



# Research Publication

Evaluation of High Intensity  
Programs Units (HIPUs):  
Implementation of an innovative  
intervention model for offenders  
with short custodial sentences

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# 1 Executive Summary

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## 1.1 Background and methods

The High Intensity Program Units (HIPUs) represent an innovation in correctional practice by delivering intensive rehabilitation programs and reintegration planning to offenders serving shorter custodial sentences. This cohort of offenders often has high intervention needs although limited opportunities to engage in programs and services while in custody.

Since December 2017, 10 HIPUs (seven for men and three for women) have been established as purpose-built structures in correctional centres across New South Wales (NSW) and have achieved full operational capacity.

Given the particular target cohort, intervention aims, and operational interdependencies of the HIPUs, there are a number of challenges to successful implementation of the model. These include efficient processes for identifying and relocating eligible offenders; assessing and intervening short-sentenced offenders during their brief window of opportunity in custody; coordination and communication between multiple stakeholders to ensure timely transportation, accommodation, and delivery of interventions; and maintaining routine HIPU operations in the context of host correctional centres.

This study aimed to evaluate implementation of the HIPUs by gathering the insights and experiences of groups of staff who have key roles in HIPU operations. Thirty-three HIPU Service and Program Officers (SAPOs) completed an online survey, and all HIPU Senior Service and Program Officers (SSAPOs; n = 8) as well as a representative Classification and Placement Officer (CPO) attended interviews. A mixed methods approach was used to identify narrative themes relating to critical facilitators and barriers to implementation of the HIPUs, as well as perceived benefits of the model and areas for improvement.

## 1.2 Key findings

### 1.2.1 Training and continuous development

SAPOs' responses indicated that introductory HIPU training prepared them adequately for their roles. They gave positive feedback about the quality of training and reported receiving adequate ongoing support for their roles. Oversight by SSAPOs was identified as a primary means of continuous support and skills development for SAPOs, commonly involving areas such as engaging participants, structuring rolling groups, and increasing knowledge about the theoretical underpinnings of interventions.

Conversely, SSAPOs and the representative from the Classification and Placement team reported receiving minimal specialised training for their roles, other than an introductory information session.

SAPOs identified several avenues of continuing professional development that would help to support their roles in the HIPUs. These often centred on more clinically-oriented skills for delivery of therapeutic interventions as well as reintegration resource training. Interviewees highlighted the need for structured HIPU-specific training to support their roles.

### 1.2.2 Offender identification and placement

Interviews identified a number of key challenges associated with initial processes of identifying offenders for, and placing offenders in, HIPUs. These included:

- Availability of relevant information to support identification decisions, particularly from external agencies such as Justice Health.
- Competition for eligible participants (women in particular) with other programs and agencies.

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- Changes to offenders' eligibility and availability associated with sentencing factors such as release from custody or imposition of alternative sanctions.
  - Effects of bed shortages at host correctional centres on timely transport of identified participants.

These challenges were reported to have adverse impacts on overall HIPU throughput as well as the likelihood of eligible offenders participating in and completing interventions. Respondents described addressing some of these issues by building strong working alliances and active negotiation with other stakeholders. The Classification and Placement team has also commenced priority transport runs for identified offenders and to relocate participants who have already completed the HIPUs at the host correctional centre.

### **1.2.3 The HIPU intervention model**

#### **Assessment**

SAPOs highlighted the importance of face-to-face interviews between staff and new HIPU entrants in the initial assessment phase. Frequent interviews not only assisted SAPOs in identifying offenders' needs and developing appropriate treatment and reintegration plans, but also enabled them to build rapport and motivation to engage in interventions.

Responses almost universally indicated that the mandatory battery of self-report psychometric assessments is not useful in the formulation of treatment and reintegration plans. This assessment battery was perceived as onerous for many participants and could reduce their motivation for treatment.

#### **Programs and services**

Patterns of responses about HIPU intervention content indicated that while the model is believed to be well suited to address offenders' criminogenic needs, there is less confidence that the model meets offenders' reintegration needs.

Frequently raised perceptions about the HIPU intervention model included:

- The intensity of the HIPUs and specific criminogenic programs available are well aligned with the risk and needs profile of target short-sentenced offenders.
- Non-criminogenic needs associated with offender wellbeing were also seen as being adequately addressed in the HIPUs.
- Availability of the Real Understanding of Self-Help (RUSH) program and sequencing before EQUIPS was often viewed as beneficial in preparing participants for criminogenic interventions.
- Reintegration services delivered by external service providers had a narrow focus relative to participants' needs, and concerns were raised about the extent to which HIPUs address key reintegration needs like accommodation and employment.
- The viability of reintegration services may be further reduced by limited access to community-based resources for pre-release planning or activity.

Respondents often emphasised the importance of intersections between intervention content and participants' engagement and motivation for change to the success of the HIPU model. They considered development of individually tailored intervention plans, access to diverse wellbeing programs and high-intensity delivery of programs and services as key advantages of the HIPU model in this regard.

Of the services and programs that are currently not available in the HIPUs, respondents identified reintegration services focusing on employment, housing, and a steady transition in the community as priorities. Respondents also suggested increasing the current content of the RUSH program for male participants.

### 1.2.4 Operational interdependencies in the HIPUs

Respondents acknowledged the importance of collaboration with both internal and external stakeholders to ensure effective implementation of the HIPUs. They related regular communication and coordination with multiple stakeholders to ensuring participants' routine participation in the HIPUs; addressing participants' case management needs; day-to-day running of HIPU operations and timely transport and placement of identified offenders.

Respondents generally felt supported by non-HIPU custodial staff at host correctional centres in conducting their roles. However, some implementation challenges were associated with communication and coordination difficulties. One example of this was coordinated transfer of case management for offenders who had time remaining in custody after the HIPUs to case management officers (CMOs).

Respondents related coordination difficulties with stakeholders to uncertainty about chains of accountability in the HIPU operational model. Some respondents also related these difficulties with differing perspectives on rehabilitation across CSNSW staff groups. A number of respondents described making efforts to build positive working relationships and promoting the value of the HIPUs to other staff groups as means of improving communication and coordination between stakeholders.

### 1.2.5 Advantages and disadvantages of the HIPUs

During the interviews and surveys, respondents were invited to reflect on the advantages and disadvantages of the HIPU intervention model and how it has been implemented. They commonly identified delivery of intensive and high-quality correctional programs and services to short-sentenced offenders to be the central benefit of the HIPUs. Many also associated the HIPUs with marked improvements in offenders' attitudes towards programs, willingness to engage in interventions, and ultimately readiness for change. The tailored HIPU model for female participants was also seen as a valuable addition to intervention options for, and well suited to, this cohort of offenders.

Negative feedback about the HIPU intervention model often related to current reintegration services and their ability to address key needs such as housing and employment. The high-intensity intervention modality was also seen by some to equate to fast-paced and inflexible schedules of delivery, potentially impacting participants' ability, and motivation to attend.

Feedback also highlighted past or current challenges with implementation, including changes to offender eligibility criteria; requirements for high participant throughput; alignment of HIPU policies and procedures with the specific operational context of the host correctional centre; and concerns about high workload and staff shortage issues.

### 1.2.6 Avenues for continuing best practice

Respondents identified the following opportunities that could contribute to continuing best practice in the HIPU intervention model and implementation of that model in the future.

- An increase in reintegration services as well as more specialist services to address housing and employment needs.
- Increased variety in programs available in addition to core EQUIPS programs.
- Extensions to HIPU eligibility and applicability to other cohorts such as long-term inmates who are nearing release and all women in custody.
- Increased access to training, professional development courses, networking between HIPUs and opportunities for supervision and mentoring.
- Managing participant numbers and throughput in some HIPUs and related workload and staffing issues.

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- Operational changes such as reducing group sizes, allowing for increased flexibility in program participation, and limiting psychometric assessments.

### 1.3 Conclusions

The insights derived from staff in this study indicate that the HIPUs comprise a promising intervention model that has largely been well implemented. Particular advantages of the model include the intensive delivery of targeted interventions to short-sentenced offenders; inclusion of the distinct assessment phase; quality training for SAPOs; and ongoing support from central HIPU administrative staff as well as other operational stakeholders.

Responses from key staff also identified a number of avenues for continuous improvement of the HIPU model and its implementation. Central among these was revision of the reintegration services delivered and support provided. Other adaptations to current operations relating to offender eligibility, use of the RUSH program, compulsory assessments, and opportunities for staff to develop skills and manage workload were raised.

The HIPUs represent a novel and important direction in correctional rehabilitation practice, and our findings highlight that this is accompanied by a range of implementation complexities and challenges. Continuing development of best practice for the HIPU intervention model and implementation of that model has positive potential for aims to reduce reoffending among offenders serving short custodial sentences.

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## 2 Background

Strategies to reduce reoffending often involve intervening with offenders while they are in custody, to help prepare them for their release into the community. This can pose challenges because many offenders receive relatively short custodial sentences, and therefore have a limited window of opportunity for intervention. In the year 2017-2018, NSW criminal courts administered sentences of less than two years to 35% of offenders receiving custodial orders, and on average offenders spent seven months in custody (Corben & Tang, 2019; NSW Bureau of Crime Statistics and Research, 2019).

Offenders with sentences of less than 12 months have been found to reoffend at higher rates than those with longer sentences and are more likely to return to custody in the future (Holland, Pointon & Ross, 2007; Ministry of Justice UK, 2013; Wermink et al., 2010; Xie et al., 2018). While this suggests offenders with short sentences are a priority group for intervention, historically they have had limited options to engage in offence-focused interventions in custody. These offenders are also less likely to receive supervision in the community after release, further limiting their prospects of rehabilitation (Wang & Poynton, 2017). Thus, to achieve reductions in adult reoffending, there is an identified need to deliver rehabilitative programs and services to short-sentenced offenders.

