and Family - Semi-structured Interview with Case Workers - External Service Provider Survey - Desk-top Review

Evaluation Question 7: Are there any unintended consequences associated with the delivery of the ATC and YTC Models?

DATA	DATA SOURCES	COLLECTION TOOL
Feedback identifying unintended consequences from program activities, particularly for clients, family and the community.	<ul style="list-style-type: none"> - Clients and Family - ATC and YTC Case Workers - ATC and YTC Manager and Data Administrator - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Client and Family - Semi-structured Interview with Case Workers - Semi-structured Interview with Managers and Data Administrators - Desk-top Review

Evaluation Question 8: Are there any unintended consequences associated with the delivery of the ATC and YTC Models?

DATA	DATA SOURCES	COLLECTION TOOL
Observation that ATC and YTC data collection points map to model framework.	<ul style="list-style-type: none"> - ATC and YTC Case Workers - ATC and YTC Manager and Data Administrator - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Case Workers - Semi-structured Interview with Managers and Data Administrators - Desk-top Review
Counts of 'post-release outcomes compared to baseline' are accurately recorded in Minimum Data Sets.	<ul style="list-style-type: none"> - ATC and YTC Manager and Data Administrator - Performance Reporting 	<ul style="list-style-type: none"> - Semi-structured Interview with Managers and Data Administrators - Desk-top Review
Feedback on whether data collection and reporting feeds into continuous improvement.	<ul style="list-style-type: none"> - ATC and YTC Case Workers - ATC and YTC Manager and Data Administrator 	<ul style="list-style-type: none"> - Semi-structured Interview with Managers and Data Administrators - Desk-top Review
Feedback from service providers regarding whether the efficacy of data collection and reporting processes in supporting effective monitoring and evaluation.	<ul style="list-style-type: none"> - ATC and YTC Case Workers - ATC and YTC Manager and Data Administrator 	<ul style="list-style-type: none"> - Semi-structured Interview with Case Workers - Semi-structured Interview with Managers and Data Administrators
Data collection enables a calculation of rates of recidivism for clients relative to overall rates of incarceration for Indigenous Australians, stratified by jurisdiction, gender and age cohort (with target rate of improvement at 15 percent).	<ul style="list-style-type: none"> - ABS Prisoners in Australia Catalogue - Performance Reporting 	<ul style="list-style-type: none"> - Desk-top Review

APPENDIX B: DATA COLLECTION INSTRUMENTS

SEMI-STRUCTURED INTERVIEW WITH CASE WORKERS

GUIDING QUESTIONS	EVALUATION THEME
How are prospective clients identified for the program? (prompts: vulnerable clients, entry pathways)	Design Appropriateness
Describe the quality of the relationships between case workers and clients? (prompts: trust, relationship building, regularity of meetings pre- and-post-release, organizational supports; barriers and enablers, positive examples).	Quality of Delivery
Tell me about the goal setting process with clients? (prompts: strengths-based, client-driven; challenges and incentives; quality of process)	Design Appropriateness
In what ways do you vary the intensity of case work? (prompts: adaptation to individual, cultural, local or regional contexts, quality of process).	Design Appropriateness
Tell me about the resources and support available to case workers to intensively case manage and support clients effectively? (prompts: complex client needs; engage with and coordinate clients, family and kin; engage with and coordinate external service providers).	Quality of Delivery
Describe the involvement of families in the program and in meeting client needs (prompts: trust, relationship building, regularity of meetings, goal setting and review, social networks; barriers and enablers, positive examples).	Design Appropriateness
Describe the role of cultural connection in the program and in meeting client needs (prompts: client demand, relative importance to achieving success, access and availability of services, positive examples).	Design Appropriateness
Tell me about the relationships between external services and clients? (prompts: cultural safety, regularity of contacts, follow-up; barriers and enablers).	Quality of Delivery
Are the external service providers meeting client needs? (prompts: complex and holistic needs, collaborative approaches, cultural safety; barriers and enablers, positive examples)	Quality of Delivery
Are the external service providers meeting the needs of the program? (prompts: availability of services, duplication, collaboration, efficiency; barriers and enablers)	Service Duplication
Overall, do you feel the design and implementation of the program supports cultural strengthening, is person-centred and strengths based? (prompts: cultural safety, gender-specific, trauma-Informed, connection to community and culture)	Design Appropriateness
Overall, do you feel the design and implementation of the program is meeting client needs? (prompts: sustainable re-integration, success factors, model variation, positive examples)	Quality of Delivery
What examples of successful outcomes for clients are you aware of? (i.e., reduced recidivism, reduced severity of offending, or improved outcomes in protective factors (such as secure housing, engagement in education or employment, reduced substance abuse, engagement in meaningful activities, strengthening cultural and family connections, etc)?)	Achieving Outcomes
What were the drivers of success in these examples?	Achieving Outcomes
Are you aware of any unintended consequences (positive or negative) for clients, family and the community?	Unintended Consequences

