# Research Brief

# Evaluation of throughput and participation outcomes for the Intervention Pathways model

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**AIM**

To examine the throughput and participation outcomes of inmates assigned to various programs and services under the Intervention Pathways (IP) model.

**FINDINGS AND CONCLUSIONS**

Among all male inmates assessed for participation in intervention pathways between 2020 and 2023 (n = 24682) almost half were found eligible, with the majority being deemed eligible for the SSIP and HIPU pathways. About one-third of eligible inmates completed their primary assigned intervention pathway, with relatively high completion rates in the YAOP, MIP and HIPU pathways and among inmates serving more than five months in custody. Rates of eligibility determinations and pathway completion did not differ significantly between Aboriginal and non-Aboriginal men.

One in ten inmates (n = 863) who could not complete their primary pathway received alternate intervention pathway referrals. Among this group, about one-third commenced their alternate pathway. A total of 28 individuals were recorded as completing their alternate pathways.

Administrative exits accounted for over half of all recorded reasons for non-completion of intervention pathways. Transport logistics, release on parole or appeal, and COVID-related exits were prominent administrative barriers to completion across the pathways. Therapeutic and behavioural reasons for non-completion tended to be more prevalent for intensive intervention pathways assigned to men serving longer sentences.

We concluded that the IP model has made systemic contribution to delivery of interventions to people in custody, with reach to large volumes of eligible men in accordance with their elevated risk of recidivism, sentence length and other factors. Rates of attrition varied across intervention pathways and were commonly associated with administrative factors, which in many cases reflected the challenges associated with servicing people with short custodial sentences. There appeared to be opportunities to improve utilisation of alternate pathways, which made marginal contributions to overall completion rates. Continuous refinement of logistical and other sources of pathway non-completion would be beneficial to improve participation outcomes of the IP model.

# INTRODUCTION

To reduce risk of recidivism and facilitate behavioural change in line with principles of the Risk Need Responsivity (RNR) model, there is a need to ensure that sufficient intervention dosage is delivered to higher risk offenders (Bonta & Andrews, 2016; Day et al., 2017; Sperber & Lowenkamp, 2017). However, delivering dosage to higher risk offenders can be challenging (Bosma et al., 2014; Mahajan et al., 2022). For instance, inmates serving shorter sentences of less than one year often have limited opportunities to complete rehabilitative interventions (Mahajan et al., 2021; Ross et al., 2023). Additionally, program attrition due to administrative and logistical reasons negatively impacts the delivery of intended levels of dosage (Brunner et al., 2019; Mahajan et al., 2022; Wormith & Olver, 2002). To overcome these challenges, efficient use of correctional resources, efficient intervention eligibility and suitability assessments, and appropriate allocation of interventions are necessary (Bower et al., 2023).

In order to support allocation and delivery of appropriate interventions to higher risk inmates, Corrective Services NSW (CSNSW) developed an initiative called the Intervention Pathways (IP) model. An intervention pathway is a cluster of custody-based criminogenic and non-criminogenic programs, reintegration and case management services, and educational programs. The IP model aligns these interventions within each pathway to deliver prescribed amounts of dosage to higher risk offenders. Using automated and non-automated decision-making tools, the IP model allocates inmates to one of eight primary pathways based on sentence length, risk of reoffending and other eligibility considerations. Improved classification and placement, assessment and suitability processes under the IP model support the delivery of interventions to higher risk inmates in the form of various programs and services.

The IP model is multifaceted and systemic in design. It uses various tools to determine inmates' eligibility and suitability for different intervention pathways and then aligns and delivers various programs and services to address the needs of higher risk inmates. Using the Criminogenic Program Eligibility Overview (CPEO) algorithm, the IP model utilises inmates' time to serve and their Custody TRAS score[1] (Raudino et al., 2019) to assess their eligibility for intervention and potential pathways. If found eligible, the Most Appropriate Program Pathway (MAPP) checklist is then used to determine the appropriate pathway or interventions within a given pathway. An inmate's suitability for specific interventions is then assessed using the Pre-Program Suitability Assessment (PPSA). Following these assessments, an inmate is assigned an intervention pathway that includes delivery of multiple programs and other case management activities. Inmates who are unable to complete their assigned pathway, due to administrative, behavioural, and security reasons or when identified as special category offenders can be referred to an alternate pathway within the IP model.

