



Research Publication

Implementation of an initiative for people with less than five months to serve in prison: Staff insights on the Short Sentence Intensive Program (SSIP)

Bonnie B. Y. Ross, Yatin Mahajan & Mark V. A. Howard

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1 Executive Summary

1.1 Background and Methods

Individuals with custodial sentences of less than five months form a large cohort and reoffend at high rates, but have historically been excluded from intervention. As an initiative under the New South Wales (NSW) Premier's Priority to reduce reoffending by 5% by 2023, the Short Sentence Intensive Program (SSIP) for individuals serving custodial sentences of less than five months was developed and implemented. The SSIP delivers behaviour change programs and reintegration services to its participants and uses formats of intervention delivery adapted for efficiency. Given its multiple interacting components and time-constrained context, the SSIP is both complex in design and operationally challenging.

The SSIP has been in operation at seven correctional centres across the state since December 2020. Key staff responsible for its operations are Services and Programs Officers (SAPOs), Services and Programs Team Leaders (SAPTLs), and Managers Offender Services and Programs (MOSPs), as well as the Inmate Classification and Placement Unit. To gain insight into contextual factors that may explain variation in SSIP implementation and outcomes, a qualitative investigation is needed.

This study evaluates the implementation of the SSIP through semi-structured interviews with key staff at each SSIP site. We aimed to understand critical areas of the SSIP in operation, including participant identification and placement, intervention delivery, and local logistics. We interviewed 25 staff members and analysed their responses thematically.

1.2 Key Findings

The SSIP is not operationally uniform across its seven sites, but staff perspectives show four unifying themes.

1.2.1 (Re)focusing on the SSIP

The first theme captures staff perspectives on resources and participants for the SSIP. Staffing, space, and participants dedicated specifically to the SSIP were reported to be limited due to competing priorities. As a result, SSIP activities may often be rushed or pushed aside, raising concerns about the quality of intervention, substantial variation in implementation across sites, and the sustainability of an intensive and ongoing but under-resourced venture.

1.2.2 The Right Thing for the Right People (at the Right Time)

The second theme captures staff perspectives on SSIP participants and the nature and timing of intervention the SSIP delivers. Transience of the cohort, and associated challenges in planning and delivering intervention, was described as amplified by eligibility that is inclusive of participants with changeable sentencing statuses. This was raised in relation to the constant attrition of participants released, remanded, or moved elsewhere before completing the SSIP. Inclusion of alternate pathway participants serving the final months of a long sentence was also perceived to be off-target. Given the often low motivation and high responsiveness and welfare needs of the average short-sentenced inmate, staff members identified the value of intervention that is authentic, interactive, and engaging, as well as holistic. Staff members further identified that transportation time is also not fully accounted for in the eligibility criteria, as some participants become ineligible for the SSIP upon arrival at a SSIP site.

1.2.3 Dosage, but is it Therapeutic?

The third theme captures staff perspectives on therapeutic considerations for adapting intervention formats to maximise the amount of intervention delivered in a time-constrained setting. Beyond operational logistics, staff members reported that the adapted SSIP intervention formats have the potential to affect both quantity of dosage and quality of engagement. Rolling groups were seen to hinder the development and maintenance of rapport among participants, whereas accelerated sessions were described as contributing to an overall intervention intensity that may be overwhelming. This was raised with particular reference to participants who experience learning difficulties or who work in addition to attending programs. In-cell activities were felt to be a valuable alternative and augmentative intervention format, but all staff members reported that validation sessions are difficult to consistently undertake among competing priorities which could potentially lead to tokenistic dosage.

1.2.4 Setting up for SSIP Success

The fourth theme captures staff perspectives on preparation that facilitates successful operation of the SSIP and intended outcomes. Intrinsic motivation of participants was described as paramount and dependent on them being inspired to learn, informed, and given a sense of choice and self-efficacy. Buy in from all staff groups directly and indirectly involved in the SSIP was also felt to be important, and likewise dependent on being informed about the initiative and its benefits. Staff members additionally highlighted the need for streamlined processes to retain person-centredness, which is key to intervention quality. To prepare for the specific challenges and complexity in working with a short-sentenced cohort, opportunities for staff training were identified as important.

1.3 Conclusions

Overall, staff members were welcoming of the SSIP as an intervention for the historically neglected cohort of people with short custodial sentences. At the same time, this study demonstrates many inherent challenges in delivering intervention to individuals serving custodial sentences of less than five months. These challenges intersect with multiple aspects of local implementation of the SSIP. The present insights offer avenues for continuous improvement towards a more operationally successful and therapeutically effective SSIP. Namely, that there may be benefit in having dedicated resources and participants for the initiative, along with further development of what and to whom, as well as how, intervention is delivered, and optimal preparation for success.

