

Australian National University | CENTRE FOR SOCIAL RESEARCH & METHODS

Process evaluation of the Justice Housing Program

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We acknowledge and celebrate the First Australians on whose traditional lands we meet, and pay our respect to the Elders past and present.

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List of acronyms

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
ACTCS	ACT Corrective Services
ALRC	Australian Law Reform Commission
ALS	Aboriginal Legal Service (NSW/ACT) Limited
AMC	Alexander Maconochie Centre
ANU	Australian National University
AOD	Alcohol and other drugs
BASP	Bail Accommodation Support Program
CC	Catholic Care
CHC	Community Housing Canberra Pty Ltd
CRC	Community Restorative Centre
CSRM	Centre for Social Research and Methods
CVHP	Correction Victoria Housing Program
CVRP	Corrections Victoria Reintegration Program
FMI	Five-Minute Intervention
FPI	Funder Partnerships Initiative
HACT	Housing ACT
IHEP	Integrated Housing Exits Program
JACS	ACT Justice and Community Safety Directorate
JHP	Justice Housing Program
LGBTIAQ+	Lesbian, gay, bisexual, transgender, intersex, asexual, queer
LSIR	Level of Service Inventory-Revised
NGO	Non government organsation
NSW	New South Wales
NTR	Notice to remedy
OARS	Offender Aid and Rehabilitation
RR25by25 Plan	ACT Reducing Recidivism by 25% by 2025 Plan
SVDP	St Vincent de Paul

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In this report, we use the terms ‘Aboriginal and/or Torres Strait Islander’ and ‘Indigenous’ interchangeably, although we acknowledge that some people consider that the term ‘Indigenous’ does not appropriately recognise the heterogeneity of Aboriginal and Torres Strait Islander peoples across Australia. We acknowledge and celebrate the differences amongst Australia’s many and diverse Aboriginal and Torres Strait Islander cultures.

The opinions, comments and/or analysis expressed in this document are those of the authors and do not necessarily represent the views of ACTCS and cannot be taken in any way as expressions of ACT Government policy.

Executive summary

This report presents the findings from a process evaluation of the Justice Housing Program (JHP).

The JHP is a collaboration between the Australian Capital Territory (ACT) Justice and Community Safety Directorate (JACS), especially ACT Corrective Services (ACTCS), the Community Services Directorate (CSD), especially Housing ACT (HACT), the social and community housing sector and non-government organisations.

JHP provides transitional accommodation for detainees exiting prison, who are assessed as suitable for independent, shared living. JHP is designed to assist clients in finding more permanent accommodation, as well as linking them to community services and other support networks. The program aims to contribute to the goal of RR25by25 of achieving a 25% reduction in the recidivism rate in the ACT by 2025 (JACS, 2020).

This process evaluation sought to answer the following key research questions:

- How do the JHP residents experience the program?
- What do professional stakeholders consider to be the strengths and weaknesses of the program?
- What are the gaps in servicing particular types of clients?
- What is the quality of the properties provided in the JHP?
- What are the key data requirements for future outcome evaluations of the JHP?
- What can be learnt from similar programs in other jurisdictions?

The evaluation also sought to draw some preliminary conclusions in relation to the following questions:

- How does the JHP affect risk factors associated with recidivism and health, wellbeing and social connection of clients?
- How many clients who have left the JHP have gone on to obtain permanent stable accommodation?

The evaluation also sought to understand how many people have accessed the program since its commencement in May 2020, who has accessed the program, and the types of support provided to people in the JHP.

Chapter 1 presents an overview of the JHP and outlines the eligibility criteria and assessment process for prospective clients, as well as the house rules. This chapter also provides an overview of the relevant literature on the importance of housing for people exiting prison. We highlight that the initial month after a person is released from custody is a period of particular vulnerability, with an increased risk of homelessness and return to prison. This is compounded by the fact that many people exiting custody have additional support

challenges, including higher incidences of mental ill-health, drug and alcohol abuse and experiences of physical disability and it is within this context that the JHP operates. We also present an overview of similar programs in other jurisdictions, finding that housing programs for justice-involved people operate across New South Wales, South Australia and Victoria. Despite the well-established links between homelessness and justice involvement, there is unfortunately little evaluation of such programs. The available research indicates, however, that long-term support is required for clients with complex needs, such as the JHP cohort.

Chapter 2 outlines the methodology employed for this evaluation. The project adopts a mixed-methods design, drawing on administrative data collected by ACTCS and the current and former service providers of the JHP, interviews with professional stakeholders (n=16) and JHP clients (n=19), a survey with JHP clients, as well as site observations of the JHP properties and content analysis of relevant literature.

In Chapter 3, descriptive analyses of data collected by ACTCS is conducted. This revealed that approximately 188 people have been through the JHP. The data also revealed that a majority of clients were released into the program on bail or parole. This is consistent with some of the key aims of the program, namely, to provide accommodation for offenders or alleged offenders, so they are not denied bail or parole, as a result of not having an address. However, limitations with the data made it challenging to answer some of the key research questions for this evaluation, especially the extent to which clients of the program went on to find more stable longer-term accommodation.

Chapter 4 presents the findings of the content analyses of 19 monthly reports delivered by the previous and current service provider, Catholic Care and St Vincent de Paul (SVDP) respectively. While inconsistent record-keeping practices prevented the research team from drawing any concrete conclusions about the quantity and quality of the support provided, a number of themes emerged from the data. Our analysis highlighted a range of forms of support provided, face-to-face, by telephone and/or through the provision of transport. The types of support included mental and physical health, especially with alcohol and other drugs (AOD), shopping, telephone connection, clothing, financial and housing assistance, and goal-setting. This demonstrates the individual needs of clients and the varied interactions, quantity and intensity of the case management support provided.

Chapter 5 presents the finding of a thematic analysis, based on interviews with 16 professional stakeholders from a range of organisations with direct or indirect experience with, or oversight of, the JHP. Stakeholders were asked a series of questions relating to the operation of the JHP. Overall, the feedback from these participants was positive, suggesting that the program is filling an important housing gap for people exiting from prison. However, key themes that emerged included the complexities associated with catering to a client base with wide a variety of needs, as well as the difficulties in ensuring compliance with certain house rules.

In Chapter 6, the findings from 19 semi-structured interviews with seven current and 12 former clients of the JHP are discussed. We also present the findings from a short survey on clients' housing experiences and social connection. Thematic analyses of the interviews revealed that, overall, clients were positive about the program, especially the quality and location of the houses and support provided immediately after release from custody. They were mostly also positive about the ongoing support provided, although there was a desire for more such support and for it to be provided for longer. Some clients also expressed concern about the prohibition on having visitors at the house and challenges with co-residents.

In Chapter 7, we present our observations on nine JHP properties. We found that all properties appeared well maintained, with no visible indication that these houses were any different to others on the street. All properties were within walking distance to bus stops and local shops. The houses themselves, while coming from older housing stock, did not appear to have any structural issues and, based on the observations made of the inside of the vacant property, appeared to be appropriately fitted out for JHP clients.

The report concludes by offering some general conclusions about the program and answering the key research questions, to the extent that this was possible. We find that that the JHP client pool is broadly representative of the wider population leaving the Alexander Maconochie Centre (AMC). Females represented 13% of former JHP residents and, while Aboriginal and Torres Strait Islander people were slightly over-represented among former residents, this is in line with and may reflect the proportionate recent increase in Aboriginal and Torres Strait Islander people being released from the AMC. It therefore appears that the program is meeting a key objective, in terms of accepting participants from these priority cohorts.

Overall, we find that the program appears to be filling a significant gap and is supported by both participants and professional stakeholders. However, we have some suggesitons for its improvement. In particular this process evaluation has identified the need for improved data capture and record-keeping practices by both ACTCS and the service provider. This will be crucial for any future outcome evaluation. We acknowledge that data capture and record-keeping practices have improved since the JHP's inception and are continuing to be refined. We also recognise that ACTCS may hold more detailed data on some of the participants (which they may share with the service providers) but this could not be provided to the evaluation team, in order to comply with the evaluators' research ethics requirements. The following recommendations regarding data collections issues are, therefore, proposed to support further refinement of data quality, to facilitate more accurate reflections of program outcomes.

Recommendations

Based on the findings for this evaluation, we make the following recommendations. These have been grouped into two themes—'data collection issues' (Recommendations 1 and 2) and 'extending program support' (Recommendations 3-9).

Data collection issues

Recommendation 1

We recommend significant improvements to data collection practices, including:

- increasing the accuracy of data contained in both the ACTCS and service provider records;
- liaison between ACTCS, the service provider and data systems developers, to establish efficient and effective data collection models and practices; and
- adequate training and resourcing (including more staffing and the addition of appropriate technology, such as tablets and applications) for ACTCS and the service provider, to improve their data collection practices.

In order to facilitate any future process and outcome evaluations of the program, the following data should be captured consistently and made available to evaluators, subject to appropriate ethics processes:

- data on all prospective clients, from the stage of referral;
- data on the stages of initial screening and formal assessment interview;
- data on prospective clients who withdraw or cancel before or after the initial screening;
- more detailed information on specific risk domains, to provide a more holistic view on the client's risk/need profile;
- records of warnings or notice to remedy (NTR) and the reasons for this; and
- data on program exits, including systematic capture of both the reasons for the exit and future accommodation/destination; and
- linkages with other relevant data, to allow for the provision of a more holistic client profile.

Recommendation 2

We recommend adopting a standard form for the service provider monthly report to ACTCS, to ensure consistency and comparability of data over time and across clients, houses and case managers. This form should include the following information:

- JHP unique identification number;
- client's gender, Indigenous status and any known disability;
- date of entry;

- date of and reason for exit (if applicable);
- room/s occupied, using a unique identifier;
- number of check-ins:
    - face-to-face (successful and unsuccessful); and
    - phone (successful and unsuccessful);
        - if contact is repeatedly unsuccessful, the time/s of attempted contact should be noted and efforts made to contact the client at different times of day/night and/or alternative modes of contact sought;
- number of transports;
- types of support:
    - mental/general health;
    - AOD;
    - education/employment;
    - housing; and
    - other (eg, social activities);
- open text for additional comments; and
- name/s of case manager/s.

This information should be collected in a format that is easy to analyse, without manual coding.

Extending program support

Recommendation 3

We recommend that, in light of the relatively short duration of time in the program (three months, with an option to extend), more intensive support be provided to clients during their tenancy. This support should particularly focus on strengthening clients' relationships with pro-social family members and friends, who may be able to provide ongoing housing, and facilitating contact with relevant support services and community housing.

Recommendation 4

We recommend that greater emphasis be placed on providing opportunities for JHP clients to participate in structured activities on a daily and weekly basis.

Recommendation 5

We recommend that increased opportunities be provided to former JHP clients who have transitioned to other accommodation in the community to maintain ongoing contact with

their case manager for a period of time, to be negotiated between ACTCS and the service provider, but at least one month.

Recommendation 6

We recommend that ACTCS and/or the service provider follow up with former residents three months after their exit from the program, to check on their progress and offer further support.

Recommendation 7

We recommend that the language in the Occupancy Agreement form, including the house rules, be revised and communicated in line with the ACTCS Disability Action and Inclusion Plan, to ensure that clients are fully informed about the terms of their occupancy when prospective clients are first introduced to the program.

There should be a particular focus on reviewing the rules prohibiting visits and ensuring the rules are practicable and kept to a minimum, consistent with the safety of clients, professional stakeholders and the broader community.

Current and/or former clients should be consulted on proposed changes to the house rules.

Recommendation 8

We recommend that consideration be given to incuding 1- or 2-bedroom dwellings as part of the JHP, with priority being given to those clients with children, in order to support visits at the property.

We further recommend that consideration be given to providing single-occupancy dwellings for those who are found unsuitable for shared living.

Recommendation 9

We recommend greater consideration be given to whether the JHP needs to provide more specialised support to people experiencing substance use and/or mental health issues.

1 Introduction

The Justice Housing Program (JHP) is a collaboration between the Australian Capital Territory (ACT) Justice and Community Safety Directorate (JACS), especially ACT Corrective Services (ACTCS), the Community Services Directorate (CSD), especially Housing ACT (HACT), the social and community housing sector and non-government organisations.

JHP provides transitional accommodation for detainees exiting prison, who are assessed as suitable for independent, shared living. JHP is designed to assist clients in finding more permanent accommodation, as well as linking them to community services and other support netweorks. The program contributes to the Reducing Recidivism Plan, and thereby aims to contribute to the goal of RR25by25 of achieving a 25% reduction in the recidivism rate in the ACT by 2025 (JACS, 2020). JHP provides accommodation options for:

- alleged offenders, so they are not denied bail, because they do not have an address to go to;
- offenders eligible for parole, so they are not denied parole, because they do not have an address to go to;
- offenders being released from custody on any community sentence order, with or without supervision by ACTCS, who do not have alternative accommodation options;
- offenders released at the end of their prison sentence, who do not have alternative accommodation options; and
- women and Aboriginal and Torres Strait Islander people involved with the criminal justice system, with a focus on trauma-informed, gender-informed and culturally-safe practices.

The aims of this project are to conduct a process evaluation of JHP, by:

1. analysing administrative data provided by ACTCS on the operation of the JHP;
2. understanding the extent to which residents who have left the JHP have gone on to obtain permanent stable accommodation;
3. examining information about the properties (eg, floor plans, the exterior area of the properties and the general neighbourhood in which they are located, such as proximity to bus stops and shopping facilities);
4. conducting surveys and interviews with current and former clients of the JHP, as well as professional stakeholders with involvement in some aspect of the JHP; and
5. using the data from this research to inform a future outcome evaluation of the JHP.

Following on from these objectives, the research questions that were pursued include:

- How do the JHP residents experience the program?

- What do professional stakeholders consider to be the strengths and weaknesses of the program?
- What are the gaps in servicing particular types of clients?
- What is the quality of the properties provided in the JHP?
- What are the key data requirements for future outcome evaluations of the JHP?
- What can be learnt from similar programs in other jurisdictions?

The evaluation also sought to draw some preliminary conclusions, in relation to the following questions:

- How does JHP affect risk factors associated with recidivism and health, wellbeing and social connection of clients?
- How many clients who have left the JHP have gone on to obtain permanent stable accommodation?

1.1 About JHP

JHP is part of the Offender Reintegration Unit within ACTCS. It functions between the custody and community operations teams, as it deals with prospective clients in the AMC and clients and those who have exited prison and back in the community at a JHP property.

All accommodation associated with the JHP is temporary and transitional, with the aim being for participants to engage in services and create pathways into medium- and long-term stable housing options, , whether within the social housing sector or in other private housing options (e.g. private rental).

The properties in the program are owned by the ACT Government, while the tenancy and property management are undertaken by a social housing provider. JHP, however, is not a social housing program and clients in the program are not automatically given priority status, if they are waiting for public housing. There are currently 10 houses that make up the JHP; however, one house is currently offline, due to damage. JHP accommodation is currently managed by St Vincent de Paul (SVDP), which provides case management to JHP clients, including working with them to identify permanent and stable accommodation options. The tenancy management is provided by Community Housing Canberra Pty Ltd (CHC), a registered communuty housing provider in the ACT.

1.1.1 Eligibility criteria and assessment process

Prospective clients are referred to the JHP either through their legal representative or Sentence Management Officer. According the JHP factsheet (JACS, nd), applicants must be over the age of 18 and:

- be an Australian citizen or Permanent Resident;
- have no suitable community-based accommodation or have exhausted other

accommodation options for post-release;

- be able to live independently with limited support;
- be willing to share the house and consent to sharing information with property manager and support provider;
- be willing to engage with the SVDP case management team; and
- agree to abide by house rules and an occupancy agreement, including the expectation of paying rent.

As part of the assessment process, an applicant's prior behaviour is screened, through a disciplinary behaviour review over the previous three months in custody, as well as a review of any arson related offences within the Alexander Maconochie Centre (AMC). It should be noted that any disciplinary behaviour found to have occurred does not immediately exclude someone from the program; rather, in these instances, an applicant will be considered on a case-by-case basis.

If an applicant is found eligible at this stage of the process, they will then take part in an assessment interview with ACTCS and SVDP. As outlined in the JHP factsheet (JACS, nd), this interview will ascertain an individual's:

- understanding of what the JHP is, what it can offer, and willingness to engage with service providers;
- understanding of the JHP house rules;
- ability to live in shared accommodation with other people who have committed a range of offences,
- willingness to develop realistic goals to work towards while in the JHP, including goals that will support an exit from the JHP into alternative long-term accommodation,
- identification of any cultural needs; and
- confirmation that there are no other viable accommodation options for the applicant.

According to the factsheet (JACS, nd), the timeframe to process an application can take up to three weeks or more, if additional information is required.

Applicants must also agree to comply with the following house rules outlined in the factsheet (JACS, nd):

1. Occupants may not bring weapons, knives, and tools etc. into the house.
2. Occupants must use their beds overnight.
3. Occupants must agree to abide by occupational health & safety standards, including covid-19 instructions.

4. Occupants must agree to respect other occupant's privacy, confidentiality, beliefs, and space.
5. No racist or discriminating comments to staff, neighbors, or other occupants.
6. No violence, abusive language or disruptive behavior towards staff, other occupants, or neighbors.
7. No alcohol, non-prescribed drugs or drug paraphernalia are permitted in the room, or at the property.
8. No smoking within the room or property.
9. Strictly no visitors permitted, overnight or at any time except staff of services attending in their official capacity
10. Children are not permitted in or around the property.
11. Engage in case management and attend house meetings.
12. There is limited storage space, personal belongings should be kept to a minimum.
13. Personal belongings, including prescription medication, are the occupant's responsibility. The grantor takes no responsibility for loss, damage, theft.
14. Personal belongings left at the property will be stored for one week. After this time belongings will be disposed of. The grantor takes no responsibility for unclaimed items.
15. Pets are not permitted in or around the property.
16. Occupants must clean up after themselves throughout the day and night (e.g. beverages, food, dishes, clothes/shoes, reading material)
17. You must guard and protect the confidentiality of yourself, your information, and that of fellow occupants at all times - whether at the property or any other location.

The application and consent form (ACT Government, 2023c) seeks the following information:

- name;
- date of birth;
- gender;
- Aboriginal and/or Torres Strait Islander status;
- cultural and linguistic diversity/English as a second language;
- any acute or enduring health condition or have accessibility needs;
- any mental health, alcohol and other drug (AOD) and/or violence issues;
- intended legal status, if accepted in program (bail, community sentence, parole or head sentence);
- accommodation options considered;

- any extenuating circumstances;
- offending history (including any violent, sexual and/or outlaw motorcycle gang offences);
- details of any current matters before the courts;
- income and employment status;
- details of legal representation; and
- consent.

The consent section contains the following questions (all with yes/no check boxes):

- Are you/Is your client able to live independently with minimal support?
- Do you/Does your client agree to abide by the house rules, occupancy agreement and pay rent?
- Do you/Does your client consent to share information with Community Housing Canberra and Vinnies and proceed with a referral?
- Are you/Is your client willing to share accommodation?
- Have you/Has your client read the JHP fact sheet?

Applicants who are accepted into the program are required to sign consent form which doubles as an occupancy agreement (see Appendix A), and which is valid for three months, although this may be extended, where required (JACS, nd). An applicant who is approved for the program and who is released from the AMC is collected by SVDP and driven to the property. Clients do not get to choose which property they will live in. This is determined by ACTCS and is based on the following considerations:

- where the client's supports are located;
- who else is accommodated in each property; and
- any court orders in place, such as domestic and apprehended violence orders.

Clients are housed in stand-alone domestic dwellings within the general community across the ACT. Each client has their own secure bedroom within the property, but the bathroom, kitchen, laundry and living space is shared. The accommodation is fully furnished throughout and each client receives a new bed mattress, sheets and towels upon entry into the program. Rent is charged at 100% of the client's Commonwealth Rent Assistance, plus 25% of their income (if relevant). Table 1.1 below outlines the roles and responsibilities of ACTCS, SVDP and CHC.

Table 1.1: Roles and responsibilities of ACTCS and service providers

Roles and responsibilities	JACS	SVDP	CHC
Referral and monitoring of progress and engagement	X		
Suitability assessment	X		
Occupancy agreement			X
Collecting rents, property management			X
House rules, entry/exit termination			X
Case management and support		X	
Transport to appointments, programs etc.		X	
Assist in finding permanent accommodation		X	

Source: JACS, nd

While in the program, a client who does not comply with some of the rules may be issued with a notice to remedy (NTR). This is issued to the occupant after verbal reminders in relation to the need to respect others and comply with house rules. It is often implemented in situations where a resident is causing distress to other co-residents and/or neighbours, such as by hosting unauthorised visitors, failing to participate in cleaning, continuously creating a mess in shared spaces, using substances and/or not engaging with service providers. The aim of an NTR is to offer occupants the opportunity to realign their behaviour.

1.2 Background context

More than 50% of people exiting Australian prisons either expect to be homeless or do not know where they will be staying when they are released (Australian Institute of Health and Welfare (AIHW), 2019). It is well documented in the literature that there is a strong relationship between homelessness or unstable housing and reincarceration. In their formative study almost two decades ago, Baldry et al. (2003) revealed a strong connection between post-release housing instability and homelessness, on the one hand, and reoffending and reincarceration, on the other. In a follow-up study three years later, with a sample of 339 ex-prisoners in New South Wales (NSW) and Victoria, Baldry et al. (2006) found that those who were transient, moving often from one unstable accommodation situation to another, were up to eight times more likely to be reincarcerated. These findings have been consistently reported in research on housing instability and recidivism in Australia (see Griffiths et al., 2017; Johns, 2017; Thomas et al., 2015; Willis, 2018) and internationally (Cortes & Rogers, 2010; Donath, 2013; Mills et al., 2022; Schetzer & Streetcare, 2013; Williams, Poyser & Hopkins, 2012).

In a recent contribution to the literature, Martin et al. (2021) examined post-release housing pathways and criminal justice outcomes for formerly incarcerated people with complex support needs. Analysing administrative data collected across three Australian jurisdictions (NSW, Victoria and Tasmania), the authors sought to examine the impact on recidivism for those who received public housing versus those who received only rental support. They found that people exiting prison faced a 'fraught pathway through various forms of temporary accommodation' (Martin et al., 2021: 53), but that those who were able to access

public housing had better outcomes across a range of criminal justice measures, including a reduction in the number of police incidents (8.9% per year), court appearances and proven offences (both 7.6%), time on supervised orders (7.8%) and time in custody (11.2%). However, Martin et al. (2021) found a range of barriers for those trying to access public housing, including a person's past tenancy record and unpaid debts, rendering some ineligible. Moreover, they found the median time from exiting prison to accessing public housing was five years, suggesting that faster access to public housing would result in increased benefits to the individual and society.

The initial month after a person is released from custody is a period of particular vulnerability, with an increased risk of homelessness and return to prison. Released detainees typically have no savings and little prospects for stable income and must therefore look for housing support or end up in unstable accommodation options (Doyle et al. 2022b). There is also evidence of discrimination in securing affordable private rental options upon release and this issue is compounded, for those in prison for lengthy sentences for serious and/or historic crimes and/or released at older ages (e.g. Bailey et al., 2018; Davoren et al., 2015; de Winter, 2013; Flatt et al., 2017; Gaston, 2018; Gaston & Axford, 2019; Greene et al., 2018; Maschi, Morgen, et al., 2014; Maschi, Viola, et al., 2014; Smith, 2014). Some of these issues may impose locational restrictions (such as minimum distances from schools and childcare facilities for people convicted of child sexual abuse) that further limit housing choices.

People exiting custody are also documented to have additional support challenges, including higher incidences of mental ill-health, drug and alcohol abuse and experiences of physical disability (e.g. Blackburn et al., 2008; Flatt et al., 2017; Lahm, 2008; Schneider et al., 2011). Gaston (2018) highlighted that access to medical diagnosis may be constrained while in prison. Workplace discrimination and unemployment may also further impact a person's ability to sustain tenancies post-release, adding to their experiences of instability. These challenges are amplified by housing affordability and availability issues more generally, present in the ACT, as well as other Australian jurisdictions. There has been significant media and political attention recently on the shortage of affordable housing across Australia generally (see eg Bahr, 2023; Tingle, 2023) and the ACT specifically (see eg Waymouth, 2023).

Upon release from prison, people may be eligible for social housing through the ACT public housing authority, HACT. As at August 2023, however, there were 3,175 people on the HACT waitlist (ACT Government, 2023). The most recent data indicated that the average waiting times for *priority* housing were 279 days, while the average wait times for *high-needs* and *standard* housing were 1,201 and 1,892 days respectively. By way of comparison, Doyle et al. (2020) found that, as at June 2020, there were 2,478 people on the ACT housing register waiting list. Accordingly, there has been a 28% increase in just over three years. These were also all much higher than in June 2020 (as cited in Doyle et al. 2020), when they were 197, 776 and 1,247 days respectively (increases of 42-55%). Moreover, priority housing is restricted to applicants who meet one or more of the following criteria:

- homelessness;

- families with children;
- formally diagnosed mental health issues;
- serious and chronic health issues;
- disability, including frail-aged;
- Aboriginal and/or Torres Strait Islander persons and families having difficulty accessing private rental accommodation and facing complex issues;
- women with or without children escaping domestic violence; and
- children at risk of abuse or neglect (ACT Government, 2023b).

It is acknowledged that, while many people coming out of prison may meet one or more of these criteria, they will remain on the waitlist for months, if not years, before being housed. For completeness, it should be noted that applicants assessed as high-needs are those who demonstrate significant needs that cannot be resolved by any reasonable means other than the provision of social housing within a reasonable timeframe, while standard are those who demonstrate significant affordability issues in obtaining housing on the private market) (Canberra Community Law, 2021).

To be eligible for social housing, a single person must earn a maximum of $825.96 gross per week (see ACT Government, 2023a; applicable threshold as at 3 March 2023). Moreover, to apply for social housing, applicants need to include documentation, such as proof of identify, residency in the ACT, income and assets and legal custody of any dependent children. Providing such documentation may be difficult for many people exiting prison (Gilmour, 2018; Schwartz et al. 2020). Incarceration often disconnects people from community services and it therefore takes time and resources to re-establish these connections upon release (Canberra Community Law, 2019). This means that people leaving custody often face additional obstacles, when seeking stable housing post-custody, compared to many other housing applicants in the ACT.

The ACT Government officially adopts the Housing First principles, which aim to provide accommodation and related non-shelter support to people who experience chronic homelessness that cannot be met without intervention (ACT Government, 2021). Support is typically unconditional, with an understanding that stable housing, along with appropriate levels of other support (such as mental and physical health, social integration, and employment and training), is able to help people overcome challenges that have otherwise prevented them from accessing more permanent housing options (Roggenbuck, 2022).

The foregoing information is important to understand the context in which JHP operates. It is also worth noting that, although the ACT has – and has generally had – the lowest imprisonment rate in Australia per head of population, it has the highest rate of return to prison out of all Australian jurisdictions, with 78% of people in prison having been incarcerated previously, compared with a national rate of 60% (Australian Bureau of Statistics

(ABS), 2023a). Furthermore, 20% of detainees at the Alexander Maconochie Centre (AMC) reported unstable accommodation in the four weeks prior to their incarceration (JACS, 2020). Based on this experience, the ACT Government identified justice housing needs as a key pillar of their plan to reduce recidivism by 25% by 2025 (RR25by25). RR25by25 (JACS, 2020) has the following seven pillars:

1. reducing the over-representation of Aboriginal and Torres Strait Islander people in custody;
2. responding to justice housing needs;
3. supporting people with substance use disorders in the justice system;
4. supporting people living with a mental illness or disability in the justice system;
5. supporting detainee reintegration;
6. developing community capacity; and
7. responding to women in the justice system

JHP is obviously most clearly associated with Pillar 2 and the Plan explicitly described JHP under this pillar. However, it should be noted that addressing housing issues is also aligned with several other pillars under the plan. In particular, Aboriginal and Torres Strait Islander people are more likely to experience homelessness, so addressing their housing needs may assist with addressing Pillar 1. In addition, there is a link between housing and both substance use (Pillar 3) and mental health and disability (Pillar 4). For example, the Plan notes that among people who accessed alcohol and other drug (AOD) services, 86% of had reduced their drug use, 78% saw an improvement in their mental health and 61% had an improvement in their housing situation. As will be discussed in Chapter 4, most of the JHP clients received support for AOD issues and many also received support for their mental health issues, thereby supporting these pillars.

The Plan notes that:

> Successful reintegration into the community following a term of imprisonment is a complex and challenging process…Offenders often face numerous challenges when they leave prison and return to their communities. These can include finding accommodation and employment, and obtaining support from government or other services. Such challenges can be compounded by other disadvantages that are disproportionately represented in offender populations, including mental illness, drug and alcohol dependence and low levels of family and other social support (JACS, 2020: 16).

Although this part of the Plan does not explicitly reference JHP, its objectives are clearly supportive of this pillar. Finally, Pillar 7 is focused on women, which is also a key focus of JHP.

It is worth noting that JHP and RR25by25 also align with recent research from McCausland and Baldry (2023), which confirmed homelessness/unstable housing as one of eight 'social determinants of justice'. The other factors are:

- out-of-home care;
- poor education;
- being Indigenous;
- early police contact;
- unsupported mental health and disability;
- alcohol and other drug (AOD) use; and
- disadvantaged location.

1.3 Other similar programs in Australia

This evaluation is the first of the JHP and builds on earlier evaluations of similar programs in other Australian jurisdictions. In this section, we provide an overview of similar programs that have been implemented in Victoria, New South Wales, Queensland, and South Australia.

We examined the corrections websites for each other jurisdiction in Australia, browsing across the sites and searching with the terms 'accommodat*', 'hous*' and 'homeless*', to find any programs similar to JHP. The findings are set out in Table 1.2, together with other relevant information we were able to locate on the agencies' websites. Although the Northern Territory Government (2023) indicates that it supports people with finding accommodation on release and the Government of Western Australia (2023) lists a range of contacts for emergency, supported, Aboriginal and Torres Strait Islander, community and private housing, it does not appear to provide any housing services.

We note that this is not an exhaustive list of the support accommodation programs available to people leaving prison. Rather, we highlight those where information was available and which were deemed to be similar in comparison to the JHP. As only two of these programs have been evaluated, with mixed results, it is not possible to comment on whether the JHP should incorporate elements of these program models. Other housing support programs that are available include residential facilities in South Australia (see Government of South Australia, 2023c) and Victorian (see Corrrections Victoria, 2023b). Tasmania also runs a program that provides case workers to support people exiting prison in finding stable accommodation, but this does not include properties run by the program (see The Salvation Army, 2023).

Table 1.2: Australian justice housing programs

Jdn	Program
NSW	Information on the Bolwara and Parramatta Transitional Centres (Corrective Services NSW, 2023b), Extended Reintegration Service (Corrective Services NSW, 2023c) and Transitional Support Accommodation (Corrective Services NSW, 2023c) is set out below.
Qld	A general search of the Queensland Corrective Services website did not reveal any relevant information, but a 2019 media release (Queensland Corrective Services, 2019: np) referred to the 'Post Release Supported Accommodation Service…[which] provides temporary residential accommodation, sourced from the private rental market, along with support to locate longer-term, stable accommodation'. Unfortunately, we were unable to locate any further information about this program on the website.
SA	The Department for Correctional Services (Government of South Australia, 2023) offers the following programs, described in more detail below: • Aspire Social Impact Bond • Bail Accommodation Support Program (BASP) • Integrated Housing Exit Program
Vic	The Corrections Victoria Housing Program (CVHP) (Corrections Victoria, 2023a) is described in more detail below.