Given the IP model's objectives in efficiently allocating and delivering appropriate interventions to inmates, investigation of factors associated with throughput and participation outcomes among the target population are important themes for evaluation. These include eligibility outcome decisions, allocations to different intervention pathways, rates of pathway completion, and reasons for attrition. Participation outcomes have been identified as key indicators of an initiative's efficiency aside from recidivism outcomes (Polaschek, 2010). Investigating participant attrition may also give insights into effective utilisation of operational resources under the IP model (Durcan et al., 2011), and inform development of strategies to promote completion, either at the individual intervention or pathway level or across the model more broadly (Polaschek, 2010; Wormith & Olver, 2002).

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[1] Custody Triage Risk Assessment Scale (Custody TRAS) score is calculated by an automated tool developed by CSNSW to determine risk of general recidivism. See Raudino et al., 2019 for details.

## AIMS

The aim of the current study was to conduct a process evaluation examining throughput outcomes of inmates assessed for and assigned to intervention pathways under the IP model. To this end, we examined aggregated administrative data on inmates' progression through a sequence of key IP model processes that determine their entry into and exit from intervention pathways. These included assessment outcomes relating to overall eligibility of inmates, allocation to specified pathways, and pathway completion or non-completion. Reasons for pathway attrition and how they differed across specified intervention pathways were also explored. Lastly, we examined cases and conditions relating to inmates' allocation to and completion of alternate pathways.

## METHODS

The sample comprised a total of 24682 male inmates who had undergone IP model assessments as part of their post-sentencing classification and placement procedures, and had completed their custodial sentence, before 31st July 2023. The sample included inmates who were considered eligible or ineligible for intervention pathways based on their CPEO outcomes; those who progressed through the IP model; and those who did not complete their primary pathway and were referred to alternate pathways. The data for the current study were extracted from the Offender Integrated Management System (OIMS), including inmate's demographic characteristics, sentence-related variables, assigned and completed primary intervention and alternate pathways[2], and reasons for pathway non-completion. Data were largely analysed using descriptive statistics and bivariate measures of association.

Given the importance of the duration of an individual's time in prison for operationalisation of the IP model, and for opportunities for intervention more broadly, we conducted additional analyses of key eligibility and participation outcomes as a function of inmates' time served in custody. For the purposes of this study, we defined time served as the duration between an inmate's date of sentencing and their recorded release from prison. We also examined how outcomes differed between Aboriginal and non-Aboriginal inmates, in line with model objectives to promote access to interventions across cross-cultural priority groups within the prison population.

## FINDINGS

### How many inmates were deemed eligible and assigned to each intervention pathway? How did eligibility vary as a function of time served in custody and Aboriginal status?

The CPEO algorithm is used in the IP model to determine an inmate's eligibility for an intervention pathway at the initial classification and placement assessment, or by the case management team if there is a change in sentence length, completion status or updating of risk assessment results over the course of the inmate's custodial episode. An inmate was considered eligible for a pathway based on tripartite

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[2] Individual and alternate intervention pathways: HIPU: High Intensity Program Unit; VOTP: Violent Offender Therapeutic Program; SOP: Sex Offender Programs; IDATP: Intensive Drug and Alcohol Treatment Program; YAOP: Young adult offender program; SSIP: Short Sentence Intensive Program; MIP: Macquarie Intensive Program; EQUIPS: Explore, Question, Understand, Investigate, Practice, Succeed.

criteria; if they are sentenced, met the Custody TRAS threshold of ≥ .35 estimated probability of recidivism[3], and had sufficient time to serve to complete an assigned intervention pathway. Any inmate not meeting any of these criteria is considered ineligible for intervention pathways.