Table of Contents

1	Executive Summary.....	i
1.1	Background and Methods.....	i
1.2	Key Findings	i
1.2.1	(Re)focusing on the SSIP	i
1.2.2	The Right Thing for the Right People (at the Right Time)	i
1.2.3	Dosage, but is it Therapeutic?	ii
1.2.4	Setting up for SSIP Success	ii
1.3	Conclusions	ii
2	Background	1
2.1	The SSIP Model.....	1
2.2	The Current Study	2
3	Methods.....	3
3.1	Study Design.....	3
3.2	Study Sample.....	3
3.3	Data Collection.....	3
3.4	Data Analysis.....	3
4	Results.....	5
4.1	(Re)focusing on the SSIP.....	5
4.2	The Right Thing for the Right People (at the Right Time)	6
4.2.1	The Right People	6
4.2.2	The Right Thing	7
4.2.3	The Right Time	8
4.3	Dosage, but is it Therapeutic?.....	8
4.4	Setting up for SSIP Success.....	10
5	Conclusions	12
6	References	14

2 Background

Reducing adult reoffending is a priority of the New South Wales (NSW) government. To this end, there is increasing attention to inmates serving shorter custodial sentences as approximately 60% of adult custodial sentences imposed in NSW in recent years have been less than six months (NSW Bureau of Crime Statistics and Research, 2022). Research also shows that inmates with shorter sentences reoffend at higher rates than those with longer or community-based sentences (Hamilton, 2021; Wang & Poynton, 2017; Xie et al., 2018). Among NSW inmates, approximately 43% of those serving custodial sentences of two years or less return to prison within 24 months of release compared to the 32% reoffending rate of those serving custodial sentences of at least three years (Donnelly et al., 2022; Xie et al., 2018). Indeed, short periods of incarceration are not only theorised as ineffectual deterrence (Cracknell, 2018), they may instead perpetuate a cycle of reoffending by increasing an individual's criminogenic risk (Bales & Piquero, 2012), including through stigma-related barriers to community reintegration (Baldry et al., 2006). Such has been described by those with lived experience of serving short custodial sentences as being "set up to fail" (Lievesley et al., 2017, p. 422). However, time spent in prison also situates individuals with criminogenic needs in an environment where specialised support and services can be made available to them (van Ginneken, 2016). Thus, attention to this opportunity to break the cycle of reoffending is warranted.

Although short custodial sentences have historically been served in the absence of rehabilitative activity (Armstrong & Weaver, 2013; Villettaz et al., 2015), Corrective Services NSW's (CSNSW) High Intensity Program Units (HIPUs), implemented in 2017, provide intervention for short-sentenced inmates. At its core, the HIPUs deliver the EQUIPS (Explore, Question, Understand, Investigate, Practise and Succeed) suite of behaviour change programs, which is informed by cognitive behavioural therapy (CBT) and Risk-Need-Responsivity (RNR) principles for offender management (Andrews & Bonta, 2010). Recent research has shown promising outcomes of intervention delivered in the HIPUs. Most notably, inmates serving custodial sentences of less than two years achieved clinically significant change in their criminogenic needs (Mahajan et al., 2020). In addition, development of a positive therapeutic alliance between HIPU staff and participants was found, which in turn was a moderator for behavioural improvement (Mahajan & Howard, 2022). However, the HIPUs exclude inmates serving custodial sentences of less than six months. Given the size of this cohort in NSW and their high rate of reoffending, the dearth of intervention for inmates serving very short custodial sentences (i.e. less than six months) needs to be addressed.

2.1 The SSIP Model

As one of many initiatives to meet the Premier's Priority Strategy to reduce adult reoffending following release from prison by 5% by 2023, CSNSW developed the Short Sentence Intensive Program (SSIP) for inmates with less than five months to serve in prison. Designed for efficiency, the SSIP increases intervention to higher risk offenders by refocusing resources at several correctional centres and by using new ways of assessing risk and delivering intervention. Namely, under CSNSW's recently implemented Intervention Pathways (IP) model, an automated actuarial tool is used to identify participants for the SSIP, and the Most Appropriate Program Pathway (MAPP) decision-making aid is used to determine each participant's intervention needs. Then, instead of standard delivery of CSNSW therapeutic programs, adapted intervention formats are used, including rolling groups, accelerated sessions, and in-cell activities.

A combination of programs and services are delivered as part of the SSIP. At a minimum, SSIP participants should complete:

- Getting EQUIP'd Activity Books: Written activities based on non-offence specific EQUIPS program content and designed for in-cell completion; usually provided during orientation.

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- CONNECT: A stand-alone resilience program based on dialectical behaviour therapy; usually delivered prior to EQUIPS programs.
 - NEXUS: A component of reintegration where participants are assisted in planning their return to the community.

Resource permitting and based on individual need, SSIP participants with sufficient time to serve may additionally complete:

- EQUIPS: One or a combination of four structured programs addressing criminogenic needs that are specific or non-specific to participants' offending behaviour (EQUIPS Addiction/Aggression/Domestic and Family Violence and EQUIPS Foundation). For detailed information about EQUIPS, see Zhang et al. (2019).
- Getting EQUIP'd Activity Sheets: One or a combination of written activities based on offence-specific EQUIPS program content and designed for in-cell completion.
- Aboriginal Cultural Strengthening Program: Culturally appropriate therapeutic activities to assist the rehabilitation of Aboriginal participants; usually delivered in four sessions.
- Traffic intervention program (TRIP): A group program for participants convicted of serious traffic offences to increase their awareness of high risk driving behaviour and its link to road trauma.

