

ST. LEONARD'S SOCIETY OF HAMILTON PROGRAM EVALUATION

July 2014

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"Prisons are not only places that men go to; they are places that they come from" ~ A.M. Kirkpatrick



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INTRODUCTION AND EXECUTIVE SUMMARY

In the fall of 2013, the St. Leonard's Society of Hamilton (SLSH) commissioned the Social Planning and Research Council (SPRC) to conduct an evaluative review of client satisfaction, an evaluation of program results and an overview of best practices for their services. Three questions were highlighted as part of this work:

1. Are clients satisfied?
2. Are service activities being performed as planned?
3. What are some potential best practices to consider?

SLSH as a Modified Therapeutic Community

SLSH is a non-profit charitable organization which provides a place for men leaving corrections facilitated through a Modified Therapeutic Community (MTC). It is operated by a non-profit board of directors and receives funding for its services and programs through its service agreement with Corrections Services Canada (CSC). As an MTC, it is not a locked facility but rather a 'semi-closed' environment where residents are required/choose to live for a period of time. Resident community access is monitored and residents who comply with all house rules and program requirements may earn privileges to leave the facility through day, overnight or weekend passes, particularly for employment or training and to visit parents, partners, and/or children.

Evaluation Methodology

To gain insight into client satisfaction, program outcomes and an analysis of best practices along with recommendations for SLSH services, the SPRC designed a methodology to gather feedback on services in consultation with the Board of Directors and Executive Director. Methods selected were primarily:

- Interviews with senior staff
- A staff survey administered through Survey Monkey (Appendix 1)
- A structured one on one interview with clients to administer a survey (Appendix 2)
- A follow-up focus group discussion with clients to gain a more in-depth understanding of their views and opinions about the service (Appendix 3)
- A family survey sent via mail and administered via Survey Monkey with follow up calls (Appendix 4)
- A list of programs which SLSH clients are referred to (Appendix 6)
- A review of selected SLSH files

A summary of the above combined with a literature search and review were used to create a tool for assessing and identifying best practices and creating a measurement tool for future evaluation purposes.

BACKGROUND AND HISTORY OF ST. LEONARD'S SOCIETY OF HAMILTON

The sixth century St. Leonard of France is the patron Saint of Prisoners. Legend has it that in gratitude for service, a King gave Leonard land on which he built a monastery called Noblac. It became a halfway house for prisoners. The King had such admiration for Leonard and such trust in his ability to deal firmly but compassionately with offenders that he allowed him to select prisoners, take them under his care at Noblac and then release them when he thought the time was right.

St. Leonard's monastery was the model which inspired Reverend Neil Libby to establish the first St. Leonard's House in Windsor, Ontario. Before that, St. Leonard's works and compassion also prompted the naming of the first St. Leonard's House in Chicago in 1954. The motto used in the monastery of Noblac and preserved by the Benedictines is still used by the St. Leonard's Society of Canada: *"Let all guests be received as Christ"*.

The aim of the St. Leonard's Society in Canada is to support men exiting the corrections system and support them in facing the future with dignity and new hope. This aim, it is believed can be achieved through nurturance and compassion considered to be the primary ingredients to successful transition during the major life stages in life. This then establishes the foundation upon which the Halfway House Philosophy is built and the steps taken to assist individuals during the crucial time in their lives when they are breaking the chains of the past and establishing the nature of their future.

The St. Leonard's Society of Hamilton was originally incorporated in 1972 under the name "The Astra Society of Hamilton and District". An eight-bed residence on Strathcona Avenue was purchased and a residential program for male offenders released to community parole began. In 1978 this property was sold and two "century homes" on Emerald Street South were purchased to expand to a thirty bed program. In 1982 the society affiliated with the St. Leonard's Society of Canada and officially changed its name to the St. Leonard's Society of Hamilton. In 1985 the two houses on Emerald Street South were joined together, creating more office and program space. In 1988 the property on Robert Street was purchased and opened in 1989 to provide an additional 20 beds for adult male offenders on conditional releases. In 2001 the Society began the GreenBYTE program to provide a self-sustaining employment services and computer technology program for eligible clients.

ORGANIZATIONAL SCOPE

Mission Statement

To serve our community by promoting the personal growth and development of offenders, or those at risk of offending, by the provision of programs and services that positively impact on their transition to becoming integrated members of society.

Vision

To be recognized as a leading organization in providing transitional services in our community.

Values

- *To promote social justice and social responsibility*
- *To inform and promote awareness of the need for community corrections*
- *To promote and deliver evidence based practices, programs and services*
- *To develop collaborative relationships with clients, staff, community, and other providers*
- *To ensure accountability through open and transparent operations, evaluation, and responsible leadership*

What is a Modified Therapeutic Community?

The St. Leonard's Society of Hamilton operates all of its residential programs utilizing evidenced-based casework intervention strategies, functioning within a Modified Therapeutic Community (MTC) model. The key values of the MTC model are respect and empowerment of all stakeholders including, staff members, clients and their families, volunteers and other involved professionals.

"A therapeutic community is an environment in which people with various problems live together in an organized and structured way in order to promote growth and development, which can be carried forward to their lives in the community" (Ottenberg 1993 in Broekaert, 2001, P.29)

The therapeutic community, as envisioned by the St. Leonard's Society of Hamilton, forms a society (or a community within a community) in which residents, and staff in the role of facilitators, fulfill distinctive roles and adhere to clear rules, all designed to promote the transitional process of the residents.

While individual differences are highlighted, celebrated and respected, it is also understood that the individual resides within a group environment and consequently is impacted by the fellowship, interaction and feedback created through this

group/community dynamic.

In addition to using the environment to shift thinking, the purposeful management of the interaction is considered as essential to fostering the resident's identification with the society he intends to enter when leaving the facility. This work can be and is evidenced in the intake process and Plans of Transition used by SLSH. Clients are assessed and recommendations are made for program suitability using a questionnaire with clients. These plans are then used to help clients attain personal growth and development and seek a positive and supportive environment to assist clients in becoming integrated members of society. From this perspective positive role modeling is viewed as a key tool in the therapeutic process of change.

Principles of Assessment and Participation in SLSH's programs and Services

1. In all cases, services will be provided utilizing evidenced-based practices. This will normally include intervention strategies based on cognitive behavioural treatment processes (CBT).
2. The level of service and types of interventions provided to the client will be based on an assessment of the client's risk/need. Clients assessed as "low risk" will receive the lowest level of intervention while those assessed as "high risk" will receive the highest level of intervention.
3. In all cases, the client has the right and the responsibility to be consulted and involved in the development and implementation of his individual transitional plan.
4. The client has the right and responsibility to be consulted on, and to participate in, the effective operation of the residential facility. Those clients who choose to forgo this responsibility will no longer be considered as appropriate for continued residence.
5. To effectively implement the therapeutic community model, all staff members will be provided with the opportunity to obtain a high degree of professional competence through regular training, coaching and supervision.
6. Staff members will work in coordination, as part of a multi-disciplinary team, with CSC staff and contractors, police services and community service providers.
7. An emphasis will be placed on program fidelity and continued improvement through implementation of a schedule of regular program audits and external evaluations, client focused evaluation and feedback, staff member supervision and feedback, and community and contractor input processes.

The St. Leonard's Society Hamilton Modified Therapeutic Community (MTC) Model

1. The Physical Environment

The St. Leonard's Society of Hamilton modified Therapeutic Community (SLTC) model is not considered a locked facility but rather a 'semi-closed' environment where residents are required/choose to live for a period of time. Resident community access is monitored and residents who comply with all house rules and program requirements may earn privileges to leave the facility through day, overnight or weekend passes, particularly for employment or training and to visit parents, partners, or children.

2. Staffing

The St. Leonard's Society of Hamilton staff team is a carefully chosen group of professionals who receive training in the specific treatment modalities demonstrated to be effective with clients. These modalities and techniques include: cognitive behavioural treatment, motivational interviewing techniques, relapse prevention, rational emotive behavioural therapy and substance abuse intervention. Staff members are considered positive behavioural role models and endeavour to ensure that they pattern appropriate conduct in all interactions.

3. The Social Environment: Peer Dynamic and Hierarchical Structure

A primary characteristic of the St. Leonard's Society modified therapeutic community is the use of the peer community to "facilitate social and psychological change in individuals" (DeLeon 2001a, p. 82). This means that the community itself is understood to form an integral part of the therapeutic approach to transition. The assumption is that individuals are impacted most profoundly when they meet and surpass community expectations (DeLeon 2001b, p. 95).