1.3.1 NSW

Corrective Services NSW (2023b) operates the Funded Partnerships Initiative (FPI). As part of this, there are some accommodation options for people exiting prison on parole or extended supervision orders, and who are assessed as being at a medium-to-high risk of reoffending. One of these is Transitional Support Accommodation, which provides 12 weeks' accommodation and casework support, delivered by non-government organisations (NGOs) at seven locations throughout NSW; three of these are in Sydney and the other four are in country areas.

Corrective Services NSW (2023a) also operates the Bolwara Transitional Centre at Emu Plains and Parramatta Transitional Centre. These provide support for female offenders approaching release from custody. The former focuses on Aboriginal and Torres Strait Islander women with histories of AOD use, while Parramatta is aimed at women who have served longer sentences.

Through the FPI, the Community Restorative Centre (CRC) operates the Extended Reintegration Service in three primary and two secondary locations across NSW. The target cohort is higher-risk offenders with significant complex needs, under the supervision of Community Corrections. Housing and support services are provided to offenders with significant complex needs and clients must also be homeless or at risk of homelessness.

Support is provided for up to 12 months (nine months post-release) and includes accommodation support, AOD services support, mental health services, recreation/leisure activities, parenting activities, navigating Centrelink services, assistance with debt reduction, access to education/support, job search skills development, Aboriginal and Torres Strait Islander/culturally and linguistically diverse cultural support, transport assistance and development of family/household management skills (Corrective Services NSW, 2023b). A recent evaluation of a range of programs run by the CRC (Sotiri et al., 2021) revealed that the Extended Reintegration Service program in one location engages with 20 clients per year and costs $36,316 per client.

1.3.2 South Australia

Aspire Social Impact Bond

Australia's first homelessness-focused social impact bond, the Aspire Social Impact Bond enrolled 575 people over a four-year period (2017-2021), with some places specifically allocated to offenders and ex-offenders, who require such assistance. Working in partnership with the Hutt Street Centre, Unity Housing and Common Ground Adelaide, via a 'housing first' intervention model, participants were provided stable accommodation, job readiness training, pathways to employment and life skills development for up to three years (Government of South Australia, 2023a; Coram et al., 2022). The program involved a person-centred, flexible, holistic and coordinated case management approach and was open to adults aged up to 55 who were experiencing homelessness in metropolitan Adelaide or were at risk of being discharged into homelessness from a correctional or health facility (Coram et al., 2022).

This program was evaluated by Coram et al. (2022), who found that the program was:

> a highly effective homelessness intervention, especially for people with complex needs and/or experiencing chronic or recurrent homelessness, for whom more conventional service delivery approaches may not deliver sustainable benefits. The quantitative data analysis indicates that Aspire participation is associated with people successfully exiting homelessness and sustaining their tenancies over the medium term, alongside a reduction in accessing emergency accommodation services, decreased use of hospital services and *less interaction with justice services, delivering significant cost savings to government*.
>
> Aspire participation is often life changing for individuals… participants reported *reductions in substance abuse*, and, in a small number of cases, reduction in suicide risk and interaction with child protection services. They also described enhanced personal wellbeing, improved employment prospects, stronger family relationships and community connections, and better mental and physical health. *The participants who were interviewed said that without Aspire, they would still be sleeping rough, in jail, or possibly no longer living*. Instead, these participants were securely housed, had stabilised their lives, were accessing government services much less frequently, and

had a new-found sense of confidence and empowerment that they attributed directly to Aspire (2022: x; emphasis added).

Overall, 38% of Aspire participants had a history of incarceration, although it is not clear what proportion entered the program directly from prison. Detailed analysis of justice data revealed that Aspire clients recorded a 60% reduction in average annual number of offences, a 69% reduction in average annual number of court appearances, a 57% reduction in average annual number of convictions compared to pre-entry to Aspire, and a 55% reduction in imprisonments (Coram et al., 2022).

Bail Accommodation Support Program

The Bail Accommodation Support Program (BASP) provides accommodation for people who have been granted bail, but do not have a suitable place to live, while awaiting their hearing. AnglicareSA provides wraparound support services that help individuals maintain their links with family, employment and training. Referrals are made through the presiding magistrates, with up to 30 places available (Government of South Australia, 2023a).

Residents are accommodated in one of 30 self-contained accommodation units in a purpose-built facility in Port Adelaide and residents are expected to follow strict house rules. BASP is also staffed 24 hours a day, seven days a week (Government of South Australia, 2023b).

Integrated Housing Exits Program

The South Australian Department for Correctional Services also operates the Integrated Housing Exits Program (IHEP), in partnership with Housing SA and the Offender Aid and Rehabilitation Service (OARS). IHEP aims to provide support and accommodation to people exiting custodial settings to reduce their risk of homelessness and re-offending. Eligible individuals are provided 12-month fixed-term tenancies and other appropriate levels of support. In special circumstances, a further 12 months can be approved (Government of South Australia, 2023a).

To be eligible for IHEP, offenders will have been sentenced to a period of imprisonment of less than 12 months (or on remand) and have a Category 1 Status with Housing SA. Case management support, both pre and post release, is provided to IHEP participants by Housing SA, OARS and the Department for Correctional Services (Government of South Australia, 2023a).

1.3.3 Victoria

Corrections Victoria operates the Corrections Victoria Housing Program (CVHP), which provides housing and support to people who are at risk of homelessness and at increased risk of reoffending, upon release from prison. It has access to transitional housing placements through arrangements with Registered Housing Agencies. Eligible applicants must be engaged with ReConnect or the Community Support Program (Corrections Victoria, 2023a).

This program was evaluated by Ross et al. (2013, as cited in Willis, 2018), who found that the program exceeded its target for the number of tenancies provided to clients by 80%. Stakeholders were overall supportive of CVHP and considered it an effective pathway into high-quality housing that would otherwise have been unavailable to clients, especially in relation to sex offenders and those on parole (Ross et al. 2013). However, there were some concerns about the lack of clarity regarding eligibility criteria and the basis for allocating housing to clients, as well as issues with understanding the referral and placement processes. While not a view expressed by service providers, it was also noted that both Corrections Victoria and the Department of Human Services expressed some reservations about the appropriateness of a criminal justice agency directly funding accommodation services (Ross et al., 2013, as cited in Wills, 2018). More recent research has been critical of the CVHP accommodation options, with some describing them as 'shocking places, that they struggle to fill' (Martin et al., 2021: 43).

In terms of program goals, Ross et al.'s evaluation found that the CVHP was successful in reducing housing disadvantage for clients successfully placed into housing. The program was found to have reduced recidivism for medium- and high-risk offenders, but not low-risk offenders (Ross et al. 2013, cited in Willis, 2018). Survival analysis indicated that the CVHP cohort had significantly lower rates of recidivism.

Based on these findings, as well as a positive cost-benefit analysis, Ross et al. (2013) determined that the CVHP has been a successful strategy for addressing housing disadvantage among released prisoners. Despite the documented effectiveness of the CVHP, Corrections Victoria has faced challenges in maintaining this and other complementary models of service delivery. Willis (2018), for example, found that accommodating certain clients who presented with multiple and complex needs had created difficulties for other residents and service providers.

2 Methodology

This project adopted a mixed-methods design, drawing on administrative data, interviews and a survey, as well as site observations and content analysis of relevant literature. It has ethics approval from the Australian National University (ANU) Human Research Ethics Committee. Approval to conduct research with ACTCS staff and clients, and access to ACTCS data, was provided by the ACTCS Commissioner.

2.1 Administrative data

2.1.1 ACTCS client data

The evaluation team was given access to two JHP administrative datasets developed by ACTCS, one that covered the period prior to the January 2023, when the present evaluation commenced, and that covered the period January to August 2023. These datasets are used by ACTCS to keep track of entries and exits of clients through the program. From these datasets, we created two new datasets, in order to explore a number of questions. The questions were developed through an iterative process; some were posed early on in the development of the evaluation design. However, until we received the data from ACTCS and could then assess the quality of the data, we could not determine what questions we would be able to answer.

The first dataset, which we call the 'former resident dataset', contains data on 174 individuals who were housed in, and subsequently exited from, the JHP properties since the program's inception (1 May 2020) to the end of data collection for this evaluation (16 August 2023). This dataset captures information on resident release type, Level of Service Inventory-Revised (LSIR) rating,[1] length of stay and program outcome. Gender and Indigenous status are also recorded in this dataset. The LSI-R serves as a structured tool for assessing risk of reoffending, employing a system of point-based criteria to determine a quantitative risk level. Comprising 10 components or risk/need domains, namely: Criminal History, Education/Employment, Financial, Alcohol/Drug Problems, Accommodation, Family/Marital, Companion, Emotional/Personal, Attitude/Orientation and Leisure/Recreation (Austin et al., 2003), the LSI-R assigns numerical values to these domains, which collectively yield a risk value that spans from 0 to 54. This range is further subdivided into five risk levels: Low risk (0-13); Low/Medium risk (14-23); Medium risk (24-33); Medium/High risk (34-40); High risk (41-54). In general, a higher total score on the LSI-R corresponds to an increased likelihood of re-offending. The risk assessment ratings for JHP residents were reported prior to their entry.

[1] JHP only looked at the clients' current risk when they resided in the program. In addition, LSI-R *is not* applied on people subject to bail. However, some of these clients might have been assessed using the LSI-R for other reasons, for example, for a pre-sentence report or during previous orders that immediately preceded bail.

The second dataset, which we call the '2023 client referral and assessment dataset', captures additional information on client referral and the assessment outcome in relation to JHP eligibility. This dataset, although limited to data (157 referrals) from 1st January 2023 onwards, allows for an exploration of the process from initial screening, assessment and entry into the JHP. This dataset also records the age at assessment and age at entry into the JHP.

Broadly, the two datasets were utilised to explore JHP client demographics, client time spent in the program from referral to exit, and program outcomes.

Descriptive statistics are used to describe and summarise:

- the demographics of JHP clients (both datasets);
- the orders clients were subject to (both datasets);
- the LSI-R risk of reoffending (only available for former residents);
- residents' length of stay (only available for former residents);
- reasons for JHP exit and post-JHP housing arrangements (former residents only);
- referral distribution by month (only available for 2023 referral dataset);
- assessment acceptance rate (2023 referrals only); and
- processing time from referral to entry (2023 referrals only).

Relevant measures of central tendency (mean or median) and variability or dispersion (standard deviation (SD), and interquartile range) are reported when appropriate. Chi-square tests of independence were also conducted, to examine the association between LSI-R ratings and the reasons for program exits, as well as the relationship between length of stay and destination of JHP exit.

2.1.2 Service provider reports

We received 19 monthly reports – 13 from the previous service provider, CatholicCare (CC) (between September 2021 and December 2022) and six from the current provider, St Vincent de Paul (SVDP) (Jan-June 2023).

All of the reports from CC were presented in an Excel spreadsheet, with four tabs:

- tenancy and management services and suitability reports;
- rent reports and occupancy level;
- tenancy support; and
- repairs and maintenance.

The SVDP reports were presented in a Word document and presented in two different formats. One format was used for the Jan-May 2023 reports and another format was used for the June reports. Because of the changes to the service provision contract, SVDP currently

only provides tenancy support, rather than also providing property management services which are provided by CHC, as CC did for the majority of the program's operation.

Content analysis of each of the 19 reports was conducted by two members of the research team. The reports were parsed into a spreadsheet to pull out key points of interest for each report. There were two types of information reported that were of interest - summary data on assessments, entries and exits in each period and detailed client-level data from case managers (technically this data was recorded for each room in each property, meaning short reports were provided for vacant rooms as well). These report on each client's support needs, issues, goals for the future and progress towards these goals. Several pieces of information were parsed out – basic identifying data, count of contacts and any text that related specifically to themes that were identified as important to understand the program.

An attempt was made, where possible, to link individuals across periods, based on text data, entry dates, property and room. While this process was likely not perfect, it allowed the team to track issues for clients across time and to then link clients' service provider reports with their ACTCS data.

These data was analysed in several ways: firstly, in numerical analysis of the changes in the program summary data over time. These data are simply collated from the service providers' reports, presented in a table and then discussed. Secondly, we analyse patterns in support and issues for clients over time, by analysing summary statistics of the counts of contacts and issues mentioned in the text data. Thirdly, the text data were used for a qualitative analysis, to better understand the operations of the program and experience of clients, for example, looking at whether the strictness with which the 'no visitors' rule was enforced had changed over time. Finally, the data were used to provide recommendations on future data collection practices.

2.1.3 A note on overlap in administrative datasets

A challenge when analysing the JHP data is that there is not a single source of truth, i.e. between the ACTCS and provider datasets, there are three data sources which contain sometimes overlapping and sometimes differing data. Some of this is simply different inclusion criteria for the different datasets (for example, the clients dataset only covers 2023, while the past residents dataset covers those who have left the program); however, in other cases, there seem to be data quality issues. Table 2.1 shows the overlap and differences in unique clients covered in each of the datasets, demonstrating how many clients in each row dataset are in each column dataset.

Table 2.1: Pairwise coverage of the three administrative datasets for unique clients

	Former residents data	2023 clients data	Provider reports	Clients not in any other datasets
Former residents data	**163**	23	100	57
2023 clients data	23	**37**	23	8
Provider reports	100	23	**137**	31

NB: Diagonals give the total number of unique clients in each dataset

Essentially the purpose of Table 2.1 is to show that different datasets used for analysis in this report may cover slightly different groups of clients. While administrative data-keeping practices have improved, there are still issues of data coverage in this evaluation.

The provider data in particular was difficult to work with, given the lack of a JHP ID key to identify the same individual across months. This meant that identifying individual clients and finding their JHP ID had to be done manually, based on (in descending order of importance) entry date, exit date, and details that may help identification from the text of the provider report (for example, a client that is attending an Aboriginal health service is likely to be listed as Aboriginal or Torres Strait Islander in the ACTCS data, which can be used to find their JHP ID). Data quality issues and a lack of better identifying data (for example, the house clients lived in in the past residents data, missing or misreported entry dates in provider data) made this process difficult and necessitated some judgement calls, where there were slight differences in key details – like entry dates – across datasets. The role of the provider data in this table, then, is not to suggest there are 31 clients about whom ACTCS has no record, but rather to show that data quality issues make it difficult to link data or even to definitively count the number of clients who have gone through the program.

2.2 Interviews

Semi-structured interviews were conducted with 35 people involved in JHP. These can be divided into two main groups: professional stakeholders (Group 1) and current and former JHP clients (Group 2).

The interviewers followed a semi-structured set of questions, designed to elicit an appreciative understanding of participants' experiences, motivations and perceptions, while simultaneously seeking to draw out answers that inform the key questions and objectives of the evaluation. These interview questions were developed in consultation with, and endorsed by, the Secretariat of the ACT Aboriginal and Torres Strait Islander Elected Body and the Reducing Recidivism Research Collaboration Indigenous Governance Committee, which has an oversight and governance role for all projects that fall under the Reducing Recidivism Research Collaboration, of which this evaluation forms part. Prior to each interview, a participant information sheet was provided to the participant. For some Group 2 clients, the researcher read this aloud to the participant. Participants were then invited to ask any questions about the evaluation. Once these questions were answered and the participant was happy to proceed, they signed an informed consent sheet.

Although ANU's ethics approval process precludes identification of the precise organisations that participated in the research, we invited the following to engage in an interview:

- ACTCS staff with oversight of the JHP;
- SVDP staff, as the current JHP service provider;
- CatholicCare staff, as the former JHP service provider;

- HACT staff involved in identifying suitable JHP housing; and
- staff from Legal Aid, Canberra Community Law, ALS and Winnunga, whose clients have experiences of the JHP.

We interviewed 16 Group 1 participants between February and June 2023. The average length of interviews was 53 minutes. In order to preserve Group 1 participants' confidentiality, including the organisations they were associated with, we have presented their contributions as eg PS1.

Group 2 participants were current and former JHP clients, recruited by ACTCS on ANU's behalf. Former clients included those living in the community, as well as individuals who were in custody in the AMC. We interviewed 19 Group 2 participants between March and July 2023. This represents 10% of all JHP clients. The average length of interviews was 18 minutes. Five of the interviewees were Aboriginal and/or Torres Strait Islander. Unfortunately, only one of the interviewees was female. Indigenous participants were given the option to be interviewed by an Indigenous research officer. Client interviews are presented as JHP1, JHP2 etc.

All interviews were professionally transcribed and analysed thematically.

2.3 Surveys

Group 2 participants were given the option to complete a short questionnaire at the end of their interview. The questionnaire included items relating to housing history, measured by the extent to which a participant had experienced stable housing in the last two years and their perceptions of safety, and experience of social connection, measured by the frequency of contact with friends and family either in person, on the phone, or online. A total of 17 out of 19 clients interviewed chose to complete the survey. The interviewer gave the participant the option to fill in the survey on paper at the time of the interview or to have the questions read to them and to respond verbally. All survey responses were then manually recorded in a spreadsheet and subsequently analysed.

2.4 Site observations

In order to preserve clients' privacy, the evaluation team agreed not to visit them in their houses. As a result, we did not have the opportunity to see inside the properties, while they were occupied. However, one member of the evaluation team visited one of the properties in May 2021, before it came online in the program, and took photographs of the rooms and backyard (see images 1-8 in Appendix B) and made contemporaneous notes.

This researcher and another member of the evaluation team visited the outside of two properties together and the remaining properties separately between 6 July and 10 August 2023. On each visit, we observed:

- the nature of property (eg, corner block, size, garden etc);

- the condition of property, especially any signs of disrepair (eg, peeling paint) and/or that property is well maintained (eg, tidy garden);
- how many cars were parked out front;
- the proximity to infrastructure and other amenities (public transport, local and major shops);
- what the neighbourhood was like (eg, lighting, footpaths, street noise levels etc); and
- any other relevant observations.

On each occasion, the researcher/s took photographs (see Appendix B for a sample) and wrote down and/or voice-recorded their observations. These were later analysed thematically. Minor details were changed, to protect the confidentiality of the houses' location.

3 Analysis of ACTCS administrative data

We conducted two sets of descriptive analyses, using the *former resident dataset* (n=174), with all housed residents from May 2020 to mid-August 2023, and *the 2023 JHP referral dataset* (n=157), with referrals (i.e. including active clients under assessment for eligibility) to the JHP from January 2023 to mid-August 2023. While these two datasets reveal that a total of 188 clients have been through the program, a word of caution in relation to this figure is required. Firstly, the number of clients identified as having been through the program in this data (n=188) does not correspond with the number of clients identified in the service provider reports in Chapter 4 (n=161).[2] Second, when cleaning the datasets in preparation for the analyses, it became evident that there were a few instances in which client IDs were incorrectly entered. While the research team was able to clarify many of these data entry errors with ACTCS staff, and ACTCS staff were very prompt and helpful in clarifying and rectifying any errors, there is a possibility that not all of these were picked up. It should also be noted that practices in relation to entering client data into ACTCS databases has greatly improved since January 2023. Prior to this, record-keeping practices appear to have been inconsistent. This has implications for the quality and accuracy of the data and the subsequent analyses to which we now turn.

3.1 Former resident data

3.1.1 Demographics

Table 3.1 below details the demographics for all JHP clients who have exited the program. Most former residents are male (86.8%) and identify as non-Indigenous (69%). The ABS data indicate that, between the March 2020 and March 2023 quarters, men accounted for between 83% and 90% of adults released from custody (ABS, 2023). Over this period, females accounted for a median of 11% of people released from the AMC and 13% of former JHP residents. As set out above, women involved with the criminal justice system are a key focus cohort for the program. Recent ABS data also indicate that women account for the majority of people newly experiencing homelessness (Convery, 2023). This suggests that the program appears to meeting its objective in relation to accepting participants from this priority cohort.

As set out above, Aboriginal and Torres Strait Islander people involved with the criminal justice system are also a key focus cohort for the program. Between the March 2020 and March 2023 quarters, Aboriginal and Torres Strait Islander people increased from 22% to 32% of people released from adult custody in the ACT, with a median of 25% (ABS, 2023). Aboriginal and Torres Strait Islander people are also over-represented among homeless

[2] The discrepancy in numbers between the former resident data and provider reports can be attributed to: (i) differences in reference periods, with the resident data containing data until 16 August 2023 and provider reports containing information the end of June, whereas there were six new entries from July 2023; and (ii) record-keeping issues and missing reports.

populations (Convery, 2023). It is therefore appropriate that Aboriginal and Torres Strait Islander people were slightly over-represented among former residents, especially in light of the increase over this period. It appears that the program is meeting its objective, in terms of accepting participants from this priority cohort.

In this context, we note that there is a separate program that provides post-release housing for Aboriginal and Torres Strait Islander in the ACT, the Transitional Accommodation Program. This program is operated by Yeddung Mura and is not in scope for the present evaluation.

Table 3.1: Demographics of former JHP residents

	Count (n=174)	Percentage
Male	151	86.8%
Female	21	12.1%
Other	2	1.1%
Aboriginal and/or Torres Strait Islander	54	31%
Not Aboriginal and/or Torres Strait Islander	120	69%

3.1.2 Release type

There are a range of different orders under which clients have been released from the AMC and into the JHP, with the majority of clients (61.5%) being released under bail (31.6%) or parole (29.9% or 28.2%, when multiple orders are considered) (see Table 3.2). This is consistent with some of the key aims of the program, namely, to provide accommodation for offenders or alleged offenders, so they are not denied bail or parole as a result of not having an address. Some residents (n=28; 16% of all former residents) received multiple orders and these residents almost always had a bail or parole order, in combination with other orders, such as community service, good behaviour order or head sentence.

Table 3.2: Former residents, by order type

	Count	Percentage	Count (including multiple orders)	Percentage
Bail	55	31.6%	64	31.6%
Community service	6	3.5%	16	7.9%
Drug and Alcohol Treatment Order	3	1.7%	6	3.0%
Good Behaviour Order	8	4.6%	26	12.9%
Head sentence	21	12.1%	28	13.9%
Intensive Corrections Order	1	0.6%	5	2.5%
Parole	52	29.9%	57	28.2%
Multiple orders	28	16.1%	n/a	
Total	174	100%	202	100%

3.1.3 Clients' level of risk when entering the program

According to the data from resident intake, 150 out of 174 former residents (86.2%) had a record of their LSI-R rating reported prior to entry. Missing records on the LSI-R rating were from clients with bail (n=21), two residents with a head sentence and a resident with a Good Behaviour Order. Most of the former residents (81%) had an above-medium risk, based on the assessment (see Table 3.3). This reflects a relatively high level of identified criminogenic needs in the JHP population. Since detail breakdowns of risk assessment ratings were not provided for evaluation, it was not possible for the evaluation team to assess which particular risk/need domains were prominant for the residents. However, with relatively high LSI-R ratings amongst residents and the predisposition of JHP residents having had contact with the criminal justice system to be considered as for the program, we can describe the residents as high risk under the Criminal History domain, which is a one of the major static factors that cannot be altered through time. Through analyses of the provider reports (see Chapter 4), we could see that many residents were supported by their case managers to manage dynamic issues (i.e. alterable risk factors), with ongoing AOD involvement, mental health and deviant peers. These reports allowed us to further understand the relatively high risk/need background of residents.

Table 3.3. LSI-R prior to entry

Risk level	Count	Percentage
Low	2	1.3%
Low-Medium	2	1.3%
Medium	24	16%
Medium-High	50	33.3%
High	72	48%
Total	150	100%

It should be noted that the LSI-R rating was measured prior to JHP for all clients (except clients on bail or not under supervision) and there was no record of post-JHP LSI-R ratings. This is because LSI-R is only assessed annually and is not assessed for clients on bail or those not subject to supervision. This report does not attempt to utilise LSI-R ratings as a dependent variable to analyse effectivesness; rather, the LSI-R ratings provided insight into clients' background and highlighted the risks/needs for intervention. While the JHP did not monitor changes of LSI-R ratings pre-post JHP, examination of the status reports (see Chapter 4) would suggest a direct impact of JHP on some of the key risk/need domains (e.g. Accommodation (e.g. satisfaction with the accommodation, high-crime neighborhood), Companions (e.g. social isolation, criminal acquaintances and friends), AOD Problem (e.g. current and past problematic drug use), Emotional/Personal (e.g. magnitude of interference and active psychosis, present and past mental health treatment) and Attitudes/Orientation

(e.g. attitudes supportive of crime, unfavorable attitudes toward convention, poor attitude toward sentence and supervision), which could lead to changes in LSI-R ratings at program exit. However, the magnitude of any potential changes would be limited by how LSI-R criminogenic risks and needs are measured, where most of the static (e.g. criminal history, history of drug use, past deviance in the education system or employment) and structural or persistent (e.g. financial difficulties, familial or marital dissatisfaction, frequent unemployment, unstable residency in the past, current drug involvement, lack of pro-social and anti-criminal friends) risks/needs would not be easily changed over a short period of time or cannot be expected to be addressed by the JHP.

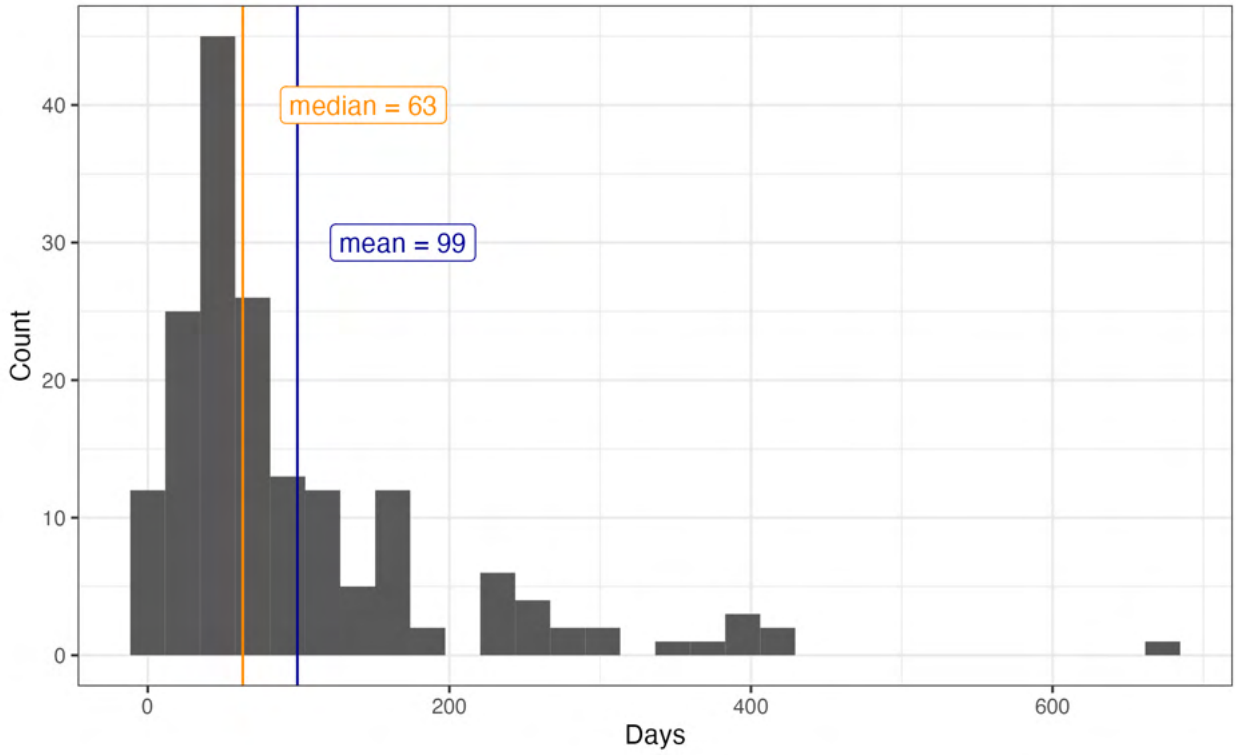
3.1.4 Length of stay at a JHP property

Across the JHP program (from May 2020 to mid-August 2023), the duration of stay shows a skewed distribution. Over half of the clients exited before the end of their three-month agreement, with a median stay of 63 days (mean = 99.2 days, SD = 100.7 days; see Table 3.4 and Figure 3.1). However, some clients stayed for a longer period of time, with a quarter of all clients (25%) staying beyond the initial three-month agreement period at JHP accommodation.

Table 3.4: Length of stay for former residents

Length of stay (days)	Percentile
0	1st
7	5th
14	10th
41	25th
63	50th
123	75th
236	90th
306	95th
425	99th

Figure 3.1: Length of stay for JHP residents



While reasons for extended occupancy were not specified, our examination of the relationship between length of stay and destination after JHP exit provided insights into the likely reasons for extended stays (over 90 days). Specifically, clients who exited to support services/housing were more likely than other clients to have stayed over 90 days, χ^2 (3, N = 174) = 17.2, *p*= .001 (see Table 3.5). Such a difference in the length of stay across groups is further supported by a Kruskal-Wallis H test ($\chi^2(3) = 13.84$, $p = 0.0031$). The test revealed that there was a statistically significant difference in the median length of stay across two or more groups of different client exists, with clients exiting to other supporting service having the longest median stay (123 days), followed by clients with an exit to stay with friends and family (62.5 days), clients with an unknown destination on exit (57 days) and clients who return to custody (54 days).

The extended stay beyond the initial agreement period could be attributed to the lack of alternative accommodation and processing/waiting time to be placed in a different social housing tenancy. The extended stay might also be attributed to clients continuing to need the support of JHP more generally. This is revealed by interview data in Section 6.3, highlighting how some clients found the length of time offered in the program (three months, with an option to extend) to be insufficient and how they would appreciate longer-term support. Clarke et al. (2020) have noted that, following Housing First principles, transitional housing like JHP should be deprioritised, in favour of more permanent solutions. This would suggest that clients staying longer in JHP properties is not necessarily desirable. On the other hand, some research suggests that JHP's duration (ie, around three months) is

the minimum appropriate for this cohort (see eg Martin et al, 2021). Recent research has shown benefit from programs of longer duration (Coram et al., 2021; Sotiri et al., 2021).

Table 3.5: The relationship between destination upon program exit and length of stay

Destination upon program exit	Within 90 days	Over 90 days
Private rentals/ moved in with family or friends (n=56)	67.9%	32.1%
Unknown (n=55)	78.2%	21.8%
Support service/housing (n=37)	37.8%	62.2%
Custody (n=26)	73.1%	26.9%

3.1.5 Reasons for exit

As part of the data analyses, we examined the reasons for exit for all former clients over the life of the program, although there is some ambiguity in the data, as only a short section of text is recorded for each resident. In many cases, for example, it is difficult to tell whether an exit to live with friends or family was approved or whether it amounts to a breach of the program rules or order conditions. Where it was not made clear that these moves were not allowed, they were treated as planned.