Beyond using innovative processes for risk assessment and adapted intervention formats, the SSIP is a complex intervention due to its multiple interacting components. At initial classification and placement, SSIP-eligible inmates must be identified then transferred to a SSIP site based on criteria including vacancy, security classification, security risks and association, time to serve, and travel distance. At the multiple SSIP sites, local staff must assess for individual needs, both criminogenic and in relation to reintegration, and deliver interventions accordingly. SSIP participants are allocated to one of two program streams based on their earliest possible release date (EPRD). Those with 4-12 weeks to EPRD are allocated to Stream 1, and those with 13 weeks to five months to EPRD are allocated to Stream 2. To complete the SSIP, participants must achieve at least 30 hours of intervention and this 'dosage' must target their specific needs as identified on their SSIP MAPP.

2.2 The Current Study

The SSIP has been in operation since December 2020 at seven correctional centres across NSW. Although the intervention model is theoretically-informed, its success depends not just on its design but its implementation. Without insight into whether the SSIP has been implemented as intended, any link between program delivery and observed outcomes remains tenuous (Duerden & Witt, 2012). As the SSIP is complex and multifaceted, implementation evaluation offering insight into contextual factors that may explain variation in outcomes is needed (Moore et al., 2015). This includes the local context, people involved, and available resources among other unforeseeable factors that may be associated with the exceptional scarcity of time for intervention or the non-conventional program components.

The present study aims to evaluate the implementation of the SSIP through semi-structured interviews with key staff at each SSIP site. By examining staff perspectives, this evaluation gives insight into critical areas of the SSIP in operation, including participant identification and placement, intervention delivery, and local logistics.

3 Methods

3.1 Study Design

We conducted this study qualitatively using semi-structured interviews and thematic analysis. This study design was chosen to produce an information-rich and contextualised understanding of the implementation of the SSIP across seven correctional centres. Semi-structured interviewing allowed both pre-planned and ad hoc topics to be addressed and enabled insights inaccessible through direct observation alone to be gained (Willig, 2013).

3.2 Study Sample

We recruited key local staff responsible for the operations of the SSIP at each of the seven correctional centres delivering the SSIP. These sites were Bathurst, Cessnock, Dillwynia, Goulburn, Mid North Coast, South Coast, and Wellington correctional centres. The key local staff were Services and Programs Officers (SAPOs), whose duties include interacting with and delivering interventions to participants; Services and Programs Team Leaders (SAPTLs), whose duties include coordinating and supporting assessment and intervention delivery; and Managers Offender Services and Programs (MOSPs), whose duties include overseeing and supporting program operations and resource allocation. In addition, we recruited a representative staff member from the Inmate Classification and Placement Unit which is responsible for identifying SSIP-eligible inmates and organising their placement and transportation to suitable SSIP sites.

Given the distinct and critical duties of each staff role and the local management of the SSIP at each site, purposive sampling was conducted with reference to a sampling matrix. In total, our sample included 25 staff members comprised of 8 SAPOs, 9 SAPTLs, 7 MOSPs, and one staff member from the Inmate Classification and Placement Unit. On average, these staff members had 3.8 years of experience working in their role (0.5-12 years) and 20 months of experience working in the SSIP (6-24 months). This sample size and composition was deemed appropriate for yielding data of sufficient scope and depth to offer useful insights (Malterud et al., 2016).

3.3 Data Collection

We interviewed each staff member individually following a schedule of pre-planned open-ended questions. These pertained to critical areas of the SSIP in operation, including participant identification and placement, intervention delivery, and local logistics. Separate interview guides were created for each staff role with questions tailored to their distinct duties in relation to the SSIP.

Staff members were interviewed from December 2022 to February 2023. The interviews were conducted online through Microsoft Teams video conferencing with staff members located at their usual place of work. The interviews lasted 46 minutes on average. All interviews were audio-recorded with consent and subsequently transcribed for analysis.

3.4 Data Analysis

We analysed the interview data using reflexive thematic analysis (Braun & Clark, 2022) and NVivo software (QSR International). This entailed: data familiarisation (viewing the dataset in its entirety while noting analytic impressions), coding (systematically labelling and sorting data into patterns of meaning across the dataset), theming (describing provisional themes), and reviewing (revising themes with reference to the coding and the full dataset). This method was chosen as a structured yet flexible way to capture domains of analytic interest as well as unanticipated trends.

For rigour, we performed peer debriefing which involved collaboratively reflecting on and critiquing the developing analysis to ensure the relevance of our focus, validity of our interpretations, and transferability of our results (Tracy, 2010). We also practiced reflexivity, a critical aspect of qualitative research involving conscientious conduct. This acknowledges that the research process and output, by virtue of its interpretive nature, is shaped by how and by whom it is conducted (Varpio et al., 2017). For transparency, we kept an audit trail of the analysis and researcher memos.