A part of daily life in the SLTC involves the residents' observation and monitoring of each other's participation and roles in the community. In this way, the peer dynamic becomes a persuasive influence in residents' desire to become a more responsible and accountable member of the SLTC. Through coaching, reinforcement and modeling, these skills will then extend from microcosm of the SLTC to the individual's interactions with their family, peers, and finally the entire community.

The actions of one person, within this framework, take on a new perspective from a traditional treatment model in that stress is placed on how the action(s) of one person has a ripple effect on others and everyone will experience the consequences, whether those are positive or negative. This is in fact how life and our society work. Clients who fail to understand this concept are reminded that while they are the ones who committed the crime, there are others who are also suffering consequences for their individual actions: their families who are now living without a father, brother or son, the employer who is having to fill a position, and the tax payers who are helping to pay for their treatment. Understanding the broader consequences of their actions is a key factor in the process of change and personal growth.

4. Integrating into the Community

An important part of the SLTC approach involves preparing the resident for integration, or 're-entry,' into the wider society. From this perspective the SLTC works to ensure that no resident leaves the program without a secure source of income through employment or pension, a place to live and a positive community support network. The underlying philosophy is that re-entry is a transitional process over time requiring the development of a host of coping skills and supports.

SLSH'S PROGRAM DESCRIPTION

St. Leonard's Society of Hamilton has agreements with CSC to operate two sites in Hamilton, the Robert Street Place of Transition and the Emerald Street Substance Abuse Treatment Centre. Robert Street focuses on person's without addictions and substance use issues as related to parole conditions while Emerald Street has a specific focus on re-integrating clients back into society through harm reduction, abstinence and addressing substance use. Both agreements require that SLSH provides:

1. Program and services for those who manifest a need
2. More supervision and closer contact than can be given in the community
3. Clients with a pattern of normal cooperative living in a controlled environment
4. Work towards the safety of the community in such a way as to reduce anti-social behaviour patterns in the community through the development of a program which promotes the growth and development of the client

Each site has a specific program focus which means that there are some differences in operating procedures. For this evaluation, there was no direct attention paid to differences in services *between* these two sites, but rather an overall evaluation of meeting the combined and common components of the CSC service agreements and overall client satisfaction, service results and best practices of SLSH.

1. Emerald Street Substance Abuse Treatment Centre

The facility located at 24 Emerald Street South is a 30-bed Substance Abuse Treatment Centre. The residents are parolees on conditional release from federal penitentiaries. This facility also provides non-residential programs to the broader community of federally sentenced offenders and is primarily funded by Correctional Service Canada.

Success at Emerald Street is ultimately measured by individuals accepting the reality of their substance abuse related problems and voluntarily abstaining from all mood-altering substances.

The program goal at Emerald Street is to work through the client's denial so that they accept the reality that their lives are unmanageable due to substance abuse. To achieve this several objectives are pursued that promote individual cognitive development and address denial. The objectives fall into two categories, the environment and the individual. The environmental objective is to create a *therapeutic community* in which role taking and participation in decision making prompts a sense of responsibility and concomitant behaviour. SLSH monitors the quality of the community by objective empirical methods and use the information to fine tune and specifically focus on interventions where they are most needed. The individual focused objectives combine practical client centered interventions with genuine curiosity in each resident's worldview and interpretation of events. SLSH's objective is to create a need to construct new more comprehensive, adaptive and mature interpretations of experiences. This is also monitored by means of empirical methods and the results used to better focus the efforts of SLSH.

Success at Emerald Street is ultimately measured by individuals accepting the reality of their substance abuse related problems and voluntarily abstaining from all mood-altering substances. Success with clients is attributable to a collaborative effort from the knowledge base and skill of trained substance abuse treatment facilitators and specialists in other cognitively based programs.

2. Robert Street Residence: A Place of Transition

The facility located at 73 Robert Street is a 20-bed Community Residential Centre. This facility provides programs to individuals paroled to the community by virtue of conditional releases from federal penitentiaries and is funded by Correctional Service Canada. The program goal is to promote in residents a cognitive developmental perspective contrary to the immediate need and path of least resistance way of reasoning that supported their anti-social behaviour. Insofar as prison environments by their very nature are regressive, SLSH characterizes the goal as facilitating transition from a maladaptive way of reasoning and behaving, to positive community standards and socially acceptable behaviours.

Success at Robert Street is ultimately measured by residents leaving the facility to live independently in a community they no longer feel alienated from.

SLSH's goal at Robert Street is achieved through dually focused initiatives of equal importance. Individually focused plans of transition are collaboratively developed between staff and residents. Actions are specified, time targeted and related to the goal to leave the facility as an independent, contributing member of the community. Progress is continually monitored with the view to providing focused intervention where needed.

In support of the individual plans of transition SLSH has a Therapeutic Community at Robert Street that was developed and implemented through the collaborative efforts of residents and staff. As part of this process, SLSH has a constitution that is proudly displayed. There is also a program manual which defines acceptable behaviours and rational consequences. The environment is embraced by each new generation of residents and staff through careful recruitment, orientation and training.

The Modified Therapeutic Community (MTC) and its objectives are constantly monitored by two empirical methods:

- The environment
- Individual ways of reasoning

The results of both are used to focus interventions where they are most needed. Success at Robert Street is ultimately measured by residents leaving the facility to live independently in a community they no longer feel alienated from. While collaborative work between staff and residents is critical to success, the knowledge base and skill of specially trained counsellors is essential to achieving the goal.

3. Community Assessment Team

The Community Assessment Team comprised of Corrections Services Canada, Hamilton Police Services, community representatives and SLSH meets every two weeks to share perspectives, bring insight to needs, deficits and make consensus based decisions and pool staff resources. The purpose of this team is to conduct case file reviews and house admissions updates and conduct parole condition reviews and make recommendations on admissions and supports.

EVALUATION METHOD

The scope of the evaluation focused on three main areas, namely

1. Are clients satisfied?
2. Are services performed as planned?
3. Are there potential best practices that can be learned from?

The methodology used were one on one in person and telephone surveys with clients and family members, an online staff survey and interviews with senior staff, a client focus group and a document review to understand best practices and assist with developing an analysis of the results.

1. Client Survey and Focus Group

Information about the survey was communicated to clients at house meetings by staff. Clients were invited to participate voluntarily during two pre-scheduled sessions at each site on a week day night, in the evening between 7-9 p.m. This time was selected to accommodate clients who work during day time hours. Each interview was approximately 15-20 minutes in length. At the end of the interview, clients were invited to in a focus group if needed. Due to time limitations and varying hours of clients' hours on site, one focus group was held – at the Robert Street location. A notice was put up at Robert St. inviting clients to attend. There were 6 attendees at this session. Responses were collected through note-taking and the notes were collated for analysis and summaries.

2. Staff Interviews and Survey

There were two methods of staff engagement used. A one on one interview with senior staff was held to gain insight into the programs, client base and to gain an understanding of service performance measures. These interviews were also as a way to plan the scope and questions for this evaluation and the development of the client and staff survey instruments. The entire SLSH staff was provided an email notice through a company email inviting them to participate in the survey, and results were collected via Survey Monkey over a period of one month.

3. Family Engagement

Because of the nature of a therapeutic community treatment model and the role of the plan of transition in the SLSH service, feedback from family members was an important part of the evaluation of SLSH's work. Connecting back to the community and family is an integral part of a successful transition of a client exiting corrections. Building healthy communities is seen as the co-relationship between retribution, rehabilitation and restitution (CTI, 1998). The SLSH community of care model is based on connecting offenders back to community in a pro-social manner. Measuring, gauging and evaluating family and community interactions are key components and indicators to client improvement and part of the model's success.

A survey was designed using Survey Monkey. A letter with a copy of the survey and a link to the on line version was sent to family members. The contact list was generated by SLSH staff and sent by mail from SLSH's administrative head office. Forty-five letters were sent. Only two surveys were returned by mail, and three packages were returned because of incorrect addresses. Follow up phone calls were made to family members to gather more input to this part of the evaluation.