To address this issue, Corrective Services NSW (CSNSW) has established 10 High Intensity Program Units (HIPUs) in seven correctional centres across NSW. The HIPUs provide an intensive schedule of rehabilitative programs and reintegration planning over a period of 16 weeks to offenders with shorter sentences<sup>1</sup>. In the HIPUs, short-sentenced offenders access high intensity behaviour change interventions that assist them to break the cycle of conviction-release-reoffending.

Models of intensive custody-based intervention for offenders with short sentences are not common across correctional jurisdictions, and there are only a handful of examples identified in the literature. One study by Bourgon and Armstrong (2005) reported on a high intensity treatment program delivered in the Rideau Correctional & Treatment Centre in Canada to offenders serving less than two years in custody. Male offenders participated in a 5-week, 10-week, or 15-week treatment program delivered over five days a week for 2-2.5 hours per day. Based on offenders' risk and needs, they either received 300 hours in 15 weeks, 200 hours in 10 weeks or 100 hours in 5 weeks. Results of the study indicated that treated offenders were 10% less likely to reoffend within 12 months compared to a sample of untreated inmates. Offenders who received the highest treatment dosage showed the greatest reductions in likelihood of reoffending (Bourgon & Armstrong, 2005).

More recently, Perkins (2019) examined a pilot program called the 'Short Violence Prevention Program' (SVPP) in New Zealand. In this program, 17 violent offenders with aggregate sentences of less than two years received 25 three-hour one-to-one Cognitive Behavioural Therapy (CBT) sessions over three days per week for 2.5 months. Significant reductions in offenders' criminal thinking, criminal attitudes, and beliefs about offending were reported, as well as marked decreases in violence-related incidents and other misconduct in custody over the six months after treatment, when compared to a six-month period before treatment.

### 2.1 The HIPU intervention model

HIPU participants are identified from 12 inmate reception centres across NSW and are transferred by the Classification and Placement team to the HIPUs. Once received at a HIPU site, offenders undergo a comprehensive assessment in the first two weeks that identifies the nature and severity of their dynamic risk

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<sup>1</sup> HIPU policy and procedure currently defines shorter sentenced inmates who are eligible for intervention as those with an aggregate custodial sentence of less than two years.

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factors and other needs. A treatment and reintegration plan (T&RP) is produced for each offender after the assessment phase. This plan informs delivery of interventions over the following 14 weeks of participation in the treatment phase. To accommodate the intensity of HIPU interventions within the constraints of offenders' short sentences, participants attend programs for 4 hours a day over 3-4 days per week on average.

Behaviour change interventions delivered in the HIPUs are centred upon the EQUIPS (Explore, Question, Understand, Investigate, Practice, Succeed) suite of programs. EQUIPS consists of four 20-session group programs that address risk factors associated with general offending (EQUIPS Foundation), intimate partner violence (EQUIPS Domestic Abuse) and other violent offending (EQUIPS Aggression), as well as criminogenic needs associated with alcohol and other drug use (EQUIPS Addiction: for further information about the EQUIPS programs see Zhang, Wei, Howard, & Galouzis, 2019).

Other interventions include the 'Real Understanding of Self-Help' (RUSH) program that addresses emotional adjustment and regulation; cultural strengthening programs; programs for participants with driving offences; tailored programs for female and Indigenous participants; and others. Given that many offenders in custody face multiple social support needs when released into the community, including those related to homelessness, unemployment, substance abuse, health issues, poor social and communication skills, and low levels of family support (Holzer, Raphael, & Stoll, 2004; Travis, 2005; Valera, Brotzman Wilson, & Reid, 2017; Visher & Travis, 2003), reintegration support services are also delivered as a key feature of the HIPU model.

The HIPU intervention model was developed to adhere to principles of the Risk Need Responsivity (RNR) model of correctional intervention (Andrews & Bonta, 2010). All offenders who enter HIPUs are required to be assessed as having elevated risk of reoffending<sup>2</sup>, and the intensity of intervention is further tailored to variation in the severity of risk across offenders. Incorporating an extended assessment phase into the HIPU model is also intended to allow for formulation of case plans. This is informed by each individual offender's criminogenic needs in addition to responsivity factors such as literacy and numeracy, general health, mental health, and cognitive functioning. More detailed information about the HIPU intervention pathway is given in Appendix A.

## 2.2 The current study

The HIPUs represent an innovation in correctional interventions, by addressing existing service delivery gaps and providing rehabilitative opportunities to offenders on shorter sentences. The intervention model is comparatively holistic and aims to address a range of criminogenic and non-criminogenic mechanisms of change across multiple programs and services. The units themselves are purpose-built, standalone structures to accommodate intensive delivery of interventions over several hours per day in the context of the correctional centre environment.

Given the ambitious scope and aims of the HIPUs, there are various challenges to successful implementation. These primarily relate to the target sample of shorter sentenced inmates, who have a brief window of opportunity for intervention relative to other offender groups. As a result, it is necessary to have efficient processes for identifying, locating, and intervening with offenders before their release into the community. HIPU operations are dependent on coordination and communication between multiple stakeholders to orchestrate transportation and housing of inmates in addition to delivery of interventions by internal and external facilitators.

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<sup>2</sup> Recidivism risk is assessed using the Custody Triage Risk Assessment Scale (Custody TRAS: Raudino, Corben, Galouzis, Mahajan, & Howard, 2019) and/or Level of Service Inventory – Revised (LSI-R: Andrews & Bonta, 1995)

The aim of the current study is to evaluate the implementation of the HIPU model by CSNSW. Understanding the degree to which a program is implemented as initially planned is crucial to establishing a link between program delivery and observed outcomes (Duerden & Witt, 2012; Durlak, 1998).

Implementation evaluations generally report on stakeholders' perceptions of the program as well as barriers and facilitators of program implementation (Rossi, Lipsey, & Freeman, 2004). This study explores staff perspectives about implementation of the HIPUs with a focus on three critical areas, including identification and placement of eligible participants; the intervention model itself; and the operational and administrative context. To achieve this, we conducted interviews and surveys with key staff who have a role in each of these critical areas of implementation.

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## 3 Methods

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### 3.1 Sample and research design

The current study adopted a mixed-method approach using semi-structured interviews and an online survey. This study used purposive sampling to recruit participants from multiple staff groups who are involved in critical areas of HIPU operations. For each staff group, questions and discussion points were tailored to their specific areas of responsibility.

All Services and Programs Officers (SAPOs) and Senior Services and Programs Officers (SSAPO) from each of the HIPUs were asked to participate in the study. In brief, SAPOs are responsible for most treatment delivery components of the HIPUs including assessment, developing case plans, delivering programs and services to HIPU participants, and preparing completion and discharge reports. SSAPOs are responsible for providing supervisory support and oversight to the activities of HIPU SAPOs, which can include direct facilitation of assessment and programs delivery in some circumstances, as well as liaising with external service providers and other stakeholders.

A representative staff member from the Classification and Placement team, which is responsible for the identification and transportation of eligible offenders to the HIPUs, was also recruited as a key informant for the purposes of this study. We interviewed a single Classification and Placement Officer (CPO) since other members of the team were not directly involved in routine HIPU operations.

We conducted semi-structured interviews with SSAPOs and the CPO. SAPOs across HIPUs in NSW were invited to participate in an online survey. In the current study, eight SSAPOs and 52 SAPOs from the following HIPU sites were identified for participation:

- Bathurst Correctional Centre
- Cooma Correctional Centre
- Dillwynia Correctional Centre
- Mid North Coast Correctional Centre
- Shortland Correctional Centre (General HIPU)<sup>3</sup>
- South Coast Correctional Centre
- Wellington Correctional Centre

Of the invited 52 SAPOs for the online survey, 58% (n = 30) completed the whole survey, and 5% (n = 3) partially completed the survey. All eight SSAPOs and the CPO participated in the interview. At the time of the survey, approximately 70% (n = 21) of SAPOs had worked in the HIPUs for more than 18 months. All but two interviewees (n = 7) had worked for more than two years in roles associated with implementation of the HIPUs.

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<sup>3</sup> The HIPU at Shortland Correctional Centre currently runs two parallel programs. One adheres to the standard HIPU intervention model whereas the other is a modified version of the Violent Offenders Therapeutic Program (VOTP) for offenders with high violence-related needs and shorter sentences. Given these operational differences, implementation of the modified VOTP was considered out of scope for this study and staff from this specific program were excluded.

## 3.2 Data Collection

Semi-structured interviews and surveys were designed to explore staff perspectives on HIPU implementation and operations, their roles in treatment delivery, the perceived benefits derived from the HIPUs, as well as any barriers and opportunities for improvement to program implementation.

### 3.2.1 Interviews

The interviews consisted of a series of open-ended questions in addition to a small number of closed-ended questions. All interviews were conducted over the phone and responses were audio-recorded and subsequently transcribed verbatim for analysis.

### 3.2.2 Survey

The survey consisted of both closed-ended rating questions and open-ended questions. All HIPU SAPOs were invited to complete the survey by email, using the SurveyMonkey platform. Prospective participants were given six weeks to complete the survey online.

## 3.3 Data processing and analysis

Qualitative data from the interviews and survey were analysed using QSR Nvivo 12. Once imported, the data were reviewed to identify emerging themes and content. A coding framework was developed, and the data were then divided into 'codes' or categories based on evaluation objectives and themes. Simple descriptive statistics were used to analyse responses to the closed-ended questions in the survey.