More than half (n = 13625, 55.2%) of the 24682 inmates assessed using the CPEO were recorded as ineligible for intervention pathways. As shown in Figure 1, among the remaining 11057 inmates who were deemed eligible, pathways addressing the needs of short-sentenced inmates accounted for the large majority of allocations, with 37.1% (n = 4099) assigned to the SSIP pathway and 36.4% assigned to the HIPU pathway (n = 2919). The EQUIPS pathway accounted for 16.1% (n = 1780) of all eligible inmates. The remaining 20.4% (n = 2259) eligible inmates were variously assigned to the SOP, VOTP, YAOP, IDAPT and MIP pathways.
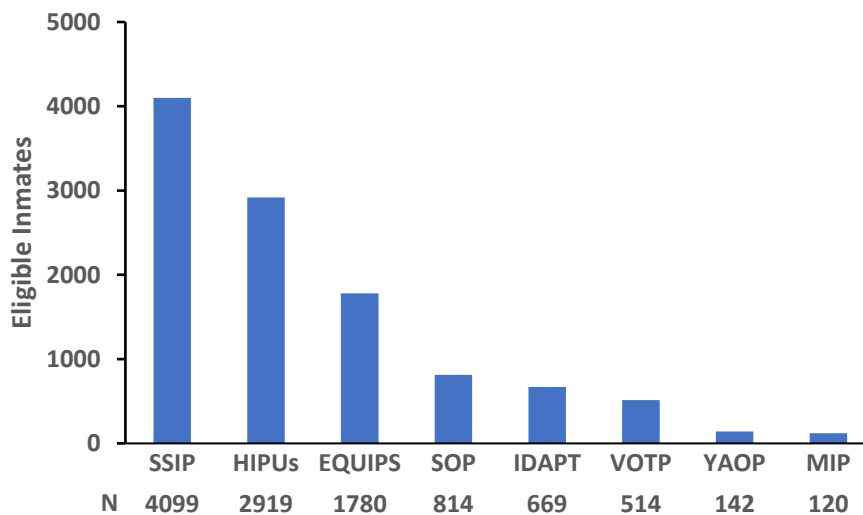


**Figure 1.** Number of eligible inmates assigned to different intervention pathways

For the purposes of analysing eligibility outcomes as a function of the time inmates spent in custody from the time of sentencing, time served was categorised into < 5 months, 5 months – 1 year, 1 –3 years and > 3 years to encompass all intervention pathways. More than two-thirds (70%) of inmates who served less than five months were recorded as ineligible for intervention pathways (see Table 1). Slightly more than half (51%) of inmates who served between five months and one year were found eligible for intervention pathways. Approximately two-thirds (64%) of inmates who served between 1–3 years and a large majority of inmates (84%) who served more than three years were found eligible for intervention pathways. We found a positive relationship between the number of days served and eligibility outcomes ($r = .27$, $n = 24682$, $p < .001$). This indicated that the average number of days served was more for inmates eligible for pathways (M = 507 days) than inmates deemed ineligible (M = 188 days).

Among all ineligible inmates, around half (n = 7017, 52%) had a Custody TRAS score of less than .35. Of ineligible inmates who served less than five months, two in five (n = 3446, 41%) served less than 30 days and half (n = 4283, 51%) had a Custody TRAS score of less than .35. For other time served categories, increasing proportions of ineligible inmates had Custody TRAS score of less than .35 (5

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[3] An exception to this criterion is for people being considered for the SOP intervention pathway. In this case they are required to meet eligibility criteria based on risk of sexual recidivism, as assessed by the Static-99R and other factors.

months – 1 year = 1703, 50%, 1–3 years = 850, 57%; > 3 years = 180, 75%) resulting in ineligibility for intervention pathways.

**Table 1.** Number and proportion of inmates as a function of their served time

| Sentence length | Ineligible | | Eligible | |
|---|---|---|---|---|
| | n | % | n | % |
| < 5 months | 8449 | 70% | 3645 | 30% |
| 5 months – 1 year | 3451 | 49% | 3639 | 51% |
| 1 – 3 years | 1485 | 36% | 2474 | 64% |
| > 3 years | 239 | 16% | 1298 | 84% |

There were more non-Aboriginal inmates (n = 16045) than Aboriginal inmates (n = 8637) assessed for intervention pathway eligibility under the IP model, which is consistent with the distribution of these cultural groups within the broader NSW prison population. A chi-square test found that after adjusting for sentence length there was a significant association between eligibility outcomes and Aboriginal status, $\chi^2(1, N = 24682) = 215.34$, $p < .001$. This indicated that Aboriginal inmates (n = 4416, 51%) were more likely to be found eligible for intervention pathways than non-Aboriginal inmates (n = 6641, 41%).

## What are the participation outcomes for inmates who were assigned intervention pathways? How did these outcomes vary with time served in custody and Aboriginal status?