Overall, nearly two-fifths of clients (39.7%) had a planned exit from the program (see Table 3.6). Over one quarter (28.7%) exited the program, due to either a breach of the house rules (15.5%) or breach of their order (eg, parole, GBO, etc.) (13.2%) (see Sections 3.2 and 3.3 for further discussion of the house rules and breaches). A further 13.8% were classified as never having entered the JHP property or not engaging with program staff. Clients also 'self-exited' from the program and this accounts for 12.7% of exits in the sample. Unfortunately, the evaluation team did not have access to detailed data on on why these individuals might have left the program, except for a few cases, where they left due to feeling unsafe in the property (2.3% of all exits; n=4). Two people (1.15%) were sentenced for new offences and two others were provided with a notice to vacate, without any further detail. It may be that those who self exited left no contact details, limiting the ability to determine why they left the program.

Table 3.6: Reasons former residents left the program

	Count	Percentage
Planned exit	69	39.7%
Breach of house rules	27	15.2%
Fail to enter/reside at property or engage with program staff	24	13.8%
Breach of conditions	23	13.2%
Self-exited, without detail	16	9.2%
Unknown	5	2.9%
Self-exited – not at fault, unpleasant experience in the house	4	2.3%
Self-exit under special circumstances	2	1.2%
Sentenced for new offences	2	1.2%
Notice to vacate, without detail	2	1.2%

An examination of the relationship between the LSI-R ratings and reasons for exit showed no statistically significant association (X^2 (6, N = 150) = 7.1, p> .05) (see Table 3.7). This is an important finding, as it means that residents with a relatively high LSI-R risk were not associated with a tendency of exiting JHP for breaches. The result also seemed to suggest that residents with any level of LSI-R risk could exit a program with planned exits.[3]

Table 3.7: Crosstabulation of LSI-R risk levels and reasons for program exit

LSI-R risk level	Any breaches, fail to reside and engage or notice to vacate	Self-exits	Planned exits	Unknown
Medium or below (n=28)	28.6%	14.3%	50.0%	7.1%
Medium/High (n=50)	46.0%	8.0%	44.0%	2.0%
High (n=72)	51.4%	12.5%	34.7%	1.4%

The evaluations of LSI-R scores for the residents indicate that JHP is interacting with a community of residents characterised by a high-risk of re-offending, often presenting a multitude of risks and requirements. Literature and recommended practices aimed at diminishing the re-offending risks among adult offenders commonly emphasise the necessity for a comprehensive treatment approach (Watkins, 2011). This approach entails the utilisation of a mixed treatment approach, which is particularly relevant for a client community resembling that of the JHP. Additionally, it is noteworthy that demographic factors such as gender and Aboriginal and/or Torres Strait Islander status can moderate the relationship between criminogenic needs and unfavorable treatment outcomes, including recidivism rates (see Walkins, 2011). Therefore, the administrative data underscores the importance for service providers to not only align JHP services with identified criminogenic needs, but also take into account individual attributes and circumstances that impact the users' engagement and responsiveness to treatment. However, additional LSI-R data on clients during and post-JHP would allow for a more systematic response to criminogenic risks and needs. (i.e. the evidence-based Risk-Need-Responsivity principles (Looman & Abracen, 2013)). Specifically, this refers to matching the level of service to the client's risk, assessing criminogenic needs and targeting them in treatment and maximising the user's positive attitude and behavioural change, by providing treatment (e.g. cognitive behavioural treatment) and tailoring the intervention to the individual's attributes.

[3] The finding on the absence of association between LSI-R risk levels and reasons for program exit was examined on various combinations of categorisation for LSI-R risk level and reasons for exit. All chi-square tests of independences showed that there was no significant association between the variables.

Table 3.8 sets out the destination of former clients, when they exited from JHP. Unfortunately, data were not available for 55 people (31.6% of former residents); feedback from ACTCS indicated that, in some cases, clients left the program without notifying anyone and could therefore not be located, so no further data could be recorded. The most common destination, for 52 people (29.9% of all former residents and 43.7% of 119 clients for whom data were available) was family/partner/friend. This was followed by a support service/community housing (n=37; 21.3% and 31.1% respectively). A further 26 people (14.9%; 21.8% returned to custody). These clients included 23 of those who breached their conditions, two clients who committed a new offence, and one client who exited for other reasons and was subsequently arrested for a new offence. Very few (n=4; 2.3% former residents) entered a private rental. Overall, this suggests that the focus for JHP transitions should be on strengthening clients' relationships with pro-social family members and friends, who may be to provide ongoing housing, and facilitating contact with relevant support services and community housing.

Table 3.8: Destination of former residents when they left the program

	Count	Percentage
Unknown	55	31.6%
Family/partner/friend	52	29.9%
Support service or community housing	37	21.3%
Returned to custody	26	14.9%
Private rental	4	2.3%
Total	174	100%

In order to better understand one of the key research questions of this evaluation, we examined the destination of former residents, by their reason for leaving the program (Table 3.9). This highlights that there is little information about where former residents who breached the house rules went next (85.2% unknown); unsurprisingly, this was also the case for those that did not enter the house or engage with program staff (70.8%). Most of those who self-exited (54.5%) also did not provide information on their destination and 60% of those whose reason for leaving the program was unknown also had no data recorded in relation to their susequent destaination.

The four former residents who entered the private rental market (5.8%) did so following a planned exit. One of the people who entered into support services or community housing did so after being given a notice to vacate, but this was also the destination for 46.4% of those with a planned exit, as well as 9.1% of those who self-exited and 8.3% of those who did not enter or disengaged with the program.

In most cases where individuals violated property rules or self-exited, where they moved to was not captured in the data. However, a sizeable number of those who self-exited appear to have moved in with friends or family (36.4%). In a few cases, this was noted as being in breach of the order under which they were released (for example, returning to live with their

partner, who was also the victim of their offending). In addition, nearly half of those with a planned exit (47.8%) went to live with family etc, as did 20.8% of those to failed to enter the property. The substantial proportion of clients with a planned exit returning to the community and moving on to support service or housing indicates success in JHP case management.

All those breached their conditions or were sentenced for new offences entered custody, as did the client who exited as a result of breaching house rules and was subsequently arrested for a new offence.

Table 3.9: Destination of former residents, by reason for leaving the program

Order	Custody	Family/friend /partner	Support service/ housing	Private rental	Unknown
Planned exit (n=69)	0.0%	47.8%	46.4%	5.8%	0.0%
Breach of house rules (n=27)	3.7%	11.1%	0.0%	0.0%	85.2%
Fail to enter/reside/or engage (n=24)	0.0%	20.8%	8.3%	0.0%	70.8%
Breach of conditions (n=23)	100.0%	0.0%	0.0%	0.0%	0.0%
Self-exited (n=22)	0.0%	36.4%	9.1%	0.0%	54.5%
Unknown (n=5)	0.0%	40.0%	0.0%	0.0%	60.0%
Notice to vacate, without detail (n=2)	0.0%	50.0%	50.0%	0.0%	0.0%
Sentenced for new offences (n=2)	100.0%	0.0%	0.0%	0.0%	0.0%

NB: percentages presented by row

3.2 2023 client referral and assessment data

3.2.1 Demographics

There were 157 unique referrals processed during the reference period (1 January to 16 August 2023). As set out in Table 3.10, nearly one-eighth of the referrals (12.1%) were female and 35% were Aboriginal and/or Torres Strait Islander. The proportion of female referrals is consistent with the data in relation to former residents (see Table 3.1), while the figure for Aboriginal and Torres Strait Islander referrals has increased. As set out above, this is in line with and may reflect the proportionate increase in Aboriginal and Torres Strait Islander people being released. In addition, 22 out of 55 referrals in relatkon to Aboriginal and Torres Strait Islander people (40%) were considered for the Transitional Accommodation Program operated by Yeddung Mura. Outcomes of the consideration by Yeddung Mura were not captured for the evaluation team.

Table 3.10: Demographics of 2023 JHP referrals

	N	Percentage
Male	138	87.9%
Female	19	12.1%
Aboriginal and/or Torres Strait Islander	55	35%
Not Aboriginal and/or Torres Strait Islander	102	65%

Data on age at the time of assessment has been recorded since the beginning of 2023. For the 135 clients who received a formal assessment of JHP eligibility, most clients were between 25-34 (37.8%) and 35-44 (36.3%), with a mean of 36.1 (SD=9.5) (see Table 3.11 for distribution by age groups). We do not have data on the age of people released from the AMC, but the average age of detainees in the AMC as at June 2022 was 37.1 and the median age was 35.1 (ABS, 2022). It should be noted that different age cohorts may have different case management needs, e.g. in relation to health, employment, education and family.

Table 3.11: Age of 2023 assessed clients

Age group	Count	Percentage
18-24	15	11.1%
25-34	51	37.8%
35-44	49	36.3%
45-54	15	11.1%
55-64	4	3.0%
65 and above	1	0.7%

3.2.2 Referrals by month

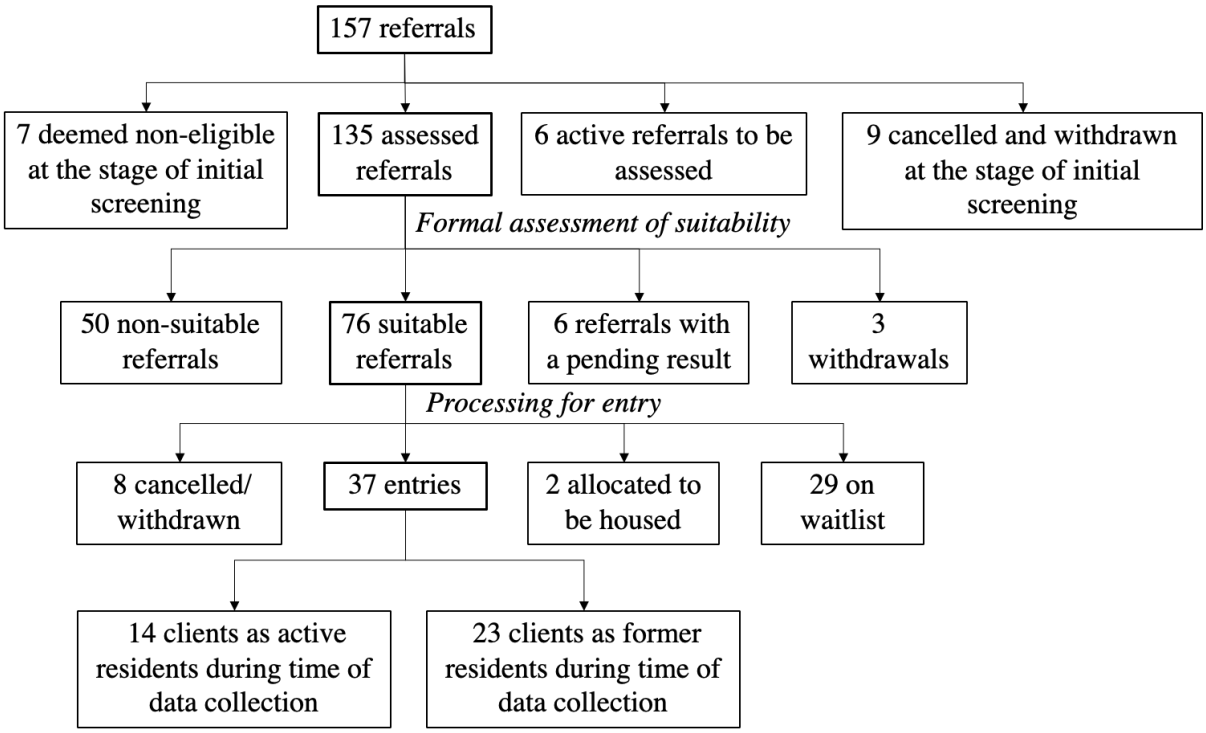
Referrals for the 157 assessed clients were distributed over the period with some fluctuations (see Table 3.11). JHP received the lowest number of referrals in April and the highest number in May. We note that April only has 30 days and included several public holidays, as well as school holidays.

Table 3.12: Number of referrals by month

Month	Count	Percentage
January	19	12.1
February	24	15.3
March	22	14.0
April	11	7.0
May	25	15.9
June	22	14.0
July	20	12.7
August (until mid-August)	14	8.9

Figure 3.2 summarises the processing of referrals throughout the program, from referral to through to entry. Some referrals were not formally assessed for suitability, as the person withdrew/were cancelled before an assessment (n=9 unassessed referrals) or were deemed not eligible for the program, based on initial screening (n=7 referrals). Six referrals were waiting to be assessed at the time of data collection. Excluding these 22 cases, 135 referrals were formally assessed for suitability for JHP during the reference period, with over half of them (56.3%) deemed suitable for JHP. It is important to note that not all referrals deemed suitable ended up being housed. For the 76 suitable referrals, just under half (37 referrals; 49%) had been housed, by the time of writing, with another 38% put on the waitlist for allocation (29 referrals) and a further two clients allocated to be housed. A few eligible referrals (n=8) were cancelled or withdrawn, as clients failed or refused to enter JHP or had found alternative housing arrangements. At the time of data collection, 14 clients were being actively housed and 23 clients had exited the program between January and August 2023.

Figure 3.2: JHP referrals from January to mid-August 2023



The classification of reasons for non-suitability within the program is organised into seven categories (see Table 3.13). A prospective client might have multiple reasons attributed to their non-suitability. Firstly, concerns related to shared accommodation suitability involve potential clients seeking individual housing or having a history of significant offences and poor behavioral records. The second category pertains to clients with a history of poor engagement with the program, indicating their lack of active involvement in the service and assessment procedures. The third category covers clients with unique accommodation needs, such as those requiring housing for themselves and dependent family members. Problematic behaviours include former clients of other housing programs or individuals with a track record of non-compliance with program regulations during periods of custody. The fifth

category combines clients with a history of child sex offences and arson incidents. Additionally, the sixth category covers miscellaneous reasons, including situations where legal representation did not endorse the client's application. The final category deals with individuals requiring intensive support, often due to health conditions necessitating independent living or specialiced assistance.

Table 3.13: Reasons for non-suitability of referrals

Reasons for Non-suitability	Count	Percentage
Concerns regarding suitability for shared accommodation	13	22%
History of poor engagement with the program	14	23%
Other accommodation	10	17%
Problematic behaviours in records of services or in custody	8	13%
History of being a child sex offender or other history of sex offences or arson	7	12%
Other reasons (e.g. legal representation did not support the JHP application)	6	10%
Clients requiring intensive support	2	4%
	60	100%

Note: A prospective client might have multiple reasons attributed for their non-suitability.

3.2.3 Processing time from referral to entry

The processing time for all clients who eventually ended up entering a house was calculated for two periods: firstly, the time taken between referral and assessment (n=135) and, secondly, the time between assessment and entry into a house (n=37). The mean time between referral and a successful assessment was 17.59 days (SD= 21.41 days), while the mean time from that assessment to entry of a JHP property was 29.22 days (SD= 26.21 days). The timeframe to process an application appears to be consistent with the aforementioned JACS (nd) factsheet. The mean total processing time was 46.83 days (SD=35.17 days) from referral to entry (see Table 3.13) and over 75% of clients were processed from referral to entry within a two-month period. Clients assessed as suitable would remain in custody while awaiting suitable housing or resolution of their matter in court or before the Sentence Administration Board.

The time from referral to assessment showed some variation, with most applications being assessed in less than a month. This is in line with the information outlined in the Factsheet, which states that processing can take approximately three weeks or more, if additional information is required (JACS, nd). However, several took much longers due to external factors that led to a postponed or longer-than-usual planned release date. The time from assessment to entry into a JHP property also showed some variance: 50% entered a JHP property in 23 days or fewer, after their successful assessment, and most eligible clients (90%) entered the accommodation within a two-month period. One client took 117 days to

be housed, after being assessed as suitable. It is noted that the wait time from assessment to entry varies, depending on the day of release, as well as the availability of suitable accommodation. Some clients might be assessed, but might not be released by the court or Sentence Administration Board, as expected. Typically, when clients are assessed as suitable, they are only allocated a property close to their release date. As mentioned in Chapter 1, clients do not know the location of their property until the day of release. If they are not released, they are put on a waitlist, until the release date is known to JHP staff.

Table 3.14: Processing time for 2023 assessed clients

Mean, SD and processing time by percentile	Days from referral to assessment (n=135)	Days from assessment to entry (n=37)	Days from referral to entry (n=37)
Mean	17.59	29.22	46.84
SD	21.41	26.61	35.17
1st	1	1	1
5th	3	2	7
10th	5	3	8
25th	7	8	24
50th	12	23	36
75th	19	48	58
90th	36	61	103
95th	48	98	139
99th	107	117	139

3.3 Recommendations on administrative data collection and management

Our administrative data analyses highlighted a need for consistent records in relation to unique referrals, from initial screening, formal assessment of eligibility, on program entry to exit. Data on referrals who did not enter JHP properties are missing for the period between May 2020 to December 2022. These data have only become available since the beginning of 2023, with the introduction of new data management system. In order for JHP to develop its evidence base, it is crucial for ACTCS staff to improve the quality of the administrative data. We acknowledge, however, that there are limited resources within ACTCS, with the current allocation of ACTCS staff who work directly on the JHP being three personnel (one director and two officers). As the operation of the JHP extends well beyond that of data capture, the current level of resourcing within ACTCS may need to be increased, in order to ensure consistent and high-quality data collection. We also acknowledge that, while some of the data were not available to the research team, these data might be available internally. Hence, data accessibility and consistency could be improved by better application of data management and data linkage, across versions of exported datasets for evaluation.

We recommend that, to facilitate any future process and outcome evaluation of the program, data be collected and recorded as follows:

1. Data on all prospective clients should be recorded from the stage of referral. This should include the individual's demographics (age, gender and Aboriginal and Torres Strait Islander status, cultural diversity, any disability etc), any consideration by service providers, relevant order/s, LSI-R rating and date of referral.
2. Data on the stages of initial screening and formal assessment interview should be recorded separately, to improve clarity. This should include the date of screening and result (e.g. eligible for a full assessment) and date of assessment and result (whether eligible for JHP).
3. Prospective clients who withdraw or cancel before or after the initial screening or assessment should be recorded as variables separate to the screening and assessment results. This is because the cancelling and withdrawal of application is not a result of screening or assessment.
4. While the LSI-R ratings provide an overall understanding of the level of criminogenic risk/need of clients, more detailed information on specific risk domains will provide a more holistic view on the client's risk/need profile. Also, some consistent baseline and follow-up measurements on changes in the dynamic risk factors will greatly benefit future outcome evaluations.
5. Records of warnings or notice to remedy (NTR) should be provided. The issuing and reasons for the NTR are important data for future evaluation, regarding progress of JHP clients within the program.
6. Data on program exits should systematically capture both the reasons for the exit and future accommodation/destination. These could be consistently recorded through labels and codes for reasons for exit (e.g. 1 = breach of house rule; 2 = fail to enter/reside at property or engage with program staff; 3 = breach of conditions, etc) and accommodation/destination upon exit (e.g. 1 = staying with family; 2 = staying with friends; 3 = custody; etc).
7. Linkage with other government data will allow for the provision of a more holistic client profile. Specifically, this can involve engagement with other government agencies such as ACT Health (for data on hospital admissions), HACT (long-term changes in housing status), CSD (change in involvement with the care and protection system) and, through Commonwealth data, Centrelink (dependence on social welfare).
8. Regular data cleaning is required, to avoid errors in data entry (e.g. typos and duplicated acronyms) and missing data. This can be minimimsed, through the use of drop-down fields and standardised terms.

3.4 Conclusion

In this chapter, we found that that the JHP client pool is broadly representative of the wider population leaving the AMC. Females represented 13% of former JHP residents and, while Aboriginal and Torres Strait Islander people were slightly over-represented among former residents, this is in line with and may reflect the proportionate recent increase in Aboriginal and Torres Strait Islander people being released from the AMC. It appears that the program is meeting its objective, in terms of accepting participants from this priority cohort.

The data revealed that a majority of clients were released into the program on bail or parole. This is consistent with some of the key aims of the program, namely, to provide accommodation for offenders or alleged offenders, so they are not denied bail or parole, as a result of not having an address. However, limitations with the data made it challenging to answer some of the key research questions for this evaluation, especially the extent to which clients of the program went on to find more stable longer-term accommodation is unknown from the available data. This is likely due to a few factors, including a high proportion of clients who self-exited from the program and who did not engage with their case manager or who did not leave a forwarding address, and a lack of consistent data entry by both the service provider and ACTCS. Where data on the destination of former clients was known or recorded, the majority appear to have gone on to live with family or friends, followed by a smaller cohort, who went on to reside at a support service/community housing. However, in cases where the reason for exit was known, it was difficult to tell whether an exit to live with friends or family was approved or amounted to a breach of the program rules or order conditions. Overall, this suggests that greater emphasis should be placed on supporting clients' relationships with pro-social family members and friends, who may be to provide ongoing housing, and facilitating contact with relevant support services and community housing.

The recent referral data suggest that referrals take, on average, approximately 18 days to be processed, from referral to eligibility assessment. Over half of the recent assessments were deemed eligible. The average processing time between assessment and entry to a JHP property was less than 30 days. Most eligible clients who are not housed were on the waiting list or had their entry cancelled. Given that the Factsheet states it can take up to three weeks or longer to process an application (JACS, nd), this suggests that processing practices are working relatively efficiently.

4 Content analysis of key documents

4.1 House rules and consent sheet

The rules that clients must follow are set out in Chapter 1. We are concerned about some aspects of the rules, as well as the language in which they are expressed. Regarding the coverage of the rules, these extend beyond any typical housing agreements that social housing (or private renters) are required to adhere to. These typical agreements would require that rent be paid on a timely manner, that the rented property be kept in reasonable conditions (aside from general wear and tear), and that tenants may be contacted for pre-arranged annual inspections. Given the JHP clients are not considered social housing tenants, that their JHP arrangements are transitional, and that they live in shared accommodation, additional house rules may be reasonable so that (1) any bail or parole conditions of all residents may be maintained and (2) to facilitate a safe and harmonious co-living arrangement. The current listed house rules, therefore, are more akin to those seen in boarding houses that govern beyond the typical rental arrangements.

Given the program's goal in assisting clients transition from incarceration to living within the general community, the relative strictness of the listed house rules may exercise a counter-effect. As we detail below, this is especially so when several of the rules appear more restrictive than the conditions clients would have experienced while in custody. Given that JHP clients pay rent and are no longer in prison, the rules should be kept to a minimum. This will ensure that clients are not – and do not feel – overly restricted, as they transition back to community-based living, while still protecting clients, relevant professionals and the broader community. This is also consistent with recent research from New Zealand, which emphasises the need for post-release housing to promote a sense of 'ontological security' or being 'at home' (Mills et al., 2022: 16). As Mills et al noted, factors that contribute to a sense of ontological *insecurity* include 'impermanence, lack of privacy and control over the living environment, and strict rules and surveillance which can contribute to a sense of confinement and preclude people from being able to manage their own priorities and goals' (2022: 17).

We note that Rule 1 prohibits clients bringing 'tools' onto the property. This may be impractical and even counter-productive to clients' rehabilitation, if they require tools for their employment. Similarly, the properties are presumably equipped with knives and, if one broke while a client was cooking dinner, it would surely be unreasonable for them to be precluded from buying a replacement knife to cook dinner. Accordingly, this rule should, at a minimum, include a 'without reasonable excuse' clause. Some of the words used (eg, grantor) are also not defined.

As we discuss in more detail in Chapters 5 and 6, several professional stakeholders and clients considered Rules 9 and 10, which prohibit visitors to the property, especially clients' children, to be problematic. The risks and benefits associated with these rules should be considered further, to explore the potential for clients to increase their connection with their

child/ren, develop pro-social relationships etc. Risk issues could be mitigated through house meetings, case management and on an individual basis, eg visits when other occupants are not home, only for clients who are actively involved in other pro-social activities etc.

Given that clients pay rent, there may be a need to review the rule that clients' 'personal belongings should be kept to a minimum' (Rule 12), at least within their bedrooms. We recognise that this is transitional housing and the need to share common areas. However, if issues do arise, particularly in relation to common areas, this can be addressed at house meetings and/or through case management.

The language used to communicate the rules is also of concern. In particular, there is a tendency to focus on the types of behaviour to be avoided (eg, 'No racist or discriminating comments', 'No violence' etc), rather emphasising the type of behaviours to be encouraged (eg, 'We want to create an environment where all occupants feel safe and comfortable, eg respectful language and keeping common areas tidy'). Key literature highlights the importance of language in supporting desitance. For example, McNeill and Maruna (2007) have argued that the language of practice should strive to more clearly recognise positive potential and development and avoid identifying people with the behaviours we want them to leave behind.

The rules should therefore be reviewed and re-written in more positive terms, to encourage the desired behaviours. This is consistent with pro-social modelling, which is associated with improved recidivism and other beneficial outcomes, such as increased staff and client satisfaction (Trotter, 2009). In order to ensure that the rules are perceived to have legitimacy among JHP clients, which in turn promotes compliance (see eg Tyler, 1990), current and/or former clients should be consulted on potential changes to the rules.

In Chapter 1, we also summarise the application and consent sheet. The evaluation team recommends that this form be revised, to ensure that clients are fully informed about the terms of their occupancy. Some of the terms used are complex (eg, 'extenuating circumtances', 'abide by'). We are particularly concerned about the potential for clients to agree to something, with significant financial implications, without having understood what they are agreeing to. Specifically, the current wording 'Have you/Has your client read the JHP fact sheet?' does not technically require a professional whose client cannot read to have read the fact sheet to them. Furthermore, there is a clear difference between someone reading something (or having it read to them) and them understanding it. To ensure that clients are providing informed consent, the form should be amended to include terms such as: 'I understand what is expected of me in this program' and 'I have had the chance to ask questions and my questions have been answered'.

In this context, it is worth considering the focus areas of the ACT Disability Justice Strategy, namely:

1. Information and communication;

2. Education and guidance;

3. Identification, screening and assessment;

4. Better service delivery; and

5. Data, research and review (ACT Government, 2019).

The ACTCS Disability Action and Inclusion Plan also notes, in relation to communication and information, that:

> This might include offering key documents and website material in a variety of formats including large print, plain English or possibly audio or video format… instructions could be enhanced with braille or textural surfaces, and support could be provided to ensure individuals with disability are comprehending the information they are being given (ACT Government, 2022: 7).

4.2 Service provider monthly status reports

This section analyses the monthly reports prepared by the two service providers that have delivered the program, on behalf of ACTCS, CC (until December 2022) and SVDP (since January 2023). As part of the move to a new service provider, a different model has been adopted and SVDP is only responsible for case management support for JHP clients, while all of the property maintenance issues are dealt with by CHC. The SVDP reports therefore focus only on tenancy support. Accordingly, in our analysis, we focus on this aspect of the CC reports and do not report on the other issues presented in the CC reports (ie, tenancy issues, repairs and maintenance).

In this section, we first make some observations on data quality and recommendations for future collection and reporting of data. We then present our findings from the reports, focusing principally on the tenancy support provided, as well as some comments about movement in and out of the houses themselves.

4.2.1 Observations on data quality

There were a number of issues with the data recorded in the monthly reports, as well as differences between the data recorded in the three different types of reports. To illustrate this issue, Table 4.1 sets out the apparent occupancy of two randomly selected rooms in different houses, across all reports available to the evaluation team (specific dates have been changed, to protect individuals' identity).

Table 4.1: Dates of entry and exit for two rooms, by month and service provider

Month, year	Service provider	Room 1: Entry - Exit	Room 2: Entry - Exit
Sep 2021	CC	10/12/20	26/6/21 - 2/9/21
Oct 2021	CC	10/12/20	26/6/21

			[no mention of recent exit; new client entered on 7/10 but not included until Dec report]
Nov 2021	CC	Report missing	Report missing
Dec 2021	CC	10/12/20 [no exit date, but a new client the following month]	5/10/21 - 21/12/21
Jan 2022	CC	22/1/22	26/1/22
Feb 2022	CC	22/1/22	26/1/22
Mar 2022	CC	22/1/22 [no exit date, but a new client the following month]	26/1/22
Apr 2022	CC	5/4/22	26/1/22
May 2022	CC	5/4/22	26/1/22 - 3/5/22 [new client entered on 16/5, but not included until July report]
Jun 2022	CC	5/4/22	26/1/22 - 3/5/22 [new client entered on 16/5, but not included until July report]
Jul 2022	CC	No entries for this house – not clear if vacant or not visited during month?	16/5/22
Aug 2022	CC	No dates provided	16/5/22 - 6/8/22 [new client entered on 24/8, but not included until Oct report]
Sep 2022	CC	Report missing	Report missing
Oct 2022	CC	23/7/22	24/8/22 - 2/9/22 [should be reported as vacant]
Nov 2022	CC	23/7/22	24/8/22 - 2/9/22 [should be reported as vacant]
Dec 2022	CC	No entries for any house this month – not clear if visited during month?	No entries for any house this month – not clear if visited during month?
Jan 2023	SVDP	25/4/22	20/1/23
Feb 2023	SVDP	No dates provided	20/1/23
Mar 2023	SVDP	April 2022	20/1/23 - 21/3/23
Apr 2023	SVDP	April 2022	2/4/23
May 2023	SVDP	April 2022	2/4/23
June 2023	SVDP	No dates provided (new reporting model does not always include entry/exit dates and does not state which room clients are in)	29/6/23 (? – this is the report for this house, which corresponds with the relevant room, but new reporting model does not state which room clients are in)

Source: CC and SVDP reports

This highlights:

- several instances where a client's exit was not reported;
- delays in reporting the arrival of a new client;

- details of previous clients carried over after they had left (when the room should have been reported as vacant);
- missing entries for specific properties;
- missing reports for some months;
- difficulties tracking clients from one reporting type to another; and
- discrepancies in occupancy dates.

Notably, Room 1 was described as being occupied by a resident who entered on 12/12/20 (but was not reported as having left), then by a client who entered on 27/1/22 (but was not reported as having left), then by a client who entered on 6/4/22 (but was not reported as having left), then by a client who entered on 28/7/22 (again, no exit date reported), then by a client who entered on 5/4/22, then by a client who entered in 'April 2022'. It can probably be inferred that the last two entries relate to the same person, but is not clear whether this is the same individual who was reported as occupying the room between April and June 2022 and, if so, why their entry was variously recorded as 5/4/22 and 25/4/22 (nor how someone who entered in July 2022 came to occupy the same room, without this client having left). Furthermore, although there are other sources of data on clients' movements in and out of the program, the lack of information about clients' exit from the program means that it is not clear whether the client moved on to other accommodation in the community or back to AMC, which limits future evaluators' ability to assess the program's impact.

There is no reason to think that these record-keeping issues would have been limited to these two rooms, nor that the accuracy of other data (eg, number of visits, client details) would not also be affected by such issues. In fact, there were several instances where clients appeared to move from one room to another, without this being recorded accurately. Although there may be a range of reasons for a client to move rooms, some documentation of this should be maintained (including whether this is at the client's or service provider's request). In order to increase data quality, it may be preferable to make the individual client the unit record for data collection, rather than the room. This will also ensure the record-keeping practices remain client-centric.