Although there were 33 respondents to the survey, not every respondent attempted all open-ended questions, and there were differences in the denominators used in some of the frequency and percentage calculations. The number of respondents varied from  $n = 15-27$  for open-ended questions and  $n = 30-33$  for closed-ended survey questions.

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## 4 Training and continuous development

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The HIPU operational model requires SAPOs to have capabilities in a range of therapeutic as well as administrative activities. They are required to complete several training blocks before and after commencing their employment in the HIPUs, including facilitating EQUIPS modules, reintegration planning, report writing and cultural awareness training. Formal training requirements for SSAPOs and the Classification and Placement team are less well established; however, their roles require advanced skills and knowledge about the HIPU treatment concept and their operations within the correctional centre system.

### 4.1 Introductory training

SAPOs were positive about the quality of training they received, and the extent to which they felt prepared for their role in the HIPUs. More than half reported that their training had almost or completely prepared them for their role in the HIPUs (Figure 1). Most rated the quality of ongoing training and associated support they received for their role in the HIPUs as either good or very good (Figure 2).

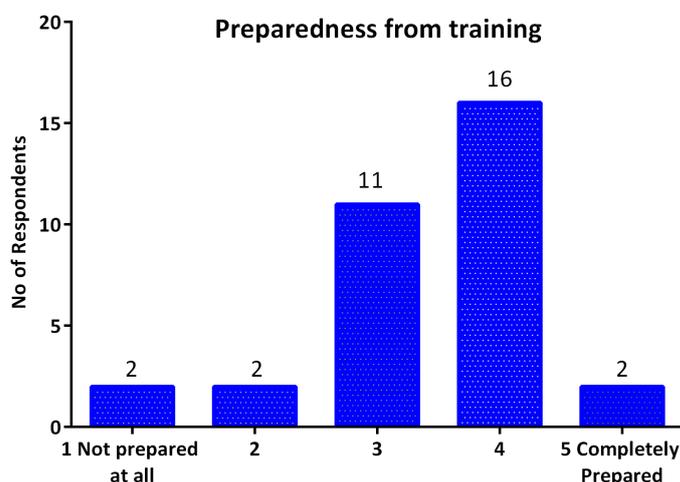


Figure 1. SAPOs' ratings of how training prepared them for their role in the HIPUs (n = 33).

SSAPOs gave more mixed feedback about the introductory training they received. Respondents indicated that apart from a single information session at the conception of the HIPUs, they did not receive any formal HIPU-specific training. The information session included an introduction to the HIPU treatment concept and the importance of high intensity, short duration CBT-based treatment. Some SSAPOs felt that the initial information session somewhat inadequately prepared them for their HIPU roles.

The CPO reported that the Classification and Placement team had not received any specialised training to introduce them to processes associated with identifying and placing offenders in the HIPUs. The CPO noted that in the absence of formal training about their role in HIPU operations, the team typically sought advice or any associated training on a case-by-case basis.



Figure 2. SAPOs' ratings of the quality of ongoing training and support received (n = 32).

## 4.2 Facilitators of skills development

During the surveys and interviews, respondents discussed avenues by which staff receive ongoing skills development support to facilitate their roles in the HIPUs.

SSAPOs described their supervisory role as a primary means for SAPOs to clarify operational matters and develop therapeutic skills on an ongoing basis. They identified a number of issues that SAPOs most commonly seek advice and support for. These often include methods for engaging participants in group sessions, and related factors such as how to alleviate participants' boredom in sessions and increase attendance:

*"Yeah, that'll be stuff around what to do with an inmate that's maybe not as engaged or is maybe not attending all the sessions, so what we'll do with him. So, then I might get involved and speak with that inmate as well."- SSAPO8*

SSAPOs also reported that some SAPOs seek clarification about the theoretical and practical underpinnings of programs and services delivered in the HIPUs. For example, a new SAPO who lacks training might ask about psychological principles underlying the treatment, and how treatment principles are associated with the criminogenic needs of a participant.

Some SAPOs look for help structuring their rolling groups on how to make a new participant feel part of the existing group and seek advice on facilitating the content of the program accordingly. Many SSAPOs also assist SAPOs in recordkeeping, such as assessment and treatment completion reports.

To support SAPOs in their roles and to provide help for the issues raised by SAPOs, many SSAPOs reported that they hold regular peer group meetings and feedback sessions, either weekly or monthly in the HIPUs. They also facilitate therapy groups to provide SAPOs with an opportunity to observe practice of skills such as motivational interactions. They provide critical feedback about SAPOs' interview and assessment sessions and hold team building and one-day workshops.

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Respondents also noted that SAPOs have the opportunity to attend training in program facilitation and other areas of professional development through the Brush Farm Academy. Some SSAPOs reported that as part of their supervisory role, they encourage SAPOs to participate in these professional development workshops to attain as much accreditation as possible.

While SSAPOs discussed a number of avenues by which SAPOs receive ongoing skills development, they noted that there were no HIPU-specific or refresher training programs available to them specifically.

### 4.3 Avenues for continuing skills development

SAPOs identified a number of additional avenues for ongoing professional development that would help to support their roles in the HIPUs. A majority identified additional formal training in HIPU programs and services, including EQUIPS delivery and reintegration resource training.

Some SAPOs reported they would benefit from regular clinical supervision from a qualified therapist to support their delivery of the RUSH program. They emphasised its importance for their and participants' mental wellbeing, as RUSH involves participants revisiting their offences and can trigger strong emotional responses. Some respondents indicated that current supervisory support for delivering RUSH was lower than expected.

*“We run the RUSH program at HIPU and were supposed to receive clinical supervision from a qualified therapist once every quarter. This has not happened till date, and it has a tremendous impact on the mental wellbeing of the SAPOs working at HIPU” – SAPO5*

Some SAPOs also identified the need for professionalism training in the HIPUs.

*“I also personally think that training delivered in professionalism within the workplace would start people off on the right foot when they commence in the role.” – SAPO3*

Almost all SSAPOs emphasised the value of supervision and mentoring training, people management skills and HIPU-specific operational and administrative skills training for their roles. They also felt that newly appointed SSAPOs should be transitioned into the HIPU role with the support of HIPU-specific training modules. This was qualified by feedback from some SSAPOs indicating that lack of information about available training and a high volume of administrative duties in the HIPUs can prevent them from undertaking general SSAPO training opportunities at present.

The CPO also suggested the introduction of HIPU-specific standard training modules for the Classification and Placement team to support their roles.

## 5 Offender identification and placement

The Classification and Placement team utilise weekly HIPU candidate lists produced by CRES to determine eligible offenders. An eligible offender is placed in a HIPU based on vacancy, Indigenous status, criminogenic needs, location of family, security risks, and other considerations. CPOs liaise with transport and HIPU staff to ensure timely arrival of offenders to the host correctional centre. On average, the classification process identifies around five offenders per day. The following section identifies some of the critical tasks and challenges associated with implementation of HIPU identification, placement and participation processes as described by the CPO and SSAPOs during interviews.

### 5.1 Information gathering

The CPO highlighted the importance of gathering information from multiple sources to assist in determining an offender's eligibility for HIPUs. In particular, the CPO noted that information from Justice Health is important, since significant pre-existing medical or mental health issues may lead to premature exit from the HIPU during assessment and treatment phases. The importance of adequate health-related information during identification and placement was reiterated by SSAPOs and SAPOs. They stated that health-related responsiveness factors such as cognitive deficits and mental health can be a determining factor in successful progression through the HIPU treatment pathway. Respondents indicated that the availability and extent of relevant information from agencies outside of CSNSW, and Justice Health in particular, was often inadequate.

### 5.2 Competing placements

The CPO and SSAPOs reported that the HIPUs regularly encounter competition for prospective participants from other rehabilitation programs such as the Intensive Drug and Alcohol Treatment Program (IDAPT), as well as agencies like Corrective Services Industries (CSI) and Corrections Education. Some interviewees noted participants often preferred employment over the HIPUs in pursuit of better wages.

*"Financial implications; CSI often pay higher for certain roles than we can offer, and if there is no financial support from family, inmates tend to opt for CSI." – SAPO5*

To address competition for participants with other agencies in custody, interviewees considered a strong working relationship with staff from CSI, Corrections Education, and local custodial staff pivotal. They reported that HIPU staff had built a strong working alliance with these agencies to facilitate placement negotiations and promote the priority status of the HIPUs. In this regard, SSAPOs also described holding regular meetings with other stakeholders to promote the HIPUs. They expressed beliefs that as a result, local custodial staff appear to be increasingly encouraging current and potential participants to engage in the HIPUs.

*"I think just having that good relationship with industries helps because we're just in competition really, because they need workers but I need obviously inmates for this too, and we're taking from the same pool of inmates. So, having that relationship with them is really important." – SSAPO4*

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The CPO also noted that other programs often recruit eligible offenders, adversely impacting HIPU throughput numbers and exerting pressure on the Classification and Placement team to keep occupancy high in the HIPUs. Competition is particularly high for female offenders, impacting enrolment numbers in female HIPUs specifically.

Some interviewees also pointed out that they lose several participants when participants sign up to Special Management Area Placement (SMAP)<sup>4</sup> after being identified for or commencing HIPUs, typically in response to safety concerns in the general population.

### 5.3 Sentencing factors

Interviewees reported that changes in offenders' sentence, and associated factors such as release from custody, were a common challenge to implementation of the HIPUs. They associated this with participant attrition at all stages of the HIPU pathway, including initial identification and placement. They reported that court hearings, early release from custody, and the imposition of alternative sanctions such as intensive correction orders (ICOs) after identification and during the placement process impacted decision making at these stages and the likelihood that eligible offenders would progress to participation.

