



Community supervision and rehabilitation: Two studies of offenders on supervised bonds

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Convicted offenders are often subjected to some form of supervision to reduce the risk of further offending. To date, however, there has been no Australian research into the effectiveness of supervision in reducing re-offending. This bulletin presents the results of two studies. The first assesses the effectiveness of supervision by comparing re-offending (as measured by re-conviction) among adult offenders placed on supervised bonds, to re-offending among a matched sample of such offenders placed on unsupervised bonds. The results of this study indicate that offenders placed on supervised bonds are no less likely to re-offend than offenders placed on unsupervised bonds. The second study involves a survey of New South Wales Parole staff designed to shed light on the findings of the first study. The second study finds evidence of significant barriers to the rehabilitation of adult offenders on supervised bonds in NSW, including lack of access to suitable mental health, drug and alcohol and disability services, difficulties securing stable and affordable accommodation and inadequate supervision.

Keywords: Re-offending, supervised bonds, propensity matching.

BACKGROUND

Re-offending is a matter of perennial concern to agencies within the criminal justice system and with good reason. More than a third of the adult offenders who are convicted in NSW courts are re-convicted of a further offence within two years (Smith & Jones 2007). The re-conviction rate of juveniles is higher, with 59 per cent being re-convicted within two years (Smith & Jones 2007). The re-conviction rate for offenders released from custody is also high. Jones et al. (2006) found that 60 per cent of a cohort of offenders released from NSW prisons in the financial year 2000/2001 was re-convicted by September 2004. The high rate of re-conviction is not peculiar to NSW. It is also found in other Australian States and overseas (Payne 2007; Tarling 1993).

One of the most common methods employed to reduce the risk of re-offending among offenders released into the community is to subject them to some form of monitoring or supervision. In her landmark review of the evidence on what works in reducing re-offending, however, MacKenzie (2002, p. 385) found that intensive supervision, home confinement and increased referral, monitoring and management in the community, on their own, have no effect on the rate of re-offending. According to MacKenzie (2002), the most effective rehabilitation programs are those that:

- ...use multiple treatment components, focus on developing skills ...and,
- provide for substantial, meaningful contact between the treatment personnel and the participants. (MacKenzie 2002, p. 385).

More recent reviews of the available evidence support MacKenzie's view. In their systematic review of what works in adult corrections, Aos et al. (2006a) found no effect of intensive supervision on offending but an average 16.7 per cent reduction in re-offending for offenders placed on treatment-oriented intensive supervision programs. The distinctive feature of treatment-oriented intensive supervision is that it provides an opportunity to address the problems that underlie offending behaviour.

The issue of rehabilitation has acquired particular significance since the NSW Government announced a plan to reduce recidivism by ten per cent by 2016 (NSW Government 2006). There is little chance of achieving this goal through programs that only reach a small proportion of offenders coming

into contact with the criminal justice system, regardless of their effectiveness. If the aim is to reduce the overall rate of re-offending within a relatively short period of time, the policy focus should be on programs that are known to be effective and which reach a large number of offenders. Supervised orders are of particular significance in this context. In 2006, the NSW Local Courts placed 6,536 offenders on supervised bonds (NSW Bureau of Crime Statistics and Research 2006, p. 27). A further 2,890 offenders were given suspended sentences with supervision (also, technically, supervised bonds). At any given time, the NSW Department of Corrective Services (DCS) has responsibility for more than 10,000 offenders on probation (NSW Department of Corrective Services 2006, pp 39-153).

This bulletin presents the results of two studies bearing on the effectiveness of supervised bonds as a means of reducing re-offending. The first assessed the effectiveness of supervision by comparing re-conviction rates (our measure of re-offending) among offenders placed on supervised bonds to re-conviction rates among offenders placed on unsupervised bonds. The second involved a survey of Probation and Parole staff, designed to elicit their views on a series of issues related to rehabilitation, such as access to mental health and drug and alcohol services; the availability of employment opportunities and accommodation; and, the extent to which Probation and Parole staff are able to properly supervise the offenders under their care. The results of the first study indicate that offenders placed on supervised bonds are no less likely to offend than those placed on unsupervised bonds. The second study sheds light on the first by finding evidence that significant barriers exist in NSW to effective offender rehabilitation.

STUDY 1: INTRODUCTION

Section nine of the *NSW Crimes (Sentencing Procedure) Act (1999)* permits a court to make an order directing an offender to enter a good behaviour

bond for a specified term (not exceeding five years). Under section 95 of the Act, courts imposing a good behaviour bond on an offender may stipulate that he or she must adhere to various conditions, such as participating in an intervention, treatment or rehabilitation program. The Probation and Parole Service (PPS, a branch of Community Offender Services in DCS) has responsibility for providing this supervision and for providing or arranging interventions designed to reduce the risk of re-offending.

As with all Probation and Parole services, the PPS endeavours to provide a combination of both supervision and support to offenders. Offenders placed on a community-based order are initially screened using the Level of Service Inventory-Revised (LSI-R: Andrews & Bonta 1995) to assess their risk of further offending and their criminogenic needs (i.e. the problems that need to be addressed to reduce the risk of further offending). The results of this assessment are then used to guide the level of supervision and kind of support provided to offenders.

It is important to note that offenders placed on supervised bonds are not necessarily supervised for the entire duration of their bond. Offenders judged to be more serious risks are generally subjected to more protracted and intense supervision than those judged to be less serious risks. The PPS runs a number of its own rehabilitation programs (e.g. a Drug and Alcohol Addiction Program, a Relapse Prevention Program and a Pathways to Employment, Education and Training Program). However, it is also heavily dependent on the willingness and capacity of other Government and non-Government agencies to provide services that are necessary to an offender's rehabilitation (e.g. for intellectual disability, drug dependence and unemployment).

If the supervision and support provided by DCS are an effective means of reducing the risk of re-offending, all other things being equal, those who receive it should

be less likely to re-offend, than those who do not. It follows that offenders placed on supervised bonds should (other things being equal) be less likely to re-offend than those placed on unsupervised bonds. This study tests this hypothesis by comparing re-offending among a group of adult offenders in NSW given a bond with supervision (BWS) to re-offending among a group of adult offenders in NSW given a bond without supervision (BWOS).

There are two major methodological challenges in any study of this sort. The first concerns the difficulty of measuring recidivism. Most offences pass undetected so it is impossible to measure the actual rate of re-offending. The second concerns the difficulty of controlling for extraneous factors (e.g. prior criminal record, gender, Indigenous status) when comparing recidivism rates among offenders placed on supervised bonds to recidivism rates among those placed on unsupervised bonds. Failure to control these factors could result in misleading conclusions about the effectiveness of supervision in reducing recidivism.

In this study, re-offending is defined in terms of re-conviction. Although this is not a perfect measure (some offences invariably escape detection), there is a strong positive relationship between self-reported and officially recorded rates of offending (Hindelang, Hirschi & Weis 1979). As long as there is no systematic bias in the likelihood of an offence leading to a criminal conviction, two groups differing in their rate of offending should also differ in their rates of re-conviction.

The approach adopted to deal with the second difficulty is to use a technique known as Propensity Score Matching (PSM). PSM was developed in medical research to test causal hypotheses about the effectiveness of medical interventions in circumstances where randomised controlled trials would be either unethical or impractical. It involves examining the relationship between treatment and outcome amongst groups

of individuals who have been previously matched on their likelihood of receiving treatment. The assumption underpinning PSM is that, once individuals have been matched on the likelihood of receiving treatment, chance factors alone will determine who actually receives treatment. Any differences between treatment and control groups can therefore be attributed to treatment rather than to other factors associated with treatment. The advantages of PSM over more conventional statistical methods for assessing treatment efficacy are discussed in Rubin and Thomas (1996).

The object of the present study, then, is to see whether there is a difference between offenders given supervised and those given unsupervised bonds in terms of (a) the proportion convicted of a further offence; and, (b) the time to the first re-conviction (amongst those who have a further conviction).

METHOD

RESEARCH STRATEGY

There are five steps in the use of PSM. The first involves building a predictive model of who receives treatment. The second involves using the model to generate predicted treatment probabilities. The third involves dividing the sample into groups, matched on treatment probability. The fourth involves an examination of treated and non-treated subjects within each group to see if there are any significant differences between them on the co-variables included in the predictive model for treatment (known as a co-variate balance check). The fifth involves examining the relationship between treatment and outcome in each of the treatment groups that have been matched on treatment probability.

DATA SOURCE

The principal data source for the study was the Bureau's re-offending database (ROD).¹ ROD contains details of all persons convicted in the NSW Children's,

Local and Higher Courts from 1994 onwards. To conduct the present study, a subset of records was extracted from ROD containing information on the 12,939 individuals who were convicted in a NSW Local Court in the year 2000 (their index court appearance) and who received either a section 9 bond with supervision (5,054 offenders) or a section 9 bond without supervision (7,885 offenders). These data were matched against records held by the DCS on offenders placed on supervised bonds. This cross-matching led to the removal of 101 records belonging to offenders who were recorded in ROD as having been on a supervised bond but who were recorded by DCS as having been in custody at the time the supervised order was imposed upon them. About 10 per cent of the offenders recorded in ROD as having been placed on a non-supervised order, were recorded by DCS as having been placed on a supervised order. An offender was therefore deemed to have been placed on a supervised bond only if the records held by both the NSW Bureau of Crime Statistics and Research (BOCSAR) and DCS indicated they had been placed on a supervised order.