It is acknowledged that some of the issues with data analysis stemmed from the fact that the evaluation team was not allowed to have access to the clients' names, in order to comply with ANU's ethics requirements. Accordingly, ACTCS redacted the CC and SVDP reports, before providing them to the evaluation team. This was not always done consistently within or across reports (eg, within a single report, multiple clients were referred to as XX, while one client was variously described across multiple reports as O, HH and XX). Each JHP client has a unique identification number (eg, JHP342) and, when the evaluation team requested that this be provided, ACTCS staff were very helpful in doing so and correcting some errors in the data. However, in order to ensure that accurate data are maintained, it is suggested that each client's unique identification number is used consistently in all reports.

There were several instances in the CC reports where the same material appeared over multiple months. For example, Table 4.2 presents the entries for two consecutive months in relation to one client. Other than a slight change in the mode of check-in, these entries are identical. This suggests that there may not have been detailed record-keeping for all interactions and/or that data were copied and pasted from one month to the next.

Table 4.2: Entries for one client, April and May 2022

April 2022	May 2022
Phone check in - 3 Face to face check in - 1 Transport - 0 Mental Health / General Health support – Nil change AOD support – Referred for AOD counselling. Application has been approved and is on the waiting list. Discussed strategies that will help client with his abstinent goals. Education / Employment support – Client continues to work nearly full time. Housing support – Planning on returning home to Vic after JHP. Other support – Nil	Phone check in - 4 Face to face check in - 0 Transport - 0 Mental Health / General Health support – Nil change AOD support – Referred for AOD counselling. Application has been approved and is on the waiting list. We have discussed strategies that will help the client with his abstinent goals. Education / Employment support – Client continues to work nearly full time. Housing support – Planning on returning home to Vic after JHP. Other support – Nil

Source: CC reports

On the other hand, there were some features of the CC reporting practices that made it easier to determine the nature of the support provided. Specifically, as set out above, the CC reports detailed information for each month under the following headings:

- Mental Health / General Health support;
- AOD support;
- Education / Employment support;
- Housing support; and
- Other support.

By contrast, the SVDP reports for January-May 2023 tended to include more open text, with significant fine-grained detail (eg, '[X] has reported that he is waiting to get work as a [Y] with a friend however he also reported that he does not want to work immediately. I encouraged him to make contact with his potential employer twice'). These entries were generally longer, but there was less consistency in what was recorded, making evaluation difficult. The approach may in some instances also mean that relevant interactions about key domains of support (eg, employment) are not documented, despite taking place. It is not suggested,

however, that these issues are not being discussed by case managers, rather that they may not be captured in a consistent way. For example, examination of the May 2023 SDVP report indicated that, out of 25 clients, health and AOD issues were noted in relation to 10 clients, education/employment in relation to eight clients, housing in relation to 23 clients and other support issues (eg, family, driver's licence, finances) in 13 cases.

Table 4.3: Entries for one client, by service provider

CC report	SVDP report (old format)
• Entered Property – 9/07/2022 • Exited Property – NA • Phone Check – 9 • F2F – 7 • Transport – 0 • Health / MH – Diagnosed with [XX]. Managing with medicated and stable. Has a counsellor through community org. • AOD – AOD history. Appears stable and not seeking treatment. • Education / Employment – On Job Seeker, but has recently found casual work. • Housing – Unsure at this stage. May look for private rental depending on how job works out. Otherwise we will refer to [XX]. • Other – Has now finished his supervision with Corrections.	Entered: July 2022 Face to Face contact: 3 Transport: 0 Phone Contact: 3 [X] reports to CM that he is working casually in the building industry and has been applying for full-time positions in the same industry. [X] advised CM that he continues to look for shared accommodation through [Y]. [X] has been notified that his occupancy agreement will not be extended past [date]. [X] has confirmed with CM that he would like to apply for [Z]. CM will support him to lodge an application. [X] advised CM that he continues to attend his [doctor's] appointments fortnightly and this is improving his mental health.

Source: CC and SVDP reports

As noted above, a third reporting format has been introduced for SVDP reports, as of June 2023. As set out in Table 4.4, this format has so far resulted in more in-depth reporting, including highlighting useful information, such as when exits happened and particularly the nature of those exits. However, the format also removes the counting of contacts (ie, face-to-face (F2F) and/or telephone, discussed further below), which may still be useful to know and summary data on referrals, assessments, entries and exits. The following examples about the same clients illustrate the differences in reporting style (identifying details have been changed, but the level of detail has been kept the same).

Table 4.4: Entries for one client, old and new SVDP formats

SVDP old format	SVDP new format

Face to Face: 3 Transport: 1 Phone Contact: 4 I offered [X] support around his mental health, [X] declined and said he is doing ok. [X] said he is moving back to […] when his Occupancy agreement ends, however has no real plan how this will work. I made some suggestions for him to think about and he said he will consider his options. I transported and supported [X] to attend court his for sentence/finalisation on […] and has up to 12 months GBO. A support letter was done by CM for court CM mediated between residents at property around issues in the house. [X] attended [Y] meeting to discuss accommodation options. [Y] informed [X] they have no accommodation.	Goals Set (brief) 1. Adhere to GBO 2. Attend Case management and House meetings each week 3. Look for accommodation in […] 4. Provide evidence that […] will pick you up from airport in […] and have accommodation to go to. 5. Attend GP regularly for checkup and medication. 6. Clean up after yourself each time 7. Consider counselling for mental health and healthy relationships. Goals achieved 1. [X] said he is adhering to his GBO 2. [X] is attending [case management] and [house meetings] 3. [X] is attending all GP appointments and taking his medication 4. [X] is working on cleaning up after himself with support from CM Evidence of support provided • [X] and another co-resident were having minor issues, so I provided [X] with some strategies to not escalate the matter further. This included taking time out, maybe a walk and cleaning up after himself. Also, to be respectful to all residents. • [X] said he is moving back to […] when his OA ends, however still waiting for confirmation from […] that he will support him, and to find shared accommodation in […]. • Offered support with cleaning areas, client declined, I have and will continue to offer support in this area. • CM offering [X] support around talking to a counsellor.

	• CM offering support/referrals around healthy relationships **Disruptions / setbacks** • [X] does not want to apply for […] or […] • Finding accommodation in […] and support from […]. • [X] is considering counselling; however, his mental health has deterred him to engage. • Healthy relationships – [X] struggles with this as he only has […], which is an unhealthy relationship. [X] is reluctant to talk about his relationships with anyone. **Briefly outline Nature of discussions/themes occurring** Accommodation in […] Support from […] Mental Health Healthy relationships. Plans for long term outcomes to sustainable accommodation. (family/rehab/private, etc.) [X] ultimately wants to move to […]; however we need to ensure he is going to a safe home and be supported by […], and not be living on the streets again. **Exited this month (Yes/No)** no **Reasons for exit** **Length of tenancy (months)** **Entered […]** **Referrals to other services** [three local programs] GP **Any other relevant notes** [X] stated he has contacted his CCO officer in […] to finish his community service, as he said he doesn't want to get arrested when he

	returns. [X] is a young and vulnerable person. We need to ensure he has a safe home to go to. Brokerage expenditure None

Source: CC and SVDP reports

One confusing aspect of the new SVDP format is that dates of entry were not recorded consistently and the 'Length of tenancy (months)' field sometimes had specific dates (eg, 'Entered 19/3/23') and sometimes had entries such as '2 weeks' or '3 months', which could either be the time the client had been there by that stage *or* the duration of their tenancy. This again highlights the need for greater consistency in record-keeping.

In order to ensure consistency and comparability of data over time and across clients, houses and case managers, we recommend that aspects of both services providers' models be adopted. To ensure that the key domains of support (mental health, AOD etc) are recorded, we suggest using a standard form, as the previous CC reporting approach this. This will also serve as a prompt, to ensure that the key domains are addressed in each interaction. We also see merit in the more discursive approach adopted by SVDP and suggest that open text fields be incorporated, to capture the individualised interactions between caseworkers and their clients. Variable fields should be disaggregated where feasible (e.g. date and means of contact), and data entry formats standardised. For example, date fields should be restricted to particular formats only rather than left as open text fields to avoid the confusion highlighted in the previous paragraph.

We suggest that the name/s of the case managers also be included, as appears in the most recent format of the SVDP reports, to determine the turnover across clients/houses, as this will be relevant to the rapport clients are able to establish with service provider staff.

Noting the suggestion above that the unit record should be the client, rather than room (which has also been adopted in the most recent SVDP report, independently of this evaluation), there should also be scope in the monthly report to include details on any movement between rooms, rooms that are vacant and/or issues with the rooms.

The evaluation team therefore suggests that the following information is collected and reported monthly:

- JHP unique identification number;
- client's gender, Indigenous status and any known disability;
- date of entry;
- date of and reason for exit (if applicable);
- room/s occupied, using a unique identifier;
- number of check-ins:
  - F2F (successful and unsuccessful); and
  - phone (successful and unsuccessful);
    - if contact is repeatedly unsuccessful, the time/s of attempted contact should be noted and efforts made to contact the client at different times of day/night and/or alternative modes of contact sought;
- number of transports;
- types of support:
  - mental/general health;
  - AOD;
  - education/employment;
  - housing; and
  - other (eg, social activities);
- open text for additional comments; and
- name/s of case manager/s;

The evaluation team also **recommends** that SVDP staff be adequately trained and resourced to improve their data collection practices.

Adopting data recording practices in a format that is easy to analyse, rather than requiring manual coding, as the present reports do, will save time and money in the long run. This would also improve the quality of the data that can be used for any future impact evaluation. We therefore further **recommend** that ACTCS, ANU and the service provider liaise, to develop an efficient and effective data collection model.

4.2.2 Analysis of status reports

Given the data issues discussed above, the inferences that can be drawn from the CC and SVDP data should be considered tentative. To the extent that we are able to make inferences,

138 people entered the program under CC (with detailed reports in respect of 72) and 23 did so in Jan-May 2023 under SVDP; we note that these numbers do not entirely align with the analysis in Chapter 3, which identified 188 people as having been through the program, again highlighting issues with data-keeping practices.

No summary data on this issue were provided in the June report, although analysis of the entry dates indicates that five clients entered the program that month (confusingly, another client was recorded as entering on 6/**7**/23, ie, after the end of June; we infer that this may have been a typographical error and should read 6/**6**/23). In addition, the change in the way that length of tenancy was recorded suggests that some of the shorter periods (eg, 'two weeks' may have referred to new clients).

Subject to the foregoing caveats, we have extracted a range of data from the reports. We also collated the summary data provided by CC and SVDP at the top of each monthly report. As the two providers reported summary information differently, we have reported these results separately here: first CC, then SVDP. The findings looking at client contacts which are reported in similar ways are then reported together.

Catholic Care summary data

The summary information from CC (see Table 4.5) shows 345 people were referred to the JHP for assessment between June 2020 and December 2022. Although there would of course have been people who left the AMC multiple times and the time periods are not entirely comparable, the ABS data indicate that 2259 adults were released from custody between the June 2020 and December 2022 quarters (ABS, 2023). Of course, not all of these would have been in need of housing support and otherwise suitable for the program.

Of the 345 people referred to the program, 206 (60%) were accepted for a place, with 11% of all applications being rejected and 8% withdrawing their applications (it is unclear from the reports what prevented the remaining 21% of applications from being accepted). This suggests a relatively high acceptance rate amongst those referred.

Ultimately, 138 (40% of those referred and 67% of those accepted for a place) entered a JHP property. During the period, 86 individuals made planned exits from the program, while 54 made unplanned exits (for example being evicted because of breaches in program rules or moving, without informing CC or ACTCS). We also note that the planned and unplanned exits add up to 140, rather than 138, again suggesting some errors in data recording.

Table 4.5: CC summary information, Sept 2021 – Dec 2022

	Status	Sep 21	Oct 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Oct 22	Nov 22	Dec 22	Total
Referral assessments	Referral received for assessment	19	18	20	8	14	9	2	2	2	12	23	9	13		151
	Assessed	13	17	5	8	14	10	1	1	2	10	21	9	13		124
	Desktop assessment	13	17	20	0	14	10	0	8	2	0	0	1	0		85
	AVL assessment	13	17	17	8	14	10	6	6	2	10	21	9	13		146
	Accepted	11	6	5	8	11	7	4	4	2	5	16	7	10		96
	Rejected	2	2	0	0	3	2	2	2	0	6	5	2	3		29
	Withdrawn	0	1	0	0	0	1	2	2	0	1	0	0	0		7
Referral results	Bailed / Paroled to JHP	5	5	11	9	4	5	5	2	2	2	2	2	2		56
Occupants	Entered JHP Property	5	5	11	8	4	5	4	8	2	6	4	6	3	1	72
	Extended	2	0	0	0	0	1	2	0	7	0	0	0	0	0	12
	Planned exits	4	2	3	5	6	1	2	7	5	2	6	1	3	0	47
	Unplanned exits	1	4	3	6	0	2	0	1	0	7	4	3	1	2	34

Source: CC reports (note: no data provided for Nov 2021 or Sept 2022 and the cessation of CC as provider in Dec 2022 meant less information was provided for the period. In addition, though there was a line for 'Denied Bail/Parole' (under *Referral results*) and 'Exited JHP Property' (under *Occupants*), both these items were empty in every report.

Table 4.6 below provides the totals for the period with detailed reporting (September 2021 – December 2022) and also the total figures for CC's period as service provider (June 2020 – December 2022). We lack detailed reports for the period June 2020 – August 2021 inclusive, but these totals provide some picture of what was happening in the program before the period of detailed reports. We presume this total figure also includes data from the reports we did not receive (November 2021 and September 2022).

The total period with CC as service provider spanned 30 months, while the detailed reporting period covered 15 months, exactly half of this period. The activities over this period were somewhat unevenly distributed (where such data were available – no total was available for the number of assessments or those denied bail/parole) and ranged from 25% of withdrawals and exits occurring during the period of detailed reporting, to 78% of rejected referrals occurring during this period.

Table 4.6: CC totals

	Status	Total Sep 21 – Dec 22	Total Jun 20 – Dec 22
Referral assessments	Referral received for assessment	151	345
	Assessed	124	No figure given
	Desktop assessment	85	259
	AVL assessment	146	274
	Accepted	96	206
	Rejected	29	37
	Withdrawn	7	28
Referral results	Bailed/Paroled to JHP	56	115
	Denied Bail/Parole	0	No figure given
Occupants	Entered JHP property	72	138
	Extended	12	No figure given
	Exited JHP property	34	134
	Planned exits	47	86
	Unplanned exits	34	54

Source: CC reports

Approximately half (47-53%) of the following occurred during the detailed reporting period: AVL assessments; acceptances; bailed/paroled to JHP and entered JHP property. On this basis, it can be inferred that the period for which the evaluation team had detailed monthly reports was fairly representative of the entire period during which CC was the service provider, but the entry and exit processes were not completely consistent and it is not possible to draw conclusions about the 15 months for which detailed reports are missing. Overall, this highlights the need for comprehensive and consistent data collection and recording practices, to ensure program inputs, outputs, outcomes and impacts can be measured.

Saint Vincent de Paul summary data

As set out above, there were six reports from SVDP, in two formats. The January report from SDVP included the following information (this type of information was not included in other reports):

> St Vincent de Paul Society Canberra/Goulburn (Vinnies CG) was contracted from 1 January 2023 to delivery Occupancy Support services for the Justice Housing Program. Between 1 – 31 January 2023 Vinnies CG have onboarded and trained 1 Program Coordinator, 2 Team Leaders and 2 Case Managers to undertake this specialist work. Staff have been working closely with clients to help support them through this transition and begin their relationship building. Staff are developing case plans for each client using the Outcomes Star Framework and intensive case management is underway.

As noted above, the new format adopted in June 2023, the most recent included in the analysis for this report, did not retain the quantitative data, thereby making it difficult to track SVDP's case load.

The summary information from all SVDP reports set out in Table 4.7 highlights that 87 referrals were received over the five-month period, with a peak in March (n=21).

Table 4.7: Summary SVDP data, Jan-Jun 2023

	Jan	Feb	Mar	Apr	May	Jun	Total
Referrals received	17	17	21	16	16	Data not provided	87
AMC assessmts	14	15	21	16	16		82
Cmty assessmts	1	2	0	0	0		3
Suitable	12	7	13	11	12		55
Not suitable	2	6	8	5	4		25
To be confirmed	1*	1*	0	0	0		2
Withdrawn	2*	2*	0	0	0		4
New entries	4	1	2	8	8		23
Exits	2*	4	3	5	5		19

Source: SVDP reports * = additional text information provided

These data do not align with the referrals in the ACTCS data discussed in Chapter 3. In the first two months, a small number of assessments were conducted in the community (n=3), but since then all assessments have been undertaken in the AMC. Data on assessment location was missing for two people in the January report. Since March, there have not been any clients recorded as 'to be confirmed' (n=1 in both January and February) or who withdrew (n=2 in both January and February). This suggests that SDVP may have streamlined their processes for finalising applications and/or engaging with prospective clients. The proportion of referrals received that were assessed as suitable ranged from 54% in February to 86% in January (7/13 and 12/14 completed assessments respectively). Overall, 69% of assessed referrals were considered suitable. In total, 23 new clients entered the program,

with most of these entering in April and May (both n=8). These months also saw the highest number of exits (n=5), with 19 exiting the program over the five months.

Based on these limited data, it is not possible to say whether the number of spaces available is appropriate for the number of potential clients assessed as suitable to participate in the program, but the program will obviously not be able to continue to take in more clients than leave the program each month.

The next three tables (Tables 4.8-4.10) set out the pattern of F2F contact and phone contacts providers had with clients and transport provided to clients between September 2021 and May 2023. This is supplemented by entries for an individual month for eight clients, who had the minimum, (approximately) median and maximum number of F2F and phone contacts and assistance with transport, respectively. These examples are included, to give an illustration of the types of interaction case managers have with clients and the nature of the records kept (specific details altered to protect privacy). As noted above, the lack of consistency in how SVDP currently records its data makes it more difficult for the evaluation team to classify contacts on the basis of support type (eg, mental health, employment etc), although it is clear that these issues have been discussed in interactions with clients.

Table 4.8: F2F contacts, Sep 2021-Jun 2023

Provider	Report date and number of clients in JHP	Range	Mean	Median
CC	Sep 21 (n=28)	0-7	1.6	1
	Oct 21 (n=28)	0-8	2.3	2
	Dec 21 (n=29)	0-10	4.0	4
	Jan 22 (n=28)	0-7	3.1	3
	Feb 22 (n=26)	1-10	3.8	3
	Mar 22 (n=22)	0-10	4.2	4
	Apr 22 (n=24)	0-15	3.6	3
	May 22 (n=27)	0-7	2.8	2
	Jun 22 (n=27)	0-7	2.8	2
	Jul 22 (n=20)	0-6	2.8	3
	Aug 22 (n=17)	0-7	3.4	3
	Oct 22 (n=17)	0-9	3.8	4
	Nov 22 (n=17)	0-9	3.8	4
SVDP	Jan 23 (n=14)	0-6	2.8	3.5
	Feb 23 (n=20)	0-7	3.9	4
	Mar 23 (n=21)	1-8	4.2	4
	Apr 23 (n=23)	1-8	4	4
	May 23 (n=25)	0-10	4.1	4

Source: CC reports (note: no data provided for Nov 2021, Sept 2022 and Dec 2022; the data for May/June 2022 and Oct/Nov2022 appear to have been duplicated); SVDP reports (note: reporting changes for June of 2022 meant no numerical data for contacts were provided)

Table 4.8 sets out the pattern of F2F contact for the two providers. Under CC, the contact was low in the first two months, but then remains stable around three or four contacts per month on average. Over time, the number of clients fell from 28, at the start of detailed reporting, to 17 at the end of the period. It is not possible, though, to accurately count the number of individual clients, as there were already clients in properties when detailed reporting began. However, 95 clients entered properties during this period.

SVDP had contact with 39 discrete clients in the first five months of 2023. This shows that the number of clients was generally increasing over this period, from 14 in January to 25 in May. This was also associated with an increase in the number of F2F contacts per client, which ranged up to six in January and up to 10 in May, with the average number of contacts increasing from 2.8 to 4.1 in this period.

The following are examples of entries from the Jan-May SVDP reports for clients (Clients 1-9) with the minimum, median and maximum number of relevant engagements (F2F contacts, phone contacts and transport, respectively), to illustrate the types of interaction case managers have with clients and the nature of the records kept (specific details altered to protect privacy). These reports were selected, as this was the reporting model that was in operation when the evaluation team commenced the evaluation and we were not aware that a different reporting model was being developed and would be adopted during the course of the evaluation period.

Client 1

F2F: 0 Phone: 1 + numerous unsuccessful attempts Transport: 0

- client stated he has been working and it [sic] not at the property during the day as he is at work, and he gets home from work late. A case management meeting was scheduled at the property however he did not attend.
- [housing provider] advised us that client has rent arrears and has now issued a notice to remedy.

Client 2

F2F: 4 Phone: 4 Transport: 4

- CM supported [X] to attend corrections, a release pack from Reintegration team, Centrelink to establish payments, [housing provider] to sign OA and Woolworths to purchase food.
- CM provided and supported [X] to set up a mobile phone.
- CM supported [X] to settle into property and community.
- CM supported [X] to sort out infringement notices and to activate license
- CM arranged and transported [X] with new GP

- CM supported and transported [X] to court
- [X] informed CM [lawyers] are assisting him with some of his matters
- CM assisted [X] with Clothing from Vinnies store.
- [X] has contacted [AOD service] with support from CM
- CM has referred [X] to [financial service]
- [X] has been given HACT application and been advised on requirements for his application
- CM has supported [X] with outstanding debts, so he has closure. CM advised him to discuss with [financial service] for further advice.
- CM supported [X] and arranged a GP appointment to get his mental health assessed.
- [X] is addressing all his concerns/goals with support from CM, however, is finding it hard to stay focused on each task as he said he is finding it all overwhelming.

Client 3

F2F: 10 Phone: 16 Transport: 4

- Housing ACT application has semi been completed waiting on bank statements and support letter from GP.
- [X] has been searching for accommodation in WA supported by case worker and we have looked at shared accommodation options…. We have contacted [XX] to organise an appointment to discuss the options of how to move medication to WA. Waiting for a call back for an appointment time.
- Brokerage approved for driver course; this will be booked in once X has saved a little money to purchase a laptop as he wishes to complete this course online, as he believes will be hard for him to sit in a classroom, due to his mental health.
- Brokerage request placed to pay for [medical assistance].

These examples demonstrate that the number of contacts does not necessarily correlate with the level of detail entered in the reports or the extent of support provided. They also indicate a range of types of support provided, including mental and physical health, shopping, telephone connection, clothing, alcohol and other drugs (AOD), financial, housing, driving and goal-setting.

The data on phone calls were hardest to analyse, given the lack of systematic approach to recording unsuccessful attempts and including text messages. As noted above, it is suggested that a standardised approach be adopted, to ensure data can be accurately captured in the future.

Table 4.9: Phone contacts, Sep 2021-May 2023

Provider	Report	Range	Mean	Median
CC	Sep 21 (n=28)	0-13	5.4	6
	Oct 21 (n=28)	0-8	3.4	4
	Dec 21 (n=29)	0-11	4.3	4
	Jan 22 (n=28)	0-14	4.4	4
	Feb 22 (n=26)	0-12	4.6	4
	Mar 22 (n=22)	0-12	4.8	3.5
	Apr 22 (n=24)	0-15	4.6	4.5
	May 22 (n=27)	0-12	4.3	4
	Jun 22 (n=27)	0-12	4.3	4
	Jul 22 (n=20)	0-12	5.3	6
	Aug 22 (n=17)	0-11	5.0	4
	Oct 22 (n=17)	0-13	7.4	7.5
	Nov 22 (n=17)	0-13	6.9	7
SVDP	Jan 23 (n=14)	0-7 (+ 'numerous unsuccessful attempts')*	2.9	2.5
	Feb 23 (n=20)	4-9 (+ 'numerous unsuccessful attempts')*	5.4	5
	Mar 23 (n=21)	0-12	6.1	6
	Apr 23 (n=23)	2-14	5.9	4
	May 23 (n=25)	0-16 (+ unsuccessful attempts and SMS)*	5.6	5

Source: CC reports (note: no data provided for Nov 2021, Sep 2022 and Dec2022; the data for May/June 2022 and Oct/Nov 2022 appear to have been duplicated); SVDP reports * these were excluded for the purposes of calculating means and medians, as 'numerous' was not possible to quantity, although it is recognised this undercounts the efforts SVDP staff made to contact these clients (note: reporting changes for June of 2022 meant no numerical data for contacts were provided).

Notwithstanding the caveats, Table 4.9 shows that there was an increase in the number of phone contacts over the program (mean=4.4 in the first three months, mean=5.9 in the last three months). This is particularly surprising because the ACT was under a COVID-19 stay-at-home order until mid-October 2021 and still had some restrictions after that. While corrections services were essential work during the period, we might still expect phone contact to have been more important (as the F2F support was lower during the end of 2021, possibly for this reason). During the SVDP period, there has also been an increase from January (mean=2.9), compared with the subsequent months (mean=5.4-6.1). This is in line with the dip in F2F contacts. Perhaps the provider changeover meant reduced contact in general.

If this is not already recorded, it may be of benefit for case managers to note on clients' files their preferred mode of contact (eg, phone call and/or text message and preferred days/times), to maximise the chances of interaction.

Again, to provide an illustration of the types of support provided, two further client entries have been selected from the January-May SVDP reports, representing the minimum and roughly the median amount of phone contact (n=5). The client with the maximum amount of phone contact (n=16) was also the client with the maximum amount of F2F contact and an entry describing interaction with this client is set out above.

Client 4

F2F: 3 Phone: 0 Transport: 0

- Reports received from neighbour regarding people coming and going from property and disturbances including domestic disputes.
- [Team leader and case manager] and CM attended property on several occasions and observed a female and a dog in [X's] bedroom.
- [X] did not engage in any pro-active case management [this month].
- XX was issued with a [notice to vacate] and exited from the program, based on visitors and a dog at the property.

Client 5

F2F: 3 Phone: 5 Transport: 5

- CM supported [X] to gather documentation and lodge Housing ACT application.
- [X] reported to CM that he attends all [court] appointments regularly.
- [X] was issued a breach notice for having a visitor at the property.

Clients 4 and 5 were selected at random, on the basis of the number of phone interactions they had (n=0 and n=5); coincidentally, they were both clients who were found to be in breach, as a result of having visitors at the property. Phone interaction with a client may be indicative of a strong rapport (eg, a client who is very engaged with a case manager) or may suggest issues (eg, repeated calls from a case manager going unanswered). It is therefore recommended that more information is captured on the type of phone contact that takes place (including where attempts to contact the client are unsuccessful), to better understand the nature of such contact.

Perhaps surprisingly, transport does not appear to be a key service utilised by clients, with average monthly usage of 0.4-1.3 per client and median use of one for most of the months reported. The reasons for this are not clear from these data, although the information on the location of the houses discussed below suggests that they are generally quite conveniently located to public transport. Accordingly, clients may not feel that they need case managers' support with transportation. Alternatively, clients may not feel comfortable being

transported by case managers. Future research may consider exploring explanations for the lack of uptake of transport assistance.

Table 4.10 sets out the pattern of transport assistance CC and SVDP provided to clients between September 2021 and May 2023. There were significantly fewer transport interactions than there were phone or F2F support discussions across the whole program. For most of the program, the mean hovered around 1-1.5 interactions per month, with the median dropping to zero at some points.

Table 4.10: Transport, Sep 2021-May 2023

Provider	Report	Range	Mean	Median
CC	Sep 21 (n=28)	0-4	0.8	0
	Oct 21 (n=28)	0-4	0.7	0
	Dec 21 (n=29)	0-6	1.7	1
	Jan 22 (n=28)	0-4	1.3	1
	Feb 22 (n=26)	0-6	1.4	1
	Mar 22 (n=22)	0-4	1.3	1
	Apr 22 (n=24)	0-4	1.0	1
	May 22 (n=27)	0-4	0.9	0
	Jun 22 (n=27)	0-4	0.9	0
	Jul 22 (n=20)	0-5	1.0	1
	Aug 22 (n=17)	0-5	1.4	1
	Oct 22 (n=17)	0-5	1.5	1
	Nov 22 (n=17)	0-5	1.5	1
SVDP	Jan 23 (n=14)	0-3	0.4	0
	Feb 23 (n=20)	0-6	1.3	1
	Mar 23 (n=21)	0-3	1.0	1
	Apr 23 (n=23)	0-4	1.3	1
	May 23 (n=25)	0-4	1.2	1

Source: CC and SVDP reports; data caveats as before

The following examples represent clients with zero, one and four transports over the course of a month.

Client 6

F2F: 5 Phone: 6 Transport: 0

- CM supports [X] to attend monthly GP appointments to review his mental health and medication. GP has done a mental health plan; [X] reports he is taking his medication regularly.
- [X] reported to CM that he is attending GP appointments, parole meeting, AOD Counselling appointments, [other criminogenic and recreational programs], meeting with his family members and friends and it's helping him with his Mental Health Wellbeing.
- [X] confirmed to CM that he continues to work casually as a [X]

- CM supported [X] with completion of his PNR application.
- CM has asked [X] to provide evidence of private rental applications that he has submitted.

Client 7

F2F: 1 Phone: 12 Transport: 1

- [X] reported to CM that he is attending parole appointments & GP regularly.
- CM contact Housing ACT to enquire about his current application status, currently awaiting outcomes.
- CM offered support to engage in AOD support. CM supported [X] to contact [AOD service] and he has an assessment booked. This will be his exit point.
- [X] is open to applying for [ACT community housing] if he is unsuccessful getting into [AOD service].

Client 8

F2F: 4 Phone: 4 Transport: 4

- [X] has been proactively gathering supporting documentation to support his HACT application and has been working closely with his [AOD service] CM to progress that.
- [X] confirmed that he does not need to attend court anymore as his judge mentioned that he was doing well and engaging well with JHP and [AOD service]
- [X] is set to have surgery and has been attending his appointments with a surgeon at the Canberra Hospital. The surgeon stated that [X] would likely have surgery in the next two months.

These entries do not include any particular details about the transport provided, although it might be inferred that Client 8 may have been transported to/from the hospital. In order to get a better understanding of clients' transport needs, consideration could be given to capturing more data about this item.

Clients 6-8 all appeared to be doing quite well and relatively engaged with their case manager, with 11-14 interactions in the selected month, across all three types of contact (F2F, phone, transport). However, they had very different patterns. This reaffirms the need for an individualised approach, which will vary by individual client and from month to month. Examination of this (admittedly small) sample of entries also highlights that there does not appear to be a strong relationship between the number of interactions case managers have and client outcomes. For example, Clients 4 and 5 above were both exited from the property, because of visitors, but this came after three and 13 interactions respectively that month. By way of further illustration, there was only one interaction with Client 1 in the relevant month, before he was also exited from the program. On the other hand, Client 3 interacted with his case manager 30 times over the course of a month (and remained in the program at the time data collection concluded). Generally speaking, some clients may need less frequent contact,

if they and their case manager feel things are on track. Accordingly, it is important to ensure that there is sufficient flexibility for case managers to respond to the specific circumstances, rather than prescribing a minimum or maximum number of interactions (or types of interaction) per month.