4 Results

The 25 staff members interviewed in this study shared detailed insights into the implementation of the SSIP, from identification and placement of participants, to orientation, assessment, and intervention delivery. Overall, having witnessed countless short-sentenced inmates return to prison after release, staff members in this study were welcoming of the SSIP as an intervention initiative for a historically neglected cohort. Although the seven SSIP sites are not operationally uniform, staff perspectives are unified by four themes that show the potential benefit of improvement towards focused resources for a targeted cohort, with the right intervention and thoughtful preparation. These themes are explained as follows.

4.1 (Re)focusing on the SSIP

The first theme drawn from the interviews relates to the resources and participants for the SSIP. At all sites, the SSIP operates in conjunction with business as usual in offender services and programs. Staffing and physical resources are not dedicated solely to the SSIP but required to meet demands in and outside of the intervention initiative. Likewise, SSIP participants do not solely participate in the SSIP while in prison; the majority also work in Corrective Services Industries (CSI). This lack of resources and participants dedicated specifically to the SSIP was reported as the foremost factor affecting implementation of the initiative.

As explained by staff members, with SSIP sites continuing to be tasked with pre-existing duties, SSIP activities must be rushed or “pushed aside” on a regular basis, except when business as usual is unintentionally prevented:

“We’re still everyday screening fresh custody inmates, we’re still involved with mainstream inmates that are in the EQUIPS suite of programs, we’re still doing referrals in the pods, we’re dealing with crisis management... all these other competing priorities... but hang on, where’s my focus?”

Similarly, the absence of a single program location for the SSIP at each site was described as a significant barrier to implementation. With SSIP participants housed “here, there and everywhere,” typically at locations for working in CSI, access to participants for SSIP activities was said to be contingent on custodial staff’s availability to move participants and to do so punctually, participants’ willingness to move, and negotiation with CSI. Likewise, with SSIP rooms shared with Education Programs and Services at some sites, access to physical space for SSIP activities was said to be inconsistently available. From sites with readily available space, the need for such space to be conducive to positive change was also highlighted. Namely, staff members remarked that a therapeutic environment should not have a “sterile” atmosphere and “echoey” acoustics. In addition, the availability of SSIP wages for some but not all participants was highlighted as an issue by multiple staff members who spoke of its importance for incentivising participation as well as meeting a participant’s practical need.

Parallel to these comments, multiple staff members cited the HIPU as illustration of an intervention initiative facilitated by assured resources and participants. At some SSIP sites, the HIPU model was said to be approximated by rotating staff members into a role that attends exclusively to the SSIP. At other sites, duties in and outside of the SSIP were said to be divided between all staff members. In either case, whilst acknowledging the infinite demand for finite resources, the underlying sentiment from most was that the SSIP is the “poor man’s cousin”: shortest in timeframe of all intervention initiatives, the SSIP not only lacks resourcing but also the time afforded by longer sentences to buffer disruptions, including those inevitable within a custodial environment (e.g. lock-ins). That is, the poverty of time inherent to the SSIP’s intervention context compounds implementation barriers attributable to limited resourcing. Given the predicament, staff members described implementation of the SSIP as benefitting from local adjustment based on trial and error. For example, to

address issues related to resourcing, most sites have modified their delegation of offender services and programs duties since initial implementation of the SSIP.

SSIP operations were reported to have improved over time at all sites, and staff members unanimously endorsed the intervention as a worthwhile initiative. However, a secondary yet significant concern giving impetus to the need for dedicated resourcing related to intervention quality: “If it’s quality, it needs time, which needs resources.” For quality, staff members explained that competing demands for resources and participants need to be eliminated so that more time can be devoted to undertaking SSIP activities with care instead of rushing through them. Such activities include orientation, assessment, and intervention. Unquantified as it may be, staff perspectives converged on quality as the difference between a SSIP participant being challenged on their criminogenic attitudes, supported for their responsivity needs, and motivated proactively rather than reactively, versus one who is too guarded to share, too confused to learn, and too indifferent to create change. Though the former featured in anecdotes from most sites, it was said to be “ad hoc” and made possible by the effort of staff:

“We put more pressure on ourselves to still maintain the same standard of work... because there’s no point in saying we’re going to give short sentence inmates this amount of hours to support their not coming back to gaol if you’re not doing that in a way that is therapeutic.”

On this matter, staff members warned of two notable issues. First, intervention fidelity is undermined when the need to “work with what you’ve got” equates to substantial variation across the sites. As articulated by one staff member, this then prevents reliable outcome evaluation. Second, sustainability is less feasible when an intensive and ongoing venture is also under-resourced in terms of staffing: “Everyone just pitches in and gets it done, but it’s not reflected in the workload... I don’t see how sustainable it is.” In this regard, burnout among SSIP staff was said to be experienced more than usual at almost all sites.

4.2 The Right Thing for the Right People (at the Right Time)

The second theme drawn from the interviews relates to SSIP participants and the nature and timing of intervention the SSIP delivers.