ANALYSIS TECHNIQUE

In the present study, the 'treatment' group consisted of the 4,432 offenders placed on supervised bonds in the year 2000. The control group consisted of the 8,406 offenders placed on a bond without any supervision requirement during the same year. The outcome of interest is re-offending, which we define as conviction for a further offence committed within five years of the index court appearance. To identify variables potentially relevant to the decision about whether or not to place an offender on a supervised bond, the bi-variate relationships between supervision status and a range of variables drawn from ROD were examined. Variables were selected for examination on the basis of their likely relevance to sentencing decisions (Snowball & Weatherburn 2007).

The independent variables examined were:

1. age;
2. gender;
3. Aboriginal and Torres Strait Islander (ATSI) status;
4. principal offence at the index court appearance;
5. whether the defendant pleaded guilty to the principal offence;
6. number of concurrent convictions at the index court appearance;
7. number of prior court appearances resulting in at least one conviction;
8. whether the offender had previously been convicted of breaching a court order;
9. whether the offender had previously received a suspended sentence of imprisonment (SS);
10. whether the offender had previously received a full-time prison sentence (F/T prison);
11. whether the offender had previously received a sentence of periodic detention (PD); and,
12. whether the offender was on bail on the date of the index court appearance.

Bi-variate analyses were carried out to determine which of these variables were related to the likelihood of receiving a supervised bond. All variables found to be significant bi-variate predictors of supervision status were then fitted to a logistic regression model, with the probability of receiving a supervised order as the dependent variable. Non-significant variables in the model were dropped. The reduced model was used to calculate a predicted probability of receiving a supervised order for each individual in the sample. Offenders were then placed into ten equal groups, stratified according to their predicted probability of receiving a supervised bond. As a check on the effectiveness of the matching technique, chi-square (co-variate balance) tests were

carried out on each of the ten supervision risk groups to see whether there were any differences between BWS and BWOS offenders, in terms of the variables included in the reduced model. The model was tested for multicollinearity but no evidence of multicollinearity appeared.

To test for differences in the risk of re-offending, chi-square tests were carried out within each group of offenders to see whether those who received a supervised bond were less likely to re-offend than those who received an unsupervised bond. To test for differences in the time to offend, log-rank tests were conducted on the Kaplan-Meier survival curves within each group to see whether there were any significant differences in the survival time to the first re-conviction for BWS offenders compared with BWOS offenders. Offenders were followed from 2000 to 2006.

RESULTS

DESCRIPTIVE STATISTICS

All continuous variables (e.g. age, number of prior juvenile and adult court appearances resulting in at least one conviction) were recoded into multi-category variables. Table 1 provides descriptive data on the dichotomous variables in the above list. Table 2 provides descriptive data on the multi-category variables.

SIGNIFICANT BI-VARIATE RELATIONSHIPS WITH SUPERVISION

Table 3 shows the bi-variate relationships between each of our independent variables and the likelihood of receiving a supervised bond. The first column of Table 3 shows the percentage of offenders with each of the characteristics described above who were given a supervised order. The second column indicates the number of offenders (N) with that characteristic. The third and fourth columns provide the relevant χ^2 and p-values, respectively.

Table 3 shows that offenders in the sample were significantly more likely to receive a supervised order if they:

- were younger;
- were on bail;
- had previously been imprisoned;
- had previously received a sentence of periodic detention;
- had previously received a suspended sentence;
- had previously breached a court order;
- had larger numbers of concurrent convictions;
- had larger numbers of prior convictions;
- pleaded guilty or no plea was entered;
- were Indigenous.

The likelihood of a bond with supervision is also related to the principal offence; with offenders convicted of drug offences being most likely to receive a bond with supervision, followed by those convicted of property offences, offences against justice procedures, violent offences, 'other' offences and driving offences.²

As noted earlier, all variables found to be significant bi-variate predictors of supervision status were fitted to a logistic regression model with probability of receiving a supervised order as the dependent variable. Table 4 presents the reduced model for supervised bonds. The variable *previous suspended sentence* was not included because of the small number of cases involved (see Table 3). Non-significant factors have been removed from the model as per the procedure outlined earlier.

The Hosmer and Lemeshow test result was not significant ($\chi^2 = 6.706$, $df = 8$, $p = 0.569$), and the ROC-statistic was 0.638, indicating that the model provides a satisfactory overall fit to the data. The model was therefore used to calculate the predicted probability of receiving a supervised order for each individual in the sample and the resulting probability distribution was divided into deciles.

Table 1: Descriptive data for dichotomous variables

Variable value	N	%
Male	10,501	81.8
Previous breach	1,553	12.1
Previous F/T prison	1,392	10.8
Previous PD	396	3.1
Previous SS	27	0.2
On bail	5,650	44.0
Supervised bond	4,432	34.5
Reconvicted within 5 years	7,476	58.2

Table 2: Descriptive data for multi-category variables

Variable value	N	%
Age (years)		
10-25	4,469	34.9
26-35	4,401	34.4
36-45	2,727	21.3
46+	1,215	9.5
ATSI status		
ATSI	2,024	15.8
Non-ATSI	10,268	80.0
Unknown	546	4.3
Principal offence		
Driving	3,048	23.7
Violence	3,682	28.7
Justice procedure	1,229	9.6
Property	3,515	27.4
Drugs	789	6.1
Other	575	4.5
Plea		
Not guilty	1,007	7.8
Guilty	10,970	85.4
No plea entered	861	6.7
Number of concurrent convictions		
None	7,183	56.0
1-3	5,355	41.7
4+	300	2.3
Number of prior adult and juvenile convictions		
None	4,121	32.1
1	2,960	23.1
2	1,871	14.6
3	1,257	9.8
4+	2,629	20.5

Table 3: Bi-variate relationships with supervision

Characteristic	% BWS	N	χ^2	p-value
Age (years)			43.6	<0.000
18-25	37.2	1,663		
26-35	35.1	1,544		
36-45	32.5	885		
46+	27.9	339		
Bail status			85.6	<0.000
On bail	31.1	2,234		
Not on bail	36.2	2,198		
Previous imprisonment			62.5	<0.000
Yes	44.0	613		
No	33.4	3,819		
Previous periodic detention			4.3	<0.022
Yes	39.4	156		
No	34.4	4,276		
Previous suspended sentence			9.7	<0.002
Yes	63.0	17		
No	34.5	4,415		
Previous breach of juvenile or adult court order			71.8	<0.000
Yes	44.1	685		
No	33.2	3,747		
Concurrent convictions			144.9	<0.000
None	30.4	2,182		
1-3	39.1	2,094		
4+	52.0	156		
ATSI status			146.3	<0.000
ATSI	39.0	790		
Non-ATSI	34.9	3,579		
Unknown	11.5	63		
Plea			65.4	<0.000
Not guilty	23.8	240		
Guilty	35.0	3,844		
No plea entered	40.4	348		
Prior juvenile and adult record group			364.5	<0.000
None	24.5	1,008		
1	33.3	987		
2	38.9	727		
3	40.9	514		
4+	45.5	1,196		
Principal offence			100.2	<0.000
Driving	29.4	895		
Other	30.6	176		
Violence	33.0	1,215		
Justice procedure	35.3	434		
Property	39.1	1,375		
Drugs	42.7	337		

Table 4: Risk of receiving a supervised order (reduced model)

Variable	p-value	Odds ratio
On bail	0.000	1.272
Plea	0.000	
Guilty v. not guilty	0.000	1.745
No plea v. not guilty	0.000	1.809
ATSI status	0.000	
Non-ATSI v. unknown	0.000	2.597
ATSI v. unknown	0.000	2.457
Concurrent Offences	0.000	
1-3 v. none	0.000	1.340
4+ v. none	0.000	1.979
Prior record	0.000	
1 v. none	0.000	1.475
2 v. none	0.000	1.830
3 v. none	0.000	1.924
4+ v. none	0.000	2.274
Index offence	0.000	
Other v. driving	0.057	1.333
Violence v. driving	0.002	1.175
Justice v. driving	0.038	1.129
Property v. driving	0.000	1.493
Drugs v. driving	0.000	1.683
Constant	0.000	0.051

Co-variate balance tests were then conducted within each decile to see how well the BWS and BWOS offenders in each supervision risk group were matched in terms of the co-variables included in Table 4. Since there are ten risk groups and six variables, 60 separate co-variate balance tests are required. To mitigate the risk of a Type 1 error associated with the conduct of so many significance tests and such a large sample size, the alpha level for a significant difference was set at 0.01. Only one of the 60 tests yielded a χ^2 value that was significant at $p = 0.01$ or lower.³ Compared with BWS offenders, a higher proportion of BWOS offenders pleaded either not guilty or had no plea recorded against them.⁴

Effect of supervision on risk of re-offending

This section examines the relationship between supervision status and (a) risk of re-offending; and, (b) time to re-offend for each of the ten supervision risk groups. Table 5 shows the relationship between supervision and risk of re-offending in each of the ten supervision risk groups. The first column shows the risk groups ranked from lowest risk of supervision (RG1) to highest risk of supervision (RG10). The next two columns show the percentage of offenders who re-offended (BWOS offenders in the second column and BWS offenders in the third column). The fourth column shows the p-value associated with the difference in risk of re-offending between the BWS and BWOS offenders. Row one has been italicised to draw attention to the fact that co-variate balance checks for this comparison indicated some significant differences in the characteristics of BWS and BWOS offenders.