Case studies

This section draws on both the CC and SVDP reports, to provide a more granular analysis of the interactions between a client and their case manager across five case studies. These case studies further demonstrate the individual needs of clients and the varied interactions, quantity and intensity of the case management support provided. We have varied the pronouns of some case studies, to protect clients' confidentiality.

Client 9

In the month Client 9 entered the property, the case manager had four phone contacts and four F2F contacts, as well as providing transport three times. Client 9 did not report any health issues. She has had substance use issues, but was not receiving treatment for this at that time. She was considering looking for employment and applying for supported housing. She was currently on bail supervision and awaiting sentencing. The second month (F2F: 6; phone: 9; transport: 5), Client 9 was referred for mental health support. She was still not feeling ready for work. In the middle of this month, she moved into disability housing, while waiting for her sentence hearing.

Source: CC reports

Client 10

Client 10 entered the program in January 2022. During that month, he received three phone check-ins, three F2F visits and one transport (on release from custody). He was also supported to attend Corrections, Centrelink and the bank, as well as provided with information about AOD support and harm minimisation and reduction. In February, the case manager had two F2F visits and phone contact three times, as well as numerous unsuccessful phone call attempts. The report noted that he had a history of mild drug use, but was managing this well. He had started work as a bricklayer and had submitted an application to HACT. It appears that he had lost his employment by March and was finding it hard to look for work with his court commitments (it first emerged in this report that Client 10 was a participant in the Drug and Alcohol Sentencing List (DASL) and therefore had significant obligations under that program). During that month, March, the case manager visited him twice F2F and attempted phone contact 12 times (only half of these were successful). Support was offered in relation to substance use, but this was declined. The reports for April, May and June indicated that there were six unsuccessful attempts at phone contact each month, no F2F visits and no transport. Client 10 was reported to be receiving Jobseeker, working on his housing issues, and 'nil issues' in relation to his reporting conditions with Corrections and DASL. In July (F2F: 2; phone: 3; 14 unsuccessful attempts; transport: 1), Client 10 was reported as being engaged with DASL and an AOD provider, but had disengaged

from his case manager and missed appointments with ACTCS. A warrant was issued for his arrest (the details of this were not included in the report) and he was discharged from JHP on in August 2022.

Source: CC reports

Client 11

Although it was reported in the SDVP reports that Client 11 joined the JHP in October 2022, the earlier reports from CC do not align with this date. In January 2023, it was reported that Client 11 had lost weight, although it is not clear how to link this to data from the earlier service provider, to determine if any concerns had been expressed in previous reports. Client 11 acknowledged that he was using illicit drugs and wanted some help with this. This report includes a more detailed note from the case manager, indicating follow-up a few days later and that Client 11 had by this stage started attending a free drug service with his partner (other details omitted to preserve privacy; F2F: 4; phone: 4). The following month, there were five F2F contacts, seven phone contacts and two transports. Client 11 indicated that he had attended one rehab session with his partner and wanted to move to Adelaide to be with family. He wanted to stop using drugs and was encouraged several times to contact relevant services to support with this. The case manager also noted the open lines of communication between Client 11's community corrections officer and the reintegration unit. In March, it was reported that the case manager continued to encourage him to seek AOD counselling, but felt that his active addiction and mental health issues were stopping him from engaging in treatment. This was the first mention of any mental health concerns. Client 11 said he wanted to move in with his brother, who lives in local community housing. Client 11 was also participating in weekly house and case management meetings, but had limited SMART goals, except for reducing drug use. The case manager had significant contact during this month (F2F: 8; phone: 7; transport: 2). In April, there was reduced contact (F2F: 4; phone: 4; transport: 0) and Client 11 was told that he would need to leave the property by the end of the following month, as his occupancy agreement would not be extended. He indicated that he wanted to apply for local social housing and the case manager supported his application. A friend had also helped him to obtain a job and offered to pay for the tickets required for this. Client 11 said that he had reduced his drug use. In May (F2F: 6; phone: 5; transport: 2), the case manager helped Client 11 to apply to Havelock House and Ainslie Village. He was accepted into one of these, but declined the offer and moved in with a friend at the end of the month.

Source: SVDP reports

Client 12

Client 12 entered the program in September 2022, though there was no report for this month. In October, it was reported that he had three F2F and four phone check-ins and three transports. He was suffering from depression and anxiety, due to family issues with his former partner and son. He was also participating in the methadone program and the case

manager gave him the details of support groups to attend, which Client 12 said he was trying out. He was keen to get some training for employment and to join a men's support program, to build his confidence. He was listed as 'high needs' with HACT. The November report essentially mirrored the previous month's report and there was no report from CC for December. In January 2023, when SVDP became the new service provider, the report (F2F: 1: phone: 2; transport: 0) indicated that the case manager 'was building rapport with client, developing a working relationship, and developing a new case plan'. Client 12 wanted to work on obtaining qualifications to gain employment, a license for transport, booking into parenting classes and working on the relationship with his son's mother. It was also noted that he had recently had two minor accidents, but had recovered quickly. In February (F2F: 3; phone: 6; transport: 2), he was reported to have missed two case management meetings, 'one apparently due to work commitments', although it was not clear what employment he had gained. He agreed to meet the following week and attended two house meetings. ACTCS agreed to pay for some employment-related expenses, but this did not occur, as they did not meet with him. Client 12 and the case manager had planned to apply for counselling and parenting classes, but this also did not take place. In March (F2F: 2; phone: 4: transport: 0), Client 12 reported to his case manager that he was working full-time and attending court and did not require support. When the case manager attended the property, the client's partner and son were observed at the property, there was alcohol at the property and the mother appeared to be affected by drugs. Accordingly, CYPS were notified and a breach notice was issued. There was also significant damage to the property, including smashed windows and a kicked-in door. The case manager called the police. Client 12 was exited from the program in mid-March.

Source: CC and SVDP reports

Client 13

Client 13 entered the program in late April 2023 and there was a very detailed report for that month (F2F: 6; phone: 5; transport: 3), highlighting that the client met with ACTCS in relation to her obligations and with the reintegration team and received a release pack. The case manager also called the police, to try to get the client's car and phone back, and then took her to the police station and left information about this issue. The case manager also took the client to Centrelink, where she updated her address, received payment and a temporary Medicare card and health concession card; the bank, where she confirmed she could access her account and had received her money; and to a phone shop, she bought a new phone, some of which the case manager paid for from the JHP account. The case manager also noted that the client was on medication for depression but 'does not need any support yet' and there were no AOD issues. The report included information about where the client sees her GP and that she will need to go to Canberra Hospital in the next month, but would go by herself. This client had already applied to HACT and the case manager advised her to follow up. Details of her previous occupation were included and that the client wanted to get her old job back. Her goals were listed as getting long-term and safe accommodation and

regaining custody of her child. The case manager also contacted CYPS to set a schedule for seeing her child. In May 2023 (F2F: 6; phone: 5; transport: 3), Client 13 was reported to be participated in case management and regularly attending house meetings. However, she was issued a notice to remedy, as he had invited a male visitor to the property. During this month, the client received her car back from the police (currently being kept at a family member's house, until it has been fixed); received a roster to visit her child; enrolled in a parenting course; and attended her ACTCS appointment. The case manager also supported her with her medical appointments and documents for her pre-sentence report and HACT application and contacted HACT in relation to this. In June 2023, the report indicated the goals set (eg gather documentation to progress client's HACT application, seek mental health support through ACTCS, attend specialist appointments, save up for scooter, and attend and comply with ACTCS requirements) and achieved (sought mental health support, bought scooter, attended relevant appointments). There was also significant detail of the other kinds of support provided, eg 'I provided X with advise [sic] on de-escalating situations at home when conflicts occur. This included getting out of the house and going for a walk to control her temperament' and 'As x noted that her relationship with mother broke down for several years, I always encourage x to rebuild that relationship. x now speaks to mother in more regularly'. The report also details practical issues, such as the key themes discussed, and referrals to other services, as well as plans for long-term housing.

Source: SVDP reports

4.2.3 Key themes in monthly reports

Although we have some concerns about the accuracy of the data, they reveal several themes about JHP clients and case managers interactions with clients.

Some context on the clients' support needs can be found in the data from the time when CC was the service provider (September 2021 – November 2022). The reason for looking specifically at this period is that case managers used a template which recorded AOD and mental health concerns in each report. Specifically, 75% of clients had at least one report during their tenure which recorded that they discussed a history of AOD issues; were engaged in AOD support; were referred to AOD support; or were struggling with AOD use. This is hardly surprising, given the known links between imprisonment and substance use (see eg AIHW, 2019) and reinforces the need for intensive case management and support in relation to this issue. In addition, 30% of clients discussed a history of mental health issues (other than AOD issues); were engaged with mental health support; were managing a mental health condition with medication; were referred to mental health services; or told the case manager they were suffering from mental health concerns. Again, this aligns with the literature on the mental health needs of people in prison generally (AIHW, 2019). However, this figure may undercount the actual experience of both AOD mental health issues, due to inconsistencies in reporting practices. Given the high incidences of references made to AOD and mental health issues in the service provider reports, as well as the well-documented links between substance use and mental health, on the one hand, and imprisonment, on the

other, we **recommend** that greater consideration be given to whether the JHP needs to provide more specialised support in these areas.

In other support, 91% of clients received support or advice on finding housing to transition into when they left the JHP. Those that did not were generally disengaged or hostile to case managers and stayed for a very short period of time (if they stayed at the property at all). In addition, 77% of clients discussed their employment or educational needs or their path back into these activities.

There were understandably varying levels of engagement with the services offered. There is clearly a tension between ensuring clients' autonomy – which includes respecting their choice not to accept offers of support, especially as forcing clients to engage may damage the relationship with their case managers – and encouraging clients to accept offers of support that are known to be conducive to rehabilitation. Contrary to the comments in the interviews, the case studies presented here and the reports examined by the evaluation team suggest that case managers *do* seek to assist clients in transitioning to longer-term housing, although the options available may not always be to the clients' liking.

Analysis of the reports provided by CC and SVDP also reveals that it can be very difficult to predict indicators of success. Some clients who appeared to be engaged with their case manager, in employment and showing signs of pro-social activities nevertheless ended up being exited from the program. Other clients showed less ostensible signs of success, but then moved on from the program into other housing (though it cannot necessarily be inferred that they will have the supports to successfully transition into the community long-term). Clients' progress was also not linear or showed improvement in some domains and not others.

Several of the clients had issues with visitors at the property; this was noted in the SVDP reports in relation to six clients in March 2023, two clients in April and four clients in May (compared with zero clients in January and February). It is not clear if there has been a recent change in SVDP's and/or ACTCS' expectations around this issue, but we **recommend** that the rules should be reviewed, given our analysis of these earlier and the discussion in the professional and client interviews on this point (see Chapters 5 and 6). In the interim, clearer communication with (prospective) clients about the rules may alleviate some challenges.

As set out in Chapter 6, the themes that emerged from the interviews included clients' connections to other services, challenges related to living with flatmates, challenges related to AOD issues, whether offers of support were accepted and criticism from some clients that support to transition to longer-term accommodation was lacking. However, the monthly reports reveal a wide range of services that clients engaged with, and case managers engaged with on clients' behalf, including Access Canberra, CYPS, Centrelink, National Disability Insurance Authority DASL, various medical practices (including Winnunga Nimmityjah) and AOD services (Karralika, Canberra Recovery Service, Directions ACT, Alcoholics/Narcotics Anonymous), legal and financial services, Toora Women's Inc, Yeddung

Mura, Thread Together, food banks and family violence programs. One aspect that is noteworthy is that there were many more references to Thread Together in the CC reports, despite this being a SVDP service. This is presumably not evidence that SVDP is not referring clients to this program.

4.2.4 Analysis of patterns across houses

Another way we sought to understand the program's operation is through the dynamics not just of individual clients, including in their relationships with their case managers, but in relation to the houses. Figure 4.1 presents two houses, tracking clients' movements in and out of the house, by month. This highlights quite different patterns of use, across the houses, with 17 clients in House 1 and 13 in House 2. Interestingly, though House 2 had fewer clients overall, it had more clients who were there for a very short period, with seven entering and exiting within a calendar month, compared with three in House 1.

In House 1, out of 54 nominal occupancy months (ie, 18 months for which reports were available x three rooms), there were only six vacant months, compared with 26 months in House 2. Over this period, House 2 was entirely empty for three months (March, July and August 2022) and had only a single occupant for seven months. In fact, there were only five months where House 2 was fully occupied, compared with 13 in House 1. These extended periods of vacancy may be due to their unsuitability for clients needing support at the time, and/or properties needing repair due to damage. It is also acknowledged that properties with female clients in mind also typically experienced higher vacancy rates due to a comparatively smaller cohort of females exiting custody. From an efficiency perspective, however, it is obviously preferable not to have a house underutilised, but the strain on the housing infrastructure and other residents in the house should be acknowledged, as well as the potential for neighbourhood fatigue. Our recommendation of introducing smaller properties that can more flexibly cater to clients with more specific needs may circumvent this issue of extended vacancy, while also expanding the program's capacity.

The impact on clients should also be taken into account. For example, C11 in House 1 lived with seven other people, during his eight months there and no two calendar months had the same combination of people. By contrast, C10 in House 2 only had three fellow residents over a seven-month period (including a three-month period as the sole resident and three months with C11 and C12). Although some degree of volatility in a household is unavoidable, significant levels of change are likely to impact on clients and should be taken into account, where possible, in both placement decisions and case managers' engagement with clients. This emerged as a theme in the client interviews. As highlighted in Chapter 6, the high turnover of flatmates was a cause of concern among clients interviewed. Not knowing who a new flatmate would be, when they would arrive, and how that might change the dynamic of the household created anxiety and a sense of uncertainty.

Figure 4.1: Client movement across two houses, September 2021 to May 2023

	House 1			House 2		
	Room 1	Room 2	Room 3	Room 1	Room 2	Room 3
Sep-21	C1	C2	C3	C1	C2	V
Oct-21	C1	C2	C3	C1	C2	V
Dec-21	C4	C5	C3	C3	V	C4
Jan-22	C4	C5	C3	C5	C6	C7
Feb-22	C4	C5	C3	V	C8	V
Mar-22	C6	C7	C8	V	V	V
Apr-22	C6	C7	C8	C9	V	V
May-22	C6	C9	C8	C9	V	V
Jun-22	C6	C9	C8	C9	V	V
Jul-22	C6	V	C10	V	V	V
Aug-22	C11	C12	C10	V	V	V
Oct-22	C11	C12	V	V	C10	V
Nov-22	C11	V	V	V	C10	V
Jan-23	C11	C13	C14	V	C10	V
Feb-23	C11	C15	C16	C11	C10	C12
Mar-23	C11	V	C16	C11	C10	C12
Apr-23	C11	C17	C16	C11	C10	C12
May-23	C11	C17	V	C11	C10	C13

Source: CC and SDVP reports; C = client; V = vacant

NB: No data were provided for November 2021 or September or December 2022, so these months have been removed.

There will of course be a number of factors for ACTCS and the service provider/s to consider, in deciding where to place a client, but using this type of model to map movements in and out of a house might help to understand household factors that may contribute to a client's success.

4.3 Conclusion

This chapter first considered key documents provided to clients of the JHP, including the house rules and consent sheet. We found that the current listed house rules are more akin to those seen in boarding houses that go beyond the typical rental arrangements; this may be reasonable given that JHP clients are not considered social housing tenants, that their JHP arrangements are transitional, and that they live in shared accommodation. Analysis of the house rules, however, raised some concern. In particular, there is a heavy reliance on the types of behaviour to be avoided, rather than an emphasis on the type of behaviour to be *encouraged*. Some rules (notably Rules 1, 8, 9 and 10) may be perceived as excessively prohibitive. Given the program's goal in assisting clients transition from incarceration to living within the general community, the relative strictness of the listed house rules, as well as the punitive language used to describe the rules, may exercise a counter-effect.

This chapter also presented the findings of the content analyses of 19 monthly reports delivered by CC and SVDP, as well as the current SVDP house rules. While inconsistent record keeping practices, prevented the research team from drawing any concrete conclusions about the quantity and quality of the support provided a number of themes emerged from the data. The analysis highlighted a range of types of support provided, including mental and physical health, shopping, telephone connection, clothing, AOD, financial, housing, driving and goal-setting, demonstrating the individual needs of clients and the varied interactions, quantity and intensity of the case management support provided. These findings are supported by the themes that emerged in the professional stakeholder and client interviews dicussed in Chapter 5 and Chapter 6, respectively. Analyses of the reports also revealed significant turnover of clients through each property, with some properties experiencing much higher rates of change than others. Although some degree of volatility in a household is unavoidable, significant levels of change are likely to impact on clients and should be taken into account, where possible, in both placement decisions and case managers' engagement with clients. The high levels of change in the makeup of a household were highlighted as causing anxiety for some clients, as described in Chapter 6. We also make some observations about the house rules, set out in Chapter 1, and discussed further in Chapters 5 and 6.

5 Interviews with professional stakeholders

We interviewed 16 professional stakeholders from a range of organisations with direct or indirect experience with, or oversight of, the JHP. Stakeholders were asked a series of questions relating to the operation of the JHP. The following analysis presents the findings from these interviews thematically.

5.1 Suitability of the houses

The houses identified for use in the JHP come from existing HACT stock, under a Memorandum of Understanding (MOU) between HACT and ACTCS. Importantly, however, as explained by one stakeholder, these houses do not detract from the overall stock of properties available to people with social housing needs, and as part of the MOU, a further ten houses were assigned to social housing to replace the ten designated for use as part of the JHP. This ensures that there are enough places for participants of the JHP without detracting the system from assisting other social housing applicants who require housing assistance. Houses may also be rotated to minimise neighbourhood fatigue, as explained by one stakeholder:

> I think one of the key [thing]s that went into the contract between Corrective Services and Housing was the ability to rotate the houses. Because often [the houses] come with lots of issues. So [we] moved from a property to another property and I think that was a positive element of the program, because of neighbourhood fatigue for the program as well (PS2).

Stakeholders were asked for their views on the quality and condition of the houses for use, as part of the program. As outlined in Chapter 1, the houses are all retrofitted to purpose, to ensure each bedroom is lockable as well as having appropriate, shared amenities[4]:

> …they're a three-bedroom home, they've got all the amenities they need. They've got a locked room, a padlock locked room, so they've got security for their own belongings, but obviously the wet areas, the kitchen, bathroom, laundry and the lounge room are shared areas. So, I think they're more than fine for the programme, yes (PS3).

While there is some divergence of views, as the two quotes below illustrate, overall feedback from professional stakeholders suggests that the quality is appropriate for what the program is trying to achieve:

> I would say not far off having to be demolished or something like that…all things considering, the structures were fine, there was no issues with the structures at all, or anything like that. And inside there was nothing wrong with it (PS5).

[4] See Appendix B for photographs of the properties and individual rooms.

> They're not Hyatt hotel, but I believe that they are in good condition (PS8).

This feedback is consistent with comments made by JHP clients about the suitability of the houses, which were overwhelmingly positive (see Chapter 6), as well as our observations in Chapter 7.

5.2 Assessment process and client expectation management

According to one stakeholder, as part of their induction into the AMC, incoming detainees are assessed for future housing needs once released. It is at this stage that someone may be identified as requiring support through the JHP:

> Part of policy is within five working days that we have to do an induction… part of the process will be [to ask] if they are homeless, they have nowhere else to go, or a question you may ask them is if you were to be released today where would you go? (PS3).

The initial assessment of a prospective client for suitability and entry into the JHP includes discussion about whether someone is prepared to share accommodation with other people. As one stakeholder explained:

> administration staff at JHP would … have conversations with the client. And I guess that assessment period could take one or two sessions, it might take a little bit more, depending on the client, and how they interact with the assessment. Especially if they are probably a bit touch and go, with what their answers are to the assessment process. They're going to have to be forthcoming, with knowing that they're going to have to deal, or live, with other people, especially other people that have criminal records (PS5).

During the assessment process, a potential client's behavioural history is screened, to determine their suitability for the program. The rationale for this was explained by one stakeholder, as follows:

> Behaviour is important to review, because the custodial behaviour may be a good predictor of behaviour in the community; in fact, misbehaving in a structured and monitored environment is more serious, because when they are in the community, they may not be as compliant in the houses (PS1).

Another stakeholder explained that other factors influencing someone's suitability included where in the AMC they had been housed, prior to release and whether this could potentially jeopardise their ability to share accommodation:

> If we've got someone that's applying to our program out of the protection unit, that can be a pretty high indicator straight away to say, okay, if they couldn't be mainstream, are they going to be suited for a shared environment? (PS14)

The same stakeholder spoke about the need to also consider someone's health and mental wellbeing needs when assessing their suitability for the program:

> It's not just about the impact that you may have on others…Is it going to be safe for you? People that get out of custody are at different stages of the journey…How does that impact on someone with health needs or lack of independence? As far as eligibility goes, much of what we're talking about is saying, right, are they medically fit? Are they in the right headspace to achieve this? Do they understand the transitional nature of what we're trying to do here? It's not come and get comfy (PS14).

Relatedly, and as part of the assessment process, prospective clients' associations are screened to mitigate the risk that they are placed into a house with someone with whom they have had a problematic relationship. The challenges of this were explained by one stakeholder as follows:

> that is a major issue, that you don't know who's going to be in the property, and it's really difficult for the JHP staff to say, well, we've got X and Y in this property here, we're going to put Z in there, we can't see that there's any issues anywhere on our systems to tell us that they know each other, or they don't know each other (PS5).

Expectation management is clearly a crucial element of the assessment process. Several stakeholders reported that program expectations are outlined to potential clients, during the assessment process:

> From the actual assessment itself, we start that process…We get them to understand the nature of what they're moving into, or what they're applying for, and we get their approval, saying, look, 'yes, I'm comfortable with this, yes I can do this' (PS13).

When asked what happens if no rooms are available, when a prospective client is released from custody, a stakeholder explained:

> …we identify the people who can be moved on after three months or six months, obviously there are a few people that stay over the six months period, because of the difficulties finding new accommodation and what-not, but if that happens, we are trying to organise something with Vinnies, because they may have links with other options, through Onelink,[5] for example, and the other housing opportunities. So, if the JHP has no vacancies anymore, we turn into the broader community for support (PS1).

Although this suggests that there is some flexibility in how long clients spend in the program, we suggest that there may be a need for greater clarity around this, to manage clients' expectations, as well as ensuring equity and consistency across clients.

As discussed in Chapters 4 and 6 respectively, it emerged from the monthly service provider reports and client interviews that some clients were unhappy at the prospect of having to

[5] See Onelink (2023).

move on from the program after only three months. If this approach is not applied consistently, if may give rise to a justifiable sense of unfairness about how the program rules are implemented. More generally, research supports post-release programs and programs working with clients with complex needs being of a longer duration (see eg Martin et al., 2021; Mills et al., 2022; Willis, 2018; Sotiri et al., 2021), although this may mean that fewer people are able to participate in the program, due to resourcing limitations.

5.3 Challenges with house rules and dynamics

Under the current process, clients sign the house rules once they have been accepted into the program and are at the stage of signing the occupantcy agreement. However, one stakeholder suggested that this may be too far along the process and that the house rules should be clearly explained prior to acceptance into the program:

> So, I think the more often we explain to them what they can expect, and what is expected from us, the better, but if they sign at assessment, we can show it to them, just say, 'look, you signed this, don't tell us that you didn't know'. Because a lot of people just say 'I didn't know, it was just my girlfriend, I didn't know my girlfriend is not allowed' (PS1).

This differs from some earlier accounts by stakeholders, who reported that rules and expectations are clearly outlined to prospective clients at the initial assessment stage.

By far the most challenging rule highlighted by both professional stakeholders and JHP clients relates to having visitors at the property, as these comments from stakeholders illustrate:

> I think the rules are there in a purposeful way, to ensure that everybody has equality in their homes, everyone has that right to feel safe. But I do not doubt that for clients it would feel [like a] very controlled environment, a restrictive – particularly when that's probably something they weren't anticipating not having in their lives after transition out of AMC… I think it is just really hard to ask individuals to live in isolation of a full life, so family coming and going, people wanting to stay over, children, having access to your children (PS3).

> …they've never had stability, or very little, or what stability they thought they had to an outsider wouldn't be any type of stability. So, to have their own property is one thing, for them to have a property with somebody else and share that can be quite difficult for some of them (PS5).

> Some of the ones that are more difficult to comply with… If you're told this is your home, get comfortable, you are safe, it's your place, [but] no visitors (PS14).

This tension between paying rent and being told it is your home, but being denied what many consider as their right to have family and friends round was expressed by several of the current and former clients interviewed (see Chapter 6). This also reinforces the recommendation in Chapter 4 that the house rules be reviewed, in order to ascertain whether there is scope for amending this rule.

Illustrating this tension between paying rent but being denied certain rights available to other rent payers, one stakeholder commented:

> These houses are a bridge back into the broader community, so it can't deviate too far from residential housing (PS4).

However, as other stakeholders outlined, having visitors at the property can become problematic:

> You're constantly dealing with [non-residents coming to the house]…and people having people sleep over, that's the reality of the program. But also, the reality is pretty much nearly 100% of the time it brings issues when it starts happening. Whether it's substance use, all those things tend to come with it, when you start bringing other people in the house (PS2).

Another stakeholder highlighted the safety concerns for staff entering the properties:

> …our teams have to be safe, they need to know who's in the home, they need to know what complexities they're managing day-to-day, they need to make those decisions before they enter, if they're going in a group or with different support periods. So, we need to ensure that that safety is there for them as well (PS3).

Clearly the concerns around staff safety need to be carefully weighed up with the observation among many of those interviewed, both professional stakeholders and JHP clients (see Chapter 6), that the restriction on visitors is a particularly challenging feature of the house rules.

In this context, we note the following comment from a NSW Corrective Services staff member interviewed by Martin et al. (2021: 43): '[Tenants] need to comply with the rules of the program, about *violence and drugs and aggression*. If they do those things, they'll get evicted' (emphasis added). Martin et al. noted, in the text accompanying this quote that '[f]or ex-prisoners, the rules they must follow when living in transitional accommodation can be a challenge' (2021: 43). It is completely reasonable that clients of a program such as JHP be required to comply with rules, especially where this promotes the safety of staff and other clients. However, the fact that a similar program in NSW appears to focus more on the types of behaviour, rather than a blanket rule around excluding visitors, suggests that there is scope to reconsider this aspect of the program, perhaps in consultation with clients, either on an individual basis (eg, following a period without any other issues) and/or as a household. If managed carefully, this will provide an opportunity to increase pro-social connections to the community (eg, having children visit, where this does not violate the terms of any other co-residents' orders), while ensuring that case managers can focus on reducing anti-social factors (eg, drugs).

A related issue, and one which was also highlighted in interviews with JHP clients and is evident in the analysis of movement in two houses (see Section 4.4), is the shared accommodation feature of the program. A few stakeholders made mention of the fact that

clients' experience of the program was influenced by who they were sharing a house with. As these stakeholders explained:

> They say I couldn't stay there because the housemate was intolerable. It wasn't necessarily restrictions or the support system or the quality of the housing. It was they were incompatible with whoever they were in a house with (PS6).

> The clients who came back with a negative view…felt that they were just thrown in, and then they were put in a group housing situation, they weren't really ready to be with roommates unsupervised, that kind of thing. They felt like they didn't have enough space of their own (PS11).

However, this same stakeholder recounted that those clients who had positive experiences of the program 'said that, 'look, there was a good amount of support, I took advantage of it when I could. The group living wasn't great, but it's better than being homeless'. And they then moved on' (PS11).

The intensity of support was raised by another stakeholder who felt that the lack of overnight supervision makes it easier for rules, such as having visitors over, to be broken and that this, ultimately, may lead to people having negative experiences of the program:

> So I guess that's a major issue. And if you don't have support staff there at night time, how are you to manage that? Because it's after the fact when clients will tell you, hey, look, there's a lot of comings and goings here, I don't really like it (PS5).

Having visitors over may also be linked with substance use in the household. Not only is this problematic for the individuals encouraging, or participating in, this behaviour, but it also places those clients who are not involved in a precarious situation. As the same stakeholder explained:

> If the person goes down there on the cycle of change where they really want to change and have been doing their utmost in the AMC to prove to themselves that they can belong in the community, and head out into the property and everybody else that's in there is using, is bringing people home, and it's not really an environment that they feel safe in, then they're going to want to get out of there (PS5).

This same stakeholder commented that they saw a lot of people exit from the program, due to safety concerns, saying that they 'see a lot of clients that come and go…and a lot of them will say that it just wasn't for them [because of] the people that were also residing in there, and they didn't feel safe (PS5).

5.4 Reporting requirements

Some stakeholders raised concerns, in relation to the apparent tension between maintaining client privacy and confidentiality, on the one hand, and fulfilling ACTCS' reporting requirements, on the other. As one stakeholder explained:

> …how do you create a relationship of trust with the client, if they know you're reporting to their Corrective Services team? So, that's probably a bit of a grey area for the program and could be limiting to its success for the client group we're working with. And we felt very strongly on not sharing the client's care plans and not sharing that data, but Corrective Services really wanted to have a strong involvement in it and have reportables on their support plans and what goals they were wanting to achieve. And I think we feel, from our professional background, that that creates a friction to success for the clients. They're entitled to privacy, they're entitled to talk to us about their drug use or criminal activity – whereas Corrective Services plays a reporting function. So, I think that's an interesting thing for you to look at, in terms of the program and its direction around what should be shared. Because, traditionally, you don't share client information and pathways and witnesses with the funding body (PS2).

Several stakeholders also emphasised the need to value client-directed care and privacy, arguing that trust is crucial for effective engagement with this client group.

5.5 Breaches

We note the apparent tension between accountability/oversight and client directed-care/privacy and that nearly a one in five former residents were exited from the program, due to a breach of the house rules (see Table 3.4). However, there does appear to be some discretion over whether breaking a house rule results in a formal breach being issued. As one stakeholder explained:

> …usually, it's about three warnings, before we might have to get involved, or just say, 'look, he isn't engaging with us either, so I don't think that he's suitable for the program anymore' and they'll be asked to leave (PS5).

Another stakeholder explained that, depending on the rule broken, this may be noted in the case file, rather than resulting in a formal breach:

> For example, information comes across that my co-res[idents] had their friend over, or I'm pretty sure that was a partner that keeps on coming around and hanging out the front. Something along those lines. Again, it may not be breachable *per se*, just yet, order-wise, but it doesn't fit the rules… It is case-by-case as well. It would just depend on the nature of what it is, and we're going to work with them as well, we don't want to provide all the rules. What do you feel like that needs to be? Is this a warning? Is it something that warrants immediate exit? (PS14).

There is a distinction between internal tenancy breaches and breaches of orders overseen by ACTCS. In relation to tenancy breaches, one stakeholder commented they believed it was important to apply a

> social landlord model, rather than a disciplinary model, to try and maintain people in their housing, even if it means they haven't done everything by the book... You've got

> to be realistic, I think, about your tolerance of risk…again, this is where the privacy and confidentiality issue comes up, I think (PS2).

We revisit this issue in Chapter 6.