4. Best Practices/Research Materials

The following sources supplied or referenced were used for research, background, evaluation planning and analysis:

1. SLSH mission statement, program descriptions and draft program manuals
2. SLSH's program brochures (paper copy)
3. Intake and Plan of Transition Forms which also include "house rules"
4. SLSH's website www.slsh.ca
5. Emerald Street Treatment Facility and Robert Street Place of Residence service descriptions
6. Programs referral list supplied by senior staff
7. SLSH Service agreements with Corrections Services Canada (CSC)
8. SLSH file review
9. Literature review: SLSC, 2007: Principles to Practice, Residential Services for the 21st Century; 1998, CTI Canadian Training Institute: A Primer on Community Corrections and Criminal Justice Work in Canada

EVALUATION RESULTS – CLIENT SURVEY

There were 12 clients who participated in the client interviews using the survey tool. Upon arrival to the interview, clients were given a short orientation to the evaluation process, including being told that they could choose any time to end the interview or answer every question. Clients shared a demonstrated a satisfaction rate of almost 92% of either very well or well when asked how SLSH's programs were assisting them.

Very well	50.0%
Well	41.7%
Not sure	8.3%
Poorly	0.0%
Very poorly	0.0%

Age Range of Respondents

18 – 30	8.3%
31 – 40	33.3%
41 – 50	16.7%
51 – 60	25.0%
61 – 70	8.3%
Over 70	8.3%

The age range of the respondents were 18 – 70+. The highest number of age groupings was between the ages of 31-40 and 51-60 years of age.

Length of Stay at Time of Evaluation of Respondents

The majority of respondents demonstrated either a shorter stay of less than 6 months at 33.3 % or a longer stay of more than two years at 33.3%. Input given was for evaluation is thus based on early and longer term experiences with SLSH programs and services.

1 month	8.3%
2 months	8.3%
Less than 6 months	33.3%
More than 6 months	0.0%
Less than one year	8.3%
More than one year	8.3%
More than two years	33.3%

Familiarity with House Rules

The respondents demonstrate a high level of familiarity of the house rules. Where respondents did not show a high level was in the hours of operation and visitor hours. Clients showed some lack of clarity around the various parole conditions and the impact this had on their ability to leave the premises and/or engage with visitors and family members at the SLSH premises.

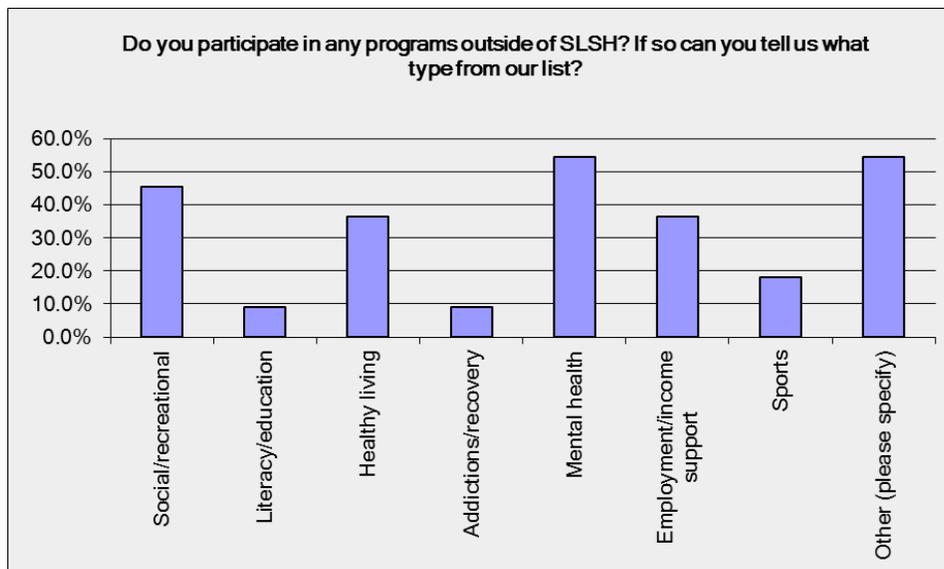
Responsibilities and expectations of residents	100.0%
Grounds for termination from program	83.3%
Hours of operation and visiting hours	75.0%
Procedures regarding room searches and/or inspection	100.0%
Storage and disposal of personal property	83.3%
Policies regarding handling money	83.3%
Policies on leave privileges	100.0%
Grievance policy and procedures	83.3%
Policy on reporting offending behavior and compliance with the release plan	91.7%

There was a range of answers as to the communication of the house rules upon acceptance into the program. A further probe with regards to the house rules indicated some concern on how to be better prepared to coming to SLSH and “not to be bombarded with rules”, ensuring a better understanding of the relationship between parole conditions and house rules amongst residents. SLSH was also seen to be more effective at ensuring the house rules than at other similar types of programs. Staff was seen to be

open and amenable to discussing the rules once clients were participating in communal living demonstrating perceptions of clients that this is “common sense” and “that being here is for our benefit”. Ensuring confidentiality between clients was understood however and seen to be effective as part of meeting individual needs.

Program Participation

There are a range of programs which clients are referred to as part of release conditions from CSC and as part of the service agreement with CSC and the mandate of SLSH. All are related to addictions, mental health, sexual offence, employment and cultural and religious supports. A list of programs which clients are referred to is attached as Appendix 6.



Mental Health and Health Care

The clients indicated the highest level of participation of programs related to mental health. Programs referred to are listed as part of the Appendix 6. SLSH also works with CSC regarding mental health programs, individualized treatment and overall mental health supports. Clients transitioning from prison often have mental health support requirements related to their release. SLSH using a combined model of both group and individualized supports both externally and internally in a combined service system to best meet clients’ needs.

It is important to note here that clients did talk about their various experiences with support and access to physical health care. It was evident in the interviews, particularly with older clients, that health care concerns were sometimes first and foremost in their minds. Access to diabetes and foot care, access to Telehealth, emergency room visits and support in accessing medication were all noted in the interviews and case file audit. Clients do seek permission to access emergency services and are given information about Telehealth. They do travel to local hospitals when needed health care. What was not measured is the number of clients with a family doctor and/or access to other health care services not particularly related to mental health.

Social Interaction, Community Activities

There were a number of clients who attend social and recreational programs. Many indicated

participation at the local YMCA yet there are also clients whose participation in community activities is restricted due to parole orders. For example, as the YMCA is also a child care facility, some clients are not permitted near those premises. Some clients visit the Hamilton Public Library on a regular basis. Other areas of social activity were with family members. Some clients participate in cycling, others in auto/motorcycling social activities outside of SLSH. Social activity can be seen as dependent on tenure, home community and parole limitations or condition of clients.

Some suggestions were collected regarding pro-social and community engagement program improvements at SLSH, however there are limitations as clients are not permitted to interact with each other outside of SLSH buildings: “I leave here and the guy who sleeps in the same room as me can’t talk with me”, said one respondent.

Suggested program improvements did include social activities such as bowling and cycling and more group interaction regarding social programs while staying at SLSH.

Employment and Income

Getting along with others	83.3%	A small sampling of clients participated in employment and income support programs as they are past the age of 65, collecting pensions or doing informal handy work. Specific data on places of employment or sources of income were not collected as part of this evaluation.
Planning activities together	33.3%	
Reviewing grievances together and problem solving as a group	58.3%	
Planning meals, snacks, activities	66.7%	
Meeting my dietary needs	75.0%	
Supporting each other individually and as a group	83.3%	
Meeting my spiritual or cultural needs	50.0%	
Ensuring privacy and confidentiality if I ask for it	100.0%	

Clients are employed did demonstrate a range of experiences with regards to the type, tenure and barriers to gaining and maintaining employment. Some clients were employed at temp agencies, others worked in a trade that had been acquired prior to entering corrections and others worked informally for family members and friends in the community. Clients did indicate that they wished for an increasing focus on finding and maintaining housing, transportation assistance, bus pass discounts and budgeting. Another area of concern expressed by clients was finding a way to supplement pension income while at SLSH

Case Worker Support

Case workers were thought of as being supportive in being clear, helping in identify resources for basic needs, being straightforward and helping clients understand the house rules.

There was some indication that outside of case worker support, communal living does cause tension and that clients felt that case workers were not seen as being equitable regarding their interactions in house meetings and group problem solving. There was some indication that clients perceived or interpreted various parole conditions or inconsistency in application of the house rules a result of case workers favouritism of one client vs. another. “They trade us like hockey cards” said one focus group participant. Clients also perceived case workers to be too busy at times or spending more time interacting with other staff than with them. However feedback also included feedback such as “She was helpful with medication, pharmacy, Catholic Family Service Programs, etc. Her psychology is very beneficial” and that staff are

“awesome, always there, helpful, polite, open the door for us”. “He helps me connect with my family”, or he “does his job, we have butted heads but we work through it..... he makes me feel better and makes it easier with transition”.