### 5.4 Transportation

The CPO identified lack of available beds as a common logistical challenge for the transportation of identified participants to the HIPUs. Unavailability of beds at a host correctional centre results in extended waiting periods for identified HIPU participants. Such delays have flow on effects by further reducing the window of opportunity for an offender to attend HIPUs prior to their release, and can necessitate revision of identification decisions so that a previously eligible offender becomes ineligible due to insufficient time.

Interviewees noted that once a participant completes the HIPU program, his or her change of placement and availability of a bed in a new correctional centre is contingent on having suitable inmate transport. If there is no transport option available from a HIPU, staff cannot allocate a bed to a new participant, resulting in delays in transitioning the HIPU position from a participant who has completed to a new entrant.

To address this situation, the CPO reported that the Classification and Placement team has commenced priority transport runs and are also moving non-participating inmates to other centres, thus increasing availability in the host centres. To transport eligible participants within an appropriate timeframe, the CPO also seeks advance information about participants who are close to completing HIPU interventions from HIPU staff.

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<sup>4</sup> SMAP denotes special placement areas for offenders who are not housed with the general population, such as offenders on protection. This necessarily impacts program participation because SMAP and general population offenders cannot attend the same program at any given location.

## 6 The HIPU intervention model: Assessment

After participants arrive at and are oriented to the HIPU location, they initially complete an assessment phase over approximately 2 weeks. In this phase, HIPU participants undergo a comprehensive assessment, including a Pre-Program Suitability Interview (PPSI) for EQUIPS programs and a battery of psychometric tests that assess dynamic risk factors such as antisocial attitudes, criminal associates, substance dependence, and impulsiveness in addition to readiness for treatment. These tests are intended to identify treatment targets as well as to support research and evaluation (see Mahajan, Lobo, and Howard, 2020).

SAPOs may administer the LSI-R to participants who do not already have a valid risk assessment, and SSAPOs approve the newly administered or validate the existing one. SAPOs also refer participants for additional assessment of responsivity factors, including general health and mental health assessments, psychological and cognitive functioning assessments, and education core skills assessment.

The assessment phase results in a comprehensive T&RP for each participant that informs which interventions will be delivered during their time in the HIPU. More broadly, the assessment phase also presents an opportunity to determine whether the participant is suitable to progress to the treatment phase or ultimately should be exited from the HIPU.

The following section outlines respondents' perspectives on the HIPU assessment phase. Discussions and survey responses identified a number of facilitators and barriers to the assessment phase and its utility within the context of the HIPU model.

### 6.1 Assessment and planning as a motivational process

Many SSAPOs considered face-to-face interviews between facilitators and participants a critical feature of the HIPU assessment phase. These interviews not only assist in developing the T&RP, but also enable SAPOs to promote programs and services in their HIPUs to prospective participants, increase their motivation to engage in the HIPUs, and encourage behavioural change.

*"I think the most important factor is how well the facilitators engage the participants and make them feel like they belong. All the information about HIPU is important, but it matters more that you start to make a connection." –SSAPO2*

Informants reported that many participants initially are not willing to engage in interventions and have a poor attitude towards participating in the HIPUs. Poor motivation and attitudes were the leading reasons respondents gave for participants' overt refusal to participate in the assessment phase. Many SAPOs and SSAPOs described using motivational interviewing with participants throughout the assessment and other HIPU phases and felt this to be a pivotal tool for early development of participants' engagement and therapeutic rapport.

*"Offenders not being ready themselves for treatment. Attitude of offender is a massive factor. If they don't want to go through treatment, then there is no way actually to make them - and if you do make them, they are unlikely to participate anyway."- SAPO15*

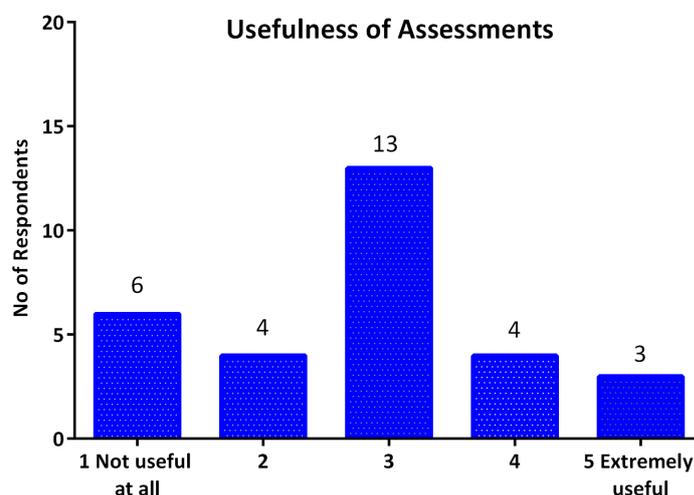
Respondents also described using other strategies during assessment and case planning to motivate participation in the HIPUs. These included offering work development orders (WDOs) and wages as incentives, where participating in the HIPUs can lower the participants' debts<sup>5</sup>. Additionally, provision of incentives or rewards in the form of extra phone allowance, meals, graduation ceremonies, and certificates have also motivated unwilling participants to participate in the HIPUs.

## 6.2 Psychometric assessment

Almost all SSAPOs expressed beliefs that completing compulsory psychometric measures are the most arduous task for participants during the assessment phase. They suggested that the large number of self-report assessments puts pressure on participants with poor literacy and numeracy skills, leading to potentially biased or incorrect responses. SSAPOs also added that due to weak rapport and therapeutic alliance with facilitators in initial stages, participants do not take assessments seriously. As a result their responses are not an accurate representation of their thoughts and behaviour.

*"I think some of those assessments could be excluded. There's just so much paperwork, and I think that's really frustrating for them. I think too they just go oh yeah, whatever, and they just put inaccurate stuff and just do whatever, tick a whole lot of boxes. I just don't think they're engaging with it and I think that that also, because a tremendous amount of these people, particularly Indigenous fellows, have had a poor experience going to school."-SS2*

SAPOs echoed these views, and most felt that the psychometric assessments were not useful in the formulation of treatment and reintegration plans (see Figure 3).



**Figure 3.** SAPOs' ratings of the usefulness of psychometric assessments in the formulation of treatment and reintegration plans (n = 30).

<sup>5</sup> Equal wages have been commissioned in the HIPUs in place of participants' employment at CSI.

### 6.3 Additional assessment resources

All SSAPOs agreed that their centres do not require any additional assessment resources or information to improve the assessment process in the HIPUs. They felt that PPSIs and informal face-face interviews provide sufficient details to SAPOs for the formulation of T&RPs. Some SAPOs felt that more information about participants' community orders and previously completed programs in custody or the community would be useful to inform assessment and development of T&RPs.

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## 7 The HIPU intervention model: Programs and services

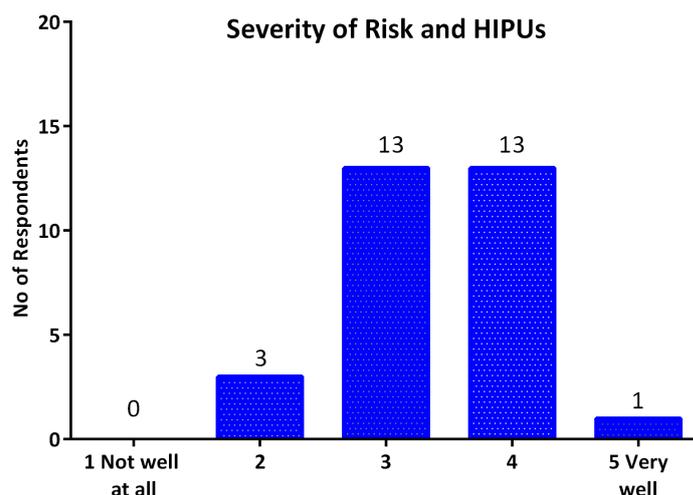
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The intervention phase of the HIPUs occurs over approximately 14 weeks and includes delivery of multiple criminogenic and non-criminogenic programs, reintegration services, and referrals to appropriate support agencies. The program schedule differs between males and females as well as Indigenous and non-Indigenous HIPU participants. For example, the RUSH program for females includes the full schedule of 22 sessions, whereas male participants receive the first 9 sessions only. Similarly, Indigenous males receive the Aboriginal Cultural Strengthening Program in place of RUSH. Following these programs, all participants attend one or more modules of the EQUIPS suite of programs. Additional offender behaviour change programs such as 'Sober Driver Program', 'Dads and Family', 'Mothering at a Distance' and 'Out of the Dark' are facilitated by SAPOs.

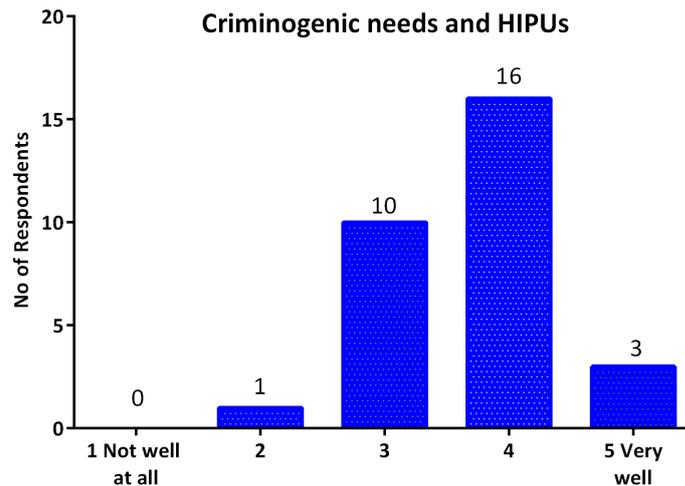
Respondents in the study reported that most participants are released to the community from the HIPUs without parole; in these cases, the HIPU intervention model allows for pre-release planning to be coordinated by HIPU SAPOs and SSAPOs. Funding has also been allocated to external reintegration service providers (RSPs) to deliver reintegration services in the HIPUs. Local Community Corrections Officers (CCOs) provide pre- and post-release services and support to participants with supervision orders. Focus areas for reintegration support services include accommodation, health and wellbeing, financial literacy, education, employment, family, children, and community.