It is obvious from Table 5 that there is no supervision risk group in which rates of re-offending are significantly lower amongst those given supervised bonds than amongst those given bonds without supervision. The only significant differences are those involving groups one and two. In both of these groups, BWS offenders actually have a higher risk of re-offending.

Table 5: Effect of supervision on risk of re-offending

RG	% re-offending		p-value
	BWOS	BWS	
<i>1</i>	<i>21.7</i>	<i>29.1</i>	<i>0.021</i>
2	41.6	50.7	0.016
3	41.3	46.5	0.115
4	52.2	53.4	0.689
5	55.1	54.9	0.968
6	63.8	63.5	0.931
7	71.0	68.8	0.395
8	71.5	75.9	0.100
9	76.5	78.0	0.530
10	81.6	84.4	0.169

Effect of supervision on time to re-offend

Figures 1 to 10 and Tables 6 to 15 show the survival functions, mean time to fail and log rank test results for RG1 to RG10. The ordinate on each graph shows the proportion of offenders who have not been re-convicted of a further offence. The abscissa shows time (in days) since the index court appearance. Each step down on the curve reflects a failure (re-conviction) on the part of one or more of the offenders in the sample. The crosses indicate points where the follow-up period for an offender expired (i.e. the data for that subject were censored). The green curve shows the survival function for BWOS offenders. The blue curve shows the survival function for BWS offenders.

The findings obtained in relation to time to first re-conviction generally mirror those obtained in relation to risk of re-offending. There are no significant differences in survival time for BWS and BWOS offenders except for RG8, where BWOS offenders take slightly longer to fail than BWS offenders.

Figure 1: RG1 Survival Function

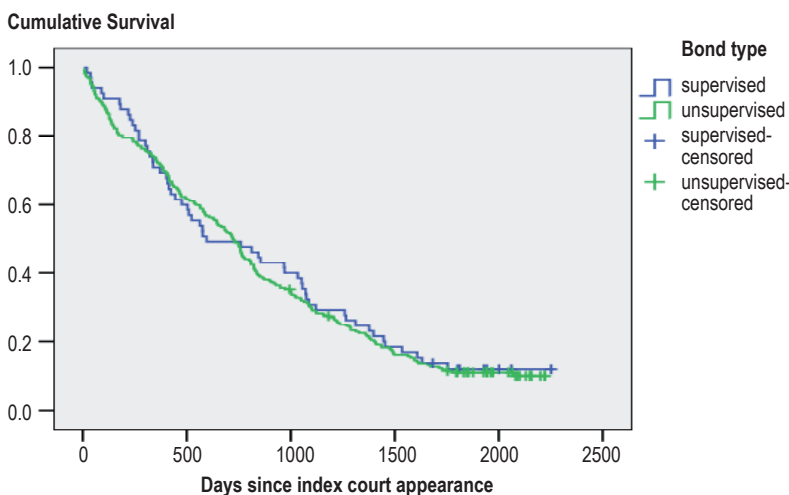


Table 6: RG1: Mean survival times and Log Rank Test Results

Supervision Status	Mean Survival Time (days)
BWOS	844.2
BWS	881.2
Log Rank $\chi^2 = 0.117$, df = 1, p = 0.733	

Fig. 2: RG 2 Survival Function

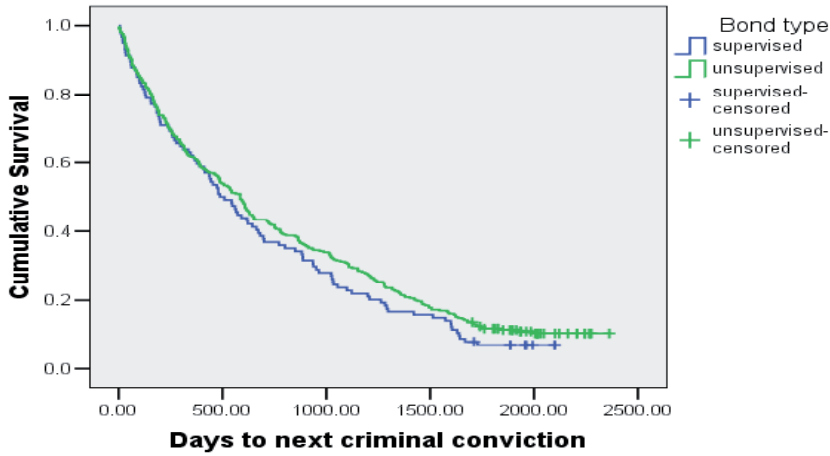


Table 7: RG2: Mean survival times and Log Rank Test Results

<i>Supervision Status</i>	<i>Mean Survival Time (days)</i>
BWOS	803.8
BWS	696.2
Log Rank $\chi^2 = 1.600$, df = 1, p = 0.206	

Figure 3: RG3 Survival Function

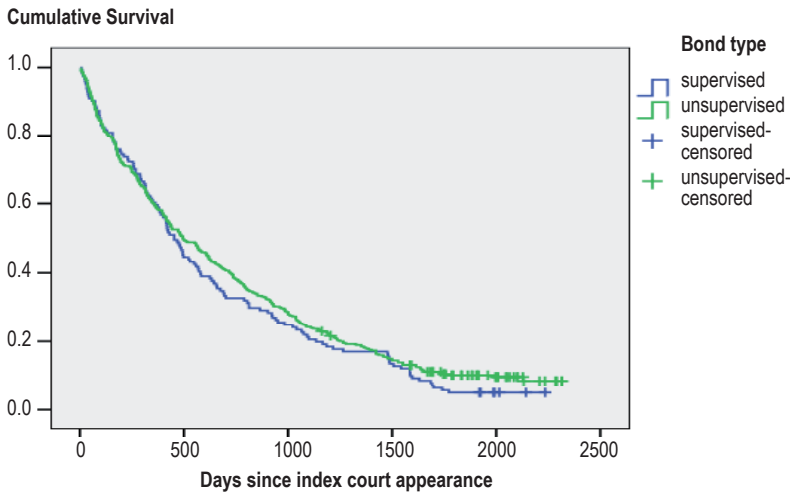


Table 8: RG3: Mean survival times and Log Rank Test Results

<i>Supervision Status</i>	<i>Mean Survival Time (days)</i>
BWOS	736.3
BWS	664.4
Log Rank $\chi^2 = 1.257$, df = 1, p = 0.262	

Figure 4: RG4 Survival Function

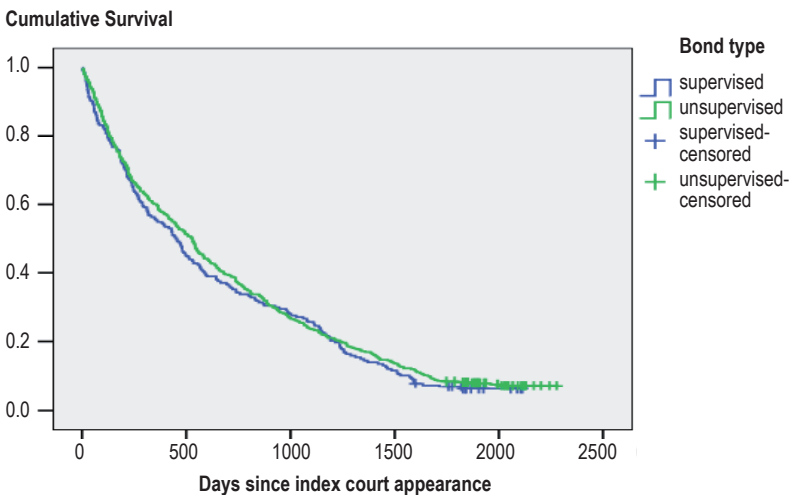


Table 9: RG4: Mean survival times and Log Rank Test Results

<i>Supervision Status</i>	<i>Mean Survival Time (days)</i>
BWOS	708.5
BWS	655.4
Log Rank $\chi^2 = 0.760$, df = 1, p = 0.383	