GUIDING QUESTIONS	EVALUATION THEME
Overall, describe what is working well with regards to delivery of the program, and what isn't working so well? How could the design and implementation of the program be improved?	Making Improvements

SEMI-STRUCTURED INTERVIEW WITH MANAGERS AND DATA ADMINISTRATORS

GUIDING QUESTIONS	EVALUATION THEME
To what extent do you consider the service to be an Indigenous approach in terms of its governance and decision-making?	Design Appropriateness
To what extent would you describe the service as being culturally respectful and culturally safe?	Design Appropriateness
To what extent would you describe the service as being strengths-based?	Design Appropriateness
To what extent do you think the service model is meeting client needs for cultural strengthening and expanded connections to family, kin and community?	Design Appropriateness
Do you believe the service to be collaborative in terms of service planning and allocation of referrals? How well does the service work alongside other government and non-government services?	Service Duplication
To what extent do you consider the service system to be 'mature' in terms of access to and availability of referral services, clarity of referral pathways and follow up?	Service Duplication
Do you think there are areas of duplication of service? Or alternatively, clear service gaps?	Service Duplication
Describe your experience with recruitment and retention? (prompts: required staffing levels, recruitment of Indigenous staff, qualification, and experience levels)	Quality of Delivery
Tell me about the on-boarding process? (prompts: induction training, service system orientation, data collection and file management, jurisdictional clearances)	Quality of Delivery
Are case workers trained in the through-care model core elements and minimum standards? (prompts: timing, policies and procedures, ancillary training, self-care)	Quality of Delivery
What ongoing professional development support is available to staff? (prompts: professional development plan, accredited training, communities of practice, inter-agency fora)	Quality of Delivery
What policies and procedures or other process documentation is available to guide case-management. Is this actively followed? [Please sight this documentation].	Quality of Delivery
Tell me about the policies and procedures for staff supervision? (prompts: performance reviews, well-being monitoring, access to funded clinical supervision, counselling, or cultural support services)	Quality of Delivery
Describe the processes in place for case workers to give feedback on workplace practices? (prompts: examples, calibration of case-loads)	Quality of Delivery
Describe the systems and processes in place to support data collection? (prompts: policies and procedures, training, file structure, templates, IT infrastructure)	Data Requirements
Tell me about the ways data is actively used to inform case management, client planning and continuous improvement? (prompts: data analysis, team meetings, continuous improvement plans)	Data Requirements