We examined the participation outcomes of all eligible inmates who were initially allocated to intervention pathways. Of 11057 inmates, around one-third completed (n = 2168, 28%) their primary assigned pathways (see Table 2). While more than half of inmates completed the YAOP (60%) and MIP pathways (53%), slightly less than half completed their HIPU pathway (44%). Around one in four inmates assigned to the VOTP pathway, and one in five assigned to the SOP pathway completed their pathways. Whereas a large number of inmates were assigned to the SSIP pathway, only 8% completed this pathway. Low completion rates of less than 10% were also observed for inmates assigned to the IDATP and EQUIPS pathways.

**Table 2.** Participation outcomes across all primary intervention pathways under the IP model

| Pathway | HIPU | YAOP | MIP | VOTP | SOP | SSIP | IDATP | EQUIPS | Total |
|---|---|---|---|---|---|---|---|---|---|
| Assigned | 2919 | 142 | 120 | 514 | 814 | 4099 | 669 | 1780 | 11057 |
| Completed | 1279 | 85 | 64 | 134 | 164 | 309 | 58 | 75 | 2168 |
| | (44%) | (60%) | (53%) | (26%) | (20%) | (8%) | (9%) | (4%) | (28%) |
| Not Completed | 1640 | 57 | 56 | 380 | 650 | 3790 | 611 | 1705 | 8889 |
| | (56%) | (40%) | (47%) | (74%) | (80%) | (92%) | (91%) | (96%) | (72%) |

Among inmates who served less than five months, the completion rate was substantially lower (7%), relative to other time served categories. Almost one-third of inmates (30%) in the 5 months – 1 year category and around one in four who served more than three years (26%) completed their assigned pathways (see Table 3). In contrast, one in five inmates who served 1– 3 years (20%) completed their assigned intervention pathways.

**Table 3.** Participation outcomes across all primary intervention pathways under the IP model

| Sentence length | Completion | | Non-completion | |
|---|---|---|---|---|
| | n | % | n | % |
| < 5 months | 241 | 7% | 3404 | 93% |
| 5 months – 1 year | 1097 | 30% | 2542 | 70% |
| 1 – 3 years | 487 | 20% | 1987 | 80% |
| > 3 years | 343 | 26% | 955 | 74% |

A chi-squared analysis indicated that after adjusting for sentence length, there was a non-significant association between participation outcomes and Aboriginal status, $\chi^2(1, N = 11057) = 9.31$, $p > .05$. This indicated that there were non-significant differences in the likelihood that eligible Aboriginal (n = 776, 18%) and non-Aboriginal inmates (n = 1392, 21%) completed their primary assigned pathways.

## What were the reasons for non-completion of primary assigned intervention pathways?

A non-completion was recorded in cases where an inmate was assigned a pathway and exited prior to completing that pathway. It was not possible to ascertain if the non-completion occurred before or after the individual had started attending interventions as there were no records of pathway commencements, once found eligible.

Of the total 8889 non-completions recorded in our sample, slightly less than half (n = 4267, 48%) had no recorded reason for pathway non-completion. As a result, the following analyses consider only those cases where reasons for non-completion were recorded (n = 4622, 52%). An exhaustive list of all recorded causes for non-completion was categorised into administrative, behavioural, and therapeutic reasons (see Table 4). Administrative non-completion refers to an exit that occurred because of factors outside of a pathway's routine procedures (e.g., insufficient time, released to parole, COVID-19 exit, released on appeal sentence expiry, security concerns, criminal associations, transport logistics). Behavioural non-completion includes instances where an inmate refused to commence intervention or was prevented due to misconduct. Therapeutic non-completion is recorded when a participant is found unsuitable and no longer eligible for a pathway.

In addition to the abovementioned categories of non-completion, we included a separate category to account for allocation to alternate pathways. Inmates who were unable to complete their primary assigned intervention pathway but were referred to alternate pathways were categorised into 'Alternate pathway exit' as primary pathway 'non-completers'. We were unable to analyse reasons for referral to alternate pathways as these were not recorded.

The administrative non-completion category accounted for more than half of all recorded non-completions (54%). The primary reason within this category was transport logistics primarily associated with the SSIP pathway in particular, which accounted for 12% of all recorded non-completions. This was followed by inmates released on parole (11%) and non-completions due to COVID-19 pandemic (8%). Other reasons including association, compassionate release, and Intensive Corrections Orders (ICO) accounted for 5% of administrative non-completion reasons.