Figure 5: RG5 Survival Function

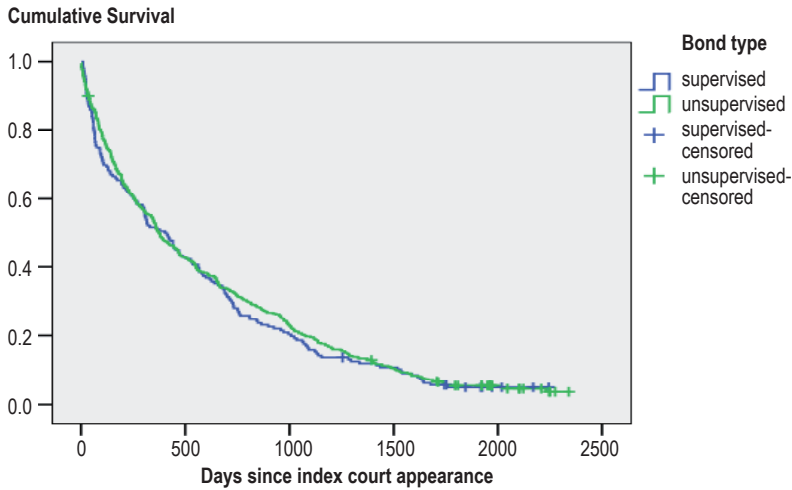


Table 10: RG5: Mean survival times and Log Rank Test Results

Supervision Status	Mean Survival Time (days)
BWOS	608.4
BWS	573.6
Log Rank $\chi^2 = 0.324$, df = 1, p = 0.569	

Figure 6: RG6 Survival Function

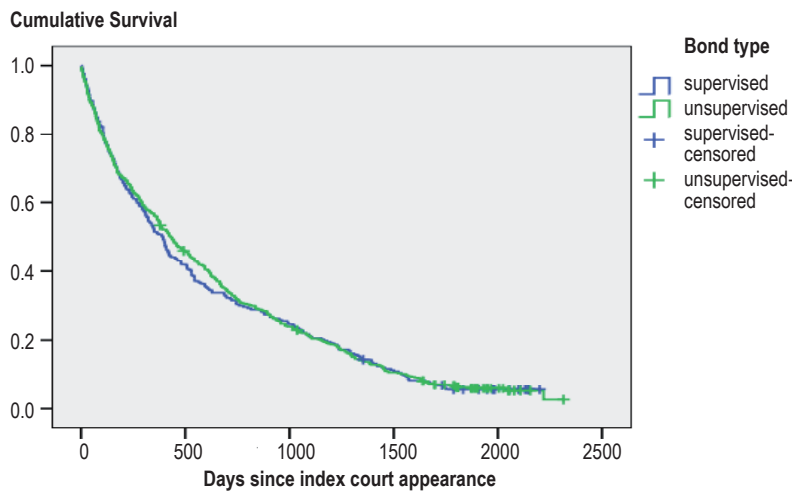


Table 11: RG6: Mean survival times and Log Rank Test Results

Supervision Status	Mean Survival Time (days)
BWOS	635.5
BWS	614.5
Log Rank $\chi^2 = 0.095$, df = 1, p = 0.758	

Figure 7: RG7 Survival Function

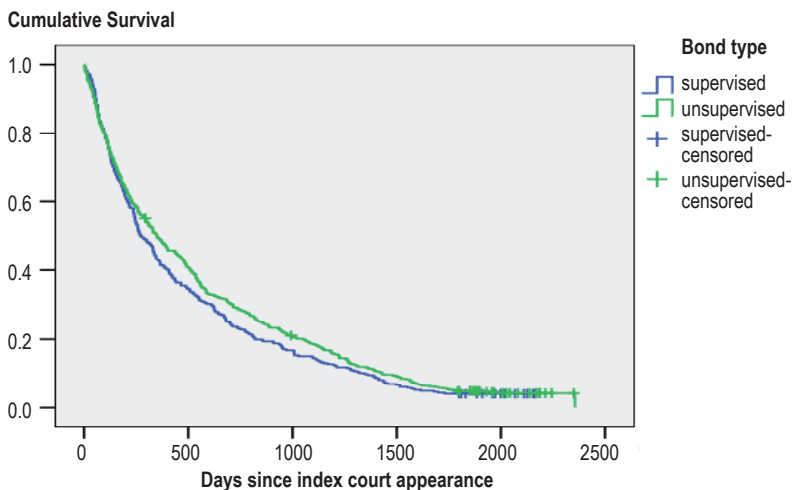


Table 12: RG7: Mean survival times and Log Rank Test Results

Supervision Status	Mean Survival Time (days)
BWOS	575.6
BWS	503.2
Log Rank $\chi^2 = 2.341$, df = 1, p = 0.126	

Figure 8: RG8 Survival Function

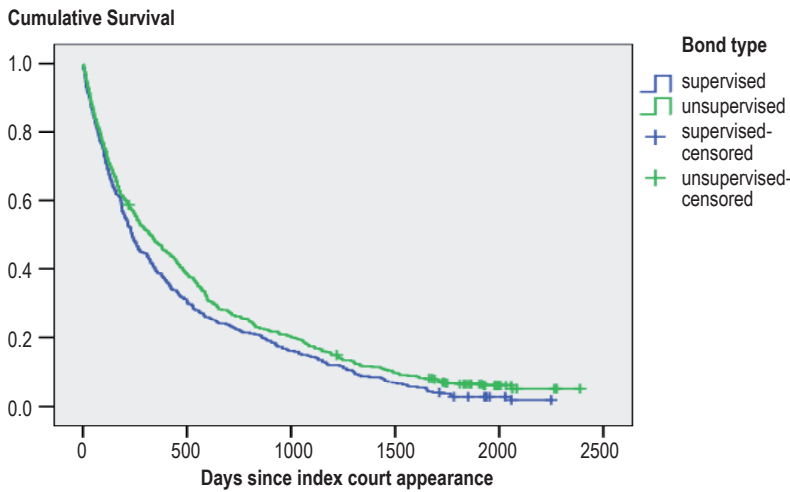


Table 13: RG8: Mean survival times and Log Rank Test Results

<i>Supervision Status</i>	<i>Mean Survival Time (days)</i>
BWOS	566.2
BWS	467.5
Log Rank $\chi^2 = 5.611$, df = 1, p = 0.018	

Figure 9: RG9 Survival Function

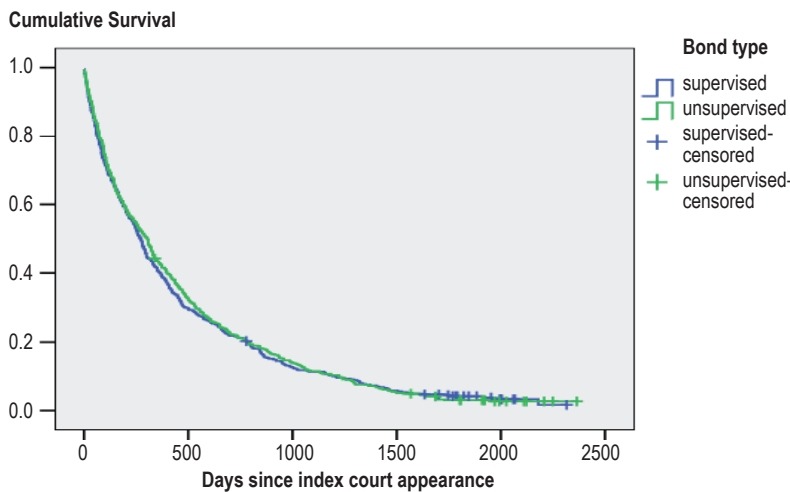


Table 14: RG9: Mean survival times and Log Rank Test Results

<i>Supervision Status</i>	<i>Mean Survival Time (days)</i>
BWOS	471.1
BWS	457.7
Log Rank $\chi^2 = 0.138$, df = 1, p = 0.710	

Figure 10: RG10 Survival Function

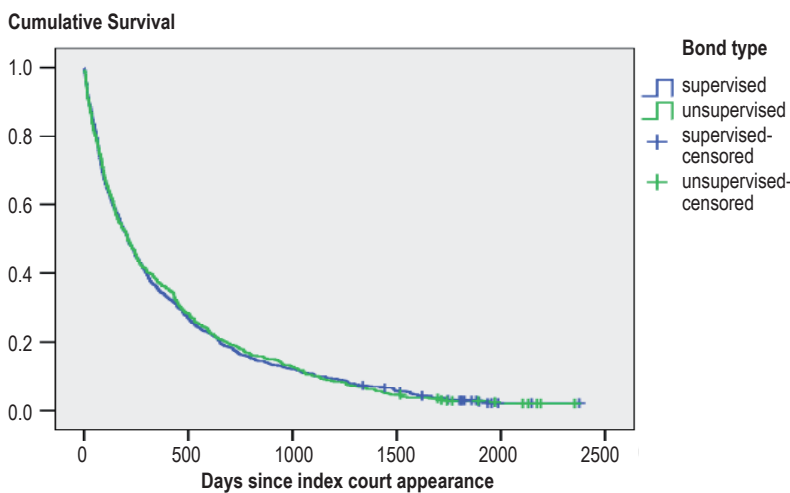


Table 15: RG10: Mean survival times and Log Rank Test Results

<i>Supervision Status</i>	<i>Mean Survival Time (days)</i>
BWOS	414.7
BWS	411.9
Log Rank $\chi^2 = 0.004$, df = 1, p = 0.952	

STUDY 1: SUMMARY AND DISCUSSION

The aim of study one was to examine the effectiveness of supervised bonds in reducing recidivism. The results indicate that, other things being equal, offenders placed on supervised bonds are no less likely to re-offend than a matched group of offenders placed on non-supervised bonds. They also indicate that offenders placed on supervised bonds generally re-offend at the same speed as those placed on bonds without supervision.