Effectiveness of Communal Living

SLSH clients’ needs are being met through anger management, having someone to talk to, how to find supports and make the transition to post incarceration life, find a place to live, and motivating clients to make a successful transition. Communal living itself was found to be effective in helping clients get along with others (83.3%), meeting their dietary needs (75%), supporting each other individually or as a group (83.3%) and ensuring confidentiality scored at 100% amongst clients. Less effective were meeting spiritual and cultural needs (50%) and reviewing grievances together (58.3%). Other suggested areas of improved were

Health and fitness	83.3%
Relationships with people	83.3%
Employment/income	75.0%
Housing	66.7%
Nutrition	66.7%
Community involvement/belonging	91.7%
Crisis management	50.0%
Life skills	58.3%
Mental and physical health/access to health care	66.7%
Transportation	58.3%
Education/literacy	41.7%
Spiritual/cultural activities and development	50.0%
Other (please specify)	16.7%

- Cable in bedrooms
- Improving laundry services
- Improving the attitudes of all clients living in a communal setting
- Enforcing house rules regarding housekeeping, chores and cleaning up washrooms

Personal Need Post Transition

More control over decisions that affect my life	66.7%
Less discrimination/stigma	25.0%
Better access to physical and/or mental health care	75.0%
Increased income	75.0%
Crisis management and recovery	66.7%
Other (please specify)	33.3%

Respondents indicated that their choices reflected the experience of transition itself, encouraging pro-social behaviour and the need to have basic needs met as being reinforced living outside of a corrections setting. Some respondents also indicated a wish to contribute to society, “be normal” and questioning

“why do they need to know about my past?”

It is important to note that the education level amongst respondents was very low as indicated in comments. Although not collected as a specific data set, clients indicated low levels of education, literacy and the need for supports in gaining GED.

This attainment and more focus on this area are further discussed below in the analysis

“A better defined program would be helpful.”

When asked for comments about what clients liked the most about SLSH, staff, freedom and having a place to stay to help with transition were common amongst all respondents.

EVALUATION RESULTS – CLIENT FOCUS GROUP

The focus group was held at the Robert St. residence. There were 6 voluntary participants in the group. Feedback ranged from general program comments to more specific areas, including employment, socialization and case management.

All participants take part in some type of programmed activity required by the Correctional Service of Canada (CSC). These mandated programs are part of parole conditions mandated by CSC. Others participated in programs as provided by or referrals assisted by SLSH. There was no clear indicate either by record or in interviews of focus groups as to how programs were chosen by the participant, outside seeking housing, employment and meeting basic needs.

“My parole officer wants me out of the house during the day, but with all the frustrations it’s hard not to be uptight when I’m outside of the house”.

Programs that are mandated by CSC include programs related to addictions or sexual offense. Participants indicated in the highlighted areas that more programming may be helpful, however others were simply there to “live by the rules”

and only spend a minimum of time on site. There was an interest in learning more about what supports or programs could be attained that were more individualized, ranging from foot care to literacy and educational supports. “A (more) well-defined program would be helpful”, said a participant. The following themes emerged as part of the focus group:

When respondents were asked, if, overall, were SLSH’s services helpful with respect to meeting their needs 100% of respondents said yes. One client said “When you’re busy you have less chance of re-offending”. When asked the question “without SLSH’s would your transition be.....” 75% of respondents indicated “worse”, 16.7% indicated “the same” and only 8.3% indicated “better”.

- Education and training
- Transportation and travel
- Housing support
- Employment support
- Socialization and community living
- Case management practices

Education and Training

Not all clients have literacy levels that allow them to participate in distance GED programs. Clients talked about helping each other with homework and reading, but this was not formal on site program area. Others were more ambivalent about this area as the older clients didn’t indicate a need to develop new educational skills or levels.

Transportation and Travel

Transportation is important to clients. All use various modes of transportation and not all clients have Hamilton as a “home” community. Public transit, vehicle ownership, bicycling, travel time and travel scheduling impact on their participation in programming and also transitioning from incarceration. Managing visits home, calling in to SLSH to check in, purchasing vehicles, and affording transit generally were areas of concern.

Clients indicated that connecting to local services, finding pro-social locations, visiting the library, “working out” and generally socializing proved for some to be difficult. Suggested areas for improvement did

include requesting to have a map of Hamilton provided, and a better sense of understanding the geography, bus system, places to go for leisure etc. would be helpful.

Housing Support

Clients have a wide range of experiences related to housing. While some clients own homes and rent them out, others are waiting on a new rental and others are planning on moving in with family members. There's anxiety around finding housing, and keeping mortgage payments going because of the short notices on release. This was an area that clients understood were not related to SLSH programs but did experience it impacting their overall ability to transition successfully.

Employment Support

Although SLSH runs the GreenByte employment program, not all clients are allowed access to the internet, and are unable to participate in this employment program. The economic climate is a condition that impacts on employment status, as do limitations of criminal status in gaining and maintaining employment. Layoffs are common when police checks are requested. The scheduling of meeting parole officers and conditions also impacted on some client's ability to seek and maintain employment. Some clients indicated that they participate in informal labour, odd jobs, maintenance work at SLSH etc. as a means to making ends meet.

Suggestions for improvement included having life skills and budgeting lessons, how to find and keep work, along with fighting employers if they felt their human rights were being ignored, would be helpful. Some focus group participants perceived that their resumes were not a useful tool and that they are only able to get temporary work and they experience large barriers to employment.

Suggestions for improvement in this area were to improve links to employment service providers, updating onsite employment information, support with advocacy, maps of the city, and more knowledge amongst case managers about potential employment and learning opportunities or places for supportive referral. Clients in this focus group indicated that they would like to have better access to the employment counsellor at Emerald Street; some said that they only knew outdated information about employers in the city (i.e. "Dofasco", "Stelco"). Clients who are seeking work also experience that their limited stipend keeps them from being able to afford clothing, a cell phone and other necessities which would assist their transition. For one client volunteering would be helpful, but he wondered where he might volunteer without requiring a police check.¹

Socialization and Communal Living Support

Feedback solicited in the focus group did spend more time focussing on living in a communal setting. There were both internal and external factors examined, i.e. what is the SLSH program vs. what CSC does in this area for clients. The physical sites themselves are also proved to be limiting, although capital improvements for are in the plans for the Emerald St. location. Clients have been involved in communicating the need for capital improvements of late in local media². The City of Hamilton has approved³ zoning amendments and plans are underway to make the space more accessible.

¹ Many volunteer organizations are now requiring a police check prior to accepting volunteers

² <http://www.thespec.com/news-story/4075122-clairmont-st-leonard-s-residents-want-to-save-the-house-they-say-saved-them/>; September 12, 2013

³ City of Hamilton Zoning By-Law No. 13-269 to Amend Zoning By-Law No. 05-200

For the residents of the Robert Street residence, some of the comments included not having cable in their rooms, a lack of privacy, tension regarding access to television and internet, visitors, all lead to frustrations and anger that build up at the residence. For some this increases social isolation, for others a feeling of being kicked out (“during the cold weather”) with no or little money and told to go somewhere else.

“You can’t hang out in the mall without money.”
“I’m stuck hanging out in the library.”

Clients would like to be able to use common rooms on weekends, find a way to help improve the space, create more areas for physical activity (the local YMCA has a fitness centre, but also child care services, which prohibits some SLSH clients from going there). Others indicated that having television cable in their room would decrease frustrations and anger and allow for more privacy. Having only two televisions

“All the little things add up.”
“They tell us that ‘this is our home’ yet there are serious limitations in this setting.”

made for common resentments and agreement on needing more places to relax and/or have privacy.

Case Management Practices

Although this focus group had only six participants, there was some commonality amongst them that are of note with regards to case management. Some feedback is related to the lack of understanding of how house rules are applied with clients having various parole conditions, leading to a sense of inequity in how rules are applied and how case management is conducted. The survey results above confirm a lesser understanding of common rules and conditions vs. individualized ones.

SLSH’s success is based in a transitional setting with communal living. What is not best understood by clients themselves is how to balance input into the communal living environment vs. being able to air grievances or speak about perceived differences amongst clients. This also may relate to how SLSH has to balance meeting individualized needs vs. maintaining equity in the communal setting for both low and high risk clients, each with varying limitations regarding release. House meetings are programmed to be places to air differences for communal issues, and one on one meetings are held to discuss individual cases and issues.

“.....I don’t always find it helpful to listen to everyone else’s problems and find it hard to connect.....”

