Onender Education and Training in NOE Initiative Evaluation

Revised Executive Summary

Project Description

The Offender Education and Training in Adult Community Education (ACE) Initiative is a partnership between Corrections Victoria (CV) and the Office of Training and Tertiary Education (OTTE). It is managed by the Adult Community and Further Education Division (ACFE). The Initiative's key objective is to reduce re-offending by providing quality education and training opportunities for offenders on Community Based Orders to increase their employment opportunities. The pilot commenced in late 2004 and was due to finish in June 2006. It has been extended to December 2006.

The Initiative involves four lead ACE organisations working in partnership with eight CCS Locations. A separate Memorandum of Understanding (MOU) was developed between the ACE lead agencies and their respective CCS Locations. These all use the same template and list the standards and key performance indicators (KPIs) for the Initiative. The broad areas covered by the standards are CCS/ACE partnerships; offender vocational assessment and individual training plans (ITPs); the delivery of vocationally accredited courses and training brokerage; the establishment of employment pathways; implementing innovative training approaches; achieving referral targets; and establishing a Community of Practice.

The lead ACE organisations were funded for 200 contact hours for each offender plus establishment costs. To achieve the first major output, CCS Locations were required to refer a minimum of 200 offenders to the pilot by 30 September 2005, and ACE organisations were to ensure that 50 per cent of the participants who commenced training achieved one of the three defined outcomes: 200 hours training completed and/or further education or employment.

Findings

The evaluation covers the period from when the pilot commenced in late 2004 to the end of the first stage, 30 September 2005. The key findings are discussed below.

The referral target for end of September 2005 was at least 200 offenders. A total of 279 offenders were referred, a very reasonable number given the short referral timeframe involved. The majority of the offenders were under 35 years. Of the 279 referred, 147 were either currently training or had completed training and 53 had achieved one of the three defined outcomes. Based on CV data, some groups were under-represented: female offenders, culturally and linguistically diverse (CALD) offenders and Koorie offenders.

There were some difficulties experienced during the referral processes. Some ACE coordinators reported that offenders lacked the motivation to undertake training. Since project guidelines had not allowed for review procedures for local MOUs, at the time of this evaluation, the majority of ACE providers and CCS Locations were not fully aware of what was in their respective MOUs. The lack of MoU revision affected

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¹ The four ACFE regions involved were the Northern Region of Melbourne; South West region of Melbourne; Gippsland; and the Mallee Region. In the Northern Region, there was a consortium of four ACE providers.

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communication and information exchange procedures which subsequently impacted CCS/ACE partnership development.

One ACE organisation complied with all the referral and information exchange requirements listed in the MOU, and three CCS Locations complied with the majority of these requirements. While three CCS Locations had provided a list of all offenders referred to the pilot, the other locations had not completed this task. Similarly, there was also need for improvement in information exchange between ACE Providers and CCS Location. The majority of the CCS Locations had received very limited or no data on referral outcomes. With one exception, ACE organisations did not send CCS Locations regular updates on the referral outcomes and/or offender progress once enrolled. CCS Locations were also to receive a copy of each offender's ITP and use this to monitor offender progress against their ITP goals. At the time of this evaluation, only one CCS Location had copies of all the ITPs, while another Location only had copies of some ITPs. Further clarification should be provided to CCO's about the partnership nature of the project as a number of CCS locations viewed the project as an ACE only Initiative, rather than a CCS/ACE working partnership.

The Community of Practice meetings provided another avenue for information exchange and the development of pilot materials. To date, there have been three of these meetings, and while ACE attendance has been high, CCS attendance has been low and has impacted on the effectiveness of the meetings. This may be attributed to funding constraints within CCS.

ACE organisations were required to comprehensively assess each offender and develop an ITP which reflected their education, training and employment goals. The project guidelines did not mandate a standard ITP format across all locations, thus there is a lack of consistency among ACE organisations in the way in which ITPs have been documented. Some have identified a single course as the extent of the training plan; others have nominated a number of courses sometimes combining generic skills development with a vocational course; and yet others have included a range of 'noncourse activities' as part of the plan. In some pilot regions, a number of ITPs did not include any narrative about the reasons for the course/s chosen, the expected outcomes and how the training would prepare offenders for employment.

The MOU Standards required that ITPs focus on vocationally accredited training and Certificate II level entry wherever appropriate. Three of the four lead ACE organisations included a number of vocationally accredited courses in the ITPs and brokered training to other providers in their regions, broadening the range of vocational training opportunities. The Northern Consortium's ITPs focused on internal ACE Provider modules and courses and, with the exception of Forklift Operation, training did not include brokerage arrangements. In three pilot regions a number of courses such as Forklift Operation and Dogging and Rigging were also offered as non-accredited courses, rather than as individual units of competency within a Training Package.

One lead ACE organisation focussed on Certificate II as essential for employment, while ACE providers in other pilot regions focussed on Certificate I level entry. This level is useful for offenders with low literacy levels and learning difficulties. Most ACE coordinators reported that many of the offenders did not have low literacy skills. However assessment of literacy levels was varied and where this was more comprehensive, the results showed lower literacy levels of offenders.