If a client is breached and exited from the program (other than if they are taken into custody), a major challenge they face is finding alternative accommodation to go to, as one stakeholder who works with clients explained:

> In terms of Justice Housing, if they are kicked out … Community Corrections don't really provide assistance with housing…that's probably the biggest challenge that we face with any of our clients, is how to get them domiciled, because unless it's with a relative or a friend, the only show in town is Onelink, which is the gateway to homeless housing (PS6).

The lack of suitable accommodation post-exit may increase the likelihood that clients will return to custody (see overview in Chapter 1). This detracts from the intended purpose of the JHP, which is to reduce incidences of recidivism in the ACT.

5.6 Current gaps in service

Asked about whether there are any current gaps in the services provided, one stakeholder suggested the need for more day-to-day structure for JHP clients, to reduce the amount of 'free time' clients have:

> …more focus on connecting people with structuring their day a bit better, so they have less free time on their hands, because when they are bored, they do stupid things. They are lonely, they will befriend anyone, to kind of connect them to more pro-social community living (PS1).

This aligns directly with the aims of the DASL program which promotes reintegration to a positive lifestyle, identifies strengths and builds skills to prevent a relapse of further offending. By engaging in structured activities, clients may avoid feelings of boredom and loneliness, as well as preventing them from (re-)forming negative associations. Suggestions for more structured activities that may provide productive and positive outlets for clients' time and energy include participating in local community-run urban farms, sporting activities, faith-based activities, internships and other training activities. This is supported by the literature, which highlights the importance of developing social capital, opportunities to apply these skills, or to practise newly forming identities (eg, 'worker' or 'father') for desistance (Farrall, 2002; 2004; McNeill & Whyte, 2007).

Relatedly, another stakeholder commented on the fact that, in their experience working with clients, the JHP works better for those who have more structured and consistent support, such as clients of the DASL program:

> Lots of DASL clients go through the program… I think that medium-term housing for people who are going on ICOs, or people who are part of the DASL program, is a much

better use of resources [of the JHP] (PS12).

Such a top-down approach is in contrast to the Housing First principles adopted by the ACT Government, which promotes long-term, stable housing, together with additional support that individuals can volunteer to take up. The top-down, structured approach may also be counter-effective to JHP clients adjusting and adapting to living successfully within the general community without supervision in the future.

It was suggested that it would be useful to capture the level of participation in structured activities in the monthly service provider reports:

> Out of the 12 hours, how much time [they] actually did something for ourselves, for the community, pro-social activity, rather than being at home, sit and watch TV, or hang out with negative influences and things like that. So, I think that would be really good (PS1).

This same stakeholder also suggested that case managers undergo training on effective case management specific to this cohort, such as on the Five-Minute Intervention (FMI). The FMI was originally developed in the United Kingdom, to promote a positive rehabilitative prison environment through turning everyday conversations between correctional staff and detainees into meaningful interactions that inspire hope and motivate change (Tate et al., 2017). FMI training equips staff with a range of rehabilitative skills to engage detainees and challenge criminogenic attitudes, beliefs and behaviours (Vickers-Pinchbeck, 2019). Its use in New South Wales prisons has been associated with improved staff support for rehabilitation (Lobo et al., 2022) and this model has recently been adopted in the AMC.

The importance of a differentiated case management model for community corrections based on a risk, needs, responsivity framework is highlighted in the literature. This focuses on the quality of the relationship between the case management team and the client (see Day et al., 2012).

A key challenge for case management of JHP clients, however, is the heterogeneous nature of the households with clients living under the same roof with different needs, on different orders, and requiring varying levels of support. This was summarised by one stakeholder, as follows:

> …one of the challenges is to be flexible and offer evidence-based supports to the varying client population – e.g. ageing population, women, DASL clients, disability with limited resources. Hence enhancing capacity and capability of the supports is important (PS1).

This same stakeholder reflected on a possible solution to this:

> …what if we can identify a house for a more homogenous group for example, those with more serious mental health issues can be housed together and be visited by Mental Health outreach a few times a week? The MH problems are often not attended to effectively (PS1).

5.6.1 Differences in the model of tenancy management and case management

Under the new contract, there has been a shift in the service delivery and tenancy management model, which now has case management provided by SVDP and tenancy management by CHC. Under the former contract, Catholic Care provided both of these services. Under the new model, clients have separate points of contact for tenancy-related issues and support services. This separation is intended to allow for a more specialised approach to dealing with the respective support needs, to ensure that both aspects of service are adequately addressed. According to one stakeholder, this has been a positive development:

> I think it is key that the accommodation provider and the support provider are now separated… I think it is important, because you've got a provider that the occupant is paying money to, and is responsible for the tenancy, and then you've got another provider, who is trying to help them achieve their goals. So, it forms a grey area, if you are trying to help them, but also trying to get money off them, at the same time. So, it's like you've got to be the good and bad cop at the same time, whereas in this way, CHC does the tenancy management … and then Vinnies help them support any breaches that they've got or help them achieve any goals that they've got. And then it's not going to get blurred (PS8)

However, another stakeholder felt the old model had benefits, suggesting that an integrated model, in which property management and support services are combined, enables better responsiveness and collaboration with clients. This allows for timely interventions, increasing the likelihood of successful outcomes and reducing the need for crisis management:

> I think there's a proactive element to that type of service delivery and tenancy management, in that we're not waiting for a tenancy issue to come up, where somebody is at risk of [losing their] tenancy, we're actually proactively engaging with individuals, both through the corporate tenancy arm and service delivery arm, so that everyone feels like transparent information is being provided to them, as a tenant and on behalf of the tenancy. And really trying to eliminate any of those challenges that people might experience otherwise, if they didn't have such a supportive arm of tenancy (PS2).

The current service provider has been managing the JHP since January 2023, so any conclusions that may be drawn around the impact of the different operating model should be considered tentative. As one stakeholder observed:

> It's an interesting time now, as opposed to last year, where [there was] a fairly experienced provider… You had, under one roof, ability to breach, ability to take action, and things could happen quite quickly, because it was still the same service (PS14).

While it is too early to comment on whether the new model of separating out contracts for case management and tenancy services has had any impact on client experiences with the

program, we would recommend that this be considered, if an outcome evaluation of the JHP is conducted.

5.7 Perceptions on the program's success

Stakeholders were asked whether, in their opinion, they considered the JHP to be meeting its objectives. While we note that this research is a process evaluation of the JHP, the responses to this question illustrate the importance for stakeholders of the JHP, in providing an alternative to homelessness or incarceration and speaks to utility of the process of finding alternative accommodation for this cohort. The following reflections highlight this:

> I look at it like this – if people did not have the JHP, they would be either stuck at AMC, and be kept in custody unnecessarily, or they would struggle a lot in the community, and some of them could become homeless completely, and the consequences would be huge (PS1).
>
> I think that it's needed. I think it doesn't matter where you are, housing is a problem for everybody at every level. Private rentals, ownership, whatever it is, but especially a cohort coming out of custody, they need properties, they need something that at least can be transitional, at least have something stable, semi-stable, to move through and engage with other services (PS5).
>
> it's a blessing to have them there, to be able to transition these guys into housing, after they've been locked up. And it's a great tool during bail application, to say they've got a place to go (PS6).
>
> Before JHP was even happening…there were so many people that were unable to get bail, because they had no place to go to. And now that we actually have accommodation that people can get – not always just parole, but for bail as well – it makes a huge impact. At least on the offending population… not having people in lock-up, if they're on bail and we can avoid that young guy from not seeing the inside, because we know what that can do to somebody, and just not even starting that process, great (PS14).

On this basis, the professional stakeholders we interviewed were generally positive about the program.

5.8 Conclusion

This section presented the findings from interviews with 16 professional stakeholders on their thoughts and experience of the JHP. Overall, feedback from participants was positive, suggesting that the program is filling an important housing gap for people exiting from prison. However, a number of challenges were raised including the complexities associated with catering to a client base with a wide variety of needs, as well as the difficulties in ensuring the compliance with certain house rules. In particular, it was noted that not having visitors at the property was a challenge to enforce, and some stakehodlers questioned the practicality and/ or appropriateness of this particular rule. In the following section, the

findings from interviews with JHP clients are presented and provide additional context as well as a different perspective on these issues.

6 Interviews and surveys with JHP clients

This section presents the findings from 19 semi-structured interviews with seven current and 12 former clients of the JHP. First, we present the demographic data collected on all clients interviewed as part of the evaluation. We then present the findings from a short survey completed by 17 of the 19 clients, which captures data on their experiences of housing and levels of social connection. Finally, we turn to the thematic analysis of the interviews with the JHP clients.

6.1 Demographics

Table 6.1 sets out the demographics of the 19 current and former clients interviewed. Unfortunately, it emerges from this that females were significantly under-represented (n=1; 5% of interviewees), while Aboriginal and/or Torres Strait Islander clients were slightly under-represented (n=5; 26% of interviewees). These limitations should be taken into account, in interpreting our findings.

Table 6.1: Demographics of JHP clients interviewed

Gender	Male: 18 (95%) Female: 1 (5%)
Indigenous status	Non-Indigenous: 14 (74%) Aboriginal and/or Torres Strait Islander: 5 (26%)
Age	Range: 23-51 Median: 38 Mean: 36.6
Employment status	Unemployed: 16 (84%) Employed: 3 (16%)
Education	Bachelor degree: 2 (11%) Diploma/Advanced diploma: 2 (11%) Certificate III/IV: 2 (11%) Secondary education – Years 10 and above: 7 (37%) Secondary education – Years 9 and below: 5 (26%) No educational attainment: 1 (5%)
Disability	No: 11 (58%) Yes: 8 (42%) - mental illness, depression/anxiety, possible PTSD: 4 (21%) - no details provided: 2 (11%) - diabetes: 1 (5%) - illiterate: 1 (5%)

The JHP clients we interviewed were also slightly older than the age profile of those assessed for entry into the program (see Table 3.8 and accompanying text) and AMC detainees (median: 35.1; mean: 37.1) (ABS, 2022).

Only three of our interviewees (16%) were employed; although it is well known that there are challenges with obtaining employment after release from custody, and this may be particularly difficult in the ACT, and that employment is associated with reduced recidivism

(see Doyle et al., 2022a). It is noteworthy that this was even lower than the national data indicating that only 22% of people leaving custody expected to be in paid employment within two weeks of release (AIHW, 2019). A few points about this should be noted: firstly, our small sample size suggests caution should be taken in interpreting these results. Secondly, those experiencing housing stress may be more likely than other detainees to also have difficulties with securing employment (and vice versa). On the other hand, the JHP works with clients on employment issues, so the low proportion of our interviewees in employment may suggest that there needs to more focus on supporting clients to (re-)enter the workforce. A final point may be that clients who are in employment were less available to participate in interviews and we may therefore have interviewed an unrepresentative sub-set of clients. Although the monthly reports analysed in Chapter 6 mentioned a range of employment issues, the lack of systematic reporting does not enable us to assess how many clients were in employment. It may therefore be beneficial to record this issue and, in future, engage with clients about the extent to which they believe that the JHP has supported them with obtaining and/or maintaining employment.

The educational attainment of our interviewees was slightly higher than among the general prison population, with national data indicating that 33% had only attained Year 9 or under (compared with 31% of our sample) (AIHW, 2019). This is consistent with earlier data, which showed that 34% of prison entrants in the ACT had completed Year 12, compared with 10-24% in other all other jurisdictions except New South Wales, where data were not available (AIHW, 2019). In theory, this should mean that JHP clients may have more opportunities for obtaining employment, although there are a range of factors that make the ACT a particularly challenging jurisdiction for doing so (eg, the high proportion of public service jobs requiring security clearances and relatively small unskilled and semi-skilled labour market (see Doyle et al., 2022a for discussion).

We also asked interviewees to identify if they had a disability. The majority of interviewees (58%) indicated that they did not have a disability. However, we recognise that there are a number of reasons why a person may choose not to self-identify (eg, shame, stigma) and/or may indeed not be aware of a relevant disability. It is well established that people with disability are over-represented both among incarcerated populations (see AIHW, 2019; Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2021) and people experiencing homelessness (eg, Vinoski Thomas & Vercruysse, 2019) and this is reflected in the fact that 42% of interviewees reported a disability. Of those who said they had a disability, most identified a mental illness (n=4; 21% of all interviewees). Two did not provide any further details, one nominated having a chronic illness and another (who had completed Year 8 education) reported being illiterate. These data reinforce the comments in Chapter 4 about the need to simplify all relevant forms, to ensure that (prospective) clients understand what the program is about and what is required of them under the program. Other measures to better support clients with disability, in line with the Disability Justice

Strategy, include assistance with identification, screening and assessment, ensuring service delivery aligns is disability-informed, and collecting data on JHP clients' disability needs.

6.2 Survey reponses

As the end of the interviews with the 19 current and former JHP clients, we asked them to complete a short survey with housing-related questions. We present this information before the interview data, as it provides relevant context for the clients' responses. Two declined to answer these questions, so the following analysis present the findings from 17 clients. Given that this represents only a small snapshot of the housing, further data collection should be considered, ideally with all JHP clients on entry or exit, to obtain a baseline of their previous housing experiences and measures of perceived safety and social connection.

Clients were asked 'In the past two years, have you had a permanent place to live?' Where relevant, we clarified that this did not include time spent in the AMC. Only five (29%) said yes in response to this question. Table 6.2 sets out the responses for where the others (n=12) indicated they had most commonly stayed with friends (n=7; 58.3% of this cohort), followed by rough sleeping (n=6; 50%). Multiple responses were possible, with eight providing a single response and four indicating a combination of three options (eg, friends, relatives, rough sleeping).

Table 6.2: Housing in last two years, if no permanent housing

	N	Percentage
Stayed with relatives	4	33.3%
Stayed a friend's house	7	58.3%
Stayed in a hostel or boarding house	1	8.3%
Stayed in a refuge/shelter	0	0%
Slept rough	6	50%
Other	2	16.7%

Note: percentages do not sum to 100%, as multiple responses were possible

Clients were asked 'overall, does your current home meet your needs?', adopting a 7-point Likert scale (1 = very strongly agree; 7 = very strongly disagree). The average score was 3.7, with a median of 3. This suggests that, although the median score slightly favoured agreement with clients' current housing meeting their needs (ie, a score of less than 3.5 is a favourable assessment, whereas a higher score is unfavourable), the average score was slightly unfavourable. However, the original project design (which was endorsed by ACTCS) did not envisage that we would include former JHP clients in the AMC. This finding and the findings below should therefore be regarded as being only indicative, not only due to the small sample size, but also because some may have been reflecting on custodial experiences.

Clients were also asked 'How satisfied are you with the condition of your home?' As set out in Table 6.3, most clients (53%) were completely satisfied, with a further 24% somewhat satisfied. However, it is hard to reconcile this response with the response to the preceding question. Although 18% said they were somewhat dissatisfied with the condition of their

current housing, no clients reporting being completely dissatisfied. Again, further data collection with a larger sample size is required and, if relevant, confirmation of what constitutes the person's 'current housing' (eg, JHP house, AMC or some other accommodation).

Table 6.3: Satisfaction with condition of home

Completely satisfied	53%
Somewhat satisfied	24%
Neutral	6%
Somewhat dissatisfied	18%
Completely dissatisfied	0%

In response to the question 'How safe or unsafe do you feel in your home after dark?', 41% (n=7) said 'very safe' and the same proportion said 'safe'. One person (6%) was neutral and two (12%) felt unsafe. This is a favourable response overall, and aligns with our observations of the JHP properties as being in what appeared to be safe neighbourhoods, although it is again subject to the caveat that some of these responses in fact relate to the AMC.

Finally, we asked some questions about social connection, as set out in Table 6.4. This indicates that clients were generally well connected with friends and family, especially by phone and online (medians of 6 and 5 respectively), although they were less likely to spend times doing things with friends than family (median of 3 and 4 respectively). There was little evidence of clients taking part in online groups (median: 1), although there may be an element of social desirability bias here, given the use of the term gaming in the question. Some online groups may offer an opportunity for clients to further their pro-social goals. For example, the SMART Recovery Online Community is available at any time to support people to recover from addictive behaviours (SMART Recovery, 2023).

Table 6.4: Measures of social connection

How often do you typically…? (1 = never; 7 = all the time)	Mean	Median
Spend time doing things with family*	4.1	4
Spend time doing things with friends	3.1	3
Talk to family or friends by phone (including messages)	5.6	6
Catch up with friends online	4.1	5
Take part in online groups (eg. discussion or interest groups or gaming)	1.9	1

* N=16 for this question; all others N=17

6.3 Interviews with JHP clients

The proceeding analysis is organised thematically and each theme that emerged from the interviews includes reflections from both current and former clients. To ensure the privacy of all JHP clients who participated in the evaluation, some pronouns have been changed.

6.3.1 Challenges finding stable accommodation

As set out above, many clients had a history of experiencing challenges in finding stable accommodation, prior to accessing the JHP. For some clients, this meant sleeping rough, including in stairwells, or couch-surfing at a friend's place. Others had been able to spend a few months living with relatives, before having to move on. One current client had been homeless in the eight months prior to being incarcerated, stating: 'It's just hard to find solid accommodation. Housing doesn't improve for years and that's about it' (JHP2). For others, finding stable accommodation had been a struggle since childhood. As one former client recounted:

> When I was a child, I was put into [the care and protection system] and I didn't get along with the foster carers, so I ended up staying wherever I chose, and that sort of stuff, instead of being with foster carers. So, I was couch-surfing and all that sort of stuff from about 13, 14. That continued through my adult life. I think I've only ever had a house in my own name twice, both for pretty short periods of time. But yes, the rest of the time, I've been in and out of different houses, in and out of [public] housing, in and out of emergency accommodation and that sort of stuff (JHP16).

Another client talked about being able to 'get your foot in the door' as a big challenge. For them, this meant finding someone to listen and understand their situation and to be linked up with the right networks, to help facilitate access to stable housing. By contrast, one client commented that their housing issues had only started after they had previously been incarcerated.

The experience of the last participant is consistent with research that found that people who had ever been incarcerated were particularly prone to homelessness, even when compared with other similarly vulnerable people (Bevitt et al., 2015). More generally, our findings align with other research with people released from custody in the ACT citing housing issues as a source of stress (Doyle et al., 2022b). Across Australia, formerly incarcerated people constitute the fastest-growing client cohort for specialist homelessness services (Martin et al., 2021).

6.3.2 Views on stable accommodation

Clients were asked what they considered stable accommodation to be. The responses can be grouped into three themes: normality and agency; safety; and security from being evicted.

Stable accommodation for one former client was expressed as a place to call home:

> just having my own place, and somewhere we can call home and start building a home, you know?...Where you can start your own little family and everything like that…be normal.

These sentiments were echoed by other current and former clients, who viewed stable accommodation to be long-term and include a 'normal lease agreement' and '[p]aying my own rent every week'. In this sense, JHP clients expressed a desire to be agentic in pro-

actively managing their own housing arrangements. This finding is relevant, as it highlights that the JHP service provider should work with clients on developing the skills to manage such tenancies. This is especially important, in light of the information in the previous section, demonstrating many JHP clients' histories of unstable housing.

Other clients considered safety to be a defining feature of stable accommodation, mentioning that having the ability to 'lock your door' was important. This aspect is particularly important for people coming out of prison, who may have been – or felt – unsafe in prison and lacked the autonomy to dictate who can enter their personal space. The importance of being able to sleep soundly and to feel safe was expressed by one former client in the following way:

> Somewhere where you can walk in and close the door and you know that you're safe, that nothing from in there can be taken from you. You can close your eyes and be safe at night-time, you can be warm (JHP7).

The sense of ontological security, 'the confidence that most human beings have in the continuity of their self-identity and in the constancy of their social and material environments' (Dupuis & Thorne, 1998: 27) was discussed in Chapter 4. This includes a sense of security; we found that fear of being evicted was the most dominant theme that emerged in relation to stable accommodation. This is illustrated by the following quotes from several current and former clients:

> Like, a six-month lease somewhere, that I can be comfortable living at, where I don't feel like I'm going to be kicked out (JHP2).
>
> My own house, where I don't have to move, I don't have to stress about getting kicked out (JHP3).
>
> Independence, independent living, that's stable accommodation to me. And somewhere that you can call home and that's not going to be taken from you (JHP9).
>
> The first thing that comes to my mind is not at the mercy of someone else. So stable is, yes, where you're not at risk of being evicted (JHP11).

These findings are instructive, given the terms of the JHP program, especially its relatively short duration (though this appears to be somewhat flexible, for some clients) and the potential for clients to be removed from the program for non-compliance with the conditions. The lack of a sense of ontological security may also have been contributed by the lack of home-making process the clients experienced, that the accommodation is already fully set up when they moved in without opportunities for their individual inputs. Although this may be considered a reasonable requirement, it may not fit with clients' understanding of what may lead them to being 'kicked out' and thereby promote a sense of insecurity and distrust. This suggests that there may need to be open and frequent conversations between clients and the service provider about the conditions and length of the program and that it is intended as a transition towards more long-term secure housing.

6.3.3 Initial contact with and entry into the JHP

Clients were asked how they were first made aware of the JHP and most stated that they had heard of the program through word of mouth, from other detainees inside prison. Others mentioned that they had learned about the JHP through specific programs that they attended in prison, including programs run by Yeddung Mura and Karralika, or via their case managers or lawyers. In one instance, a client became aware of the program, through doing their own research online. Because the evaluation team only spoke to actual JHP clients, rather than potential clients (eg, a randomly selected cohort of detainees in the AMC), we are unable to determine to what extent all potentially eligible candidates for the program are made aware of its existence, especially by ACTCS staff. However, the fact that clients learnt about the JHP from a wide variety of sources suggests that there is broad familiarity with the program.

When asked how easy the application process for acceptance into the program was, all clients said it was straightforward and that they either completed the application form themselves or with the help of their case manager or lawyer. However, even though the application form was considered straightforward, some clients expressed concern with the application process. As one current client explained:

> I filled out the forms [for JHP], maybe eight months prior to getting out, and then they turned me back, because it was too long a timeframe. And that's probably the other thing, if people have a definite exit date, it takes out the stress from you, that you know that you have a place to live when you get out. Even if it's temporary. Because I was stressing out… I don't know the address, nothing was told to me. Which I understand, the concern that they have, not telling the address. But they could have done it in a different way. Because I have to organise cards for my medication. And because I didn't have an address, it took another two weeks before I can get discounts and concessions (JHP14)

Several former and current clients described the initial day of release and entry into the JHP as being a particularly positive experience:

> I did like the initial day of release, they really helped out, and helped set up with Centrelink and all that sort of stuff (JHP6).
>
> …they support you coming out of jail, and they help you get everything started up, and just the whole entire program, like, real easy to work with (JHP2).
>
> Just how good everyone is, to help you with your furniture and your food. And once you're in the door, you get looked after, and you get lots of help, there's lots of good people out there to help you (JHP4).
>
> …when I got out, Catholic Care helped me to get all my Centrelink and where to get clothes, just to help me with all that stuff. And it just made it easier to get sorted out. Especially because I did a big whack, this time. If you're in here for a couple of

> months, you get out and everything is the same, but when you do a couple of years and you get out, it's kind of stressful. But that was good thing about it, I realised, oh, everything is cool, I've got a roof over my head, that was the good part about it (JHP18).

The Community Restorative Centre (CRC) is the 'leading community provider of support services to people affected by the criminal justice system in NSW' (CRC 2023a) and a recent evaluation of its programs found that they reduced clients' contact with the justice system and saved money (Sotiri et al. 2021). As the CRC has noted:

> Day-to-day challenges can put a lot of stress on someone who has just been released. Things like finding a place to live, talking to Centrelink or getting in touch with family and friends can all be difficult…The first few weeks and months are critical (CRC 2023b).

The CRC lists the following issues faced by people leaving prison on its *Surviving on the Outside: Getting Out of Prison* webpage:

- housing and homelessness;
- Centrelink and finances;
- disabilities;
- identification;
- alcohol and other drugs;
- clothing and food;
- domestic and family violence;
- mental health;
- feeling lonely;
- finances and debt;
- property, clothes or transport;
- parole;
- employment;
- visa issues;
- family and children;
- education; and
- eating well (CRC, 2023b).

The comments above and below explicitly mention the support JHP provides with most of these issues. This is reinforced by the analysis of the service providers' reports. On this basis,

we infer that the program is meeting many of the clients' most immediate post-release needs, though there is also scope to go further, in providing more intensive case management, as discussed elsewhere in the report, including below.

6.3.4 Client experiences with the service providers

Client experiences with both CC and SVDP during their time in the JHP were mostly positive. Many clients mentioned that they appreciated the regular check-ins from their case managers. Speaking about a case manager from Catholic Care, one former client stated:

> That bloke, he was like a best mate to me at the time. Without him, I would have been – God knows. Things wouldn't have went so well for me at that time. But it was because of him, and the push and the motivation and the help getting to and from appointments or getting home from appointments or whatever else, clothing and this, that. That was a really big part that played such a tremendous for me, it had a big impact… he would always check in with me, I don't think there'd be, like, maybe two days where I'd go without hearing from him or something like that (JHP9).

Another former client recounted a similar experience with their case manager:

> …being in the program itself was actually kind of really helpful. I had a worker…he would come once a week on standard, just to do a house check and that sort of stuff, make sure everything was all good. But he'd also call up a couple of times a week to see if there anything we needed. He helped me get my ID and that sort of stuff, he paid for that sort of stuff for me. He was happy to run around and help me get clothing and food and all sorts of stuff and that – so that aspect of it was really good. It was just at the time I wasn't using it to find another house (JHP16).

These sentiments were echoed by other clients, who described their case managers as 'persistent' and 'putting in time', including at times when they were away from the house. As one former client stated:

> Even if I wasn't even at the house, he would come and see me, and just check on my wellbeing. And it didn't really matter about the house, I think. He was more concerned to make sure that I keep doing the right things. Just trying to support me, to be honest with you (JHP8).

Other clients recounted their experience with SVDP, with statements like: 'These guys, they do everything, fair dinkum' (JHP12) and 'I wish my case workers in gaol were like her, it would be sweet…' (JHP14).

These overtly positive experiences with the service providers were not shared by all clients, however. A few recounted that they felt the service providers were not doing as much as they could or should and that clients were 'left to their own devices'. For example, one client felt that 'they'd mostly just check in on the property and sort of stick their heads around a few rooms and see what was going on there' (JHP6). Another current client reflected that

their negative experience with the JHP may have been due to the transition from Catholic Care to SVDP:

> It feels like, sometimes, that they're just doing the job, to do their job. They're not doing the job to try to help you, sort of thing…It wasn't a very good environment…I think they just had trouble transitioning from company to company (JHP5).

One former client felt that they were offered very little support in attending appointments:

> I had to go to all my appointments by myself. Really only [the way] they helped me was on the day I got out, he helped me go to Centrelink and Commonwealth Bank, and from that we were sort of left to our devices (JHP18).

One client, currently in the program, felt that they were not getting as much support for planning for the long term:

> I think that they should try and get more support with coming out of the program. Because at the moment I'm halfway through…me staying here. I only have three months, and it's getting to the end of it, where I'm not too sure if I'm going to be able to find a place, with my mental conditions. And I think they should have more support in that kind of area (JHP2).

Some clients found the length of time offered in the program (three months, with an option to extend) to be too short. This was summarised by one former client as follows:

> … once your tenancy is up, your tenancy is up, they expect you to leave, whether you've got something or not. When the tenancy's up, you've got to be out. That's probably the harshest reality of it. Of course, we want to work towards getting our own place, and that's something we work towards the whole time, but…within six months, to build something up to be able to get – it's very hard. Especially once released from prison, it's a thin line between landing flat on your feet and flat on your arse (JHP9).

From these experiences, it emerges that most clients feel satisfied with the type and level of support provided in the program, though some wanted more and/or felt that the service provider was 'sort of stick[ing] their heads around a few rooms'. Importantly, none of the interviewed clients found the level of interaction with the service providers excessive. Some also expressed a desire for the program to run for a longer period.

This is broadly consistent with CRC's recent evaluation of its programs:

> Participants noted that long-term (12 months or longer) support that was based on a community-outreach model and that was person-centred, non-judgemental and provided both a range of practical supports *and a* sense of belonging through the relational casework model was fundamental to post-release success and addressing problematic substance use. Participants were also very clear that the provision of this support made a huge difference in terms of reducing the likelihood of reoffending or

> returning to prison. For many, this was the first time support of this sort had been offered on release from custody and many attributed the experience of a connection with a CRC worker as being the reason they had managed to stay out of prison (Sotiri et al. 2021: 15).

This highlights the importance of both long-term support *and* a strong relationship between clients and their case manager. To similar effect, Coram et al. (2022) found the aspects that participants in the Aspire program, discussed in Chapter 1, particularly valued in their relationships with their 'case navigators' were:

- trust and mutual respect;
- support without judgement;
- open communication and honesty;
- being encouraged, supported and empowered;
- flexibility and responsiveness;
- persistence and reliability; and
- continuity.

6.3.5 Daily life in the house

Almost all clients interviewed spoke of the JHP house they resided in as being a comfortable space. Although it was noted that the houses were old, they were also described as being 'homely' or 'like a family home'. However, a few clients made mention of maintenance issues and damage to the property that had not been fixed during their tenancy. One client recounted that when they moved into the property one of the windows was boarded up and garbage from previous tenant was still present. Another client explained that a cable from a light fixture had been hanging out of the ceiling and that, despite reporting this, it had not been repaired.

Safety was not regarded as a concern amongst most of the clients. When safety was raised as a concern, this was in relation to other residents at the property. This was summarised by one client as follows:

> It's the people that you get and that's the hardest thing. It's like gaol itself. Gaol as a system would be perfect if you didn't have this guy here who had homicidal issues and this guy here that …[was] off medication. So, I think it's got potential to be dangerous, because you're taking who knows what and sharing it in a group home, it's pretty risky (JHP12).

Another client raised concerns around drug use in the house:

> There were a couple of points where – it wasn't so much physical violence, it was just that there was some drug use going on in there, things like that… I was still staying in my room predominantly when that was going on (JHP6).

Because of the lack of control over who they would be living with, clients who had positive experiences with their flatmates spoke about having 'lucked out'. As these former clients explained:

> I lucked out, I had a couple of decent guys. So, they were pretty good. One was …a nice sort of bloke, and the other one was quiet but just did his own thing, got out during the day, come back of a night, boom, that's what happened (JHP16).
>
> For me, I was very lucky, because I did have a really good house, with I guess people that are on my level of maturity and want the same things and are really going in the right direction, the same as myself at the time (JHP9).

Clients were asked for their thoughts on the 'house rules', which many described as 'fair' and 'just normal standard rules'. For example, one client commented that:

> The rules was, like, there was no problem with it. So, it's fair. You've got to respect the property, you've got to respect – and it's just, like, being out there, you've got to clean yourself, you've got to clean your stuff, and just keep in that routine (JHP1).
>
> Fair. In all honesty, fair. At first I didn't, because my kids couldn't come there, and they were excited, like, I'd just got out and they were super-excited (JHP7).