4.2.1 The Right People

Throughout the interviews, a topic staff members revisited repeatedly was the nature of the inmates participating in the SSIP. Corresponding with its eligibility criteria, the SSIP not only includes inmates with custodial sentences of less than five months, but also those with pending court matters, those serving a balance of parole, and those needing an alternative to their original intervention pathway. As such, the transience already introduced by a “blanket short sentence” was said to be amplified by the “variables in between.” All staff members remarked on the changeable sentencing status of SSIP participants as an implementation barrier as it causes a constant attrition of those released, reverted to remand status, or moved elsewhere, often without warning, before completing the intervention. In turn, extra work in constantly reviewing and replacing participants is necessitated. Staff members described this as “hectic,” particularly because it entails variously located information and convoluted procedures on CSNSW’s Offender Integrated Management System (OIMS). While local systems of organisation for the many “moving parts” of the SSIP were described at each site, staff members viewed the administrative load as detracting from the more important work of delivering the intervention:

“The turnover... that’s what makes it hard... every day the list changes... I sit in front of my computer most of the week just trying to do all the MAPPs and all the data entry stuff... It’s so admin heavy it’s not funny.”

Further to this, staff members felt that the cohort of inmates participating in the SSIP is off-target as it includes, and in some instances prioritises, longer sentenced inmates serving their final months in prison. These alternate

pathway inmates participate in the SSIP due to being unsuitable for any other program but identified through CSNSW's IP model as requiring intervention for their criminogenic needs. At this, multiple staff members expressed concern that the agenda of the SSIP is diluted. They commented that including participants with varying sentencing characteristics precludes a clear and consistent "vision" for intervention efforts.

4.2.2 The Right Thing

Adjacent to the question of whether the right inmates are participating in the SSIP was whether the right intervention is delivered. According to staff perspectives, the average short-sentenced inmate is undeterred by their less than five months in prison, desperately in need of welfare, and often requiring health and disability services. That is, many short-sentenced inmates present as unwilling or unable to engage in therapeutic programs:

"They're like, 'I'm getting out soon anyway, I don't need to do this'... they can see the exit sign... they've got no willingness to change... no motivation... maybe the focus should really be taken out of these programs and put into reintegration."

"We're dealing with people who have got co-existing mental health problems and addiction, who are often homeless... 50%, maybe more, have disabilities... we're not dealing with this high functioning cohort."

In light of these characteristics, consistent remarks were made that prioritising the delivery of practical support in the form of specialist referrals, reintegration services, and throughcare would be more timely. Granted, the irrelevance of reintegration to a participant anticipating a longer sentence following the conclusion of pending court matters was noted. Regardless, staff members spoke of the importance of delivering support through skill-building activities and in a "case managed" way in lieu of standard custodial case management¹. As such, a sizeable cohort in the SSIP with sentences of less than three months is disqualified. Relatedly, all staff members felt that improvement towards more holistic care is needed. For example, educational and vocational activities were highlighted as beneficial but needing to be integrated in, not competing with, the SSIP through collaboration of currently siloed stakeholders.

In contrast, staff members observed that the average longer sentenced inmate is highly motivated for change. Some staff members felt that this comes from lived experience of time wasted in prison. Inclusion of longer sentenced inmates in the SSIP, albeit off-target, was thus felt to be valuable as a source of positive peer influence:

"You can get the inmate in the room that says, 'Look, you guys are only here for five months. I've been here for 12 years. You should pull your head in and get your life together and stop coming back to custody.' So there's that positive side of it."

Nevertheless, from staff perspectives, the question remained: is the SSIP the right intervention for longer sentenced inmates? As appraised by several staff members, compared to the greater amount and scope of intervention usually recommended for serious violence and sex offenders, the SSIP may confer inadequate risk reduction: "From an 8-10 month live in residential program... he's only got to do 30 hours now... I hope he's not my neighbour."

More broadly, on the matter of delivering the right intervention to those participating in it, a range of suggestions were offered by staff members. These were prefaced by reflections that a significant portion of SSIP

¹ In CSNSW custody, only inmates serving more than three months have individualised case plans to consolidate input from all stakeholders and facilitate the transition from custodial to community settings (for detailed information on custodial case management, see Tran & Howard [2021]).

participants are not ready, or not able, to engage in processes of change because of being attentionally preoccupied by their imminent release, limited by their literacy or mental status, unmotivated, or otherwise hindered in their capacity to learn. As such, staff members remarked on the necessity of “meeting inmates where they’re at” through intervention catered both in relevance and accessibility so that creating change is both desirable and achievable.

As a prime example, multiple staff members applauded CONNECT for delivering evidence-based therapy that addresses the needs of SSIP participants in a way that is “interactive,” “authentic,” and “fun.” For this, and from observing not just engagement but enjoyment among participants, staff members judged it to be suitable in the SSIP. Noting that many SSIP participants are unfamiliar with programs, CONNECT was also labelled a “soft landing” to more confronting intervention.