Evaluation of the Adult & Youth Through-Care Programs

GUIDING QUESTIONS	EVALUATION THEME
Are data collection and reporting processes supporting effective monitoring and evaluation of the program?	Data Requirements
Is the most useful data collected, analyzed and reported? If not, what data needs to be collected?	Data Requirements
Are there ways in which data management for the program could be improved (prompts: systems and processes, data collection, data types, data analysis and reporting)	Making Improvements
Describe how resources (financial, human) are allocated across the program? (prompts: resource use, resource availability, allocative efficiency).	Resource Use
What is your contracted amount of program funding for the current FY? Can you provide an indicative budget breakdown by site, fixed costs and variable costs (including staff costs)?	Resource Use
Tell me about any variances between budgeted and actual expenditure?	Resource Use
Feedback from services regarding the efficiency of their operations (in terms of the level of activity/outputs for the resources available) and opportunities for cost savings?	Resource Use
Overall, do you feel the program is implemented as designed? (prompts: principles and standards, fidelity, flexibility, local context)	Design Appropriateness
Does your service reference the co-designed program logic and practice framework when implementing the program? (prompts: involvement in co-design, views on the outputs, use in guiding implementation, use in guiding data collection, thoughts on its quality).	Design Appropriateness
What aspects of service delivery do you feel are working well? Why?	Quality of Delivery
What aspects of service delivery do you feel are no working so well? Why?	Quality of Delivery
Overall, do you feel the systems, processes and people are in place to support case workers to meet client needs? (prompts: challenges, success factors, gaps)	Quality of Delivery
What examples of successful outcomes for clients are you aware of? What were the drivers of success in these examples?	Achieving Outcomes
Are you aware of any unintended consequences (positive or negative) for clients, family and the community?	Unintended Consequences
Overall, what do you think are the opportunities to improve the service, and what do you see as the enablers and barriers to achieving this?	Making Improvements

SEMI-STRUCTURED INTERVIEW WITH CORRECTIVE SERVICES

GUIDING QUESTIONS	EVALUATION THEME
Do you believe the service to be collaborative in terms of service planning and allocation of referrals?	Service Duplication
To what extent do you consider the service system to be 'mature' in terms of access to and availability of referral services, clarity of referral pathways and follow up? Are your referral processes with the through-care provider effective?	Service Duplication
How would you describe your relationships with case workers? What interactions do you have with them and are these effective?	Quality of Delivery
Do you think there are areas of duplication of service? Or alternatively, clear service gaps?	Service Duplication
What in your view are the attributes and circumstances of people who enter through-care? Who is choosing not to access through-care services and why?	Design Appropriateness
What aspects of service delivery do you feel are working well? Why?	Quality of Delivery
What aspects of service delivery do you feel are not working well? Why?	Quality of Delivery
Are there barriers to achieving outcomes for clients that need to be addressed? Please explain.	Quality of Delivery
Are there any specific barriers to sustaining service delivery or maintaining access? Please provide examples.	Quality of Delivery
To what extent do you think the service model is meeting client needs for effective case management and support to successfully return to the community?	Achieving Outcomes
To what extent would you describe the service as providing individualised support (that puts the needs, circumstances, and strengths of the client at the centre).	Design Appropriateness
What examples of successful outcomes for clients are you aware of? (i.e. reduced recidivism, reduced severity of offending, or improved outcomes in protective factors (such as secure housing, engagement in education or employment, reduced substance abuse, engagement in meaningful activities, strengthening cultural and family connections, etc)?)	Achieving Outcomes
What were the drivers of success in these examples?	Achieving Outcomes
To what extent do you think the service model is meeting client needs for cultural strengthening and expanded connections to family, kin and community? [Indigenous interviewees only]	Design Appropriateness
To what extent would you describe the service as being culturally respectful and culturally safe? [Indigenous interviewees only]	Design Appropriateness
Are you aware of any unintended consequences (positive or negative) for clients, family and the community from program activities?	Unintended Consequences
Overall, what do you think are the opportunities to improve the through-care service, and what do you see as the enablers and barriers to achieving this?	Making Improvements