### 7.1 Perspectives about HIPU programs and services

During the survey SAPOs were asked to give their impressions about different components of the HIPU intervention model and their utility in meeting offenders' case management needs. Approximately half of SAPOs felt highly positive about the alignment of programs and services delivered in the HIPUs with participants' risk of reoffending (Figure 4). Many SAPOs also felt positive about programs in the HIPUs addressing participants' presenting criminogenic needs (Figure 5).

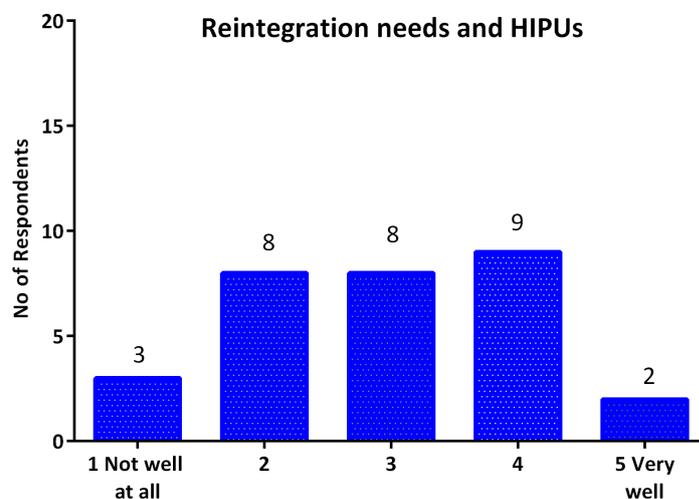


**Figure 4.** SAPOs' ratings of how well available HIPU programs and services are aligned with participants' risk of reoffending (n = 30).



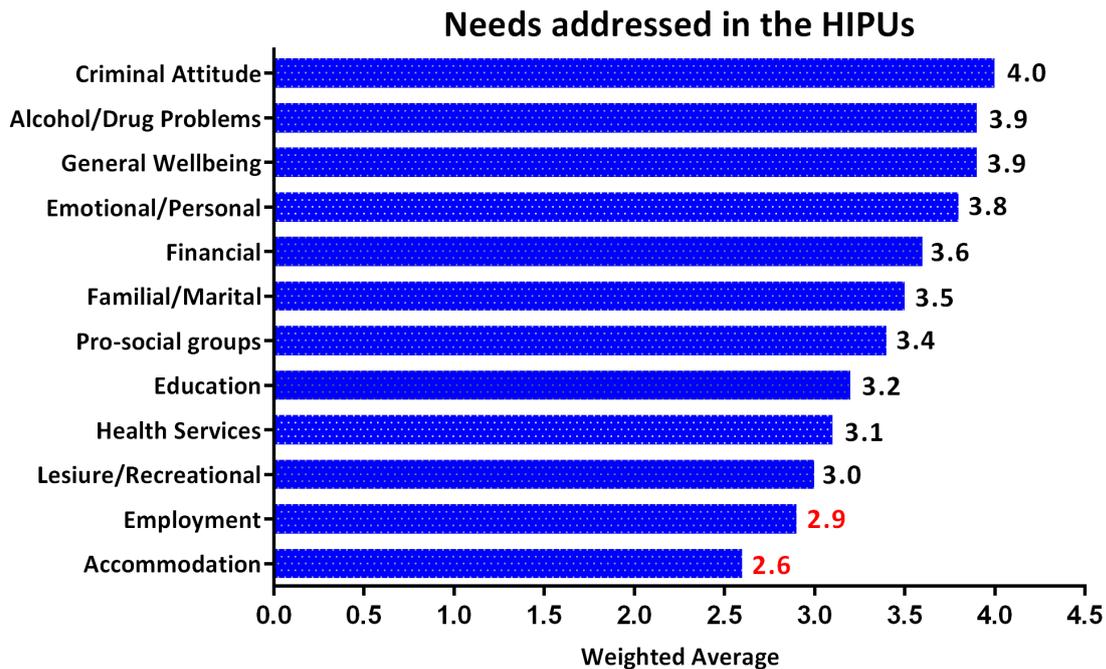
**Figure 5.** SAPOs' ratings of how well the available HIPU programs and services address participants' criminogenic needs (n = 30).

SAPOs' views about the program and services that are delivered to address reintegration needs were more varied, and were on average less confident that HIPUs address reintegration needs satisfactorily (Figure 6).



**Figure 6.** SAPOs' ratings of how well the available HIPU programs and services address participants' reintegration needs (n = 30).

Figure 7 also shows the weighted average of SAPOs' ratings on the content of programs in their HIPUs that address different domains of needs. The pattern of ratings indicate that SAPOs felt criminogenic needs such as criminal attitudes, alcohol and other drug problems, as well as general wellbeing and emotional problems were most likely to be addressed satisfactorily by HIPU programs and services. On the other hand, SAPOs were less confident that reintegration needs, such as accommodation, employment, leisure/recreational activities, and health services, are being addressed adequately at their sites.



**Figure 7.** Weighted averages of SAPOs' ratings about the extent to which their HIPU addresses domains of need (n = 30).

## 7.2 Reintegration support

Figure 8 gives a more detailed breakdown of SAPOs' perceptions of reintegration support components of the HIPU intervention model. As previously mentioned, HIPU participants' reintegration needs are supported both by delivery of reintegration support services by external providers within the HIPUs themselves, as well as pre-release planning by SAPOs through coordination with Community Corrections and local RSPs.

Only half of SAPOs agreed that they have access to resources for planning pre-release activities for participants, whereas one-third disagreed. Around half of respondents agreed that the reintegration services delivered in-house or by the RSPs address reintegration needs in participants. A similar number agreed that the HIPUs facilitate access to relevant community groups and organisations as planned reintegration services. It is noted that about one-fourth of SAPOs were neutral in their views about access to and facilitation of reintegration services in the HIPUs.

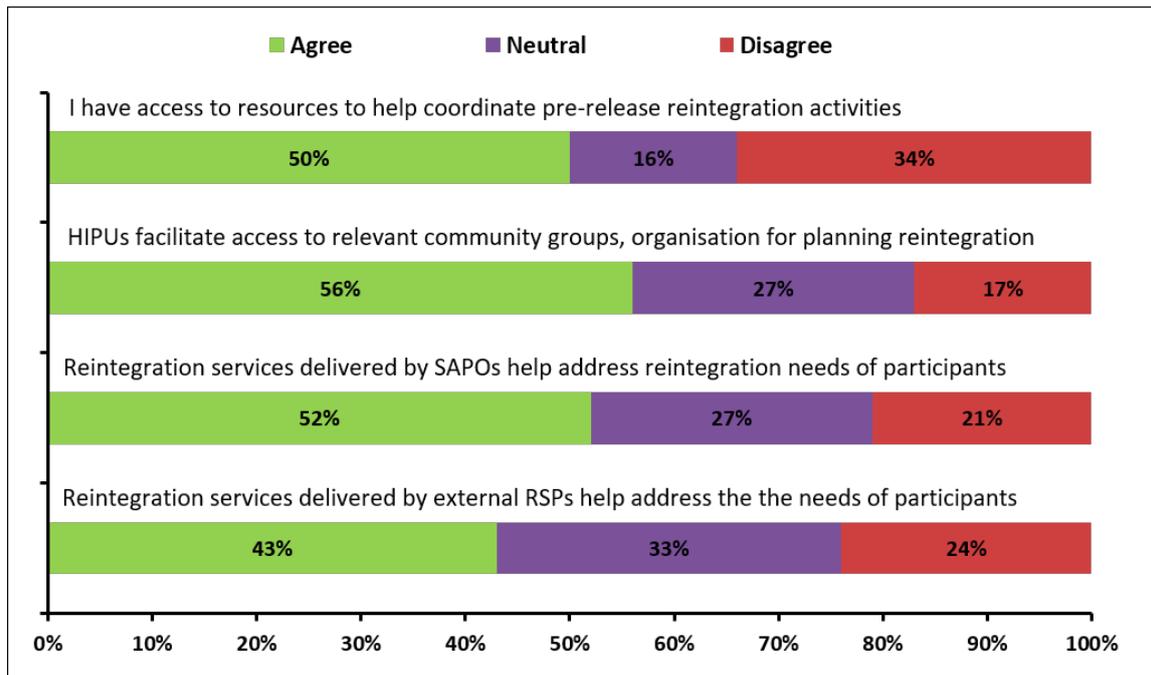


Figure 8. SAPOs' agreement with statements about aspects of HIPU reintegration services.

### 7.3 Participants' engagement with HIPU interventions

SAPOs also gave their perspectives about how participants have engaged with the HIPU intervention model at their respective sites. Many SAPOs held a positive view about participants' overall engagement with HIPUs and expressed beliefs that participants engaged well with the HIPU program and services on average (Figure 9).