One possible explanation for this finding is that the level of supervision and/or type of treatment and support actually provided to offenders placed on supervised bonds in NSW is not adequate to reduce the risk of re-offending. The next study in this bulletin addresses this possibility.

STUDY 2: INTRODUCTION

The best way to rigorously assess the level of supervision and support provided to offenders on supervised orders would be to track a cohort of such offenders over time and measure the level and type of supervision and support they actually receive. By comparing the form and pattern of service actually received with the form and pattern that past research has shown to be effective in reducing re-offending, definite conclusions could be drawn about why supervised orders fail to reduce recidivism in NSW. Such a study, unfortunately, would be both time consuming and expensive. The approach adopted here is to survey Probation and Parole Officers responsible for supervising offenders placed on community-based orders and ask them about the quality of supervision and support provided to offenders on supervised bonds.

The PPS has a number of attractions as a source of information about offender rehabilitation. Firstly, Probation and Parole Officers are generally well aware (both through training and experience)

of the factors that need to be addressed to reduce the risk of further offending. Secondly, because they are responsible for supervising offenders, they are in a good position to report on whether they have enough time to supervise offenders placed on bonds. Thirdly, because they are responsible for brokering or arranging services designed to address the risk factors for offending, they are also in an ideal position to identify any problems that exist in the provision of such services. There is always a risk in interviewing any service provider that they may exaggerate or minimise the problems they face. This risk cannot be eliminated but it can be decreased by emphasising the importance of an objective evaluation, by assuring Officers their answers will be kept confidential and by avoiding questions likely to provoke a defensive or critical response.

METHOD

SURVEY DESIGN

The selection of issues included in the survey was guided by three considerations:

- (a) past research on risk factors associated with re-offending;
- (b) past research on programs designed to reduce re-offending; and,
- (c) consultation with senior Officers from DCS.

The literature in relation to (a) is very large, but some of the more important risk factors include low intellectual functioning (intellectual disability), criminogenic needs (e.g. poor job skills, unemployment, lack of stable accommodation, drug and alcohol dependence) and poor social skills (Gendreau, Little & Goggin 1996; Bernfeld, Farrington & Leschied 2001). There is an emerging consensus in the literature on adult recidivism that the most effective intervention strategies are those that explicitly target factors known through prior assessment of an offender to exert an influence on his or her criminal activity

and which involve multiple programs and supports, according to need (MacKenzie 2002, p. 385). Among programs falling into this category, the following appear to be effective (MacKenzie 2002; Aos et al. 2006a; Aos et al. 2006b):

- programs designed to address drug and alcohol dependence or abuse;
- programs designed to provide vocational training and/or employment;
- programs designed to teach offenders new social skills or enhance self-control (e.g. cognitive behavioural therapy); and,
- programs designed to provide post-release support (e.g. accommodation).

Consultations with senior Officers from DCS highlighted a number of other possible barriers to rehabilitation:

- the long waiting list for certain services (e.g. alcohol and other drug services);
- the difficulties faced by offenders in country areas in obtaining transport to certain services;
- the cost of certain services (e.g. those provided by psychologists); and,
- the limited availability of certain services (e.g. services for offenders with acquired brain injury).

The survey therefore focussed on seven key issues:

1. access to mental health services;
2. access to alcohol and other drug services;
3. access to employment opportunities;
4. access to education and training opportunities;
5. access to stable accommodation;
6. access to disability services; and
7. adequacy of supervision.

The body of the survey involved a series of 27 questions organised around each of the six services listed above. The first two questions about each service

were concerned with how many of the respondent's clients needed the service and how many were receiving it. Each respondent was then asked a series of questions about issues such as the delay in obtaining the service; the cost of the service and any transport difficulties associated with accessing the service. At the end of each set of questions dealing with a particular service, respondents were asked to indicate how important they believed the service was to offender rehabilitation.

The seventh issue listed above (i.e. adequacy of supervision) was addressed by asking three questions:

- (a) At the moment, how many offenders on bonds do you supervise?
- (b) What proportion of your time is spent monitoring offenders who are on supervised bonds as opposed to referring them and liaising with service providers?
- (c) Do you find that you have enough time to supervise offenders?

Most questions in the survey required a four-point Likert-scale response but questions dealing with the importance of the service to offender rehabilitation required a five-point Likert-scale response. Toward the end of the survey, respondents were asked whether they wished to make any other comment on difficulties associated with other services or service provision. The survey took about 15 minutes to complete and was pilot tested on six Officers with extensive experience in supervising offenders. The interviews were conducted between October and November 2007.⁵

Sample selection and survey administration

Prior to commencing interviews, the DCS Commissioner wrote to all Probation and Parole Officers informing them about the impending survey and encouraging them to participate. The Director of BOCSAR wrote a similar letter to the 270 Officers randomly selected for inclusion in the survey, assuring them that the survey was voluntary and that any information

they provided would be kept strictly confidential. All interviews were conducted by phone. Each person contacted for interview was given the following instructions:

The Bureau of Crime Statistics and Research is conducting a survey of Probation and Parole Officers around the State.

We're interested in finding out about the services that are available in your geographical area for offenders who've been placed on supervised bonds. We're particularly interested in the issues that are facing these offenders in connection with each of these services.

By now, you would've received a letter from both Ron Woodham [the Director General of DCS] and Don Weatherburn [the Director of BOCSAR] telling you about this survey. DCS gave us a list of all Probation and Parole Officers in NSW and we randomly selected Officers to contact.

The survey should take about 15 minutes or so.

Everything you tell me is confidential. I'm the only person who will see the information that you give me.

Individual Officers won't be identified. In a few months time, the Bureau will publish a report based on the results; this will be available on our website, if you're interested.

In terms of the survey, I'd like to ask you the same sort of questions about a number of different services, and then a few general questions at the end. For most questions, I'll give you some answers. I'd like you to choose the answer that's most appropriate for your geographical area.

If you'd like to make some more comments, perhaps you could wait until the end.

The original plan was to interview a random sample of 200 Probation and Parole Officers. Of the 425 Officers on the staff register, 122 (28.7%) were found to be either no longer employed by DCS, on leave or not eligible for inclusion in the survey because they did not supervise offenders on bonds. A further 70 Officers could not be contacted, although several attempts to do so were made. Due to

delays in contacting respondents, the target sample size was reduced to 155 Officers. Where an Officer could not be reached or was found not to be directly involved in supervising offenders, the next Officer on the staff register was contacted. The overall response rate (i.e. the number interviewed divided by the number from whom an interview was sought) was 68 per cent. The participation rate (i.e. the number interviewed divided by the number actually contacted for interview) was 98 per cent.

RESULTS

Table 16 shows responses to questions in the survey dealing with the perceived importance of different services to offender rehabilitation. Responses in the categories 'very important' and 'extremely important' have been combined, as have responses in the categories 'not at all important' and 'a bit important'.

The third column shows the percentage of respondents who regarded the service as either 'very important' or 'extremely important'. The second column lists the number of observations on which the percentage in the third column is based. The column labelled 'p-value' shows the results of a binomial test designed to assess whether the distribution of responses over response options could have come about by chance.

All response patterns are significant and the percentage endorsing each category of service as either 'very' or 'extremely important' is high for every category of service. The most important services, as far as Probation and Parole Officers are concerned, are drug and alcohol services, mental health services, and secure and stable accommodation, in that order. When responses to these questions were disaggregated by location of respondent, a higher proportion of Probation and Parole Officers in the urban statistical subdivisions (SSDs) of Sydney, Hunter and Illawarra regarded disability services as 'fairly important' or 'very important',

Table 16: Services considered by Probation and Parole Officers to be important to rehabilitation

	<i>N</i>	<i>Per cent reporting 'very' or 'extremely' important</i>	<i>p-value</i>
How important to offender rehabilitation is mental health treatment?	154 ¹	0.94	0.000
How important to offender rehabilitation is treatment for the abuse of alcohol/drugs?	155	0.98	0.000
How important is employment to rehabilitation?	155	0.88	0.000
How important to offender rehabilitation is further education and training?	155	0.71	0.000
How important to offender rehabilitation is secure and affordable accommodation?	155	0.91	0.000
How important are disability services to offender rehabilitation?	154 ²	0.77	0.000

1 Excludes one case where the Officer could not answer this question.

2 Excludes one case where the Officer could not answer this question.

Table 17(a): Probation and Parole Officer ratings of mental health services

	<i>N</i>	<i>Per cent reporting a 'fairly big' problem or a 'very big' problem</i>	<i>p-value</i>
How big a problem for your clients is the lack of suitable mental health services in your geographical area?	155	0.59	0.024
How big a problem for your clients is the waiting list for mental health services in the public health system?	154 ¹	0.58	0.044
How big a problem for your clients is the waiting list for mental health services in the private health system?	92 ²	0.49	0.917
How big a problem is the cost of mental health services in the public health system?	155	0.25	0.000
How big a problem is the cost of private specialised mental health services (e.g. psychologists)?	137 ³	0.83	0.000
How big a problem is the lack of suitable transport to mental health services?	155	0.52	0.630

1 Excludes one case in a country area where the Officer could not answer the question.

2 Excludes 32 cases in urban areas and 20 cases in country areas because the offenders in these areas reportedly cannot afford the private health system. It also excludes two cases in urban areas and two cases in country areas where there is reportedly no private health system.