Comparatively, staff members described EQUIPS Foundation as less suitable in the SSIP. They felt that it is overly similar to content already delivered, and better delivered, in CONNECT. Staff members recognised that there is benefit in repeating content to reinforce learning, but explained that intervention may be unhelpfully repetitive when it causes frustration and disengagement: “CONNECT and Foundation together just don’t go... I understand what the repetition’s about, but because it’s so condensed... it can go a little bit too far where they just say, ‘I’m sick of this.’”

Further to this, some staff members felt that the program length of EQUIPS Foundation is unfit for the intervention timeframe. With reference to these concerns, suggestions were made to revise or remove EQUIPS Foundation. The option of distilling it into fewer sessions was mentioned, as was delivering its offence-specific counterparts as a priority. Many staff members perceived the latter as more efficacious than the generic program; in some instances, this was given as justification for overriding pre-selected programs for each SSIP stream. Adding to this, staff members highlighted that expanding the gender-specific content for female participants would negate the need to deliver intervention that is not only repetitive but unrelatable. Improvement towards a greater scope of culturally relevant intervention for Aboriginal participants was also suggested.

4.2.3 The Right Time

A final distinct point relevant to the topic of delivering the right intervention to the right people at the right time was the time taken for a SSIP-eligible inmate to arrive at a SSIP site. Staff members reported that this amounts to two weeks at minimum, barring delays from circumstances including a lack of bed vacancy, the dearth of SSIP sites in metropolitan areas and for protection/female inmates, natural disasters, and the COVID-19 pandemic. This exacerbated staff members’ concerns surrounding SSIP eligibility, as the time spent in transit shortens the window of opportunity for intervention and deems numerous SSIP-eligible inmates ineligible upon arrival at a SSIP site due to insufficient time before release. To address this issue, staff members reported that transportation priority is placed on SSIP-eligible inmates and locally developed feasibility screening is applied. For example, where timely arrival at a SSIP site is unrealistic, eligibility may be rescinded prior to expending transportation resources. Still, revision of the eligibility criteria to a minimum sentence length of seven weeks, commensurate with transportation logistics, was felt to be necessary. However, suggestions on the matter ranged vastly and included those stating that a minimum of 10 weeks, starting from the date of arrival at a SSIP site, is needed for a participant to complete the intervention in full.

4.3 Dosage, but is it Therapeutic?

The third theme drawn from the interviews relates to therapeutic considerations for adapting intervention formats to maximise the amount of intervention delivered in a time-constrained setting. Specifically, staff perspectives foreground the role of these formats in shaping not just the operational logistics but the quality of engagement in the SSIP. Regarding rolling groups, staff members explained that introducing a new participant

into a group “closes the room off” and frustrates those who want to progress rather than repeat content. Relatedly, staff members highlighted the onerous task of repairing the constant rupture of safety in the program room. Operational disorder from attrition of disengaged participants was also mentioned as problematic and necessitating extra work in reconstituting groups. In addition, confusion was raised as a problem for both participants and staff.

Citing these experiences and observations, staff members explained that whilst adapted intervention formats contribute to efficiency in delivering dosage quantity, they also have implications for dosage quality:

“Sure we had dosage, but dosage meant nothing because inmates didn’t understand anything. They were getting confused between programs because we were rolling all the programs. So they were like, am I NEXUS? Am I CONNECT? Am I this, am I that? And we’re like, we don’t even know, get in there and get it done!”

In light of these issues, many sites have abandoned rolling groups for a cohort model where participants are fixed not fluid. Under this model, staff members spoke of structure as a basis for engagement, and also reported observing increased peer support among participants due to a greater sense of togetherness. Another approach to rolling groups described was dedicating extra time, and a fixed staff member, to meet each participant individually outside of the program room. Having one-on-one interactions where participants are informed of what to expect and provided a stable point of contact, rolling groups were said to be viable. However, given the differences in cohort and staffing at each SSIP site, the viability of such an approach across all sites is unknown. Nonetheless, the common feature highlighted was a person-centred dimension to intervention, which in turn hinges on working with a participant closely and consistently enough to build the trust and rapport needed to “dig deeper” in identifying and addressing needs. Doing so was felt by staff members to be necessary for ensuring that intervention dosage reflects activities that confer a therapeutic effect.

Regarding accelerated sessions, reported experiences were largely positive with only a few outstanding concerns. Noted by multiple staff members, learning reaches a point of saturation when the frequency of intervention exceeds a participant’s capacity to process information. Another concern was that frequency compromises integrity when there is insufficient time between sessions for participants to complete self-practice activities in the program: “They’ve had one day to work on that change that they’re supposed to spend a week doing.”

Of note, issues with accelerated sessions and rolling groups were not raised in isolation but in the context of the SSIP’s intervention intensity overall. Staff members from across the sites reported that under ideal circumstances SSIP participants are engaged in multiple programs at once with back-to-back sessions four days a week. While many acknowledged the pragmatic necessity of this intervention intensity for completing dosage before release, multiple staff members observed that it is “overwhelming” for some participants, especially those who experience learning difficulties or who work in CSI. This observation is also closely related to aforementioned reports of confusion among staff and participants. Further, one staff member remarked that the SSIP’s intervention intensity “flew in the face” of previous program facilitation standards, thus raising concern as to its therapeutic merit.