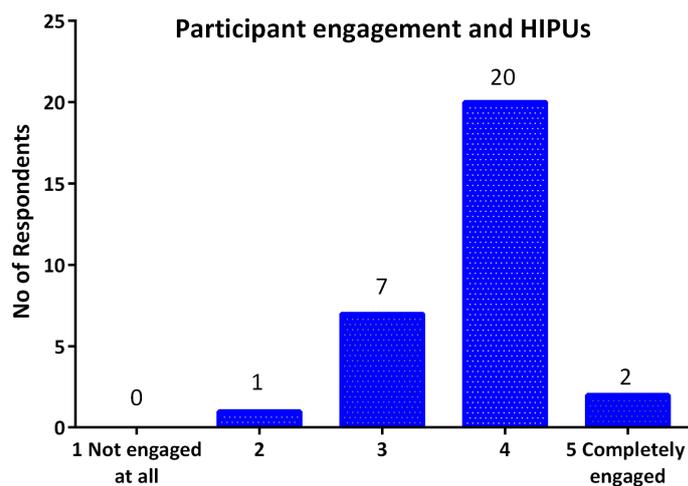


Figure 9. SAPOs' ratings of participants' overall engagement with the HIPU program at their centres (n = 30).

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## 7.4 Advantages and disadvantages of the intervention model

SAPOs associated their global perspectives about the HIPU intervention model with specific advantages and disadvantages of the model. Interviews with SSAPOs also generated discussion about their perceptions of the factors that contribute to the overall utility of the intervention model.

Many respondents noted features of the intervention model that promoted positive engagement and motivation for change among participants. These factors included integration of programs focused on their individual criminogenic needs with other interventions, such as post-release support services and the suite of parenting wellbeing programs including 'Babiin Myagang' and 'Mothering at a distance'. Some also highlighted the intensive delivery of programs and services over a relatively brief period as facilitators that contributed to participants' continued engagement in the HIPUs.

Additionally, many respondents identified the current method of scheduling programs and services as a facilitator to engagement in the HIPU intervention model. They highlighted the value of delivering RUSH before EQUIPS as a way of preparing participants for interventions to address criminogenic needs.

On the other hand, some respondents identified the current content and frequency of RUSH sessions for male HIPU participants to be a challenge. Male HIPU participants receive nine RUSH sessions, whereas female participants receive the full schedule of 22 sessions; this difference was attributed to the varying needs and responsivity factors of male and female participants. While there was agreement that RUSH is well aligned to the needs of female HIPU participants, some respondents felt that male participants should also receive more RUSH content. They suggested restructuring the RUSH program for males; for example by creating a condensed although comprehensive schedule of program content.

Of the services and programs that are currently not available in the HIPUs, respondents identified reintegration services focusing on employment, a steady transition in the community, and housing as priorities. They also identified criminogenic programs for traffic offences such as the 'Traffic offender intervention program' (TRIP) and recommended non-criminogenic parenting programs for non-Indigenous HIPU participants.

## 8 Operational interdependencies in the HIPUs

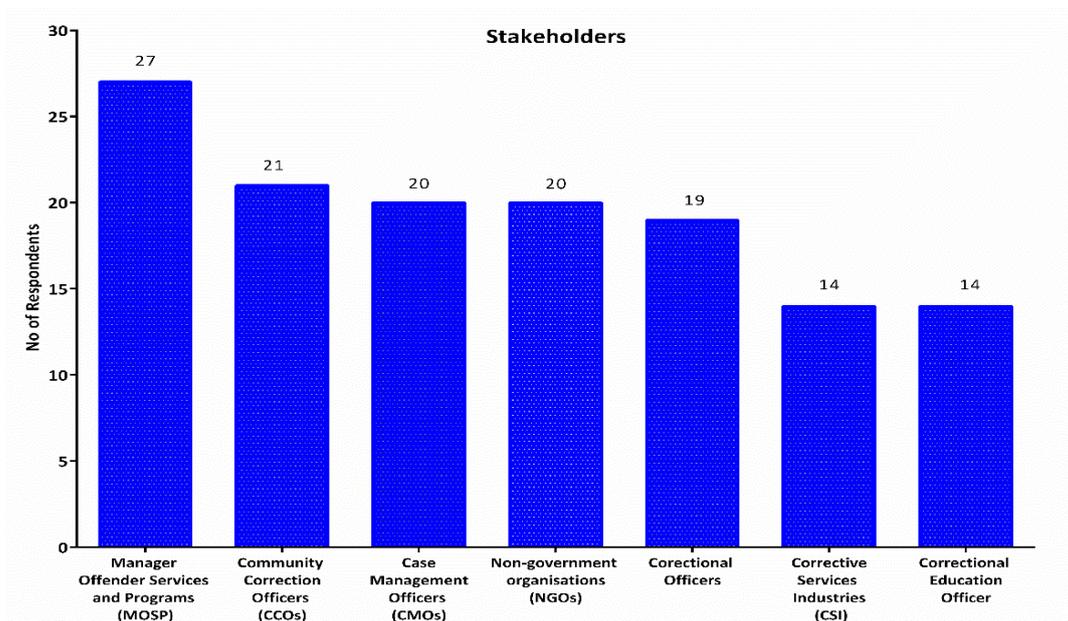
The HIPUs are standalone structures housed within the host correctional centre. To ensure smooth functioning of the HIPUs, staff rely on administrative and logistical support from local custodial staff as well as central custodial and HIPU management. Communication and coordination with both internal and external stakeholders play a pivotal role in ensuring that programs and services are delivered to meet the needs of HIPU participants. This section outlines respondents' perspectives on engagement and collaboration with stakeholders in the operational context of the HIPUs.

### 8.1 Key interdependencies

#### 8.1.1 SAPO operations

Almost all SAPOs reported regularly consulting and collaborating with external and internal stakeholders to support various aspects of their HIPU operations, ranging from formulation of case plans to scheduling pre-release and post-release activities.

Figure 10 shows that SAPOs most commonly consult MOSPs (Manager Offender Services and Programs), typically in relation to critical HIPU operations such as encouraging uninterrupted participation and motivational interviewing. Many SAPOs also consult CCOs and RSPs regularly in relation to reintegration activities and services. Many also keep Case Management Officers (CMOs)<sup>6</sup> informed of case planning and management for participants who are expected to have time remaining in custody after completing the HIPUs. They also identified custodial officers, CSI and Corrections Education officers as relevant personnel and agencies for coordinating participation and providing additional assessments and services in the HIPUs.



**Figure 10.** Number of SAPOs who reported consulting with various internal and external stakeholders to support their HIPU operations (n = 30).

<sup>6</sup> CMOs are responsible for case management of custody-based offenders who are not in the HIPUs. If a HIPU participant is expected to have time remaining to serve in custody after completing the HIPUs, their case management is transitioned from HIPU SAPOs to the CMOs.

### 8.1.2 SSAPO operations

SSAPOs identified CSI staff, Corrections Education staff, CMOs, and local custodial staff as important HIPU stakeholders, with whom regular and productive communication is essential to ensure the smooth functioning of the HIPUs. SSAPOs work with local custodial staff including frontline custodial officers, the Manager of Security and the Governor to move prospective participants to areas closer to the HIPUs to save time; to receive the necessary approvals for offenders to participate; and to negotiate ongoing participation around custodial operational events such as lockdowns, scheduled lock-ins and muster times.

### 8.1.3 Classification and Placement operations

The CPO reported that the Classification and Placement team consult with CRES, custodial management, HIPU program staff and inmate transfer teams to ensure the production of appropriate HIPU eligibility lists, organise timely transport, and secure placements in specific units. Collaboration with these stakeholders assists the Classification and Placement team to manage logistics associated with placing prospective participants in HIPUs while taking into account various factors such as the location of the offenders' family, security clearances and availability of beds.

## 8.2 Engagement and coordination with critical non-HIPU staff

Figure 11 shows SAPOs' perceptions about their engagement and interaction with key non-HIPU staff. Most SAPOs agreed that they felt supported by non-HIPU personnel when coordinating participants' case management needs. Most SAPOs also agreed that custodial staff at their host correctional centres facilitated smooth day-to-day running of the HIPUs and ongoing attendance by participants.

As previously described, CMOs were identified as a key stakeholder group because they take responsibility for the ongoing case management of participants who have time remaining in custody after completing the HIPUs. Most SAPOs were unsure or disagreed that there was a smooth and coordinated transfer of case management between HIPU staff and CMOs on average.