SEMI-STRUCTURED INTERVIEW WITH CLIENTS AND FAMILY

GUIDING QUESTIONS	EVALUATION THEME
When did people start working with their case worker? How did this happen?	Design Appropriateness
What motivated people to start working with their case worker?	Design Appropriateness
What did people want to achieve for themselves?	Design Appropriateness
What did friends and family think about people participating?	Design Appropriateness
In what ways did people participate in making the plan for what would happen after release from prison or detention? What did this planning involve?	Design Appropriateness
What goals did people set?	Design Appropriateness
Were your family or friends involved in helping you set your goals? How did they help?	Design Appropriateness
Did people like working with their case worker? Were they helpful? How, in what ways?	Quality of Delivery
Do people think their case worker was respectful of your culture?	Design Appropriateness
How often did people meet with their case worker when in prison or detention?	Quality of Delivery
Did people stay connected with family and friends? What help did they give people to prepare for their release?	Achieving Outcomes
Were people visited by, or did they go to see, any other service providers for help? Who did people see? Were they helpful?	Service Duplication
How did people feel after seeing the other service providers?	Service Duplication
Was it important for your well-being to be connected to culture and community prior to your release? In what ways did you case worker enable this?	Quality of Delivery
What happened on the day people were released?	Quality of Delivery
Did people return home? How did that feel?	Achieving Outcomes
Who did people spend time with when they went home? How did that feel and what happened?	Achieving Outcomes / Unintended Consequences
What contact did people have with the case worker at this time? Were they helpful? How, in what ways?	Quality of Delivery
Did people meet regularly with their case worker after release from detention?	Quality of Delivery
Did people stay connected with family and friends? What help did they give people after your release from prison or detention?	Achieving Outcomes
Were people visited by, or did you go to see, any other service providers for help? Who did people see? Were they helpful?	Service Duplication
How did people feel after seeing the other service providers? Did people tell this to their case worker?	Service Duplication
Was it important for your well-being to be connected to culture and community after your release? In what ways did you case worker enable this?	Quality of Delivery
In what ways do people think they've changed as a person having gone through the program?	Achieving Outcomes / Unintended Consequences
What are the goals people have been able to achieve because of the program?	Achieving Outcomes
Was involvement in the program a positive or a negative experience for people? Please explain.	Achieving Outcomes / Unintended Consequences

Evaluation of the Adult & Youth Through-Care Programs

GUIDING QUESTIONS	EVALUATION THEME
Is there anything else people would've liked to have achieved but didn't?	Achieving Outcomes
Why did people exit the program?	Achieving Outcomes
What's life like for people now, compared to before you were in prison or detention?	Achieving Outcomes
What do people see themselves doing in one or two years from now?	Achieving Outcomes
Would people recommend the program to a friend? Why?	Achieving Outcomes / Unintended Consequences
Can people think of any ways that the case worker could do his/her job better?	Making Improvements

EXTERNAL SERVICE PROVIDER SURVEY

WHAT IS THE PROJECT ABOUT?

The research is supported by the National Indigenous Australians Agency (NIAA) and the senior Keogh Bay is evaluating the Commonwealth's Adult and Youth Through Care Programs. These programs aim to provide intensive case management and support for people who have been in prison or detention, to help them work with family and the services they need to make a successful return to the community.

The aims of the evaluation are to assess whether:

- The programs are appropriately designed and collaboratively build on the strengths of Indigenous Australians in ways that are culturally safe and respectful.
- The models are operating as intended (supporting clients with their reintegration journey in partnership with family and other supportive stakeholders)
- Outcomes for clients are improving (to reduce rates of repeated offending and recidivism).

WHO IS INVOLVED IN THE PROJECT?

This research is being undertaken over April to July 2023 by Keogh Bay Pty Ltd. The research is supported by the National Indigenous Australians Agency (NIAA) and the senior management of all service providers who deliver the program.

WHY HAVE I BEEN INVITED TO PARTICIPATE?

You have been invited to participate because of your involvement as a staff member of a partner organisation of one of the through care programs being evaluated. The survey provides you with an opportunity to let the researchers know what is working well, what is not working so well, and what could be improved. There are 20 closed (quick click) questions that take less than 5 minutes to complete.