Meanwhile, around one in five inmates had an alternate pathway referral recorded as the reason for non-completion of their primary assigned pathway (19%). Almost one in five inmates had a non-completion reason within the therapeutic category (18%), with the primary reason being therapeutic factors resulting

in the non-commencement of intervention within a pathway (12%). Behavioural reasons accounted for the smallest group of non-completing inmates (9%), which primarily indicated a refusal to commence intervention in a pathway (8%).

**Table 4.** Categories and reasons of non-completion of intervention pathways

| Non-completion exit category | Non-completion exit reason | n | % |
|---|---|---|---|
| Administrative | Transport Logistics SSIP | 543 | 12 |
| | Released to parole | 495 | 11 |
| | Exit Covid | 359 | 8 |
| | Security | 329 | 7 |
| | Expired sentence | 183 | 4 |
| | Insufficient time | 173 | 4 |
| | Appeal | 174 | 4 |
| | Other administrative reasons | 210 | 5 |
| | *Total Administrative* | *2466* | *54* |
| Therapeutic | Non-starter (therapeutic) | 571 | 12 |
| | No longer eligible | 270 | 6 |
| | *Total Therapeutic* | *841* | *18* |
| Behavioural | Refused participation | 393 | 8 |
| | Misconduct | 59 | 1 |
| | *Total Behavioural* | *452* | *9* |
| Alternate Pathway exit | | 863 | 19 |
| | | *4622* | *52* |
| *Total recorded* | | | |
| *Total non-recorded* | | *4267* | *48* |

Table 5 below presents data on categories of non-completion reasons across individual pathways. While administrative reasons accounted for a large proportion of all recorded non-completions in the EQUIPS (75%), SSIP (65%), MIP (50%) and HIPU (49%) pathways, therapeutic reasons accounted for the highest proportions of non-completions in the VOTP (50%) and IDATP (48%) pathways. In contrast, the SOP (51%) and YAOP pathways (43%) had the most alternate pathway non-completions exits, and a substantial proportion of inmates in the IDATP (35%) and HIPU (26%) also had alternate pathway exits.

**Table 5.** Number of inmates across non-completion categories and individual intervention pathways

| Pathway | HIPU | EQUIPS | SOP | VOTP | SSIP | IDATP | YAOP | MIP |
|---|---|---|---|---|---|---|---|---|
| Administrative | 723 (48%) | 157 (75%) | 11 (23%) | 11 (29%) | 1447 (65%) | 75 (15%) | 19 (36%) | 25 (50%) |
| Therapeutic | 162 (11%) | 5 (2%) | 11 (23%) | 19 (50%) | 393 (18%) | 244 (48%) | 6 (11%) | 1 (2%) |
| Behavioural | 218 (15%) | 16 (8%) | 1 (2%) | 2 (5%) | 193 (9%) | 9 (2%) | 5 (9%) | 6 (12%) |
| Alternate Pathway | 388 (26%) | 30 (15%) | 24 (52%) | 6 (16%) | 195 (9%) | 179 (35%) | 23 (43%) | 18 (36%) |

Table 6 presents data on categories of non-completion reasons across time served categories. Administrative reasons accounted for more than two-thirds (68%) of all non-completions for inmates who served less than five months, and almost half of inmates (48%) in the 5 months – 1 year category. For inmates who served 1 – 3 years, there were similar proportions of administrative (36%), therapeutic (26%) and alternate pathway exits (29%). Therapeutic reasons accounted for more than half (40%) of all non-completions for inmates who served more than three years.

**Table 6.** Number of inmates across non-completion categories and individual intervention pathways

| Time served | Administrative | | Therapeutic | | Behavioural | | Alternate Pathways | |
|---|---|---|---|---|---|---|---|---|
| | n | % | n | % | n | % | n | % |
| < 5 months | 1344 | 68 | 347 | 17 | 159 | 8 | 145 | 7 |
| 5 months – 1 year | 794 | 48 | 216 | 13 | 212 | 13 | 430 | 26 |
| 1 – 3 years | 302 | 36 | 219 | 26 | 69 | 9 | 243 | 29 |
| > 3 years | 27 | 19 | 59 | 42 | 10 | 7 | 45 | 32 |

Of the total recorded reasons for pathway non-completion, Aboriginal (total n = 2025) and non-Aboriginal inmates (total n = 2597) had similar rates of administrative (Aboriginal: n = 1057, 52%, non-Aboriginal: n = 1411, 54%), therapeutic (Aboriginal: n = 352, 14%, non-Aboriginal: n = 489, 13%) and behavioural (Aboriginal: n = 198, 9%, non-Aboriginal n = 252, 8%) non-completions. In contrast, Aboriginal inmates (n = 418, 21%) were more likely to have non-completion of their primary pathway recorded due to referral to an alternate pathway, relative to non-Aboriginal inmates (n = 445, 14%).