Clients feel a sense of retribution coming from giving their input at house meetings. Their perception is that there are different standards and rules amongst clients. Some of this is based on each client’s tenure of incarceration and now learning to live in a semi constructed environment at SLSH. For others living in a small communal setting leads to discomfort, a sense of hierarchy, favouritism or as one client said “nit-picking” with each other.

Staff are sometimes perceived to be stern as clients don’t want to “stick their noses out” and “it beats jail” so they don’t wish to undermine the benefit of the program. They understand that they are selected to be in SLSH’s programs via its selection process and wish to maintain a positive relationship to assist with their transition.

Clients indicated that they would like to be more active participants inputting to their plans of transition and would like to be heard more regarding their challenges. They also perceived that given their

challenges, more support for mental health services, helping them air grievances, understanding program and residency differences at SLSH would ease tensions and contribute to helping with their transition to community settings.

Clients did indicate in the focus group that case managers were helpful and generally they also felt that SLSH's services were helpful, reinforcing the survey results above.

EVALUATION RESULTS - STAFF SURVEY

The SLSH Executive Director emailed a letter to all staff inviting them to participate voluntarily in an on-line survey to determine if programs are being held as planned, the depth of knowledge of SLSH's programs and services and suggestions to improve services and programs. Out of a staff of 25 there were 19 respondents representing a 76% response rate. Results were collected between December 20, 2013 and January 22, 2014.

A majority of the respondents (84%) were counsellors of SLSH, having the most direct contact with clients.

Counsellor	84.2%
Director	10.5%
Cook	5.3%

Less than one year	26.3%	There was a range of input from staff regarding their tenure at SLSH, describing a range of experiences of SLSH over time from less than a year (26.3%) to having over 10 years of experience working at SLSH (21.1%).
Three to five years	15.8%	
Five to 10 years	36.8%	
Over 10 years	21.1%	

Staff overall knowledge of SLSH was high at 84.2% of respondents indicating that they have extensive knowledge of SLSH.

Very well	52.6%
Well	31.6%
Poor	15.8%
Very Poor	0.0%

I don't know anything about them except in my area	5.3%
I have a very general knowledge of what they do	10.5%
I have extensive knowledge of SLSH	84.2%

The majority of staff members felt that SLSH is meeting their client's needs "very well" at 52.6%, with 31.6% saying that their needs were being met "well".

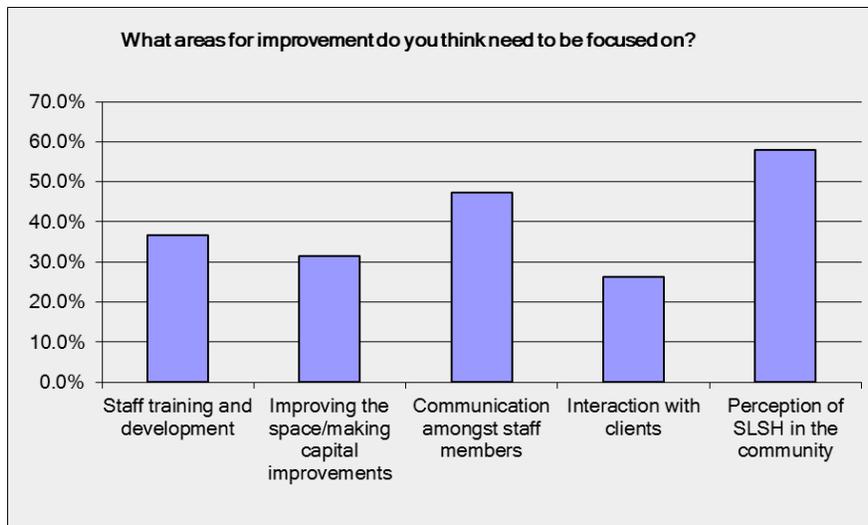
Based on staff feedback, the most helpful program components are problem solving and crisis management at 83.3%, with the second most helpful being both connecting to family and community and helping clients in gaining and maintaining employment. Meeting spiritual or cultural needs were seen to be a weak area of terms of helping clients in their transition.

Problem solving and crisis management	83.3%
Helping clients feel connected to family and community	72.2%
Help in gaining and maintaining employment	72.2%
Development of the Plan of Transition	83.3%
Meeting spiritual or cultural needs	27.8%
Ensuring privacy and confidentiality of clients	66.7%
Working with community partners/referrals to other services	77.8%
Assisting clients with personal growth/development	72.2%

Staff commented that providing support, structure and a safe environment to transitioning to post incarceration life were part of the SLSH success story. One staff member commented "I believe strongly that we can manage these men through this period of transition and get them home to their families."

There also seemed to be a passion and willingness on the part of staff to assist in client's success in adjusting and reintegrating to some level of community life.

When staff were asked to comment in the survey about what they liked least about SLSH, responses ranged from the limitations of the physical space, the lack of inter-agency partnerships, and the limitations of the program in promoting pro-social behaviour through staff and client interaction. Other areas that were of concern were program requirements of clients having to use a land line to call in, which was seen as out of date, and the difference in program practices between the Robert Street and Emerald Street locations. Staff indicated that streamlining would allow for greater impact on clients and a more cohesive and clear set of practices. Limitations of client success identified by staff also showed that there were external limitations that impacted on the program's success such as having clients from out of town not having a local external support or network, and therefore not as successful in transitioning as well or quickly out of SLSH's program. Communication, training and the overall perception of SLSH in the community were seen as potential areas of improvement.



EVALUATION RESULTS – FAMILY SURVEY

Activity during time of survey December 2013 – January 2014:

- Total number of beds/clients: 45
- Total number without community contacts: 6
- Total number of calls made: 38
- Total completed surveys: 15
- Total returned via mail: 2
- Total N.A. Feb 8 14: 22
- Total declined: 2
- Total family contact unable to speak English: 1
- Total Survey sample 15 = 33.33% family members

The Family Survey generated a high rate of response. This rate of response is in part a result of varied and extensive efforts to contact respondents. Once contacted by SPRC staff, family members were very cooperative in providing responses to questions.

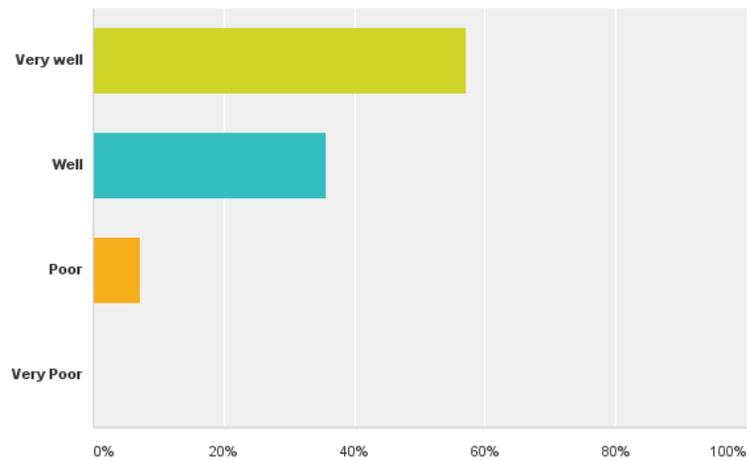
Question 1: What is your knowledge of St. Leonard's Society of Hamilton's (SLSH) programs and services?

I don't know anything about them	28.6%
I know enough about them to support the work they do	21.4%
I think that SLSH has had a positive impact on my family member	21.4%
I think that SLSH has exceeded my expectations for my family member	28.6%

Family members demonstrated high levels of confidence in knowledge of the SLSH program and support for it. More than 28% of the respondents reported no knowledge of the program or SLSH as a community service.

Q2 How well do you think SLSH is meeting your family member's needs?

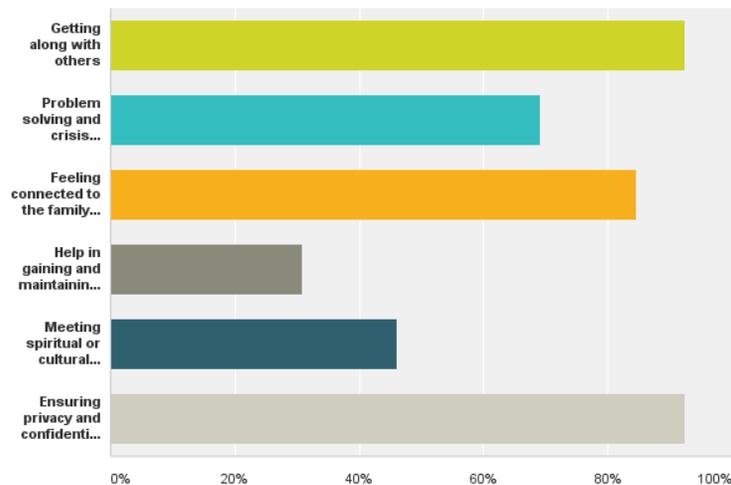
Answered: 14 Skipped: 1



Respondents provided very high ratings for the success of SLSH in meeting client needs. The majority of respondents offered the highest rating available. Not all respondent provided a positive rating.