PRIVACY

By completing this survey, you consent to the information provided being used for the purposes of the evaluation. No identifying information will be reported in the evaluation. All survey data will be managed in accordance with the Australian Privacy Principles in the Privacy Act 1988(Cth). If you have any questions about this survey, please contact the project manager, Jonathan Taylor at jon.taylor@keoghbay.com.au

QUESTIONS

1. Do you consent to take part in this survey?

- Yes
- No

2. Which of the following through-care service providers is your local partner? You may select more than one option:

- Aboriginal and Torres Strait Islander Legal Service - Adult Through Care
- Aboriginal and Torres Strait Islander Legal Service - Youth Through Care
- Circular Head Aboriginal Corporation - Adult Through Care
- Community Restorative Centre (NSW) - Adult Through Care
- Five Bridges- Adult Through Care
- Nulsen (Outcare) - Adult Through Care
- North Australian Aboriginal Justice Agency - Adult Through Care
- North Australian Aboriginal Justice Agency - Youth Through Care
- Regional Youth Support Service - Adult Through Care
- Victorian Aboriginal Child Care Agency - Youth Through Care
- Other (please specify)

3. What type of organisation do you represent? Please select one from the following options:

- Government
- Non-government
- Aboriginal and Torres Strait Islander Community Controlled
- Other (please specify)

4. Which of the following services does your organisation provide? You may select more than one option:

- Housing or Accommodation
- Primary Health
- AOD Rehabilitation
- Cultural Strengthening
- Education and Training
- Employment
- Transport
- DFV Support
- Legal Services
- Parenting Support
- Family Support
- Correctional services
- Other (please specify)

5. To what extent do you consider your local through care service provider to be delivering a service that is Client-Centred? *Client-Centred: Individualised support and decision making with the person's needs, strengths, and risks at the centre.

- Always
- Usually
- Sometimes
- Rarely
- Never

QUESTIONS	
<p>6. To what extent do you consider your local through care service provider to be delivering a service that is Culturally Safe? *Cultural safety: A service environment that supports a safe and positive experience in relation to the clients Aboriginal and Torres Strait Islander culture.</p> <p>Always Usually Sometimes Rarely Never</p>	
<p>7. To what extent do you consider your local through care service provider to be delivering a service that is Trauma-Informed? * Trauma-Informed: Practice acknowledges and is informed by experiences of trauma (including intergenerational trauma).</p> <p>Always Usually Sometimes Rarely Never</p>	
<p>8. To what extent do you consider your local through care service provider to be delivering a service that is Gender-Specific? *Gender-Specific: Support acknowledges and is informed by factors relating to gender.</p> <p>Always Usually Sometimes Rarely Never</p>	
<p>9. To what extent do you consider your local through care service provider to be delivering a service that is Led by Motivated Staff?</p> <p>Always Usually Sometimes Rarely Never</p>	
<p>10. How regularly is your organisation contacted by the through-care service provider seeking a referral from or to your programs or services?</p> <p>Always Usually Sometimes Rarely Never</p>	
<p>11. To what extent are clients are adequately supported by through-care case workers to effectively engage with your programs or services?</p> <p>Always Usually Sometimes Rarely Never</p>	

QUESTIONS	
12. To what extent are referrals from or to your organisation well-coordinated by through-care case workers?	<p>Always Usually Sometimes Rarely Never</p>
13. After a referral is your organisation typically contacted by the through-care case worker for information, feedback and review?	<p>Always Usually Sometimes Rarely Never</p>
14. To what extent are the services provided by your local through-care provider duplicative of your or other programs and services available locally?	<p>Always Usually Sometimes Rarely Never</p>
15. Do you think your local through-care service provider has the resources and capacity (workforce, systems and processes) to fulfil their role?	<p>Always Usually Sometimes Rarely Never</p>
16. Are you aware of any interagency meetings or networks facilitated by the through-care manager or case worker?	<p>Yes No</p>
17. Do you or a representative from your organisation regularly attend these meetings?	<p>Yes No</p>
18. To what extent do you think the through-care program delivered is effective in supporting clients to achieve their case plan goals?	<p>Always Usually Sometimes Rarely Never</p>

QUESTIONS

19. To what extent do you think the through-care program provided is effective in decreasing the likelihood of client's reoffending?

Always
Usually
Sometimes
Rarely
Never

20. Do you think there are any potential areas for improvement to the through-care program or service provided? Please write a response in the Comment Box below.

REPORT END

*EVALUATION OF THE ADULT & YOUTH
THROUGH CARE PROGRAMS*

Keogh Bay People Pty Ltd
on behalf of the
National Indigenous Australians Agency

25 August 2023