Regarding in-cell activities, staff members unanimously appreciated their value as an alternative and augmentative format of intervention. Beyond engaging participants awaiting or unsuitable for programs, staff members spoke of in-cell activities as a means to prime and reinforce learning when delivered before and concurrent to programs. More notably, in-cell activities were described as an opportunity to “manoeuvre” conversations to topics most relevant to the participant, and to offer self-paced learning with personalised support.

However, implementing in-cell activities as intended was said to be difficult. Once issued to participants, in-cell activities are designed to be completed independently, then followed by a face-to-face meeting to check that learning has been achieved. Despite routine provision of in-cell activities at every SSIP site, all sites reported struggling to undertake validation sessions among competing priorities. All staff members regarded this as problematic, explaining that in-cell activities may be issued without being completed by participants who are unwilling or unable to do so: “At times the literacy and numeracy is significant, and even though we offer that support, it’s more about the embarrassment and the shame.” Dosage from in-cell activities on such occasions was said to be potentially tokenistic, not therapeutic, given that its calculation is weighted towards the issuing rather than the validation of the intervention:

“They can actually complete 30 hours without even stepping foot in a program room... if we don’t do a validation session with them it’s basically pointless... they could throw it in the bin for all we know... it’s not a real completion.”

4.4 Setting up for SSIP Success

The fourth theme drawn from the interviews relates to the preparation that facilitates successful operation of the SSIP and intended outcomes. Following numerous statements that the intervention initiative represents a “massive shift” for all involved, comments throughout the interviews foregrounded various important preparatory factors in the SSIP. One such factor was intrinsic motivation. Instead of passively participating at best and adamantly refusing at worst, staff members explained that participants who are inspired to learn rather than obliged to participate will actively engage in the intervention. To this end, selling the benefits of creating change was said to be pivotal, as was early and ongoing information provision. Relevant to this, many staff members noted that participants are often uninformed about the SSIP until orientation at a SSIP site. Though this was said to be one of many pandemic-related occurrences, staff members commented on its effect in triggering resistance from participants transported to site, often away from family, without a sense of choice:

“Programs should never be like herding cattle... because you’ll have a lot of inmates that will come in and they’ll go, ‘Damn, I’m here. I don’t know why they’ve sent me here. I’ve gotta do this program. I really don’t want to do it’... and inmates are very much like, you do the dirty on me and mate that’s it, it’s done.”

On the topic of motivation, providing timetables to participants as a self-management tool was also mentioned. Staff members who had trialled this spoke of its effect in increasing participants’ sense of ownership of their intervention. Also topical was the number of SSIP participants received at SSIP sites. With larger cohorts than most sites are resourced to engage, staff members reported diminished motivation through inactivity, notwithstanding in-cell activities. It was suggested that other meaningful activities are needed, such as program-relevant education or vocation. Similarly, the importance of achievable activity was reiterated by staff members who described self-efficacy as both a motivator towards and “part of the bigger picture” of positive change. To instil self-efficacy, celebrating participants’ completion of the SSIP and having peer mentors were also felt to be valuable.

Another factor raised as key to success of the SSIP was buy in among all staff groups at a SSIP site, whether directly or indirectly involved in the SSIP. That is, for staff to be convinced of the benefits of the initiative and motivated to cooperate. Much like for participants, buy in from staff was said to depend on their awareness of the rationale and the procedures of the SSIP, especially when aspects of it contradict practice to date. Of note, not all sites had wholly attained buy in from their staff, and in instances where this was lacking from management, its perception as a barrier to implementation was especially pronounced. In comparison, from sites that had attained buy in, staff members spoke of resources being strategically prioritised for the SSIP, and collaboration among staff and stakeholders being effective.

A final factor identified as necessary for success was to streamline intervention processes without sacrificing person-centredness. This was illustrated by comments on the algorithm-based determination of SSIP eligibility and the SSIP MAPP assessment of intervention needs. According to staff perspectives, the significance of streamlining is two-fold. First, for participants, screening and assessment lose their therapeutic value. As explained by staff members, processes that can be conducted as a “desktop exercise” without conversing with participants one-on-one are efficient, but it is in one-on-one conversations that participants have the opportunity to be informed of and have input into their intervention. Linking this to motivation and rapport, staff members felt that both participants and staff may be left ill-prepared for intervention:

“We get a list... nekminut [sic] these guys are getting called down to the program... it’s like you’re the substitute teacher... you’ve never met these people and you’re expected to strike it off all hunky dory on the first session.”

Second, for staff, experiential learning is negated. As explained by staff members, screening and assessment that can be administered as a “quick tick and flick” no longer offer the inadvertent training and scaffolded theoretical reasoning gained from more laborious processes. Relatedly, several staff members reported observing that participants’ intervention needs are at times identified inaccurately or without supporting evidence:

“We were finding things that were missed, or an emphasis was put on something else... if they didn’t have the training or background in Risk-Need-Responsivity, the LSI-R was a really good learning tool... stepping people through and understanding why... that process actually was very valuable... it was an opportunity for learning taken away from staff.”