## How many inmates were referred to alternate pathways? What were the outcomes of those alternate pathways? What were the primary reasons for non-completion of alternate pathways?

A throughput analysis was conducted on a subset of inmates who did not complete their primary assigned pathway and were allocated to an alternate pathway. The analysis tracked the progression of inmates once an alternate pathway non-completion exit was recorded. One in ten inmates (n = 863) of the total non-completions (n = 8889) in our sample received an alternate pathway referral. Among those inmates who received an alternate pathway referral, more than two-thirds had the HIPU and SSIP as their primary pathways (n = 589, 68%), and one in five inmates were assigned the IDATP pathway (n = 172, 20%). The YAOP, SOP, MIP, EQUIPS, and VOTP pathways accounted for the remaining 13% (n = 102) alternate pathway referrals.

Among those inmates who received an alternate pathway referral, a third (n = 278) commenced their assigned alternate pathways. Of these inmates, two thirds commenced the alternate SSIP and HIPU pathways (n = 174, 63%) after allocation. One in four of these inmates commenced the EQUIPS alternate pathway (n = 69, 25%) and the remaining 12% (n = 35) inmates with alternate pathway referrals commenced the MIP, IDATP, SOP or YAOP pathways.

Of those who commenced (n = 278), around 10% (n = 28) completed their alternate pathways. Completions most commonly involved inmates who were assigned to the HIPU pathway (n = 13). Administrative reasons accounted for over a third of all alternate pathway non-completions (n = 88, 35%). One in five inmates were further referred to other alternate pathways prior to completion (n = 49, 20%). The least common reasons for not completing the alternate pathways involved behavioural (10%) and therapeutic (5%) factors. It is also noted that in 30% (n = 75) of alternate pathway non-completions, no reasons were recorded.