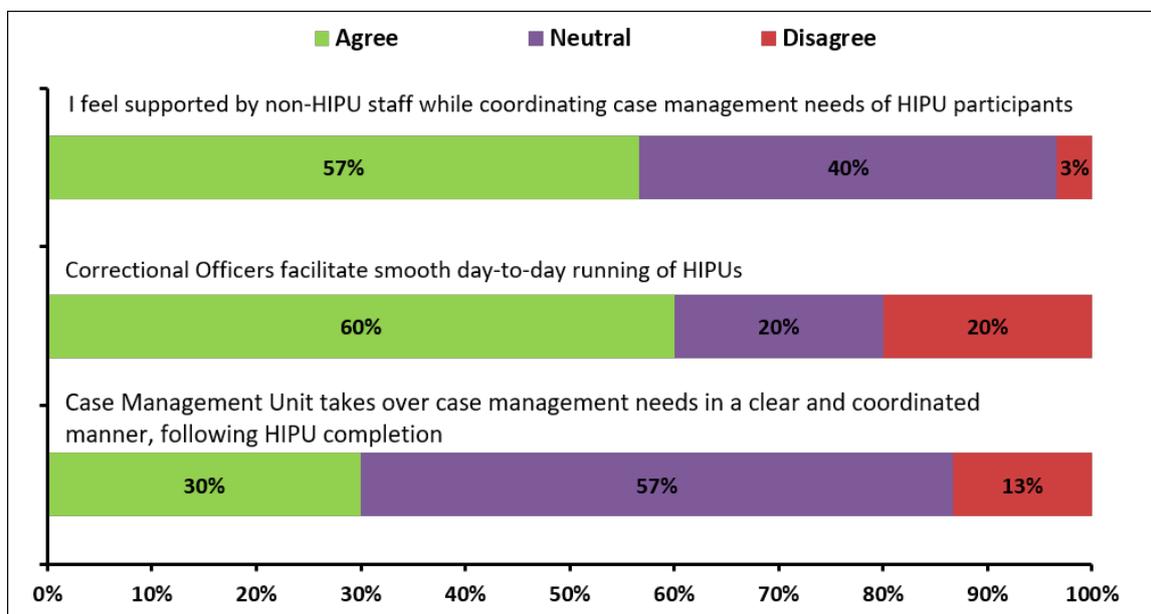


Figure 11. SAPOs' ratings about their engagement and interaction with selected key correctional centre staff (n = 30).

Feedback from SAPOs indicated that some challenges with coordination of activities with non-HIPU staff were related to uncertainty about chains of accountability and resulting poor communication between groups. In particular, while the importance of communication between the HIPUs, CMOs and Community Corrections is delineated in HIPU policies, some SAPOs reported that joint management of participants' case plans between these stakeholders is often lacking or poorly integrated. Some SAPOs also highlighted challenges with communication about offenders' HIPU-related case management needs to CSI and local correctional centre management. Some SAPOs expressed beliefs that this may be related to differing rehabilitation philosophies and agendas across staff groups.

Discussions with the CPO also indicated that communication difficulties can pose a challenge to their HIPU-related activities. In some instances there can be poor communication between HIPUs, local custodial staff and the Classification and Placement team about transport and placement of eligible offenders identified for a specific HIPU. A breakdown of communication may lead to the placement of an eligible participant into a non-designated HIPU, impacting participant numbers and flow of participants in the designated HIPU as well as posing potential security issues for the individual offender.

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## 9 Evaluation of HIPU implementation and function

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### 9.1 Positive

Respondents identified a number of benefits to the HIPU model that support delivery of interventions to offenders to meet their case management needs.

#### 9.1.1 Programs for short-sentenced offenders

Most SAPOs and SSAPOs considered access to programs and services for short-sentenced offenders, who were believed to otherwise miss out on custody-based interventions, as the most significant benefit of the HIPUs.

#### 9.1.2 Improved attitudes toward intervention

Some SAPOs and SSAPOs associated HIPUs with improvements in offenders' attitudes toward, and commitment to, correctional interventions. The visibility of HIPUs in correctional centres was seen as making attending programs a norm for many participants. It was also reported that some participants and local custodial staff are disseminating positive feedback about the content of the HIPUs to other inmates.

#### 9.1.3 Intensive delivery of HIPU programs

Some respondents highlighted the intensive schedule of criminogenic and non-criminogenic programs and services as a central benefit of the HIPUs, and reported notable positive behavioural change in participants. Almost all interviewees highlighted the benefit HIPU participants might derive from completing all EQUIPS modules in ten weeks when compared to business as usual delivery of one EQUIPS module over ten weeks in non-HIPU centres.

*"I think getting the program pathways completed. If they were business, as usual, it takes them roughly ten weeks to finish one program. Here in this model it takes five weeks, and they're able to complete their program suite, or their program pathway, in 16 weeks, and it cements the learning from the concepts that are delivered in the programs."- SSAPO4*

#### 9.1.4 Female HIPUs

Some respondents highlighted that female HIPUs are an important and unique addition to correctional rehabilitation practice within CSNSW. Many expressed beliefs that the particular assessment and intervention model of female HIPUs is well suited to meeting the needs of this vulnerable offender group.

#### 9.1.5 Dedicated administrative support

Interviewees reported that the HIPU model has been facilitated by positive ongoing support, regular communication, and a proactive problem-solving attitude from dedicated central HIPU administration staff. For example, one interviewee highlighted an issue of small-sized treatment rooms at their site resulting in difficulties conducting group sessions. The HIPU administration staff promptly addressed this issue and total occupancy was reduced from 40 to 32 with 8 participants in each group.

## 9.2 Negative

Respondents identified aspects of the HIPU model that were unhelpful to their work with offenders. These included issues related to initial and ongoing implementation of model operations, as well as some aspects of the intervention model itself.

### 9.2.1 HIPU operations in the context of local correctional centres

Many respondents noted that it took a long time to develop clear policies and guidelines around HIPU operations that were also well adapted to the specific context of the local correctional centre. For example, timing and dosage of treatment may be contingent on the proximity of the HIPUs with inmate sectors, local rules around the movement of inmates and muster timings.

### 9.2.2 Implementation of reintegration services

Many SAPOs considered that HIPU reintegration services may not currently be implemented as intended. They related this both to RSP-delivered reintegration services as well as transition of HIPU graduates to community-based case management. Respondents expressed concern about the quality and content of reintegration services delivered, and the ability of the HIPU model to address particular reintegration needs such as accommodation and employment.

*"The reintegration plans, we are a toothless tiger. There appear to be large gaps in how we support inmates and reintegration services into the community."-SAPO1*

### 9.2.3 Fluid eligibility criteria

Some staff identified fluid eligibility criteria for HIPU participation, particularly in relation to the length of sentence offenders can have, to be a barrier to successful implementation of programs and services. Changes in this criterion were viewed as impacting decisions about participant throughput and potentially undermining effects of the intervention model itself; for example, respondents expressed beliefs that participants with longer sentences forget skills learnt in the HIPUs if they remain in custody for significant periods post-completion.

*"Putting inmates into HIPU that still have 18 months to go. They complete HIPU and return to the main for 14 months. Everything is forgotten, and it's a waste of time for both staff and inmates."-SAPO12*

### 9.2.4 Pace of the programs

Some SAPOs perceived interventions as being fast-paced with little or no flexibility, which they believed impacted participants' engagement. Running back-to-back programs at a fixed time of the day does not suit every participant (for example, those who have competing clinic visits), which could diminish their ability and motivation to attend.

### 9.2.5 Workload related problems

Some respondents highlighted significant workload related issues they faced in the HIPUs. They reported that the HIPU operational guidelines do not consider time consumed in formulating T&RPs, completing reports and

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conducting psychometric assessments. Some also highlighted a lack of contingency planning in case of SAPOs' absence or sick leave.

### **9.3 Suggestions for improvement**

Respondents provided feedback about changes that could contribute to continuing best practice for the HIPU intervention model and implementation of the model.

#### **9.3.1 More reintegration services and input from external service providers**

Respondents often clearly expressed an interest in improving the reintegration services available and the contributions of external service providers. Some respondents proposed employing 'Reintegration Officers' in the HIPUs to deliver reintegration and post-release services exclusively. Respondents also suggested reorienting external service providers' visits to assist with delivery of therapeutic intervention dosage or interviewing previous and current HIPU participants about the types of reintegration services they require.

#### **9.3.2 Changes to intervention delivery**

Respondents suggested several measures to improve delivery of core interventions to participants. These included restricting group size to 10-12 participants; flexible program timing for participants; and flexible rolling groups. Many SAPOs specifically called for devising methods to make EQUIPS sessions more engaging and non-repetitive by incorporating alternative activities, such as more comprehensive and tailored versions of RUSH program for male and Indigenous participants.

#### **9.3.3 Changes to assessment**

Many respondents suggested that changes to the assessment model would facilitate the assessment phase and potentially offenders' engagement in interventions. This was specifically related to reducing the number of self-report psychometric measures that offenders are required to complete during the assessment phase.

#### **9.3.4 Realistic throughput targets**

Some interviewees suggested lowering the total number of offenders who are required to participate in some HIPUs. Reducing overall participation requirements would ease pressure on the Classification and Placement team to maintain capacity in all HIPUs and reduce competition for the same offenders across programs and agencies.

#### **9.3.5 Opportunities to improve staff skills and resilience**

Some respondents recommended frequent breaks between sessions and employing casual staff to address workload and staff shortage issues in some HIPUs. They also suggested involving regular staff from the host correctional centres to address staff shortages and workload issues. They indicated that this would simultaneously have the benefit of increasing experience among regular staff in facilitating interventions with inmates.

#### **9.3.6 Extension of HIPU eligibility**

Several SSAPOs and SAPOs suggested extending HIPU services to long-term offenders towards the end of their sentences to support their release and reintegration. Others proposed providing interventions similar to the HIPU model to all custody-based female offenders, which could address competition for female participants between programs and agencies while also meeting HIPU occupancy requirements for this offender group.

#### **9.3.7 Enhanced training, professional development, and mentoring**

Respondents suggested more training, professional development courses and networking opportunities to build skills in delivering interventions, particularly in relation to EQUIPS. Others suggested allowing opportunities to connect to a mentor or professional coaching.

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## 10 Conclusions

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The HIPU model represents an innovation in correctional practice by working to address the needs of custody-based offenders with shorter sentences; a cohort which tends to present elevated risk of recidivism although often has limited opportunities for intervention. The HIPUs have extensive operational frameworks within the correctional centre system and an intensive schedule of intervention delivery to address multiple criminogenic, non-criminogenic and reintegration needs simultaneously. Given the complexity of HIPU operations, this study sought to derive insights about critical facilitators and barriers to implementation of the HIPU model. To achieve this we examined the experiences of key groups of staff involved in HIPU operations across NSW.