Q3 What are the components of the program you think are most helpful to your family member? Please check all that apply:

Answered: 13 Skipped: 2



All components of the program were rated by family members as helpful to clients. Those viewed as most helpful were programs that helped clients in getting along with others, problem solving and crisis management and ensuring privacy and confidentiality. The program identified as least helpful was the program to assist clients in finding and maintaining employment.

Question 4: Has the program made a positive impact on your family member?

The vast majority of family members reported the view that the SLSH program had a positive impact on their family member/client.

Yes	92.9%
No	7.1%

Question 5: Can you describe through your observations and interactions with your family members how the program has helped?

My family member communicates better	71.4%
My family member is a better problem solver	64.3%
My family member is not in crisis	64.3%
My family members takes responsibility for being a part of family life at home	64.3%
My family member is more social and engages with others	64.3%
My family member is positive about post transitional life	92.9%
Other (please specify)	42.9%

Respondents to this question provided multiple responses to ways in which the SLSH program has helped. The highest rated benefit was in providing clients with a positive attitude about post transitional life.

Question 6: What do you like best about SLSH?

- There's a really good support team
- It meets his needs, its close for family members and we can visit
- GreenByte has been amazing for him,
- case workers have been great talking to him and have made him motivated
- They encourage a slow transition
- I've met other clients and see how clean it is and how polite everyone is
- It gave him the opportunity to make a slow transition
- His home community has welcomed him back to the choir
- It's a very supportive and positive environment
- Mom would have been proud of him. More independent/exceeded expectations

The responses to this question were articulated by family members and provide an anecdotal insight into the understanding of family members' assessments of the influence of SLSH services on clients. Several responses credit the supportive environment that staff provides to clients.

Question 7: What do you like least/comments?

- The appearance is a concern, it's not a great neighbourhood
- Too much drug activity in the neighbourhood
- He doesn't want to interact with other clients as they are very negative
- He's mandated to be there and it's not helpful
- The check-in times and methods are prohibitive and inconvenient
- He needs increased mental health supports. There aren't enough community supports for mental health
- He's out all day – it provides a roof over his head but that's about it

The responses to this question were also articulated by family members in response to an open ended question. Several of the responses speak to concern about conditions in the community and the broader system of supports rather than the shortcomings seen in SLSH services.

LITERATURE, CASE FILE AND DOCUMENT REVIEW

SLSH Mission Statement, Program Descriptions and Draft Program Manuals

All documents clearly articulate the expectations of SLSH within the context of its mission, vision and values. The Program Manual was presented in draft format and in interviews with senior staff, there is an indication that work is being done on the Program Manual to help to stream line services between the two sites and create a more integrated program overall within SLSH. The feedback from clients and staff indicated that streamlining the manual will assist with improving communication and practices between the two sites.

SLSH's Program Brochures (Paper Copy)

The program brochure outlines SLSH's programs and services and is used by clients to determine if the program is suitable and can meet their needs. Program brochures are made available on site at Corrections Canada locations, at SLSH itself and is also available on the SLSH website www.slsh.ca

Application Form

Both sites use the same application form. Application forms are filled in with the client while still incarcerated. Clients are given a choice of applying to Robert Street or Emerald Street and also given an opportunity to apply for the GreenByte program. The application form consists of a face sheet and part 1 to be completed by client and part 2 to be completed by SLSH staff. It indicates that the decision for eligibility is made by the director based on personal suitability and space availability.

Intake and Plan of Transition/Plan of Care Worksheet

The Plan of Transition Worksheet is used by the house assessment team a tool to create a service plan with the client once accepted into the program. A copy of the form as attached as Appendix 5 and is also included in the program manual. This form walks clients through a process to identify short, medium and long term goals in education, employment, finances, social/family connections, housing/accommodation, leisure and recreation, companions/relationships with friends (including identifying where and how to access pro-social behaviour), alcohol and substance use, personal and emotional supports and attitudes and orientation toward past criminal behaviour.

Emerald Street Treatment Facility and Robert Street Place of Residence Service Descriptions

Service descriptions were supplied by senior staff and identify the overall philosophy, approach and programs and services used by SLSH.

Programs Referral List Supplied by Senior Staff

A program list was supplied for review as part of this evaluation. A copy is attached as Appendix 6.

SLSH Service Agreements with Corrections Services Canada (CSC)

In Appendix D of the Service Agreement a Statement of Work outlines the:

- Purpose
- Objectives
- Policy and legislation

- Responsibilities of the CRF including case management documentation, admission criteria and selection process, liaison services, resident action plans and support services.

The Service Agreements also outline the support services which SLSH must deliver including monitoring and support, assistance to residents in areas such as crisis management, personal or family problems, education, literacy, employment, budgeting, life skill, recreation, spiritual and cultural activities. The service agreement also mandates SLSH to assist residents to secure services for their needs and/or public safety requirements such as substance abuse services, income support, employment services, medical (including mental health) and dental services and provide residents with a supportive group living environment through activities such as periodic house meetings.

SLSH File Review

A case file review was conducted as part of this evaluation. Site visits were arranged for both sites (Emerald and Robert Street) via senior staff. Case files were randomly selected by SLSH staff for evaluation purposes. Overall, 14 files were reviewed.

The review demonstrated that there is both a high level of detail, engagement and outcomes to demonstrate the program's success, however there were also areas where there are opportunities for deeper engagement and improved outcomes for both the organization and its clients.

1. Employment supports: formal vs informal work; connecting to employers and supporting clients while seeking employment; developing a network of supportive agencies for volunteer engagement
2. Housing: connecting to private landlords using a housing first framework to ensure access to suitable, affordable and accessible housing as part of a healthy post incarceration life involving sobriety and harm reduction
3. Health care: beyond calling Telehealth, health care supports for foot care, fitness, encouraging outdoor group activities in a controlled environment
4. Basic needs: if clients are unable to work or are aging, putting supports in place to assist with enhancing meeting basic needs post incarceration including during time spent at SLSH such as access to food, clothing.
5. Community integration and engagement: if clients can't access pay phone, can they use a cell phone? Is there a way to do this that can be flexible when engaging people traveling to and from their home community? If client decides not to go back to home community, is there an opportunity to develop a peer support group that stays connect to SLSH and informs its work and also acts as a place for former residents to connect? How does SLSH staff work to build cultural sensitivity, engagement and inclusion amongst clients and staff? Are there PD opportunities for staff that can be shared via role modelling and knowledge transfer?
6. Literacy and education: when signing files, measuring client for literacy and GED levels; using other forms such as journaling, music and art that can be; Enhancing a list of other agencies in Hamilton which SLSH can connect to do this with them

Literature Review

SLSC, 2007: Principles to Practice, Residential Services for the 21st Century;

1998, CTI Canadian Training Institute: A Primer on Community Corrections and Criminal Justice Work in Canada

DISCUSSION AND ANALYSIS

Program Improvements

The process of engaging clients, staff and family members established that much of the program and service provided has value and serves the interests of the client population. The findings also provided insights on themes and interests across these perspectives that suggest broad and longer term goals that SLSH might work toward in the pursuit of continuous service improvement. Given the declared interest of SLSH to continue work over the long term to make SLSH a high performance organization the following program areas may be explored as prospects for long term for change:

- Education and training supports could be enhanced and in particular create increased opportunities for building client literacy.
- Access to transportation supports, if improved, would provide a vital benefit to clients.
- Access to housing supports is a key determinant to successful integration into the community and improved access to affordable housing could improve client outcomes.
- Social interaction/community living options and suggestions were offered and warrant further examination.
- Increased to health and wellbeing activities and supports may improve client outcomes.
- The positive perception of SLSH in the community may benefit the program and clients. SLSH could benefit from improved marketing materials that better promote the value of this service to the community.