3 Excludes 11 cases in urban areas and three cases in country areas because the offenders reportedly cannot afford the private health system. It also excludes three cases in country areas where there is reportedly no private health system and one case in a country area because the Officer could not answer the question.

compared with their counterparts working in country SSDs (82.8% compared with 70.1%; $\chi^2 = 3.43$, $df = 1$, $p = 0.049$).

Tables 17(a) to 17(e) deal with the respondents' level of concern about various aspects of each service. The response options of 'not a big problem' and 'a bit of a problem' have been collapsed together, as have the response options of a 'fairly big problem' and 'a very big problem'. The third column in each table shows the percentage judging some aspect of the service to be a 'fairly big' problem or a 'very big' problem. The remaining columns are as described in connection with Table 16.

Mental health services

Respondents in the survey were asked what proportion of their clients needed treatment for mental health problems. Twenty per cent of respondents did not answer this question at the time the interview was conducted. Averaged over respondents who answered this question, about 33 per cent of offenders on supervised bonds were said to be in need of mental health treatment, but responses to this question ranged from zero to 100 per cent (SD = 20%). Averaged over respondents, 21 per cent were said to be actually getting mental health treatment but, again, responses ranged widely (zero to 75%; SD = 20%).

Table 17(a) shows the response pattern to questions dealing with mental health services. The area of greatest overall concern is clearly the cost of private specialised mental health services (e.g. psychologists), with 83 per cent of respondents citing this as a 'fairly big' or 'very big' problem. A substantial proportion of Probation and Parole staff also report significant problems with lack of mental health services and/or the waiting list for mental health services. The response patterns associated with the questions *How big a problem for your clients is the waiting list for mental health services* and *How big a problem is the lack of suitable transport to mental health services* were not significant.

When responses to the questions dealing with mental health services were disaggregated by the location of the respondent, a somewhat different pattern emerges. Approximately 74 per cent of respondents working in country statistical subdivisions (SSDs) reported that the lack of availability of mental health services was a 'fairly big' or 'very big' problem, compared with 48.3 per cent working in the Sydney, Illawarra or Hunter (i.e. urban) SSDs ($\chi^2 = 10.09$, $df = 1$, $p = 0.001$). Furthermore, whereas 39.2 per cent of those working in urban SSDs said the waiting list for mental health services in the private health system was a 'fairly big' or 'very big' problem, the corresponding percentage in country SSDs was 61.0 per cent ($\chi^2 = 4.31$, $df = 1$, $p = 0.031$). Lack of suitable transport was also more frequently cited in country SSDs than in urban SSDs as a 'fairly big' or 'very big' problem (54.3% v. 32.4%; $\chi^2 = 7.52$, $df = 1$, $p = 0.005$). These differences are reflected in the comments made by respondents when answering the questions about mental health. Some respondents, for example, noted that getting offenders into acute care for mental health problems is much easier than getting ongoing treatment for offenders with a mental health problem, particularly in the more remote parts of NSW.

Drug and alcohol services

Respondents in the survey were asked what proportion of their clients on supervised bonds needed treatment for a drug and/or alcohol problem. Twenty per cent of respondents did not answer this question at the time of the interview. Averaged over those who did answer the question, 65 per cent of offenders were said to be in need of drug and/or alcohol treatment, but individual responses ranged between 14 and 100 per cent (SD = 22%). When asked what percentage of their clients were getting treatment for a drug and/or alcohol problem, 20 per cent did not answer the question at the time of the interview.

Table 17(b): Probation and Parole Officer ratings of drug and alcohol services

	N	Per cent reporting a 'fairly big' problem or a 'very big' problem	p-value
How big a problem for your clients is the lack of suitable services for alcohol and/or other drugs in your geographical area?	154 ¹	0.57	0.090
How big a problem for your clients is the waiting list for services for alcohol and/or other drugs?	153 ²	0.58	0.052
How big a problem is the cost of services for alcohol and/or other drugs?	154 ³	0.27	0.917
How big a problem is the lack of suitable transport to services for alcohol and/or other drugs?	153 ⁴	0.50	0.000

1 Excludes one case in a country area because the Officer asserted that there is no service available.
 2 Excludes two cases in country areas because the Officer asserted that there are no services available.
 3 Excludes one case in a country area because the Officer asserted that there is no service available.
 4 Excludes one case in an urban area because the Officer could not answer the question and one case in a country area because the Officer asserted that there is no service available.

Amongst those who did answer the question, the average was 41 per cent, with individual responses ranging from zero to 100 per cent (SD = 24%).

Table 17(b) shows the pattern of responses to questions dealing with drug and/or alcohol services for offenders on supervised bonds. None of the comparisons in Table 17(b), except those associated with 'lack of transport', is statistically significant, although the issue of waiting lists for drug and/or alcohol services comes close to significance. When responses to the questions dealing with drug and/or alcohol services were disaggregated by respondent location, however, a number of significant concerns emerged. Whereas 51.7 per cent of respondents in urban SSDs regarded the waiting list for drug and/or alcohol services as a 'fairly big' or 'very big' problem, the corresponding figure for respondents living in country SSDs was 66.7 percent ($\chi^2 = 3.44$, $df = 1$, $p = 0.045$). There were also differences between urban and country areas on the issue of transport. Whereas 41.9 per cent of respondents in urban SSDs regarded the lack of suitable transport to drug and/or alcohol services

as a 'fairly big' or 'very big' problem, the corresponding figure for respondents living in country SSDs was 59.7 per cent ($\chi^2 = 4.78$, $df = 1$, $p = 0.021$).

Comments made by several respondents during the course of their interview provide confirmation of concern about drug and/or alcohol services in country areas. Some respondents commented that there are significant problems in parts of the State with access to methadone maintenance treatment, detoxification services and residential rehabilitation. The fact that many services only operate during business hours was also said to make it difficult for some offenders to reconcile treatment and employment obligations, particularly if the public transport system was lacking or very limited.

Employment, education and training

Twenty per cent of respondents were unable to state at the time of the interview what proportion of offenders in their caseload was currently seeking employment. Averaged across those who did respond to this question, 24 per cent of offenders on supervised bonds were

said to be currently seeking employment (range = zero to 99%, SD = 18%). An average of 35 per cent, overall, were said to be currently in employment (range = zero to 94%, SD = 19%) but, as with other similar questions, 20 per cent did not answer the question at the time of the interview. It should be noted that offenders who are not employed, cannot be classified as unemployed unless they are actively seeking work.

There was a very large gap between the proportion judged by Probation and Parole Officers to need further education and/or training and the proportion actually getting it, with 52 per cent in the former category and just 11 per cent in the latter. As usual, however, the answers to both these questions were highly variable. Twenty per cent of respondents did not answer either question at the time of the interview. Individual responses to the question about seeking education and training ranged from six to 100 per cent (SD = 27%), while those to the question about getting further education and training ranged from zero to 100 per cent (SD = 16%).

Table 17(c) deals with Probation and Parole Officer ratings of employment opportunities and opportunities for education and training. Neither of the response patterns to questions dealing with opportunities for education and training is significant, but respondents living in country SSDs more often than their counterparts in urban SSDs cited lack of suitable education and training opportunities as a 'fairly big' or 'very big' problem (56.7% v. 41.2%; $\chi^2 = 3.63$, $df = 1$, $p = 0.041$). They were also substantially more likely than their urban counterparts to cite lack of transport to education and training opportunities as a 'fairly big' or 'very big' problem (63.2% v. 35.6%; $\chi^2 = 11.66$, $df = 1$, $p = 0.001$).

All comparisons involving employment opportunities were significant. The proportions of Probation and Parole Officers concerned about the barriers to employment caused by lack of training and lack of social skills are

particularly high (with 87.0% and 87.7%, respectively, citing these issues as 'fairly big' or 'very big' problems). It is clear from Table 17(c), however, that lack of employment opportunities and lack of suitable transport to employment are also important issues. A higher percentage of respondents (74.6%) living in country SSDs saw the lack of employment opportunities as a 'fairly big' or 'very big' problem compared with those living in urban SSDs (60.9%), although the difference was not quite significant ($\chi^2 = 3.21$, $df = 1$, $p = 0.052$). Respondents living in country SSDs were also much more likely than their counterparts living in urban SSDs to cite

lack of transport to employment as a 'fairly big' or 'very big' problem (83.8% v. 58.6%; $\chi^2 = 11.48$, $df = 1$, $p = 0.001$).