Responses from staff indicated that key components of the HIPU intervention model are well suited to achieve its aims. Many SAPOs and SSAPOs viewed the high-intensity delivery of programs such as EQUIPS to short sentenced offenders to be a hallmark feature of the model, and expressed beliefs that interventions effectively meet the criminogenic needs of the target population. Feedback also indicated that participants' engagement and other responsivity factors were facilitated by delivery of additional programs such as RUSH, as well as tailoring of the model to specific offender groups such as Indigenous and women offenders. These factors appeared to contribute to perceptions that the HIPUs helped to improve offenders' attitudes towards programs, and ultimately towards behaviour change.

Staff perspectives about HIPU reintegration services were less positive, however. Many respondents expressed beliefs that the services delivered do not satisfactorily address all domains of reintegration needs, particularly those relating to accommodation and employment. Contributors to this perception included the narrow focus of many services delivered by RSPs and limited access to resources in the community. A number of staff also made reference to difficulties with throughcare planning with Community Corrections and other agencies. In this regard, it appears that challenges in meeting offenders' reintegration needs relate both to the content and nature of support services delivered within the HIPUs themselves, in addition to the continuity of support from the HIPUs to case managers and service providers in the community.

Respondents also gave positive feedback about the utility of the distinct two week assessment phase that is conducted in situ with HIPU participants prior to commencing planned interventions. Many respondents highlighted the value of informal face-to-face interviews and PPSIs during the assessment phase in identifying offenders' needs, formulating treatment and reintegration plans, and building rapport. On the other hand, staff were consistently critical about the current battery of self-report psychometric assessments, which were perceived to increase workload and impede development of rapport. It also appears that SAPOs often administer psychometric measures without using them in developing treatment plans, which has implications for the comprehensiveness of case formulations in addition to the operational utility of such assessments.

Feedback from staff illustrated the complexities associated with implementing the HIPU intervention model in practice. Many of these were consistent with the model's aims in targeting offenders with shorter sentences, and challenges associated with ensuring participant throughput and engagement were common. These included competition for eligible offenders; securing available beds and transport; difficulties gathering relevant information to make placement decisions; and changes to offenders' sentences, all of which have the potential to impact prospective participants' windows of opportunity to engage in intervention. It appears that some throughput challenges may have been complicated by changes to participant eligibility criteria over the operational lifespan of the HIPUs.

Respondents also highlighted challenges associated with implementing the HIPU model in coordination with multiple stakeholder groups, including both CSNSW staff and external agencies. In many cases coordination difficulties were related to poor communication between stakeholder groups, which in turn may be partly attributable to an incomplete understanding of the shared accountabilities or policies and procedures for

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integrating those accountabilities across groups. As previously mentioned, these coordination difficulties had a role in common perceptions that a critical feature of the HIPU intervention model, being the provision of reintegration support services, were not being implemented as intended at present. Unfortunately, it also appears that some difficulties with communication and coordination may be related to conflicting attitudes towards principles of rehabilitation among some CSNSW staff groups.

Interviews and surveys revealed a number of insights about methods to address these challenges and effectively implement the HIPU model. On average SAPOs reported receiving adequate training as well as ongoing support for their roles in the HIPUs. Responses from multiple staff groups indicated that key forms of ongoing support included the supervisory roles of SSAPOs in addition to the establishment of centralised administrative support resources. Respondents also referred to individual and collective efforts to build positive working relationships with other staff groups, and to communicate the value of HIPU participation more generally, in order to facilitate coordination of HIPU operations. These findings emphasise that successful implementation of the HIPUs requires comprehensive strategies to support both therapeutic delivery of interventions, as well as operating the model within the complex administrative context of the local correctional centre and the correctional system more broadly.

We acknowledge that this study has some limitations which may impact the conclusions made. Response rates for the survey were 58-63% of all HIPU SAPOs, which may have biased results towards staff who were more likely to respond to express particularly favourable or unfavourable views. This study was conducted more than a year after initial roll out of the HIPUs due to administrative delays, which limited our exploration of early development and implementation factors for the model. In addition, staff perceptions of outcomes such as intervention effectiveness and participant throughput are subjective and may not be supported by objective indicators. We do note, however, that other existing evaluations of the HIPUs give consistent indications that participation is associated with positive change in targeted criminogenic needs (Mahajan et al., 2020).

We also note that this study reflects perspectives on implementation of the HIPUs up to the time of conducting interviews and surveys with staff (August - September 2019). As such it does not take into account changes to the intervention model or implementation of that model subsequent to this time. As a relatively new initiative, HIPU operations continue to develop and some of the challenges identified in this report may have since been addressed. It is hoped that this study contributes to the evidence base for continuous improvements in best practice, as well as giving insights into the barriers and facilitators associated with implementing similar initiatives within and across jurisdictions.

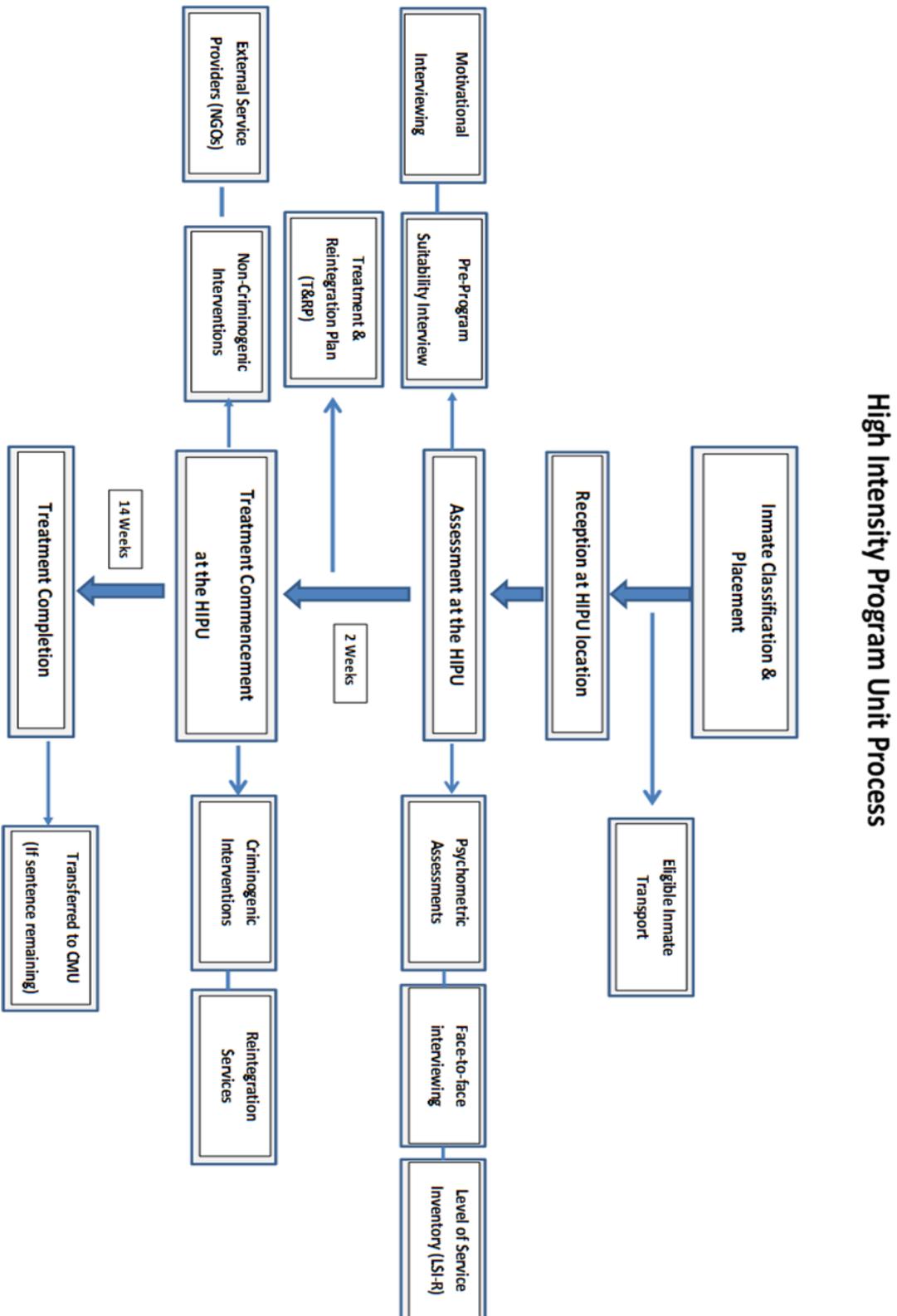
Notwithstanding these limitations, the findings derived from this study indicate that the HIPU intervention model represents a promising direction in correctional practice, and has largely been implemented well in the face of multiple therapeutic, administrative and logistical challenges. Responses from key staff groups also raised insights into avenues for best practice for the HIPUs. Central among these were improvements to the content and continuity of reintegration support services provided to HIPU participants, as well as adaptations to some elements of the assessment phase, offender eligibility criteria, use of the RUSH program, and opportunities for staff to manage workload and further develop critical skills. Continuous improvements such as these may help to optimise delivery of the HIPU intervention model, with positive implications for reducing reoffending among offenders serving short custodial sentences.

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## 12 Appendix A. The HIPU treatment pathway model



# Other CRES Research Titles

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March 2021	Women in prison: An examination of the support needs of women in custody with children	Aug 2019	The Custody Triage Risk Assessment Scale (Custody TRAS): An updated statistical model for predicting risk of return to custody
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