While the rules were generally regarded as fair, there was significant concern about how realistic it was that clients were not allowed to have friends and family to visit the house. This was raised by several clients:

> Housing says you can't have people there, but I think you should be able to have some people there. You need some support, you can't just be by yourself all the time… (JHP8).
>
> Well, I guess the thing behind that is you start out with the opinion of, well, I'm paying rent, and so therefore I'm a grown person, and why can't I have my partner come and visit me? (JHP9).
>
> The only thing I personally would want would be having a situation where you could actually have your kids come over to the house. That was really the only thing that I felt like I was let down with, I couldn't have my kids there… (JHP16).

This links with the analysis of the monthly reports, especially in recent months under SVDP, where several clients have been breached as a result of having visitors at the property. We therefore suggest that consideration be given to exploring ways for clients to be able to have some visitors on site, subject to appropriate rules around safety (for all clients and visitors) and adherence to other rules, such as in relation to alcohol and drugs.

There appeared to be very contrasting experiences with regards to levels of interaction with and views on neighbours, as these two reflections from clients illustrated:

> …the neighbours would see me working on my car, whatever else, they came out, they were friendly. I don't think they knew anything different to what was going on, if

> I was released from prison or anything like that. So, it was really good, it was a friendly place to be. It was nice, yes (JHP9).

By contrast, the following reflection not only highlights a very different experience with neighbours, but also concerns raised by the client in relation to the people placed in the houses:

> I think they [the neighbours] know it's a halfway house and just basically stay away from that. Because, I think my first two or three weeks in there, police were there twice a day. So, it's sort of difficult. And I don't want the neighbours to be upset with it. That's what I'm saying … that placing people, like, if they don't fit, they don't fit, they shouldn't be in there (JHP14).

While there were different experiences with regards to interactions within the neighbourhood, clients were unanimous in their satisfaction with the proximity to transport and shops. The following quotes are illustrative of this:

> Everything was walking distance… get on the buses over there and come in here, get on a tram (JHP1).
>
> It's pretty easy. It's only about a 15-minute walk to come here to the shops and from home. And the bus stop is only about a 10-minute walk as well (JHP5).
>
> Good. The bus stopped literally right down the street (JHP7).
>
> Yes, it was only I think a 10-minute walk or a 5-minute walk to the Woollies down the road. And then there was a bus stop just down the road a bit, and there was a bus every ten minutes or every five minutes (JHP8).

6.3.6 Transitioning out of the program

Transitioning to more long-term accommodation was a clear priority for many of the clients interviewed and public housing was considered the most practical next step. As one client explained:

> Ideally, it would be Housing [ACT], because of its affordability, it's stable, and it's just more manageable, I think. From budget and children and everything like that, Housing would be the best thing. Private rentals, especially in Canberra, are pretty expensive and very hard, especially when I don't have a rental history. So that makes it very hard again. Just got out of gaol, so haven't had a damn job for long, therefore I can't provide the necessary bank statements and back up, to back that living situation up, to get the application to be successful. So very hard, private rental is very hard (JHP9).

However, several clients interviewed noted that they felt more support would have been beneficial in transitioning out of the program to other accommodation. For example, one client recounted that they had no assistance in moving furniture to their new accommodation:

> I think maybe still staying in touch, even just staying in contact, transition sort of a thing. Even for the first two weeks or whatever… And helping – like, some people that do have furniture in storage, I found – or moving from JHP to my house, I had no assistance in moving my furniture (JHP7).
>
> …once you've done with the program, the case manager is done with you as well. Maybe, if they keep in contact with you for a month after, as well. Or two weeks, even. Just to help make sure that you're still alive. Because, when you get kicked out of there, you're left – like, you're used to having that bit of stability, that case manager to talk to, but once the time is up, you get kicked out and they leave you to your devices, so it would be good to have, maybe even just a week of them still keeping in contact with you and saying 'how's it going? Do you need any help with anything?' (JHP18).

This suggestion is again congruent with broader calls for ongoing long-term support, especially given the length of time it can take people to develop trusting relationships after release from prison (see eg Sotiri 2016; Sotiri et al. 2021). In order to improve longer-term outcomes, we **recommend** that former JHP clients who transition to other accommodation in the community be offered the option of ongoing contact with their case manager for a period of time, to be negotiated between ACTCS and SVDP, but at least a month.

6.4 Conclusion

This section has identified the key themes that emerged from the interviews with 19 current and former JHP clients. Overall, they were positive about the program, especially the quality and location of the houses and support provided immediately after release from custody. They were mostly also positive about the support provided, although there was a desire for more such support and for it to be provided for longer. Some clients also expressed concern about the prohibition on having visitors at the house and challenges with co-residents. These findings need to be underpinned with recognition that the JHP clients we interviewed had generally experienced long-standing housing issues and short-term responses to their ongoing housing issues are therefore unlikely to adequately address their complex issues. In this context, we reiterate Sotiri et al.'s obervations that:

> there is a need to understand the **practical and relational kinds of support people require within the context of structural and systemic disadvantage**… incarceration disadvantage is itself located in the context of a lifetime of other kinds of disadvantage; that **meeting basic welfare, housing, health and support needs is fundamental to building a life outside of the prison system**, and that the way in which support is provided (**flexible, outreach, relational, long-term**) and the manner in which people who have experienced incarceration and disadvantage are treated by workers (**respectful, non-judgemental, compassionate, consistent**) is a fundamental factor in achieving change in a range of areas, including breaking cycles of recidivism and alcohol and other drug use (2021: 4; emphasis in original).

7 Site observations

There are currently nine houses in operation, as part of the JHP, and the evaluation team conducted site visits of all of these houses (the tenth house was offline during the period of our evaluation, due to fire damage). In order to respect clients' privacy, the evaluation team did not have access to the inside of the properties while they were in operation. We were also granted access to one of the properties while it was vacant. This section of the report draws on our observations of the vacant property and outside of the other JHP properties.

It should be noted, however, that several clients requested to undertake interviews at their property. Future research could therefore include internal site visits, subject to ethics approval and the consent of all residents.

7.1 The location of the properties

As discussed elsewhere in the report, the houses come from existing Housing ACT stock and the houses were identified for use in the JHP, through consultation between Housing ACT and ACTCS. All nine properties were stand-alone suburban houses: three in the Belconnen region, three in the Inner North, two in Woden Valley and one in Tuggeranong. Given that there are currently no properties in the Inner South, which is relatively close to the city and especially to Winnunga Nimmityjah Aboriginal Health & Community Services, consideration could be given to securing a future JHP house in this area as well.

Table 7.1 provides information on the time (in minutes) it would take[6] to walk to the closest shops and public transport (PT) and how long it would take to travel to Civic by car or PT and another major town centre (Belconnen, Gungahlin, Woden or Tuggeranong) by PT. This shows that the houses were all fairly close to shops and PT (a median walk of 10 and four minutes' walk respectively) and all could access Civic and another town centre by PT within a median of 35 and 24 minutes respectively (during a weekday). Clients with access to a car would have access to Civic in a median of 17 minutes. This aligns with the interview findings discussed in Chapter 6, as all clients felt that they had no difficulties in accessing transport and getting to their required destinations.

Table 7.1: Time to local amenities (minutes)

	Range	Mean	Median
Walk to closest shops	6-13	9.4	10
Walk to public transport (PT)	2-9	4.4	4
Travel by car to Civic	12-24	16.3	17
Travel by PT to Civic	28-46	36.6	35
Travel by PT to a major town centre	16-41	24	26

[6] This was estimated according to Google maps during a week day.

No houses were particularly more convenient than others. For example, the two houses that were closest to the local shops (6 minutes) were also close to PT (4 minutes), but were relatively further away from Civic by PT (35 and 37 minutes), though this fell to 13 and 16 minutes respectively by car. One of these houses (House D) was also closer than average to another town centre by PT (17 minutes). The houses that were furthest from the shops (13 minutes) were close to PT (2 and 5 minutes). One of these (House B) was the closest to Civic by car (12 minutes) and closer to Civic by PT than average (33 minutes), but further than average to another town centre (36 minutes). The other house that was furthest from the shops (House H) was also the furthest by PT from Civic (46 minutes), but closer than average to another town centre (22 minutes) and relatively close to Civic by car (17 minutes). One house that appeared to be ideally located, in terms of PT access (28 minutes to Civic and 16 to another town centre) (House E) was a relatively long walk from the shops (11 minutes) and furthest from PT (9 minutes). Overall, we consider the properties to be approximately equally convenient and appropriately located.

7.2 The nature of the properties

Each property features three bedrooms and one shared bathroom. As mentioned earlier, a member of the research team was granted access to one of the vacant JHP properties that had recently been refurbished in preparation for incoming JHP clients. The house presented as clean, with new furniture throughout, including two couches, a coffee table and wall-mounted television in the living room area and a four-seater dining table to the side of the kitchen area. Each bedroom contained one king-single bed with new sheets and towels, a chest of drawers and a small fridge. The kitchen was equipped with basic supplies including a kettle and microwave, as well as basic food supplies in the cupboard and fridge so that those arriving in the early evening after being released have something to eat. Each house is fitted with an electronic key lock on the front door, as well as on individual bedroom doors.

There are no garages attached to any of the properties, with either a carport or driveway for cars to park.

Although the research team was unable to ascertain the exact dimensions of the houses, we were able to gather data on the size of the blocks for JHP dwellings. This revealed a range from 631 to 1058 square metres (sqm), with an average block size of 752 sqm and a median of 707 sqm. This is only slightly smaller than the median size for Canberra, at 748 sqm (Garrity, 2023).

All nine properties are set back from the street and featured some foliage—either large shrubs or trees—in the front yard. One house had a few garden ornaments in the front yard, which helped make the house ‘blend in’ on the street. All houses have a secure backyard which is not visible from the street and could not be accessed by the evaluation team. It was not clear from the street how big the backyards were.Some houses featured large front gardens, especially those houses on a corner block.

7.3 The condition of the properties

The front yards of all nine properties appeared well maintained and clear from debris. We are aware that the gardens are managed by the service provider, who subcontract the maintenance services to a local gardening agency. Most properties did not appear to have any damage to the house itself; however, we noted that one flyscreen was broken and falling down on one property and, on another, paint was flaking on the roof beams. Given the age of the properties, most of which would have been built in the 1960s, this is not entirely surprising.

7.4 The nature of the neighbourhoods

The houses were in typical Canberra suburbs and there was nothing about either the neighbourhoods or streets that seemed to stand out. In one instance, there was a house further down the street with a lot of debris in the front yard. Generally, however, the neighbourhoods were quiet and in several cases there was a park on the street. Many of the houses were on streets without footpaths. This is common in many Canberra suburbs, but may pose an issue for clients with accessibility issues. Most of the houses were on flat streets, with little traffic at the time visited (late morning), so residents would likely feel comfortable and safe walking on the road. A few houses, visited later in the afternoon, were located on busier streets with regular car traffic and pedestrians.

According to recent Canberra crime statistics (ACT Policing, 2023), the JHP properties are located in low crime suburbs in Canberra. This addresses one of the LSI-R risk/need factors under the Accommodation domain. This is an important feature, as a high crime rate in an area tends to reflect the display of criminogenic structural and environmental conditions, with the presence of more criminal opportunities. An increase in local and spatial crime rates has also been found to be associated with a negative impact on mental wellbeing of residents (Pak & Gannon, 2023).

7.5 Conclusion

Overall, based on these observations, it can be concluded that the properties utilised are suitable for the program and the clientele. All properties appeared well maintained and clear of rubbish or debris. There was no visible indication that these houses were any different to others on the street, with perhaps one exception; that all blinds/ curtains in the JHP properties appear closed during the day. All properties were situated within walking distance to bus stops and local shops. The houses themselves, while coming from older housing stock, did not appear to have any structural issues and, based on the observations made of the inside of the vacant property, appeared to be appropriately fitted out for JHP clients. These findings correspond with the feedback received from both the professional stakeholders and JHP clients who were overwhelmingly positive in their views about the properties.

8 Conclusion and recommendations

In this report, we have presented our findings on the process evaluation of the JHP, from its commencement to August 2023. During this period, approximately 188 people entered the program and 174 left the program. We first set out some general conclusions regarding eligibility for the JHP, who has accessed the program, and the types of support provided, before returning to answer the research questions for this process evaluation, which were introduced in Chapter 1. We then set out several recommendations. In doing so, we note Willis' observation that:

> Good practice in housing support focuses on individual needs and on the provision of appropriate degrees and types of individual choice and control. Holistic, integrated wraparound services, delivered through collaborative, multi-agency approaches and spanning a range of individual support and treatment needs, remain an integral part of good practice for housing support interventions (2018: vii).

8.1 Limitations

Before we proceed, however, there are some important limitations to the data presented and examined in this report. There are, for example, gaps in data coverage, including missing provider reports and where participants have disconnected from the JHP and have self-exited without notifying their case manager. This presents challenges for the quality of both the quantitative and qualitiative data and their subsequent interpretation. It may be that those who disconnected from the JHP were more likely to be dissatisfied with the program or found it did not meet their needs. Being unable to interview people who disengaged with the program effectively skews the data, biasing it towards participants who engaged with, and possibly had more positive experiences of, the program. This was a key limitation of the Aspire evaluation, and was noted as 'one common to many program evaluations' (Coram et al., 2022: 169). Leading on from this, it should also be noted that data capture and quality are dependent to some degree on the willingness of participants to engage. As Coram et al. also noted:

> People experiencing homelessness often lead complex and somewhat chaotic lives, and this can affect the quality and completeness of the data that can be collected from or about them. When asked to self-report information, participants may not always have a clear and accurate recollection of their personal circumstances or experiences, especially in the past. Participants are not always contactable or responsive at points of data collection, and there are times when participants have more pressing priorities than completing a survey form (2022: 169).

As a further limitation, we acknowledge that only one of the 19 clients interviewed was female and we did not have access to the inside of any property while clients were living there.

With these limitations in mind, we now turn to the general conclusions and responses to the research questions drawn from this evaluation.

8.2 General conclusions

8.2.1 Who is eligible to access the program?

The information on program eligibility is set out in Chapter 1. In summary, applicants must be over the age of 18 and be an Australian citizen or permanent resident. Applicants must also have exhausted all accommodation options post-release. Applicants must be able to live with limited support and be willing to share a house with other residents, and abide by the house rules and occupance agreement, including paying rent.

8.2.2 Who has accessed the JHP?

We found that that the JHP client pool is broadly representative of the wider population leaving the AMC. Females represented 13% of former JHP residents and, while Aboriginal and Torres Strait Islander people were slightly over-represented among former residents, this is in line with and may reflect the proportionate recent increase in Aboriginal and Torres Strait Islander people being released from the AMC. It therefore appears that the program is meeting its objective, in terms of accepting participants from this priority cohort.

In Chapter 3, the data revealed that a majority of clients were released into the program on bail or parole. This is consistent with some of the key aims of the program, namely, to provide accommodation for offenders or alleged offenders, so they are not denied bail or parole, as a result of not having an address. However, limitations with the data made it challenging to answer some of the key research questions for this evaluation, especially the extent to which clients of the program went on to find more stable longer-term accommodation is unknown from the available data. This is likely due to a few factors, including a high proportion of clients who self-exited from the program and who did not engage with their case manager or who did not leave a forwarding address, and a lack of consistent data entry by both the service provider and ACTCS. Where data on the destination of former clients was known or recorded, the majority appear to have gone on to live with family or friends, followed by a smaller cohort, who went on to reside at a support service/community housing. Those with a program exit to support services, including mental health, housing, and other services, tended to have an extended stay with the JHP. However, in cases where the reason for exit was known, it was difficult to tell whether an exit to live with friends or family was approved or amounted to a breach of the program rules or order conditions.

8.2.3 What support is provided to JHP clients?

Chapter 4 presented the findings of the content analyses of 19 monthly reports delivered by CC and SVDP. While inconsistent record-keeping practices prevented the research team from drawing any concrete conclusions about the quantity and quality of the support provided, a

number of themes emerged from the data. Our analysis highlighted a range of forms of support provided, face-to-face, by telephone and through the provision of transport. The types of support included mental and physical health, especially AOD, shopping, telephone connection, clothing, financial and housing assistance, and goal-setting. This demonstrates the individual needs of clients and the varied interactions, quantity and intensity of the case management support provided. These findings are supported by the themes that emerged in the professional stakeholder and client interviews discussed in Chapter 5 and Chapter 6, respectively. Overall, we found that there is a need for more intensive case management, as well as greater emphasis on supporting clients' relationships with pro-social family members and friends, who may be to provide ongoing housing, and facilitating contact with relevant support services and community housing.

Analyses of the reports also revealed significant turnover of clients in properties, with some houses experiencing much higher rates of change than others. Although some degree of volatility in a household is unavoidable, significant levels of change are likely to impact on clients and should be taken into account, where possible, in both placement decisions and case managers' engagement with clients. The high levels of change in the makeup of a household was highlighted as causing anxiety for some clients, as described in Chapter 6. This suggests that consideration should be given to adding 1- or 2-bedroom accommodation options, if possible, to reduce turnover and the complexity of interactions between clients. This may be particularly beneficial to clients with mental health issues and/or children.

8.3 Responses to key research questions

8.3.1 How do the JHP clients experience the program?

We found that the majority of JHP clients we interviewed experienced the program positively. The process to apply for the program was considered to be easy and they also appreciated the support they received on release from custody. Clients were generally enthusiastic about the case management they received, although there was also a desire for this support to continue after leaving the program. The properties themselves were considered suitable and well-located. Some of the challenges identified by clients included living with other former detainees, as well as the high degree of turnover within a household, not being allowed to have visitors, especially family members and the short duration of the program.

While clients on the whole had positive experiences with the JHP, many noted the challenges of certain house rules. As outlined in Chapter 4, we have some concerns about the house rules, especially the way they are framed. We note, for example, that the rules prohibit clients from bringing 'tools' onto the property. This may be impractical and even counter-productive to clients' rehabilitation, if they require tools for their employment. As discussed in greater detail in Chapters 5 and 6, several professional stakeholders and clients considered rules which prohibit visitors to the property, especially clients' children, to be problematic.

The risks and benefits associated with these rules and the way they are worded should be considered further. This should include exploring the potential for clients to increase their connection with their child/ren, fostering and developing pro-social relationships, and increasing the use of pro-social language. In order to ensure that the rules are perceived to have legitimacy among JHP clients, current and/or former clients should be consulted on potential changes to the rules.

These findings need to be underpinned by recognition that the JHP clients we interviewed had generally experienced long-standing housing issues and short-term responses to their ongoing housing issues are therefore unlikely to adequately address their complex issues.We also recognise that the current and former clients we spoke to may not be representative of all of the JHP client cohort. It may be that those who agreed to participate in an interview did so, because they had a positive experience in the program. Moreover, while it was clearly communicated to all clients who agreed to take part in an interview that they would remain anonymous and that the research team was conducting an independent evaluation of the program, and therefore had no professional affiliation with ACTCS, some clients may have felt compelled to only speak positively about their experience of the JHP. Given this, some degree of caution must be taken when interpreting these findings. However, these themes are also supported by the administrative data from ACTCS, CC and SVDP, as well as the interviews with professional stakeholders.

8.3.2 What do professional stakeholders consider to be the strengths and weaknesses of the program?

Overall, this feedback was positive, suggesting that the program is filling an important housing gap for people exiting from prison. However, a number of challenges were raised, including the complexities associated with catering to a client base with a wide variety of needs, as well as the difficulties in ensuring compliance with certain house rules. In particular, it was noted that not having visitors at the property was a challenge to enforce, and some stakeholders questioned the practicality and/or appropriateness of this particular rule. The need for more structured activities for clients in the program was raised as a concern by some professional stakeholders.

8.3.3 What are the gaps in servicing particular types of clients?

Unfortunately, the data do not enable the evaluation team to determine the extent to which the program is meeting the needs of particular types of clients or any specific gaps in serving these needs. In particular, we note that one of the goals of the program is to provide accommodation for women and Aboriginal and Torres Strait Islander people involved with the criminal justice system, with a focus on trauma-informed, gender-informed and culturally-safe practices. We can confirm that the program provides accommodation to justice-involved women and Aboriginal and Torres Strait Islander people, but are unable to assess the extent to which the services they receive is trauma-informed, gender-informed and/or culturally-safe. We also note the high proportion of the clients we interviewed who

indicated they have a disability, but cannot comment on whether there are specific gaps in servicing their needs, as this is also not captured in the administrative data.

We note that the intake form captures data on cultural/linguistic diversity (CALD). However, the evaluation team was not provided with any information on this in the datasets from ACTCS, nor was this systematically captured in the service providers' monthly reports.

In the first instance, improved data collection is therefore required to document the types of service delivery/support offered to women, Aboriginal and Torres Strait Islander people and people with disability. Further consultation with key stakeholders may reveal other types of clients of particular interest (eg, culturally and linguistically diverse, LGBTIQ+). Additional training and resourcing may also be required to address any identified gaps.

Those found not suitable (n=60) for the JHP represent a potential gap in service. Analyses of ACTCS administrative data in Chapter 3 revealed several reasons a prospective client might be found not suitable, including concerns related to their suitability to share accommodation; having unique accommodation needs, such as those requiring housing for themselves and dependent family members; having a history of child sex offences and arson incidents; and individuals requiring intensive support, often due to health conditions necessitating independent living or specialiced assistance. For these clients, consideration could be given to providing single-occupancy dwellings, to mitigate many of these concerns.

8.3.4 What is the quality of the properties provided in the JHP?

Although we were only able to observe the outside of the properties, all properties appeared well maintained and clear of rubbish or debris. There was no visible indication that these houses were any different to others on the street, with perhaps one exception: that the blinds/curtains in the JHP properties appeared to be closed during the day. All properties were within walking distance to bus stops and local shops. The houses themselves, while coming from older housing stock, did not appear to have any structural issues and, based on the observations made of the inside of the vacant property, appeared to be appropriately fitted out for JHP clients. These findings correspond with the positive feedback received from both the professional stakeholders and JHP clients, discussed above.

8.3.5 What are the key data requirements for future outcome evaluations of the JHP?

One of the aims of this process evaluation is to inform a future outcome evaluation of the JHP. It is clear from our process evaluation that much more work needs to be done, to put appropriate data collection systems in place, to ensure that any future outcome evaluation is robust.

We have made a number of suggestions throughout this report, highlighting issues we identified with the data. In this section, we return to two recent evaluations of similar programs in NSW and South Australia, to illustrate the types of data that are useful in undertaking outcome evaluations of this nature.

Coram et al.'s (2022) evaluation of the South Australian Aspire program was discussed earlier in the report (see Chapter 1). It involved a process evaluation, outcome evaluation, innovation evaluation and investor evaluation. The methodology for the outcome component involved:

- quantitative analysis of datasets from service providers and government agencies, including:
    - clinical measures and records built into program operations;
    - program data (eg, exit and completion dates, tenancy information, employment information and vulnerability scores, using standardised measures); and
    - current and historical administrative data, including:
        - hospital presentation and admissions data;
        - court and correctional data; and
        - crisis accommodation usage data; and
- qualitative interviews with:
    - participants; and
    - relevant professional stakeholders.

Sotiri et al. evaluated a range of programs delivered by the CRC, including, but not limited to, the Extended Reintegration Service program the CRC delivers on behalf of Corrective Services NSW (see Chapter 1). The methodology for this project included:

- qualitative interviews with CRC clients and staff;
- client survey data, measuring shifts in health and wellbeing over time, using standardised measures;
- quantitative analysis, analysing time series court and custody data, for clients who participated in specific AOD, transition and reintegration programs;
- quantitative comparison study and costs, analysing court and custody outcomes for clients, compared with a cohort of people with AOD issues who did not receive such support, using data from the University of NSW Mental Health Disorders and Cognitive Disability in the Criminal Justice System (MHDCD) Databank; and
- matched comparative case studies and costs: two case studies of clients, matched with two people from the MHDCD Databank, to enable comparative analysis of pathways and social and economic outcomes associated with CRC support.

It follows from the approaches adopted by Coram et al. (2022) and Sotiri et al. (2021), as well as our own experience undertaking the present evaluation and other research, that any future outcome evaluation of JHP should involve, at a minimum:

- qualitative interviews with clients and professional stakeholders involved in delivering the program; and
- quantitative data, including:
    - service provider data on clients':
        - demographics (age, gender, Aboriginal and Torres Strait Islander status);

        - post-program housing destination/s;
        - employment and education outcomes;
        - health, including AOD use and any disability; and
        - social connectedness; and
    - government data on:
        - justice outcomes (using police, court and/or corrections data);
        - engagement with other government agencies, eg:
            - ACT Health, to determine any changes in hospital admissions;
            - HACT, to assess long-term changes in housing status;
            - CSD, to assess any change in involvement with the care and protection system; and
            - Centrelink, in relation to dependence on social welfare.

Data should be captured at multiple points in time, eg, on program entry and exit and, ideally, post-program. To the extent possible, standardised tools should be used. In addition, the robustness of any findings will be enhanced through a research design that includes costing analysis and comparison with a matched sample who did not enter the program. We acknowledge there are limited resources within ACTCS, with the current allocation of ACTCS staff who work directly on the JHP being three personnel (one director and two officers). As the operation of the JHP extends well beyond that of data capture, the current level of resourcing within ACTCS may need to be increased in order to ensure that data are captured in a consistent and standardised way while not effecting the operation of the JHP.

8.3.6 What can be learnt from similar programs in other jurisdictions?

Despite the well-established links between homelessness and justice involvement, there are unfortunately few programs of this nature elsewhere in Australia and little evaluation of such programs. The available research indicates, however, that long-term support is required for clients with complex needs, such as the JHP cohort. As such, the relatively short duration of the program and in particular lack of follow-up contact may limit its impact. There is also evidence supporting the increased effectiveness of programs that adopt a person-centred approach that prioritises building strong and trusting relationships over compliance and risk management. Accordingly, the emphasis should be on addressing both practical issues (eg, housing, health etc) needs in a way that is respectful, non-judgemental and flexible (Sotiri et al., 2021; see also Coram et al., 2022; Martin et al., 2021).

8.3.7 How does JHP affect risk factors associated with recidivism and health, wellbeing and social connection of clients?

Unfortunately, the data do not enable us determine the program's effects in relation to the recidivism and health, wellbeing and social connection of clients. However, we can see that JHP is seeking to address a number of factors associated with recidivism, including some factors identified in the RR25by25 Plan. In particular, the case management approach seeks to support clients with their health issues, as well as providing practical support that may

improve their wellbeing. However, we consider that there is scope to go further in relation to increasing clients' social connection, by exploring the scope for suitable family members to be able to visit them at home. We refer again to the comment made by professional stakeholders in relation to the need for more structured activities for clients. This may include volunteering, paid employment or participation in community groups. This would go some way towards supporting clients' engagement in social activities in the broader community and increasing their wellbeing and social connection. This is consistent with Coram et al.'s recommendation in a homelessnesss program in South Australia that it should 'enhance the work done with clients to build social inclusion and community engagement, including by coordinating peer support networks and activities' (2022: 102).

8.3.8 How many clients who have left the JHP have gone on to obtain permanent stable accommodation?

Unfortunately, we are unable to answer this question, due to data limitations. No information was available for nearly a third of people who left the program (31.6%). Where information was recorded, the most common destination was family/partner/friend (28.9%), followed by a support service or community housing (21.3%). However, additional follow-up is required, to determine longer-term housing destinations.

8.4 Recommendations

Overall, we find that the program appears to be filling a significant gap and is supported by both participants and professional stakeholders. However, we have some suggesitons for its improvement. In particular this process evaluation has identified the need for improved data capture and record-keeping practices by both ACTCS and the service provider. This will be crucial for any future outcome evaluation. We acknowledge that data capture and record-keeping practices have improved since the JHP's inception and are continuing to be refined. We also recognise that ACTCS may hold more detailed data on some of the participants (which they may share with the service providers) but this could not be provided to the evaluation team, in order to comply with the evaluators' research ethics requirements. The following recommendations regarding data collections issues are, therefore, proposed to support further refinement of data quality, to facilitate more accurate reflections of program outcomes.

Based on the findings for this evaluation, we make the following recommendations. These have been grouped into two themes—'data collection issues' (Recommendations 1 to 2) and 'extending program support' (Recommendations 3 to 8).

Data collection issues

Recommendation 1

We recommend significant improvements to data collection practices, including:

- increasing the accuracy of data contained in both the ACTCS and service provider records;

- liaison between ACTCS, the service provider and data systems developers, to establish efficient and effective data collection models and practices; and
- adequate training and resourcing (including more staffing and the addition of appropriate technology, such as tablets and applications) for ACTCS and the service provider, to improve their data collection practices.

In order to facilitate any future process and outcome evaluations of the program, the following data should be captured consistently and made available to evaluators, subject to appropriate ethics processes:

- data on all prospective clients, from the stage of referral;
- data on the stages of initial screening and formal assessment interview;
- data on prospective clients who withdraw or cancel before or after the initial screening;
- more detailed information on specific risk domains, to provide a more holistic view on the client's risk/need profile;
- records of warnings or notice to remedy (NTR) and the reasons for this; and
- data on program exits, including systematic capture of both the reasons for the exit and future accommodation/destination; and
- linkages with other relevant data, to allow for the provision of a more holistic client profile.

Recommendation 2

We recommend adopting a standard form for the service provider monthly report to ACTCS, to ensure consistency and comparability of data over time and across clients, houses and case managers. This form should include the following information:

- JHP unique identification number;
- client's gender, Indigenous status and any known disability;
- date of entry;
- date of and reason for exit (if applicable);
- room/s occupied, using a unique identifier;
- number of check-ins:
    - face-to-face (successful and unsuccessful); and
    - phone (successful and unsuccessful);
        - if contact is repeatedly unsuccessful, the time/s of attempted contact should be noted and efforts made to contact the client at different times of day/night and/or alternative modes of contact sought;

- number of transports;
- types of support:
    - mental/general health;
    - AOD;
    - education/employment;
    - housing; and
    - other (eg, social activities);
- open text for additional comments; and
- name/s of case manager/s.

This information should be collected in a format that is easy to analyse, without manual coding.

Extending program support

Recommendation 3

We recommend that, in light of the relatively short duration of time in the program (three months, with an option to extend), more intensive support be provided to clients during their tenancy. This support should particularly focus on strengthening clients' relationships with pro-social family members and friends, who may be to provide ongoing housing, and facilitating contact with relevant support services and community housing.

Recommendation 4

We recommend that greater emphasis be places on providing opportunities for JHP clients to participate in structured activities on a daily and weekly basis.

Recommendation 5

We recommend that increased opportunities be provided to former JHP clients who have transitioned to other accommodation in the community to maintain ongoing contact with their case manager for a period of time, to be negotiated between ACTCS and the service provider, but at least one month.

Recommendation 6

We recommend that ACTCS and/or the service provider follow up with former residents three months after their exit from the program, to check on their progress and offer further support.

Recommendation 7

We recommend that the language in the Occupancy Agreement form, including the house rules, be revised and communicated in line with the ACTCS Disability Action and Inclusion

Plan, to ensure that clients are fully informed about the terms of their occupancy when prospective clients are first introduced to the program.

There should be a particular focus on reviewing the rules prohibiting visits and ensuring the rules are practicable and kept to a minimum, consistent with the safety of clients, professional stakeholders and the broader community.