# Summary of IP throughput analysis

Figure 2 below summarises the overall throughput analysis of the IP model. As shown, 44.8% of inmates were deemed eligible and were assigned various intervention pathways. The remaining 55.2% of inmates were ineligible for intervention pathways. Of eligible inmates, 28% completed their primary assigned pathways. Of inmates who did not complete their assigned pathways (72%), 10% were referred to continue interventions through alternate pathways. Of these referred inmates, one-third (32%) commenced interventions through alternate pathways, and approximately 10% completed their assigned alternate pathways.
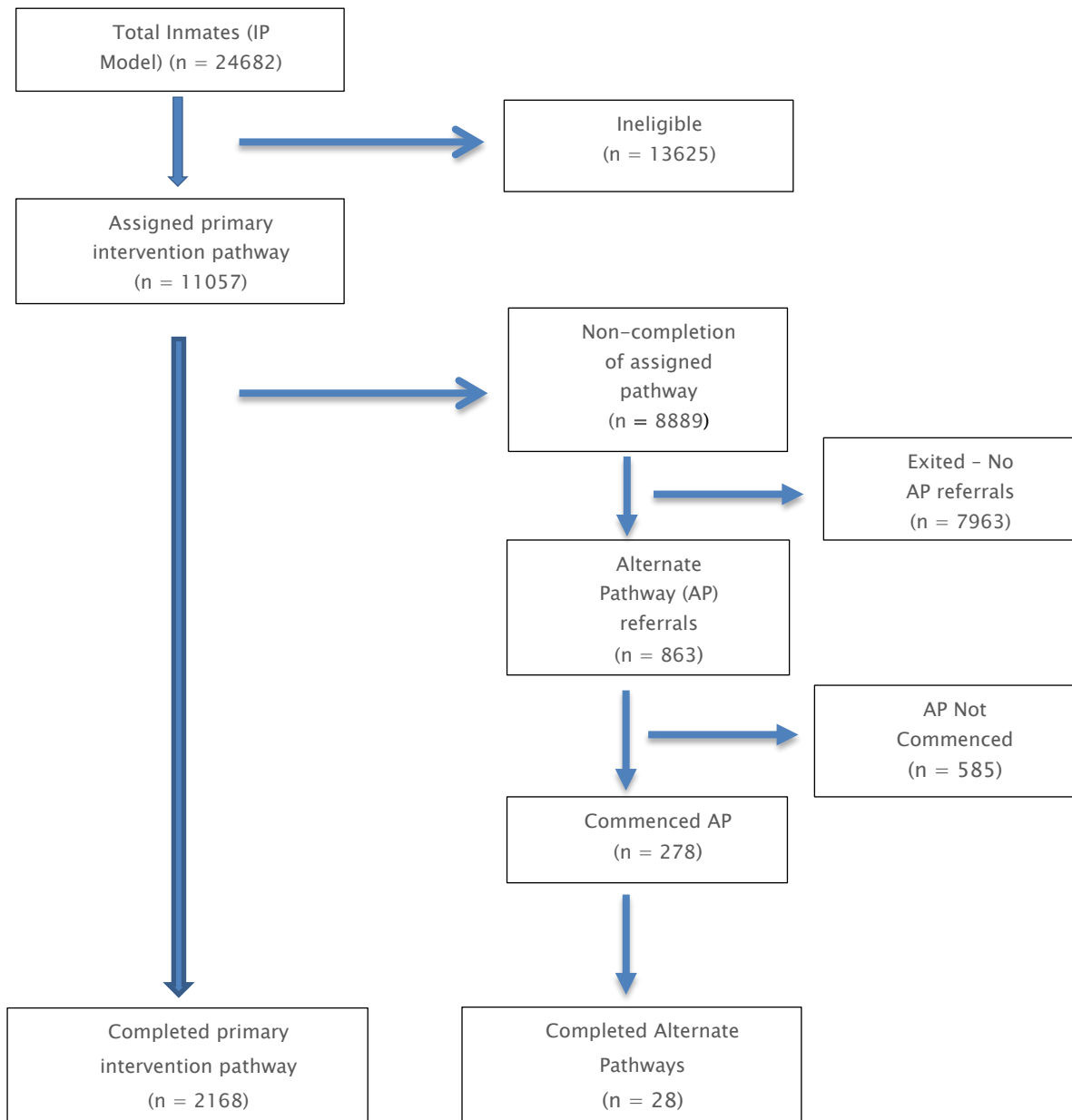
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Total Inmates (IP                        Ineligible
Model) (n = 24682)       ───────────▶   (n = 13625)

Assigned primary
intervention pathway                     Non-completion
(n = 11057)              ───────────▶    of assigned
                                         pathway
                                         (n = 8889)        ──────▶   Exited - No
                                                                     AP referrals
                                                                     (n = 7963)

                                         Alternate
                                         Pathway (AP)
                                         referrals
                                         (n = 863)         ──────▶   AP Not
                                                                     Commenced
                                                                     (n = 585)

                                         Commenced AP
                                         (n = 278)

Completed primary                        Completed Alternate
intervention pathway                     Pathways
(n = 2168)                               (n = 28)
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**Figure 2.** Number of eligible inmates assigned to different intervention pathways

# CONCLUSIONS

The IP model was developed with the intention of streamlining and integrating assessment for and delivery of programs and services within the CSNSW custodial system to ensure that the right people receive the right interventions at the right time. As such, outcomes relating to efficient inmate throughput and completion of interventions are key focus areas for evaluating the success of the model. The current study aimed to generate insights about these outcomes, examining major processes and exit points of the model including eligibility assessment for the various intervention pathways, pathway completion rates, reasons for non-completion, and functions associated with utilisation of alternate pathway referrals.

Results indicated that more than half of the assessed sample was deemed ineligible for intervention pathways. It is consistent with the core objectives and selection criteria of the IP model that a large proportion of ineligible inmates were found to have relatively low risk of recidivism, and time to serve in custody was significantly associated with likelihood of being deemed ineligible. Aboriginal and non-Aboriginal inmates did not differ significantly in rates of eligibility assessment, which has positive implications for cross-cultural equality in access to programs and services under the IP model. Among those inmates who were found eligible, the majority were assigned to intervention pathways for people serving short custodial sentences including the SSIP and HIPU pathways. These results are consistent with adult criminal sentencing patterns in NSW, where 80% of offenders serve under one year in custody (NSW Bureau of Crime Statistics and Research, 2023).