In relation to the requirement to establish employment pathways, brokering employment is not part of the traditional role of ACE organisations. While two lead ACE organisations have Jobs Network links and the knowledge to act as effective brokers, the other ACE Providers need to build adequate links and networks with organisations that focus on employment pathways.

One lead ACE organisation in Gippsland also manages the Correctional Services Employment Program Pilot (CSEPP) and this has been beneficial for pilot employment outcomes. As the CSEPP Program is also in operation in the Northern Region, it is recommended that the Northern Consortium also work closely with the CSEPP Providers in this area.

Training delivery and the use of a range of teaching approaches has been a major strength of the pilot. ACE organisations have been able to tailor training delivery to meet the needs of individual offenders. The inclusion of offenders into mainstream classes, rather than creating distinct offender classes, has also been a very successful pilot strategy. However, in order to better cater for offenders who are reluctant to consider education and training until they have finished their Community Work commitments, ACE Providers should consider an increase in Community Work Training options.

Conclusion

The capacity of ACE organisations to design training and personal development programs to meet the needs of individual offenders was a key feature of the pilot and some good models of practice emerged. The high levels of engagement between offenders and ACE Providers were indicated through the majority of offenders involved undertaking this training on a voluntary basis, even if it did not contribute towards Community Work Hours. The majority of offenders interviewed for the evaluation referred to the friendly and relaxed learning environments and found this very positive. They said the training had given them more confidence; that they were able to focus better; and that they could now seek employment or further study in areas of interest to them.

The most effective elements of the models used include the following:

- CCS Locations that have a CCO who coordinates the pilot
- ACE coordination which involves offender case management and liaison with other key service providers to ensure the coordinated delivery of personal development services and training courses
- The provision of good quality vocational advice to offenders on relevant training/employment opportunities and personal development services
- The inclusion of vocationally accredited courses at Certificate II or higher in the ITPs
- Courses which equip offenders with multiple skills to improve their employment options
- Creatively integrating literacy and numeracy skills into vocational training
- Ensuring that offenders can move quickly through each stage (referral to enrolment)
- Flexible teaching delivery including one-on-one, after hours and on-the-job, and

• ACE coordinators who liaise with Job Networks and/or employment agencies when offenders commence training about employment opportunities on completion of training.

If the project was continued and expanded, data collection would benefit from standardisation. In this pilot, each ACE organisation developed its own form of data collection resulting in pilot data that was difficult to compare. Data on the three defined outcomes was limited to the basic information in the quarterly ACE Provider Progress Reports. The Australian Vocational Education and Training Management Information Statistical Standard (AVETMISS) data provided by ACFE for the evaluation also did not provide enough detail on the operation of the pilot.

In addition to this, it would be beneficial for a Project Field Officer to work across both the ACE organisations and the CCS Locations to assist with actively driving and monitoring the conduct and progress of the pilot.

Further consideration should also be given to improving and monitoring ACE/CCS information exchange - as per the MOU; by providing guidelines for ACE coordinators on the duties required so that they can allocate the necessary resources to project coordination; developing better targetted information on the project for offenders and reviewing the referral guidelines; ensuring that ITPs are well documented and include vocationally accredited courses; setting and maintaining targets for engaging female, CALD and Koorie offenders; and strengthening the focus on achieving reasonable employment outcomes.²

Summary of recommendations

If the project is developed into an ongoing program, the Evaluation Report recommends the following actions:

CV and ACFE to

- Review program guidelines to clarify what constitutes an appropriate referral and how each of the three outcomes is defined and measured
- Employ a Project Field Officer to work with both the ACE organisations and CCS Locations to oversee the implementation of all MOU Standards and the achievement of the remaining pilot milestones
- Integrate education with Community Work, and
- · Develop targets and strategies to engage female offenders, CALD offenders and Koorie offenders in the pilot.

CV to

- Ensure all CCS Locations are informed of and have operationalised each aspect of the MOU and that all necessary data is recorded, and
- Provide resources for a CCO at each pilot Location to coordinate the pilot and to attend the Community of Practice meetings.

² In some locations there has been an over-emphasis on short one-off courses such as forklift training and traffic control which do not equip offenders with a range of employment skills/options.

ACFE to

- Standardise recording of offender enrolment, progress and outcomes in each region
- Ensure that all lead ACE organisations have operationalised each aspect of the MOU
- Ensure that ACE providers implement a standardised tool to assess and report on language, literacy and numeracy skills
- Developing guidelines on the range of coordination duties required and a reasonable time allocation for this
- Implement guidelines around the development of ITPs to ensure they prioritise accredited education and training, and that 200 hours of training is used as a benchmark for the total amount of training
- Develop standards to ensure that lead ACE organisations regularly review the ITPs so they reflect any changes in offender training goals, and
- Ensure that lead ACE organisations have established strong networks and referral procedures with local training providers and Job Networks in their region.