Case Management/Staffing

In reviewing the input across the perspectives of clients, staff and family, and after a review of selected, randomized case files, several themes and suggestions emerged for strengthening case management and staffing functions at SLSH. Those prospects for change are:

- Integrating documents and forms across both program sites could improve outcome reporting on program successes. Some variations of details in files were noted and inconsistencies in forms used between sites added to the complexity of record keeping. In some cases different forms used and not all files completed at the time of this review. This may be a function of the timing of this evaluation exercise. To clarify this, a routine case file audit on a predictable annual cycle would improve prospects for clear analysis of program results.
- Additional training in client/staff interaction to improve transparency and client understanding of equitable practices. Client /staff interaction could also aid clients in understanding forms and information kept on record i.e. when a client signs a monthly report it could be read aloud and then signed to improve understanding of the record. There is considerable variation in literacy levels and program supports are needed in response to this variation to improve client understanding and agreements when established.
- Program goal setting and plans of transition to improve transparency and understanding of program goals and outcomes.
- Increase community engagement with partners to improve community and systemic supports that may benefit clients.
- Increase/improve communication opportunities amongst staff to increase awareness of program outcomes.
- Increase time spent on meeting residents individual needs as a heightened priority for use of staffing resources.
- Create opportunities for more dialogue, exchange engagement opportunities for improvements overall amongst staff.
- Increased frequency of performance appraisals would encourage consistent manager feedback and time oriented goals setting for staff Invest in staff training and development.

Physical Space/Location

The recent efforts of SLSH to attend to capital improvements that would improve facilities at the Emerald Street location are well documented. This review of programs and services confirms that proposed changes to facilities would be valued by clients and of benefit in achieving positive program outcomes.

RECOMMENDATIONS

Clients indicated clear appreciation of the value of services provided by SLSH in supporting their process of integrating into the community. Clients also indicated awareness of tensions resulting from the communal living model of residency offered by SLSH. Some of the tensions resulted from relationships with other residents, some from concerns about equitable treatment of residents by case workers and some resulting from limited capacity to function independently in the community owing to limited income, employment, transportation and housing challenges experienced in the effort to transition fully into the community.

The following themes emerged from analysis of surveys, interviews and focus groups discussions with clients and a study of case files and literature review. Recommendations associated with these themes have been developed and included for consideration.

Client and Service Recommendations

- Clients showed some lack of clarity regarding some elements of parole conditions as they relate to hours of operation, visiting hours, house rules and program selections.
 - **Recommendation:** That staff members continue to invest time into house meetings and related communication exercises to ensure residents are familiar with conditions regarding hours of operation, visiting arrangements, house rules and the processes used to arrive at rehabilitative program selections for residency in SLSH.
- Clients noted concerns with conditions associated with communal living in the current residences operated by SLSH.
 - **Recommendation:** That SLSH explore redesign of the residential structures to allow for more and varied common spaces, increased access to television and internet services (while still attending to regulatory requirements of these media sources) and increased area or access to other community based facilities (i.e. YMCA) to promote health and fitness of residents.
- Clients participate extensively in programs related to mental health and indicated that health care concerns are particularly important to them.
 - **Recommendation:** That SLSH explore ways in which residents can be supported and gain skill in understanding and navigating/accessing health care services as needed as part of resident development in integrating into the community.
- Clients expressed keen interest in social activities as an appealing approach to building social skills and networks in the community.
 - **Recommendation:** that SLSH explore ways to develop and expand the opportunities available to residents for engaging in community activities.
- Employment and income issues are matters of prominent concern to residents of SLSH. Limited employment and income prospects create difficulties with respect to finding and maintaining housing, managing transportation needs and budgeting generally in the process of integrating into the community.
 - **Recommendation:** That increased effort is made to develop and implement strategies that will improve prospects for employment or increased income opportunities for residents of SLSH to further promote successful integration into the community.
 - **Recommendation:** That SLSH continue to explore and develop linkages and collaborations with related community services engaged in health assessments, employment, housing and other social program supports needed and valued by clients to maximize the benefit of an integrated support system.

- Clients valued of case worker support and provided strong indications their appreciation of staff services and supports. They did indicate some lack of clarity about equitable treatment by staff of all residents and some concern about the ways in which grievances were dealt with.
 - **Recommendation:** That efforts be made to amend grievance procedures to be more transparent and introduce practices that will better inform residents of the process for assigning caseworkers to clients, processing of grievances and policies and practices that support equitable treatment.
- Clients expressed high levels of support and appreciation for the quality of SLSH services and reported good understanding and awareness of the extent to which these services aided in their transition into the community.
 - **Recommendation:** That SLSH explore ways in which services could be extended to more individuals transitioning from incarceration into the community and that post-residential service program options be expanded and developed to provide ongoing support to clients to ensure long term sustainability and successful integration into the community.

Staff Engagement and Professional Development Recommendations

Staff reported high levels of understanding of SLSH programs and services and provided confirmation that services are being provided as planned by the organization.

- Staff members indicated that they felt SLSH's services were doing a good job of meeting clients' needs but responses on the rating scale for this question leave room for improvement. Staff members indicated in response to questions that felt particularly limited in having success with supporting clients in meeting their spiritual or cultural needs and in always ensuring privacy and confidentiality of clients. Staff member responses also indicated that they might like to have more impact in helping clients feel connected to family and community, in gaining and maintaining client employment and in assisting clients with personal growth and development.
 - **Recommendation:** That more work is done with clients and staff to explore and develop ways to improve the impact of staff and client efforts to meet these social needs.
- Staff members noted a particular concern with some features of the program requirements regarding communication techniques and client check-in protocols.
 - **Recommendation:** That communication and check-in protocols be reviewed in light of changes in telephone and other available technologies.
 - **Recommendation:** That SLSH provide additional cross-training opportunities for staff of both the Emerald Street and Robert Street residential programs.

Family Members and Community Engagement Recommendations

Family members of clients that could be contacted were highly responsive to the invitation to complete a survey and provide feedback on the SLSH programs and services.

- A survey of family members indicated that the majority of family members were familiar with SLSH programs and services and that they strongly supported SLSH and had high regard for the value and positive impact SLSH services had on clients.
 - **Recommendation:** That work continues to inform family members about SLSH services and efforts to include or incorporate family members in processes that would strengthen SLSH services.
- Family members provided very high positive ratings for SLSH services suggesting that clients gained skill and ability to be positive about post transition life, communicate better, problem solve, engage positively with others, and take responsibility for family life. Family members also had high regard for

the quality of staff support to clients and family and their skill in supporting the transition of clients into their families and community.

- Family members did indicate some concern with policies and practices regarding check-in times and methods, the need for additional mental health supports and some features of the program (i.e. location, characteristics of other residents) that were cause for concern.
 - **Recommendation:** That SLSH continue to communicate with family members about their insights, assessments and suggestions for supporting SLSH services.

Best Practices and Future Evaluation Recommendations

The evidence gathered through this program review and evaluation established SLSH as an organization that is valued and supported by clients, staff and family members as a well-managed service that is successful in producing benefits to clients of the service. Clients clearly and consistently acknowledged the value of this service to their interest in the difficult task of successfully integrating into the Hamilton community. Similarly, staff members consistently indicated they are positive, motivated and feel well supported in their efforts to provide a high quality and successful program for clients. Recommendations in this report have been offered to identify, within an already well run program, strategies that will support ever better service practices.

It is important to note that both of SLSH's programs, **Working Towards Success** and **Place of Transition** were selected for presentation at the following international conferences: APA –American Association of Probation and Parole; ICCA – International Corrections and Criminology Association; and TCA –Therapeutic Communities of America.

When asked about personal needs with regards to transition, respondents demonstrated that their health and wellbeing and community involvement and belonging having pro-social relationships, were the most important to them. Employment and income, access to health care, nutrition and housing were the next chosen areas related to personal needs. All respondents indicated that SLSH services were helping them attain their post incarceration goals.

There is a need for more evaluation and feedback amongst staff and amongst staff and residents to reinforce comments from everyone and to have a continuous improvement feedback cycle for improvements. It is recommended that continuous improvement cycle in the organization focus:

1. **Internally:** To look for and provide improvements and adjustments to service and programs
2. **Externally:** To improve and increase community engagement and integrating other programs and services in the community that can be accessed by SLSH's clients. It is important to recognize that SLSH engages in best practices through their community engagement meetings with their partners. There are opportunities to broaden this engagement to create a broader menu of service and support in the area of building life skills and meeting basic needs in:
 - Housing
 - Literacy
 - Budgeting
 - Employment
 - Family connections

Proposed Evaluation Framework:

With residents:

1. Are residents engaged: what methods outside of house meetings can give insight regarding giving open feedback that is both supportive and productive?
2. Did the resident find suitable housing?
3. Did the resident's education level improve?
4. Did the resident find a job (or achieve suitable income supports)
5. Did the resident complete a treatment program?
6. Did the resident comply with CSC rules?
7. Did the resident's family relationships improve?