Current and/or former clients should be consulted on proposed changes to the house rules.

Recommendation 8

We recommend that consideration be given to incuding 1- or 2-bedroom dwellings as part of the JHP, with priority being given to those clients with children, in order to support visits at the property.

We further recommend that consideration be given to providing single-occupancy dwellings for those who are found unsuitable for shared living.

Recommendation 9

We recommend greater consideration be given to whether the JHP needs to provide more specialised support to people experiencing substance use and/or mental health issues.

References

ACT Justice and Community Safety Directorate (2020). *RR25by25: Reducing Recidivism in the ACT by 25% by 2025: 2020 to 2023.* ACT Government. https://www.justice.act.gov.au/justice-programs-and-initiatives/reducing-recidivism.

ACT Justice and Community Safety Directorate (nd). *Justice Housing Program accommodation fact sheet*. ACT Government.

ACT Government (2021). *Homelessness services*. https://www.communityservices.act.gov.au/housing/about-housing-act/news-and-events/homelessness_services/homelessness-services.

ACT Government (2023a). *Housing: Check your eligibility.* https://www.communityservices.act.gov.au/housing/housing-options/check-your-eligibility.

ACT Government (2023b). *Housing: Waitlist and processing times.* https://www.communityservices.act.gov.au/housing/housing-options/waitlist-and-processing-times.

ACT Policing (2023). *Crime statistics and data*. https://www.policenews.act.gov.au/crime-statistics-and-data/crime-statistics.

Austin, J., Coleman, D., Peyton, J., & Johnson, K. D. (2003). *Reliability and validity study of the LSI-R risk assessment instrument.* The Institute on Crime, Justice, and Corrections, George Washington University.

Australian Bureau of Statistics (2023a). *Correctives Services, March quarter 2023.*

Australian Bureau of Statistics (2023b). *Prisoners in Australia 2022 – Tables 14 - 35.*

Australian Institute of Health and Welfare (2019). *The health of Australia's prisoners, 2018*. https://www.aihw.gov.au/reports/prisoners/health-australia-prisoners-2018/summary.

Bahr, J. (2023, August 8). Australia is experiencing a homelessness crisis. Here's what we can learn from Finland. *SBS News*. https://www.sbs.com.au/news/article/australia-is-experiencing-a-homelessness-crisis-what-can-we-learn-from-finland/hkiybqqll.

Bailey, D., Ledgister, C., Mutale, G. J., & De Motte, C. (2018). *Evaluation of the Inclusive Services for Older Prisoners' Project (ISOPP) at HMP Whatton*. Nottingham Trent University. http://irep.ntu.ac.uk/id/eprint/34593/.

Baldry, E., McDonnell, D., Maplestone, P., & Peeters, M. (2003). *Ex-prisoners and accommodation: what bearing do different forms of housing have on social reintegration*, AHURI Final Report No. 46. Australian Housing and Urban Research Institute Limited.

Baldry, E., McDonnell, D., Maplestone, P., & Peeters, M. (2006). Ex-prisoners, homelessness and the state in Australia. *Australian and New Zealand Journal of Criminology*, 39(1), 20-33.

Best, D., Hamilton, S., Hall, L., & Bartels, L. (2021). Justice capital: A model for reconciling structural and agentic determinants of desistance. *Probation Journal*, 68(2), 206-223. https://doi.org/10.1177/02645505211005018.

Bevitt, A., Chigavazira, A., Herault, N., Johnson, G., Moschion, J., Scutella, R., Tseng, Y. P., Wooden, M., & Kalb, G. (2015). *Journeys Home Research Report No 6: Complete Findings from Waves 1 to 6*. University of Melbourne. https://melbourneinstitute.unimelb.edu.au/__data/assets/pdf_file/0007/2202865/Scutella_et_al_Journeys_Home_Research_Report_W6.pdf.

Blackburn, A. G., Mullings, J. L., & Marquart, J. W. (2008). Sexual assault in prison and beyond: Toward an understanding of lifetime sexual assault among incarcerated women. *The Prison Journal*, 88(3), 351-377. doi:10.1177/0032885508322443.

Canberra Community Law (2019). Housing is a human right: Exiting prison into homelessness. *Ethos: Law Society of the ACT Journal*. https://issuu.com/act.law.society/docs/ethos_252_winter_2019_print/s/10642814.

Canberra Community Law (2021). *Factsheet 1: Applications for housing assistance*. https://www.canberracommunitylaw.org.au/fact-sheet-1-applications-housing-assistance.html.

Clarke, A., Parsell, C., & Vorsina, M. (2020). The role of housing policy in perpetuating conditional forms of homelessness support in the era of housing first: Evidence from Australia. *Housing Studies*, 35(5), 954-975.

Community Restorative Centre (2023a). *About the Community Restorative Centre*. https://www.crcnsw.org.au/about-us/.

Community Restorative Centre (2023b). *Surviving on the outside: Getting out of prison*. https://www.crcnsw.org.au/get-help/surviving-on-the-outside/.

Convery, S. (2023, March 22). Women majority of newly homeless, as ABS census data shows problem getting worse. *The Guardian*. https://www.theguardian.com/australia-news/2023/mar/22/women-majority-of-newly-homeless-as-abs-census-data-shows-problem-getting-worse.

Coram, V., Lester, L., Tually, S., Kyron, M., McKinley, K., Flatau, P., & Goodwin-Smith, I. (2022). *Evaluation of the Aspire Social Impact Bond: Final report*. Centre for Social Impact, Flinders University and University of Western Australia.

Corrective Services NSW (2023a). *Residential and transitional centres.* https://correctiveservices.dcj.nsw.gov.au/community-corrections/residential-and-transitional-centres.html.

Corrective Services NSW (2023b). *Service 3: Extended Reintegration Service*. https://correctiveservices.dcj.nsw.gov.au/community-corrections/parole/funded-partnerships-initiative--fpi-/service-3--extended-reintegration-service.html.

Corrective Services NSW (2023c). *Service 1: Transitional support accommodation.* https://correctiveservices.dcj.nsw.gov.au/community-corrections/parole/funded-partnerships-initiative--fpi-/service-1--transitional-support-accommodation.html.

Corrections Victoria (2023a). *Transitional programs*. https://www.corrections.vic.gov.au/release/transitional-programs.

Corrections Victoria (2023b). *Maribyrnong Community Residential Facility*. https://www.corrections.vic.gov.au/release/maribyrnong-community-residential-facility.

Cortes, K., & Rogers, S. (2010). *Re-entry housing options: The policymakers guide*. Bureau of Justice Assistance, US Department of Justice and Justice Center, The Council of State Government.

Davoren, M., Fitzpatrick, M., Caddow, F., Caddow, M., O'Neill, C., O'Neill, H., & Kennedy, H. G. (2015). Older men and older women remand prisoners: mental illness, physical illness, offending patterns and needs. *International Psychogeriatrics*, 27(5), 747-755. doi:10.1017/S1041610214002348.

Day, A., Hardcastle, L., & Birgden, A. (2012). Case management in community corrections: Current status and future directions. *Journal of Offender Rehabilitation*, 51(7), 484-495. DOI: 10.1080/10509674.2012.706245.

Donath, R. (2013, April 4). Housing can eliminate the hidden costs of reoffending. *The Guardian*. https://www.theguardian.com/housing-network/2013/apr/04/housing-hidden-costs-reoffending.

Doyle, C., Pfotenhauer, D., Bartels, L., & Hopkins, A. (2020). *The experiences of people leaving prison in the Australian Capital Territory*. University of New South Wales. Available at: https://unsw.adfa.edu.au/sites/default/files/documents/Doyle_et_al_Final_Report.pdf.

Doyle, C., Yates, S., Bartels, L., Hopkins, A., & Taylor, H. (2022a). '"If I don't get a job in six months' time, I can see myself being back in there": The post-prison employment experiences of people in Canberra'. *Australian Journal of Social Issues*, 57: 627-643.

Doyle, C., Yates, S., Bartels, L., Hopkins, A., & Taylor, H. (2022b). 'People say you're going home, but I don't have a home': Housing after prison. *International Journal of Offender Therapy and Comparative Criminology*. https://doi.org/10.1177/0306624X221132226.

Farrall, S. (2002) *Rethinking what works with offenders: Probation, social context and desistance from crime*. Willan.

Farrall, S. (2004) 'Social capital and offender reintegration: making probation desistance focussed', in S. Maruna and R. Immarigeon (Eds.), *After crime and punishment: Pathways to offender reintegration*. Willan.

Flatt, J. D., Williams, B. A., Barnes, D., Goldenson, J., & Ahalt, C. (2017). Post-traumatic stress disorder symptoms and associated health and social vulnerabilities in older jail inmates. *Aging & Mental Health,* 21(10), 1106-1112. doi:10.1080/13607863.2016.1201042

Fuller, N. (2023, August 16). Anglicare: Essential workers have nowhere to live in the ACT. *Canberra Weekly*. https://canberraweekly.com.au/anglicare-essential-workers-have-nowhere-to-live-in-the-act/.

Garrity, S. (2023). 'Better value for money': How much are you willing to spend for a bigger block in Canberra? *Allhomes*. https://www.allhomes.com.au/news/cbr-better-value-for-money-how-much-are-you-willing-to-spend-for-a-bigger-block-in-canberra-1194444.

Gaston, S. (2018). Vulnerable prisoners: Dementia and the impact on prisoners, staff and the correctional setting. *Collegian*, 25(2), 241-246. doi:10.1016/j.colegn.2017.05.004.

Gilmour, T. (2018). *Pathways Home: NSW community housings role delivering better outcomes for people exiting corrective services*. Housing Action Network.

Government of South Australia (2023a). *Access to housing*. https://www.corrections.sa.gov.au/Rehabilitation-education-and-work/access-to-housing.

Government of South Australia (2023b). *Bail Accommodation Support Program [BASP]*. https://www.corrections.sa.gov.au/about/our-projects/BASP.

Government of South Australia (2023c). *Reconciliation Action Plan—Stretch RAP*. https://www.corrections.sa.gov.au/__data/assets/pdf_file/0008/907577/DCS-Draft-Stretch-RAP-for-consultation-2023-1.pdf.

Government of Western Australia (2023). *Food and shelter: Help and support*. https://www.wa.gov.au/organisation/department-of-justice/food-and-shelter-help-and-support.

Greene, M., Ahalt, C., Stijacic-Cenzer, I., Metzger, L., & Williams, B. (2018). Older adults in jail: high rates and early onset of geriatric conditions. *Health Justice*, 6(3). doi:10.1186/s40352-018-0062-9.

Griffiths, A., Zmudzki, F., & Bates, S. (2017). *Evaluation of Extended Throughcare pilot program: Final report*. Social Policy Research Centre.

Johns, D. (2017). *Being and becoming an ex-prisoner*. Routledge.

Lahm, K. F. (2008). Inmate-on-inmate assault: A multilevel examination of prison violence. *Criminal Justice and Behavior*, 35(1), 120-137. doi:10.1177/0093854807308730.

Lobo, J., Chong, C. S., Barkworth, J., & Howard, M. (2022). *Five Minute Interventions (FMI): Long-term effects of training on custodial staff attitudes towards prisoners, motivation and ability to support rehabilitation, and job stress and satisfaction*. Corrective Services NSW.

Martin, C., Reeve, R., Baldry, E., Burton, P., White, R., & Thomas, S. (2021). *Exiting prison with complex support needs: The role of housing assistance*, Report No 361. Australian Housing and Urban Research Institute.

Maschi, T., Morgen, K., Westcott, K., Viola, D., & Koskinen, L. (2014). Aging, incarceration, and employment prospects: Recommendations for practice and policy reform. *Journal of Applied Rehabilitation Counseling*, 45(4), 44–55. doi:0.1891/0047-2220.45.4.44.

Maschi, T., Viola, D., Harrison, M., Harrison, W., Koskinen, L., & Bellusa, S. (2014). Bridging community and prison for older adults: Invoking human rights and elder and intergenerational family justice. *International Journal of Prisoner Health*, 10(1), 55-73. doi:10.1108/IJPH-04-2013-0017.

McNeill, F., & Maruna, S. (2007). Giving up and giving back: Desistance, generativity and social work with offenders. *Developments in Social Work with Offenders*, 48, 224-339.

McNeill, F., & Whyte, B. (2007). *Reducing reoffending: Social work and community justice in Scotland*. Willan.

Northern Territory Government (2023). *Leaving prison*. https://nt.gov.au/law/prisons/leaving-prison.

Onelink (2023). *Home.* https://www.onelink.org.au.

Pak, A., & Gannon, B. (2023). The effect of neighbourhood and spatial crime rates on mental wellbeing. *Empirical Economics*, 64(1), 99-134.

Queensland Corrective Services (2019, November 11). Housing access to help prisoners reintegrate into community. *Media release*. https://corrections.qld.gov.au/housing-access-to-help-prisoners-reintegrate-into-community/.

Roggenbuck, C. (2022). *Housing First: An evidence review of implementation, effectiveness and outcomes*. Australian Housing and Urban Research Institute Limited.

Ross, S., Diallo Roost, F., Azpitarte Raposeiras, F., & Hanley, N. (2013). *Evaluation of the Corrections Victoria Housing Program: Final report.* University of Melbourne.

Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2021, October 19). Responses to people with disability in the justice system are often 'inadequate' and can significantly impact their rights to justice. *Media release*.

Schetzer, L., & Streetcare. (2013). *Beyond the prison gates the experiences of people recently released from prison into homelessness and housing crisis.* Public Interest Advocacy Centre Ltd.

Schneider, K., Richters, J., Butler, T., Yap, L., Richards, A., Grant, L., . . . Donovan, B. (2011). Psychological distress and experience of sexual and physical assault among Australian prisoners. *Criminal Behaviour and Mental Health*, 21, 333-349. doi:10.1002/cbm.816.

Schwartz, M., Russell, S., Baldry, E., Brown, D., Cunneen, C., & Stubbs, J. (2020). *Obstacles to effective support of people released from prison: Wisdom from the field. Rethinking Community Sanctions Project*. University of New South Wales.

SMART Recovery (2023). *SMART Recovery online community*. https://www.smartrecovery.org/smart-recovery-toolbox-dev/smart-recovery-online-community/.

Smith, G. (2014). *Older committal typology: A socio-demographic and criminological profile of people sent to prison aged over 50 in Ireland. (Master Thesis*). Trinity College Dublin, https://www.tcd.ie/swsp/assets/pdf/M.Sc.%20in%20Applied%20Social%20Research%20Dissertations/Smith,%20Gillian.pdf.

Sotiri, M. (2016). *An exploration of best practice in community-based reintegration programs for people leaving custody in the US and the UK.* The Winston Churchill Memorial Trust of Australia.

Sotiri, M., McCausland, R., Reeve, R., Phelan, L., & Byrnes, T. (2021). *"They're there to Support you and help you, they're not there to judge you" – Breaking the cycle of incarceration, drug use and release: Evaluation of the Community Restorative Centre's AOD and reintegration programs*. NSW Health. https://www.crcnsw.org.au/wp-content/uploads/2021/11/CRC-AOD-Evaluation-final-report-1Dec21.pdf.

Tate, H., Blagden, N., & Mann, R. (2017). *Prisoners' perceptions of care and rehabilitation from prison officers trained as Five Minute Interventionists*. Analytical Summary 2017. HM Prison and Probation Service.

The Salvation Army. (2023). *Inquiry into Tasmanian adult imprisonment and youth detention matters*, *Submission to Parliament.*

Thomas, E., Spittal, M., Taxman, F., & Kinner, S. (2015). Health-related factors predict return to custody in a large cohort of ex-prisoners: new approaches to predicting re-incarceration. *Health and Justice*, 3(10), 1-13.

Tingle, L. (2023, August 12). National Cabinet is turning its attention to Australia's housing crisis — and an important shift could be coming. *ABC News*. https://www.abc.net.au/news/2023-08-12/national-cabinet-housing-crisis/102720530.

Trotter, C. (2009). Pro-social modelling. *European Journal of Probation*, 2: 142-152.

Tyler, T. (1990). *Why people obey the law*. Yale University Press.

Vickers-Pinchbeck, C. (2019). Prison officers' perspectives on Five Minute Interventions and rehabilitative culture in a local prison. *Prison Service Journal*, 244, 44-51. https://www.crimeandjustice.org.uk/publications/psj/prison-service-journal-244.

Vinoski Thomas, E., & Vercruysse, C. (2019). *Homelessness among individuals with disabilities: Influential factor*, National Aboriginal Community Controlled Health Organisation. https://www.naccho.org/blog/articles/homelessness-among-individuals-with-disabilities-influential-factors-and-scalable-solutions.

Waymouth, L. (2023, April 29). Canberra's housing crisis is 'relentless', new report finds. *RiotAct.* https://the-riotact.com/canberras-housing-crisis-is-relentless-new-report-finds/656307.

Williams, K., Poyser, J., & Hopkins, K. (2012). *Accommodation, homelessness and reoffending of prisoners: Results from the Surveying Prisoner Crime Reduction (SPCR) survey*. United Kingdom Ministry of Justice.

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

de Winter, C. (2013). *Accommodation options for released prisoners with complex needs. (Masters Thesis)*. University of Tasmania. https://eprints.utas.edu.au/19920/1/whole_DeWinterCelia2013_thesis.pdf.

Appendix A: JHP Factsheet and Consent Form

ACT Government
Justice and Community Safety

JUSTICE HOUSING PROGRAM ACCOMMODATION FACTSHEET

chc Homes for the community
Vinnies

JUSTICE HOUSING PROGRAM

As part of the *'Building Communities Not Prisons'* initiative, the Justice Housing Program (JHP) has been funded by the ACT Government to support efforts to reduce reoffending and overcrowding at the Alexander Maconochie Centre (AMC). The JHP provides an accommodation option for those who otherwise would remain in the AMC due to a lack of suitable community-based accommodation.

Housing ACT has provided houses to the JHP, ensuring public housing availability is not affected. The JHP is not a public housing program, it does not progress a client's public housing application or priority status, nor it is a long-term accommodation option. The first two JHP houses became operational in May 2020 for male clients subject to bail; currently there are 10 houses (2 for women and 8 for men). JHP welcomes applications form Aboriginal and Torres Strait Islander men and women.

JUSTICE HOUSING PROGRAM ACCOMMODATION

JHP accommodation and client support is managed by outsourced community organizations, with the aim to identify permanent and stable accommodation for clients. Suitable residents must be able to live independently, and each resident receives a number of hours of support during business hours throughout the week.

JHP accommodation is temporary. Occupancy agreements are signed 3 monthly, are assessed at the end of every three months, although may be extended as required. If a person is assessed for community-based sentence while residing in JHP accommodation and has no alternative ACTCS approved address, their JHP occupancy will continue. The JHP is not considered a suitable long-term address for Intensive Corrections Orders (ICOs) and Drug and Alcohol Treatment Orders (DATOs).

Rent is 100% of the client's Commonwealth Rent Assistance plus 25% of their income; clients also contribute to house utility weekly cost. Accommodation is provided in 3-bedroom furnished houses with shared bathroom / kitchen / laundry and living spaces. Each client has their own secure bedroom, and will receive a new bed mattress, sheets, and towels.

Clients do not get to choose where they live, or who they live with. If they are accepted, the following factors are considered when allocating them to an appropriate accommodation area:

- Where their supports are located,
- Who else is accommodated in each property,

- Any court orders in place, such as DVOs and AVOs.

JUSTICE HOUSING PROGRAM ELIGIBILITY

Clients must be over the age of 18, and

- *An Australian Citizen or Permanent Resident,*
- *Have no suitable community-based accommodation* ***or*** *have exhausted other accommodation options for post-release,*
- *Able to live independently with limited support,*
- *Willing to share the house + consent to sharing information with property manager & support provider*
- *Willing to engage with St Vincent de Paul Society case management team, and*
- *Agree to abide by house rules and an occupancy agreement, including the expectation of paying rent.*

As part of the application assessment, a disciplinary behavior review within the last 3 months and a review of any arson within AMC will be carried out. Although disciplinary behavior will not make an applicant ineligible, it will be considered on a case-by-case basis and may impact on the outcome of an application for the JHP.

If the client meets the eligibility criteria and there are no significant disciplinary concerns, an assessment interview with ACTCS and St Vincent de Paul Society will be organized for the following suitability requirements:

- Understanding of what the Justice Housing Program is, what it can offer, and willingness to engage with service providers,
- Clear understanding of the Justice Housing Program House Rules,
- Ability to live in shared accommodation with other people who have committed a range of offences,
- Willingness to develop realistic goals to work towards while in the JHP, including goals that will support an exit from the JHP into alternative long-term accommodation,
- Identifying any cultural needs; and
- Confirmation that there are no other viable accommodation options for the applicant.

JUSTICE HOUSING PROGRAM HOUSE RULES

1. Occupants may not bring weapons, knives, and tools etc. into the house.
2. Occupants must use their beds overnight.
3. Occupants must agree to abide by occupational health & safety standards, including covid-19 instructions.
4. Occupants must agree to respect other occupant's privacy, confidentiality, beliefs, and space.
5. No racist or discriminating comments to staff, neighbors, or other occupants.
6. No violence, abusive language or disruptive behavior towards staff, other occupants, or neighbors.
7. No alcohol, non-prescribed drugs or drug paraphernalia are permitted in the room, or at the property.
8. No smoking within the room or property.
9. Strictly no visitors permitted, overnight or at any time except staff of services attending in their official capacity
10. Children are not permitted in or around the property.
11. Engage in case management and attend house meetings.
12. There is limited storage space, personal belongings should be kept to a minimum.

13. Personal belongings, including prescription medication, are the occupant's responsibility. The grantor takes no responsibility for loss, damage, theft.
14. Personal belongings left at the property will be stored for one week. After this time belongings will be disposed of. The grantor takes no responsibility for unclaimed items.
15. Pets are not permitted in or around the property.
16. Occupants must clean up after themselves throughout the day and night (e.g. beverages, food, dishes, clothes/shoes, reading material)
17. You must guard and protect the confidentiality of yourself, your information, and that of fellow occupants at all times - whether at the property or any other location.

Clients are required to sign an occupancy agreement, agreeing to comply with the House Rules. Community Housing Canberra (CHC) will manage the Occupancy Agreement.

The below table highlights roles and responsibilities:

Roles and Responsibilities	JACS	CHC	Vinnies
Referral & Monitoring of progress and engagement	✓		
Suitability Assessment	✓		
Occupancy Agreement		✓	
Collecting Rents, Property Management		✓	
House Rules, Entry/Exit Termination		✓	
Case Management and support			✓
Transport to appointments, programs etc.			✓
Assist in finding permanent accommodation			✓

APPLICATIONS AND REFERRALS

All *JHP Application Forms* are to be completed by the client, however, clients on remand may need endorsement by their Legal Representatives if required by the JHP team.

Sentence Management Officer / Cultural Engagement or Indigenous Liaison Officers / Community Operations staff may be requested to assist with the application process when required.

Applications are considered jointly by ACTCS JHP and St Vincent de Paul Society. An application or referral does not guarantee placement into the JHP accommodation; places are limited and allocated based on release dates.

The timeframe to process an application can take up to 3 weeks, or more if waiting for additional information.

Current Application / Referral Forms for the Justice Housing Program:

JHP Application Form - v.3 16.12.2022

No previous forms will be accepted.

WHAT HAPPENS NEXT?

Relevant ACTCS staff and Legal representatives will be notified of the JHP application outcomes for their clients.

An outcome letter will be provided to the applicant, relevant ACTCS staff and legal representative if applicable.

If there are no places available, applicants will be notified that they have been found suitable for the program, and currently placed on the waiting list until a place becomes available. When a place does become available, another notification and a timeframe will be provided.

The JHP is not responsible for the legal processes or timeframes.

FURTHER INFORMATION

Justice Housing Program

JHP@act.gov.au or call 02 6207 6555

ACT Government
Justice and Community Safety

JUSTICE HOUSING ACCOMMODATION APPLICATION & CONSENT FORM

chc Homes for the community Vinnies

Date: Click or tap here to enter text.

Client Information			
Name	Click or tap here to enter text.	**PID**	Click or tap here to enter text.
D.O.B	Click or tap here to enter text.	**Gender**	☐Man ☐Non-Binary ☐Woman ☐Other
Phone	Click or tap here to enter text.	**Email**	Click or tap here to enter text.
Current Address	Click or tap here to enter text.		
Do you/client identify as Aboriginal or Torres Strait Islander	☐Yes ☐No ☐Unknown ***Details***: Click or tap here to enter text.	**Do you/client identify as Cultural & Linguistic Diversity / English Second Language**	☐Yes ☐No ☐Unknown ***Details***: Click or tap here to enter text.
Do you/client have an acute or enduring health condition or have accessibility needs?	☐Yes ☐No ☐Unknown ***Details***: Click or tap here to enter text.	**Intended status if accepted into JHP**	☐Bail ☐Community Sentence ☐Parole ☐Head Sentence

Do you/client have any mental health or alcohol & drug issues?	☐Yes ☐No ☐Unknown ***Details***: Click or tap here to enter text.	**Do you/client have any issues with anger or violence?**	☐Yes ☐No ☐Unknown ***Details***: Click or tap here to enter text.

Accommodation options explored: where referred to & if accepted/not accepted/waiting list/application in progress.	1. Where referred to: Click or tap here to enter text. ☐Accepted ☐Not Accepted ☐Waiting List ☐Application in Progress	2. Where referred to: Click or tap here to enter text. ☐Accepted ☐Not Accepted ☐Waiting List ☐Application in Progress	3. Where referred to: Click or tap here to enter text. ☐Accepted ☐Not Accepted ☐Waiting List ☐Application in Progress

Extenuating circumstances e.g. lack of support network, not an ACT resident, no funds to support self, complex needs.	Click or tap here to enter text.
Overview of offending history	Click or tap here to enter text.
Do offences (previous or current) include:	☐Sexual Offences ☐Arson Offences ☐OMCG involvement ***Details***: Click or tap here to enter text.
Current matter before the court	Click or tap here to enter text.
Further Court Dates (if known)	Click or tap here to enter text.

Income Status	
Paid Employment (details)	Click or tap here to enter text.
Centrelink (details)	Click or tap here to enter text.
Centrelink Reference Number (CRN) if known	Click or tap here to enter text.

Any other information relevant to the application for accommodation i.e. to best of knowledge, I am / the client is able to function independently and respectfully in a shared living environment with minimal support.
Click or tap here to enter text.

Legal Representative			
Name	Click or tap here to enter text.	**Organisation**	Click or tap here to enter text.
Email	Click or tap here to enter text.	**Phone**	Click or tap here to enter text.

Consent			
Are you/Is your client able to live independently with minimal support?	☐Yes ☐No	**Do you/Does your client agree to abide by the house rules, occupancy agreement and pay rent?**	☐Yes ☐No
Do you/Does your client consent to share information with Community Housing Canberra and Vinnies and proceed with a referral?	☐Yes ☐No	**Are you/Is your client willing to share accommodation?**	☐Yes ☐No
Have you/Has your client read the JHP fact sheet?	☐Yes ☐No	**Date consent was agreed to:** Click or tap here to enter text.	

THANK YOU FOR YOUR REFERRAL.

Please forward the completed form to JHP@act.gov.au

JHP Office Use Only		
Date Referral Received	Click or tap here to enter text.	
Client has confirmed willingness to abide by house rules/ occupancy agreement and consent to share information?	☐Yes ☐No	**Date:** Click or tap here to enter text.
Detail if known regarding risk factors	☐Violence - Perpetrator ☐Violence - Victim ☐AVO / DVO ☐ Current or recent AOD issues or diagnosis ☐Current or recent mental health issues or diagnosis ☐ Self-harm/suicidal ideation and/or previous attempts ☐ Discipline issues in AMC in last 3 months	***Details***: Click or tap here to enter text.
Is this referral supported by JHP?	☐Yes ☐No	
Further information	Click or tap here to enter text.	

Office Use Only		
Date Referral Received	Click or tap here to enter text.	
Referrer Contacted	☐Yes ☐No	**Date:** Click or tap here to enter text.
Referral Accepted by Program	☐Yes ☐No	**Date:** Click or tap here to enter text.

Reason for non-acceptance	Click or tap here to enter text.

Appendix B: Photographs of JHP properties

Image 1: Loungeroom in vacant JHP property



Image 2: Bedroom in vacant JHP property



Image 3. Dining area in vacant JHP property



Image 4: Kitchen in vacant JHP property



Image 5: Bathroom in vacant JHP property



Image 6: Front-door keylock at vacant JHP property



Image 7: Laundry at vacant JHP property



Appendix C: Examples of other housing programs

*This list was provided to the evaluation team after the submission of the draft report.

Jurisdiction	Initiative	Description
NZ	Housing and support services Community Residential Transition Houses	https://kaingaora.govt.nz/working-with-us/supported-housing/ Community Residential Transition Houses (CRTHs) will provide temporary, safe accommodation in the community for up to 12 months for people leaving prison, or sentenced to home detention
TAS	Beyond the Wire	https://www.salvationarmy.org.au/locations/tasmania/social-support-services/housing-and-homeless-services/
VIC	Maribyrnong Community Residential Facility	https://www.corrections.vic.gov.au/release/maribyrnong-community-residential-facility
UK	Probation Service Approved Premises (APs)	https://prisonreformtrust.org.uk/adviceguide/approved-premises-ap/#:~:text=release%20from%20prison.-,What%20are%20Approved%20Premises%3F,high%20risk%20of%20serious%20harm.
SA	Lemongrass Place	The Kokatha Aboriginal Corporation has been contracted by the Department for Correctional Services (DCS) to deliver a Community Transition and Learning Centre (CTLC) in Port Augusta Prison, allowing Aboriginal male offenders from regional and remote areas to: • address the reasons for their offending behaviour while building the skills and experience

		to transition successfully back to community • desist from crime • live productive lives. The centre, officially renamed Lemongrass Place, commenced operations in January 2022 and will run as a pilot for 18 months while an ongoing evaluation is undertaken by Ninti One Limited (an Aboriginal professional services organisation). The pilot is delivered in partnership with the National Indigenous Australian Agency. Up to 120 participants will reside in Lemongrass Place throughout the 18-month pilot with up to 20 participants at any given time. Participants will stay for approximately 3 months. The primary objective of Lemongrass Place is to enhance rehabilitation in the community by providing a residential capacity building cultural and learning experience tailored to the specific needs of suitable Aboriginal offenders from regional and remote SA communities. https://www.agd.sa.gov.au/aboriginal-affairs-and-reconciliation/closing-the-gap/annual-report/South-Australias-Annual-Report-2021-22-National-Agreement-on-Closing-the-Gap.pdf
ACT	Men's Accommodation and Support Service (MASS)	This program works with men at risk of homelessness, including men leaving custody or otherwise involved in the criminal justice system. Men are accepted into the program on agreement to participate in EveryMan's case management and support program, and allocated an EveryMan property for the duration of their involvement - generally around 12 months. After the client successfully completes the program, management of the house may be returned to Housing ACT. or the client may be assisted with transitioning to other accommodation. https://www.everyman.org.au/services/?id=supported-accommodation-and-outreach
ACT	Coming Home Program	https://www.toora.org.au/our-services/homeless-services/coming-home-program/