When asked whether employers were willing to hire someone with a criminal record, just fewer than 60 per cent reported that they were 'occasionally willing' and just fewer than 40 per cent reported that they were 'fairly willing'. Very small proportions said that employers were 'very willing' or 'not at all willing'.⁶ Comments made by respondents during the course of the interview suggest that sex offenders and those with a drug and/or alcohol problem have particular difficulty finding employment. Several Officers

Table 17(c): Probation and Parole Officer ratings of employment, educational and training opportunities

	<i>N</i>	<i>Per cent reporting a 'fairly big' problem or a 'very big' problem</i>	<i>p-value</i>
How big a problem is the lack of suitable employment opportunities?	154 ¹	0.67	0.000
How big a problem for your clients is the lack of suitable transport to employment?	155	0.70	0.000
How big a barrier to employment is the offenders' lack of training and education?	154 ²	0.87	0.000
How big a barrier to employment is the offenders' lack of social skills?	155	0.88	0.000
How big a problem is the lack of suitable education and/or training opportunities in your geographical area?	152 ³	0.48	0.685
How big a problem for your clients is the lack of suitable transport to education and/or training opportunities?	155	0.48	0.685

¹ Excludes one case for a country area because the Officer could not answer the question.

² Excludes one case in an urban area because the Officer could not answer the question.

³ Excludes two cases in urban areas and one case in a country area because Officers could not answer the question.

Table 17(d): Probation and Parole Officer ratings of access to stable and affordable accommodation

	<i>N</i>	<i>Per cent reporting a 'fairly big' problem or a 'very big' problem</i>	<i>p-value</i>
How big a problem for your clients is the lack of stable accommodation?	155	0.77	.000
How big a problem for your clients is the cost of stable accommodation?	155	0.81	.000

also said they believed that prospective employers often knew about offenders' criminal records, particularly in country areas where 'everyone knows everyone'.

Accommodation

Twenty per cent of respondents did not state at the time of the interview what proportion of their clients was looking for stable and affordable accommodation or what proportion of their clients was in stable and/or affordable accommodation. Averaged over all respondents who did answer the question, 67 per cent of offenders were said to be living in stable and affordable accommodation, while 24 per cent were said to be looking for stable and/or affordable accommodation. Some of those said to be looking for stable and affordable accommodation may have been looking for **more** stable and affordable accommodation.

Table 17(d) deals with access to stable and/or affordable accommodation. Note that some respondents had difficulty answering this question because some forms of accommodation are stable but not affordable, while others are affordable but not stable. Judging from the high percentages shown in Table 17(d), the lack of stable accommodation and its cost are issues that Probation and Parole Officers regard as major problems for offender rehabilitation. Comments made by respondents during the course of interview suggested that there is insufficient housing for men in some regional areas (e.g. Tamworth) and insufficient emergency accommodation in others (e.g. Wollongong, Griffith, Campbelltown, Wyong). When responses to the questions dealing with accommodation were disaggregated by location of respondent, there were no significant differences; however, the contrast between urban and country areas on the cost of accommodation approached significance, with 85 per cent in urban areas identifying accommodation costs as a 'fairly big' or 'very big' problem compared with 75 per cent in country areas ($\chi^2 = 2.5$, $df = 1$, $p = 0.086$).

Disability services

When asked what proportion of their clients with a disability needed assistance, 20 per cent of respondents did not answer the question at the time of the interview, while 33 per cent indicated that none of their clients needed assistance or that they had no offenders with disabilities. Averaged across the remaining respondents, 43 per cent of offenders were said to be in need of assistance. When asked what proportion of clients with disabilities were receiving assistance, 20 per cent of offenders did not answer the question at the time of the interview and 52 per cent indicated that they had no clients with a disability or none needing assistance. The remaining respondents divided into two clear groups. One group

of 40 respondents indicated that all of their clients were receiving some form of assistance. Averaged over the remaining respondents, 47 per cent were said to be receiving some assistance.

Table 17(e) deals with services for offenders with a disability of some kind. Three of the questions dealing with disability services produced response patterns suggesting that the issue in question was a 'fairly big' or 'very big' problem. The questions involved the lack of services for intellectual disability, the lack of disability services for offenders with an acquired brain injury and the waiting list for disability services. The percentage regarding these issues as a 'fairly big' or 'very big' problem ranged from 61 per cent (lack of services for

Table 17(e): Probation and Parole Officer ratings of disability services

	<i>N</i>	<i>Per cent reporting a 'fairly big' problem or a 'very big' problem</i>	<i>p-value</i>
How big a problem for your clients with a physical disability is the lack of disability services in your geographical area?	120 ¹	0.51	0.927
How big a problem for your clients with an intellectual disability is the lack of suitable disability services in your geographical area?	141 ²	0.61	0.011
How big a problem for your clients with an acquired brain injury is the lack of suitable disability services in your geographical area?	136 ³	0.70	0.000
How big a problem for your clients with any disability is the waiting list for disability services?	111 ⁴	0.64	0.004
How big a problem for your clients with any disability is the cost of disability services?	111 ⁵	0.45	0.343
How big a problem for your clients is the lack of suitable transport to disability services?	133 ⁶	0.57	0.118

1 Excludes 22 cases in urban areas and 13 cases in country areas, where the Officer could not answer the question.
 2 Excludes six cases in urban areas and eight cases in country areas where the Officer could not answer the question.
 3 Excludes 12 cases in urban areas and seven cases in country areas where the Officer could not answer the question.
 4 Excludes 25 cases in urban areas and 17 cases in country areas where the Officer could not answer the question. It also excludes one case in an urban area and one case in a country area where the Officer asserted that there were no disability services.
 5 Excludes 25 cases in urban areas and 17 cases in country areas where the Officer could not answer the question. It also excludes one case in an urban area and one case in a country area where the Officer asserted that there were no disability services.
 6 Excludes nine cases in urban areas and 11 cases in country areas where the Officer could not answer the question. It also excludes one case in an urban area where the Officer asserted that there were no disability services.

offenders with an intellectual disability) to 70 per cent (lack of services for offenders with an acquired brain injury). Responses to these questions were not significantly associated with the area in which the respondent worked but it must be remembered that respondents nominating these types of disability were a relatively small group. When respondents were asked for which disability type they found it most difficult to get assistance, the most common responses were acquired brain injury (43.9%) and intellectual disability (35.5%).⁷

Near the conclusion of the survey, respondents were asked what proportion of their time was spent monitoring offenders who are on supervised bonds, as opposed to referring them and liaising with service providers and whether they had enough time to supervise offenders. The median proportion of time spent monitoring offenders (as opposed to referring them and liaising with service providers) was 60 per cent.⁸ Sixty-eight per cent of respondents said that they did not have enough time to supervise offenders.⁹ At the conclusion of the survey, respondents were asked two open-ended questions. The first was whether their clients faced difficulties with other services in their geographical area. The second was whether they had any other comments to make about service provision for their clients. One hundred and forty-nine Officers responded. Their comments were grouped into various thematic categories and then tallied. Table 18 shows the 20 most frequently mentioned issues.

The three most frequently cited problems were lack of access to alcohol and drug treatment services, lack of transport and lack of motivation or commitment [to reform] on the part of the offender.

Table 18: Open-ended comments on services for offenders on supervised bonds: twenty most frequently mentioned issues

	N	%
1 Alcohol and other drug services: unavailable/distant/expensive/long waiting list/not well co-ordinated/high staff turnover	68	45.6
2 Lack of transport	63	42.3
3 Offender's lack of motivation/willingness/commitment/have other priorities (e.g. use money to buy cigarettes rather than medication)	55	36.9
4 Mental health services: unavailable/insufficient/staff not sufficiently skilled/high staff turnover/lack of ongoing mental health services/problematic initial contact/no private system/long waiting lists	50	33.6
5 Lack of accommodation/high rents	37	24.8
6 Dual diagnosis (mental health and drug and alcohol problems): neither service accepts offender	31	20.8
7 Disability services: unavailable/inaccessible/long waiting lists/lack of long-term acquired brain injury services/lack of supported accommodation	30	20.1
8 Programs for domestic violence: unavailable/insufficient/inadequate	25	16.8
9 Associated costs of services (e.g. travel costs, Medicare gap, disability aids, medication, TAFE course fees, mental health reports)	20	13.4
10 Cost of service	19	12.8
11 Generalist counselling services: insufficient/expensive	19	12.8
12 Programs for anger management: insufficient/expensive/unavailable during business hours	18	12.1
13 Medical/dental services: unavailable/long waiting lists/no bulk billing/inappropriate referrals/lack of staff continuity	18	12.1
14 Service provider policies (e.g. won't accept offenders with violent backgrounds, remove offenders if they miss appointments)	17	11.4
15 Offender's low literacy skills/education level	15	10.1
16 Inadequate level/type of service	15	10.1
17 Offenders have no driving licences	14	9.4
18 Difficulties with Centrelink (e.g. staff too rigid, offenders are stereotyped, no office in town)	14	9.4
19 Lack of psychiatrists/psychologists	13	8.7
20 Shortage of life skills/financial planning/parenting programs	12	8.1