Unless seasoned through “age and exposure and experience,” training, including in the form of supervision, was said to be essential to ensure that streamlining complements, not substitutes, best practice. It was suggested that SSIP training should prepare staff for the specific challenges in delivering intervention to a short-sentenced cohort within a time-constrained context. This is not limited to: complex responsivity needs that require differential diagnosis and adaptive program facilitation; coercive behaviours that require competence and confidence to safely navigate; and ambiguity in policy on eligibility and prioritisation that requires clinical decision-making.

In summary, despite a range of implementation challenges, there was agreement among staff members in this study that the SSIP initiative has value and that “something is better than nothing” for the historically neglected cohort of inmates with short sentences. However, a prevailing perspective was that it should be more than “ticking a box.” Staff perspectives indicate that refinement of the SSIP would help to ensure that it can be implemented, and reduces reoffending, as intended: “I’d really love to see it continue. It just needs refining.”

5 Conclusions

This study presents a qualitative evaluation of the implementation of the SSIP at seven correctional centres across NSW. The SSIP is a multifaceted and operationally complex intervention initiative intended to reduce reoffending in individuals with custodial sentences of less than five months. Through the joint perspectives of staff members with key operational roles in the SSIP, this study aimed to gain insight into contextual factors that may explain variation in SSIP outcomes, and better understand critical areas of the SSIP in operation.

Insights from this study suggest a number of avenues for continuous improvement towards a more operationally successful and therapeutically effective SSIP. Namely, dedicated resources and participants focused on the initiative was indicated to be beneficial, along with careful consideration of what and to whom, as well as how, intervention is delivered. Proper preparation of SSIP staff and its participants was also identified as important to success. Some of these improvements pertain to resourcing while others pertain to program design considerations, including the SSIP's eligibility criteria as well as its content and manner of intervention.

Interpretation of the present insights must acknowledge the inherent challenges of attempting intervention with individuals serving custodial sentences of less than five months as they intersect with many aspects of local implementation of the SSIP. Most saliently, the brevity of time that short-sentenced individuals spend in prison impacts on the nature of activities and delimits what is logistically feasible to achieve before their release. For example, proportional to the total time available to engage intervention participants, routine administrative work occupies more time in the SSIP than in business as usual. Similarly, timely arrival of a SSIP participant at a SSIP site is crucial, but the expense of time for transportation is nonetheless unavoidable. In terms of reducing reoffending, while effectiveness is known to increase with dosage (e.g. Bourgon & Armstrong, 2005), the amount of intervention that can be delivered is ultimately time-constrained. Given this inherent challenge, insights from this study suggest that continuing intervention in the community post-release, or delivering more intervention to fewer participants who meet a narrower criteria, are potential avenues to increase dosage.

Other insights from this study that need to be contextualised within the SSIP's intervention setting include those pertaining to the adapted intervention formats. Rolling groups, for example, were often identified as difficult to implement in the SSIP; however, the therapeutic utility of this format in other settings as well as the administrative advantages it offers have also been evidenced by previous research (see Howard & Wei, 2021). Using such research to interpret present insights, it is suggested that instead of the intervention format per se, implementation success may rather depend on contextual factors. These include continuous development and training to effectively promote positive group processes as a facilitator, and opportunities outside of the program room for participants to foster positive group dynamics with peers.

Beyond the intervention context, insights from this study also need to be interpreted with system level awareness of CSNSW operations. For example, streamlining processes for managing a growing prison population, such as automation of assessments, may be necessary to support operations at the agency level. In this case, best practice may also be facilitated by identifying opportunities for staff training as well as one-on-one interactions with intervention participants. In terms of holistic management, a strengthened model of care is expected from CSNSW's soon-to-be introduced Service Integration teams which will coordinate interdisciplinary services, have professional oversight of case management, and collaborate with CSI and Education Programs and Services.

Detailed insights are offered by this study but some limitations are acknowledged. Methodologically, pragmatic constraints dictated the omission of pilot interviews which may have informed further refinement of the interview schedule. This study occurred two years after initial implementation of the SSIP; since this time, changes were and continue to be made which may not be fully accounted for. The present evaluation is also

limited by the missing perspectives of those with lived experience of participating in the SSIP. Given that inmate perceptions of intervention, and of prison social climate more generally, are known to influence engagement and intervention quality (Lievesley et al., 2018; Thaler et al., 2022), future research seeking input from short-sentenced inmates may add useful insights.

Overall, the SSIP is evidenced to be a challenging but worthwhile intervention initiative according to staff perspectives. With further refinement of the program to support implementation, there is scope for the SSIP to become more operationally successful and therapeutically effective over time.

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Corrections Research, Evaluation & Statistics
 Governance & Continuous Improvement
 Corrective Services W
 GPO Box 31
 Sydney NSW Australia

Telephone: (02) 8346 1556
 Email:
research.enquiries@justice.nsw.gov.au