Once deemed eligible, approximately one in three eligible inmates completed their primary assigned pathways, with similar completion rates between Aboriginal and non-Aboriginal inmates. These rates may be compared to 40% - 70% completion rates across other custodial treatment programs (Bosma et al., 2014; Mahajan et al., 2022). Completion rates were highest in the YAOP, MIP, and HIPU pathways, while low rates of less than 10% were observed in the SSIP, IDATP, and EQUIPS pathways. Considering the overall pattern of results, the low completion rate for the SSIP pathway highlights the various administrative and logistic challenges associated with delivering interventions to people serving short custodial sentences, which is juxtaposed against the prevalence and level of need of these inmates within the prison population. Global rates of completion under the IP model would be improved by ongoing improvements to SSIP throughput in addition to further examination of processes for the EQUIPS and IDATP pathways, noting that these pathways had different profiles of non-completion, with the former characterised by administrative exits and the latter most commonly involving therapeutic exits and alternate pathway referrals. We also acknowledge that implementation of the IP model coincided with the COVID-19 pandemic, and an understanding of participation outcomes may be supported by re-examination of relevant data as correctional centres return to business-as-usual operations.

When assessed across all primary intervention pathways, high non-completion rates were primarily associated with administrative factors. Reflecting the high flows and low completion rates, the single most common reason for non-completion was associated with transport logistics for the SSIP pathway. Inmates in this non-completion category were also commonly released on parole, exited due to COVID-related reasons, released on appeal or after their sentence expired, and often lacked time to complete pathways. Such administrative reasons have been earlier identified as significant challenges in reducing attrition rates in the SSIP and HIPU pathways and sex offender programs in NSW (Howard, 2016; Mahajan et al., 2022; Ross et al., 2023). In contrast, therapeutic non-completion reasons were prominent across the more intensive and longer duration VOTP, IDATP and SOP pathways, which may be indicative of the increasing role of motivation and other responsivity factors in non-completion among inmates serving longer sentences.

While administrative and therapeutic reasons were core drivers of non-completions, it is noted that a substantial number of inmates were categorised as not completing their assigned pathway by virtue of being referred to an alternate pathway. As a result, we recognise that total completion rates for the IP model are slightly higher when considering either the primary or alternate pathway. However, our data indicates that the benefits of alternate pathway referrals on global participation outcomes were marginal, with one third of those referred commencing their pathway and only 28 individuals completing their pathway. Patterns of alternate pathway commencements suggested that insufficient time to complete the primary pathway and inmates nearing their release date may have often been relevant factors, resulting in frequent referrals to the SSIP or HIPU alternate pathways. Alternate pathway referrals also often involved diversion from more intensive primary pathways such as IDATP or SOP, which could suggest relatively poor readiness for or engagement in interventions.

Some limitations of this study are noted. Critically, a significant proportion of inmates (48%) had no recorded reasons for their pathway non-completion, which may have affected some key outcomes of this study, such as assessing reasons for attrition across pathways and alternate pathway referrals. It is also important to recognize that the implementation of the IP model occurred at the same time as the COVID-19 pandemic. The disruptive impact of a pandemic on various aspects of correctional centre operations and intervention delivery is likely to have affected outcomes examined in this study, including participation, attrition, and alternate pathway referrals.

To conclude, the current study indicated that the IP model has made significant systemic contributions to delivery of programs and services among men serving custodial sentences. Under the model, more than 24000 men have received integrated eligibility assessments in recent years. The model has achieved substantial reach, with almost half of these inmates being found eligible for pathways in accordance with elevated risk of recidivism, sentence length and other factors. Rates of subsequent intervention completion varied across pathways and administrative reasons for non-completion were common, in many cases reflecting the prevalence of people serving short custodial sentences and the challenges associated with delivering interventions to this cohort. There appears to be scope for continuous improvement to logistical and other barriers to conversions from intervention pathway assignment to completions, as well as the effectiveness of alternate pathway referrals. Ongoing refinements in these domains could increase pathway allocations and participant retention, contributing to the IP models' aim of reducing reoffending among higher risk offenders.

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