STUDY 2: SUMMARY

The key points to emerge from study two are as follows:

1. The three services most frequently nominated by Probation and Parole Officers as 'very important' or 'extremely important' to offender rehabilitation are:
 - a. mental health treatment;
 - b. drug and alcohol treatment; and
 - c. secure and affordable accommodation.
2. A high proportion (82.8%) of respondents working in urban areas also nominated disability services as 'very important' or 'extremely important'.
3. The most frequently expressed concern among Probation and Parole Officers appears to be the cost of private specialised mental health services (e.g. psychologists), with 83 per cent of respondents citing this as a 'fairly big' or 'very big' problem. The level of concern about issues such as the availability of mental health services, the waiting list for mental health services and the lack of transport to mental health services is higher in country areas than in urban areas.
4. The principal concern with drug and/or alcohol services appears to be the waiting list for such services. Higher levels of concern were expressed about this issue among respondents working in country areas than among respondents working in urban areas. Respondents working in country areas also expressed greater concern than those working in urban areas about the lack of transport to drug and/or alcohol services.
5. The most frequently cited barriers to offender employment were lack of training and education and lack of social skills. More than 85 per cent of respondents endorsed these problems as either 'fairly big' or 'very big' problems. Respondents in

country areas were generally more concerned than urban respondents about both the availability of employment opportunities and lack of suitable transport to education and/or training opportunities.

6. Less than 40 per cent of respondents said they had enough time to supervise offenders. Probation and Parole Officers appear to spend more time monitoring offenders than referring them to, and liaising with, service providers.

When respondents were asked to state what proportion of their clients were in need of each of the services canvassed in the survey and what proportion were receiving those services, some of the responses indicated a significant shortfall in service delivery. For example, averaged over respondents, 33 per cent of offenders were said to be in need of treatment for mental health problems, while 21 per cent were said to be receiving treatment for such problems. Again, averaged over respondents, 65 per cent of respondents were said to be in need of treatment for a drug and/or alcohol problem, while 41 per cent were said to be receiving such treatment. Responses to questions dealing with the gap between service need and service delivery, however, should be treated with caution. A large number of respondents did not answer the questions.

DISCUSSION

The key findings to emerge from the research presented in this bulletin are:

1. Offenders placed on supervised bonds are no less likely to re-offend than comparable offenders placed on bonds that do not require supervision.
2. A large number of offenders placed on supervised bonds are not receiving the services, support and supervision required for effective rehabilitation. This problem is particularly acute in country areas.

It is possible that (1) and (2) are not related or that, despite appearances, (1) and (2) are both false. It could be argued in relation to (1), for example, that while we have reduced the level of selection bias, we have not eliminated it entirely. In other words, it could be argued that the benefits of supervision are hidden by the fact that those being placed on supervised orders are, notwithstanding our controls, at higher risk of re-offending. This point has some merit where supervision risk group one is concerned, because we know those who received a bond without supervision in this group differed in some respects from those who received a supervised bond. The other supervision groups, however, were not significantly different in respect of any of the variables used to predict who would receive a supervised order. The model itself, moreover, provided a reasonably accurate fit to the data on who received a supervised order and who did not. Thus while it is possible that systematic and material differences remain among those who received supervised orders and those who did not, there is little reason to believe that this is in fact the case.

It could be argued in relation to (2) that Probation and Parole Officers are biased in their appraisal of the level of supervision and support provided to offenders and that the true level of supervision and support is much higher than their comments would seem to suggest. The main difficulty with this hypothesis is that Probation and Parole Officers interviewed for Study 2 were not uniformly negative about the supervision and support offenders receive. As Tables 17(a) to 17(e) indicate, there were a number of services that Probation and Parole Officers were not significantly inclined to rate as a 'fairly big' or 'very big' problem or where respondents declined to answer because they were unsure of their facts. Examples in the former category include the lack of suitable transport to mental health services (except in country areas), the cost of drug and alcohol services, the lack of transport to drug and alcohol services (except in the country),

the lack of suitable education and training opportunities and lack of transport to disability services. Examples in the latter category can be seen at the foot of Table 17(e). Thus while it is possible that Probation and Parole Officers exaggerated the problems they face, there is little or no evidence they did.

The most likely explanation for our finding that supervision did nothing to reduce the risk of re-offending among offenders placed on supervised bonds in the year 2000 is that those offenders did not receive the level of supervision and support needed to reduce re-offending. This is not necessarily a reflection on the commitment of DCS management or staff to developing more effective programs. Over the last six years, DCS has introduced a number of programs designed to reduce recidivism (NSW Department of Corrective Services 2005). The Department has also made improvements to the management of its offenders, including the establishment of a number of high-level partnerships between DCS and other key Government agencies (such as Housing, Centrelink, Justice Health, TAFE and Juvenile Justice) intended to improve service delivery. The level of supervision and surveillance of offenders is now closely tied to their assessed level of risk.

The evidence presented in this and other reports, however, suggests that there is scope for considerable improvement in the level of support and treatment provided to offenders. The recent Upper House enquiry on community-based sentencing options for rural and remote areas and disadvantaged populations (NSW Standing Committee on Law and Justice 2006) highlighted a number of significant gaps in rural areas in the services available to rehabilitate offenders. One magistrate interviewed in the course of that enquiry, for example, stated that:

In many towns that I sat in, in western NSW, there were no supervised bonds available because Probation and Parole could not service them. (NSW Standing Committee on Law and Justice 2006, p. 116).

According to another:

At present there are insufficient full time people on the ground providing programs for offenders. There are a number of agencies in both Walgett and Lightning Ridge that provide programs on anger management and domestic violence. They are not held regularly and there seems to be no effective cohesion between the various agencies to provide a system that probation and parole can link their clients into. Other intervention programs such as the Traffic Offender Program are not available at all in this rural area. (NSW Standing Committee on Law and Justice 2006, p. 117)

The NSW Auditor General (NSW Auditor General 2006) has also commented on the shortage of services for prisoner rehabilitation:

...[DCS] staff advised that they have significant problems accessing services for former prisoners. The most difficult to access were housing, drug and alcohol rehabilitation, domestic violence and mental health. Some services, such as domestic violence programs for offenders, are simply not available in the community. Other services are reluctant to accept parolees with complex needs, particularly if they are unwilling to be treated. (NSW Auditor General 2006, p. 34)

The NSW State Plan promises to address these issues by providing better services for offenders on community-based orders and promoting greater inter-agency co-operation in their provision. These undertakings are critical because, as was noted at the start of this bulletin, intensive supervision on its own does not reduce recidivism. Without improvements in the level and type of treatment and support for offenders placed on community-based sentencing orders, it will be very difficult to achieve the State Plan goal of a ten per cent reduction in re-offending by 2016. Indeed, given the importance of this goal it may be prudent to carry out a systematic review of the range, quality, reach and effectiveness of rehabilitative programs and services for offenders placed on community supervision orders in NSW.

NOTES

1. Further information about ROD can be found in Weatherburn, Lind & Hua (2003) and Hua & Fitzgerald (2006).
2. It will be noted from Table 3 that those whose ATSI status was unknown were less likely to receive a supervised bond than those who were ATSI or non-ATSI and that those who did not enter a plea were more likely to be given a supervised bond than either those who pleaded guilty or those who pleaded not guilty. The first effect appears to have arisen in part because a disproportionate number of cases where the ATSI status was unknown involved offenders with no prior criminal record and no concurrent offences. The second effect seems to have arisen in part because a disproportionate number of cases where no plea was entered involved offenders with substantial numbers of prior convictions and concurrent offences.
3. The cross-tabulation of offence group with supervision in RG10 was significant but the expected cell sizes for drug offences were below five. When cases involving drug offences were removed from the group, the significant effect of offence type disappeared.
4. Cross-tabulating each variable by penalty type very occasionally produced expected frequencies of less than five. When this happened, adjacent categories were either grouped together (e.g. three concurrent offences were grouped with four or more concurrent offences) or cases were placed in some other appropriate categories (e.g. there were only two drug offences in RG10, so they were placed in the 'other' category).
5. A copy of the survey can be obtained by contacting BOCSAR.
6. Excludes three cases for urban areas and one case for country areas because the Officer could not answer the question.
7. Excludes 23 cases for urban areas and 17 cases for country areas where the Officer could not answer the question; and six cases for urban areas and two cases for country areas where the Officer stated there were no difficulties because the area is well-resourced for disability services.
8. Excludes four cases for urban areas and three cases for country areas where the Officer could not estimate.
9. Excludes two cases in urban areas and one case in country areas where the Officer could not answer the question asked.

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