Check back with residents – at house meetings post exit at 3, 6, 9, 12 and 24 months

Feedback/evaluation and engagement methods:

1. Feedback forms that provide ongoing input to program and service improvements that are confidential and yet can be used by all parties for input (surveys, feedback/comment box, written tool after house meetings, Ombudsperson role of clients)
2. Exit interview administered either verbally or in writing
3. Follow up phone call or visit with client if living in community
4. Phone call/invitation for longer term engagement and involvement for future improvements through participation in volunteer led survivor advisory for engagement and program assessment; advocacy and client service improvements

With the organization and community:

1. Are we meeting and improving our mandate of being a Modified Therapeutic Community (MTC)?
2. Do we have the resources to do this? If we don't what do we need to change to ensure sustainability based on all points and considerations of engagement and input?
3. What are the most important aspects of the program that we need to measure over time? How do we continue to measure MTC success?

Timeline: 1 yr. – 3 yrs. – 5 yrs. (longer term focus on continuous improvements and resources/capacity)

Feedback/evaluation and engagement methods:

1. Staff, community partners and board questionnaire, interviews and focus groups
2. Budgeting/forecasting, analyzing trends and issues
3. Conference with client input/survivors advisory
4. Participation in other forums such as housing, basic needs, mental health, addictions etc.

APPENDIX 1 – STAFF SURVEY

Hello to all SLSH Staff:

St. Leonard's Society has contracted the Social Planning and Research Council of Hamilton to help us evaluate our programs and services. We are asking all staff to take this short confidential survey to help us with continued program improvements and modifications. Your responses will be randomly coded and no identifying data will be part of the report. The report will be made available to the organization early in 2014.

If you have any concerns about this, please contact your program director or Executive Director John Clinton. We hope that you can complete this survey on or before December 30, 2013.

Following this time, we will be hosting a focus group with staff members to see if there is any other information or suggestions that can be made at this time.

Thanks for taking the time to complete this!

1. What is your position at SLSH?
 - Counsellor
 - Administration
 - Director
 - Cook
 - Other: _____

2. How long have you worked at SLSH?
 - Less than one year
 - More than one year and less than three years
 - Three to five years
 - Five to 10 years
 - Over 10 years

3. What is your overall knowledge of St. Leonard Society of Hamilton's (SLSH) programs and services?
 - I don't know anything about them except in my area
 - I have a very general knowledge of what they do
 - I have extensive knowledge of SLSH

4. How well do you think SLSH is meeting the client's needs?
 - Very well
 - Well
 - Poor
 - Very Poor

5. What are the components of the program you think are most helpful to the clients? Please check all that apply:
 - Problem solving and crisis management
 - Helping clients feel connected to family and community
 - Help in gaining and maintaining employment
 - Development of the Plan of Transition
 - Meeting spiritual or cultural needs

- Ensuring privacy and confidentiality of clients
- Working with community partners/referrals to other services
- Assisting clients with personal growth and development

Comments: _____

6. What do you like best about SLSH?
7. What do you like least about SLSH?
8. What areas for improvement do you think need to be focussed on?
 - Staff training and development
 - Improving the space/making capital improvements
 - Communication amongst staff members
 - Interaction with clients
 - Perception of SLSH in the community
9. Any other concerns, suggestions or comments you would like to make?

Once again, thanks for taking part in this survey. Your input is very valuable in helping to improve our work at St. Leonard's.

APPENDIX 2 – CLIENT INTERVIEW FORM

1. What is your age?
 18 - 30 31 – 40 41 – 50 51 – 60 61-70 over 70

2. How long have you been living at SLSH?
 1 month
 2 months
 Less than 6 months
 More than 6 months
 Less than one year
 More than one year
 More than two years

3. Are you familiar with the house rules and are you involved in the development, review and effectiveness of the rules in the following areas (check all that apply)
 Responsibilities and expectations of residents
 Grounds for termination from program
 Hours of operation and visiting hours
 Procedures regarding room searches and/or inspection
 Storage and disposal of personal property
 Policies regarding handling money
 Policies on leave privileges
 Grievance policy and procedures
 Policy on reporting offending behaviour and compliance with the release plan

3.1. Do you have any comments or suggestions as the effectiveness of these rules and what SLSH can do to improve its program and service in this area? If so, what are they?

4. Do you participate in any programs outside of SLSH? If so can you tell us what type from our list?
 Social/recreational
 Literacy/education
 Healthy living
 Addictions/recovery
 Mental health
 Employment/income support
 Sports
 Other: _____

5. What level of support did SLSH give you to engage in these programs?
 None, I had previous connections to these programs
 My counsellor and I found them together
 My counsellor referred me to the program(s)

6. On the following scale, how well do the group programs at SLSH meet your needs?

- Very well Well Not Sure Poorly Very poorly

6.1. Can you explain why you have selected this rating?

7. Are there any other groups or activities that you would like SLSH to offer that aren't currently being offered? If so, please suggest those:

- a. _____
b. _____
c. _____

8. On the following scale, how well does your case worker help you with respect to your transition plan?

- Very well Well Not sure Poorly Very poorly

8.1. Can you explain why you have selected this rating?

9. What do you think of the development of a community care program?

9.1. Is it effective?

- Yes No Not sure

9.2. If yes, how? If not, how could it be improved?

9.3. Does it meet your needs in terms of transitioning to post incarceration life?

- Yes No Not sure

9.4. How?

Information about Transitional Living:

10. Is living with others in a communal setting effective for you in in the following areas?(Check all that apply)

- Planning activities together

- Reviewing grievances together and problem solving as a group
- Planning meals, snacks, activities
- Meeting my dietary needs
- Supporting each other individually and as a group
- Meeting my spiritual or cultural needs
- Ensuring privacy and confidentiality if I ask for it

11. What are your personal needs with respect to your transition?

- More control over decisions that affect my life
- Less discrimination/stigma
- Better access to physical and/or mental health care
- Increased income
- Crisis management and recovery
- Other, Please specify: _____

12. What areas are important to you with respect to your transition from SLSH? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Health and fitness | <input type="checkbox"/> Employment/income |
| <input type="checkbox"/> Relationships with people | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Education | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Community involvement/belonging | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Crisis management | <input type="checkbox"/> Education/literacy |
| <input type="checkbox"/> Living skills | <input type="checkbox"/> Spiritual/cultural activities and development |
| <input type="checkbox"/> Mental and physical health/access to health care | |
| <input type="checkbox"/> Other: _____ | |

12.1. Can you briefly explain your chosen areas are areas are important to you?

13. Overall, are SLS's services helpful with respect to meeting your needs?

- Yes No Not Sure

13.1. If yes, how do they help? Please explain:

14. Please describe any needs that are not being met at SLS.

15. Please describe the one thing you like best about SLS.

16. Please share the one thing you like least about SLS.

17. Without SLS’s services would your transition would be:

- Worse The same Better Not sure

18. Are you currently employed?

- Yes No

19. Did SLSH help you gain employment or access to education?

- Yes No Not applicable

20. Were there any barriers to you gaining employment or upgrading your education?

- Yes No Not applicable

20.1. If you answered yes, can you share what your experiences were with the barriers? What were they? Did SLSH help you overcome them? How?

20.2. If yes, what is your employment or educational experience like? Does it help with your transition? If so, how?

Thank you for answering these questions. That concludes the survey. In the near future, we will be inviting some survey respondents to participate in a small group meeting to explore some of our findings. Would you like to be part of that group discussion about these and related questions?

- Yes No

APPENDIX 3 – CLIENT FOCUS GROUP QUESTIONS AND AGENDA

St. Leonard's Society – Robert Street

Focus Group

Thursday January 23, 2014

Agenda

1. Welcome and introductions
2. Roles of facilitator and note taker
3. Purpose of tonight's focus group/confidentiality
4. Plan for tonight's discussion: ground rules for the group!
5. Focus Group Question and Answer
6. Wrap up and final comments

Focus Group Questions for Clients:

1. What are the features/parts of programs at SLSH that you find the most useful and important to you in relationship to your transition?
 - a. Do you learn new skills? What kinds of skills do you learn?
 - b. Do you get to talk and do things with other people more? How?
 - c. Does it help you feel less isolated? How?
 - d. Do you have ideas for other programs that would be suitable for SLSH to offer?
 - e. Does living in community with others help with your transition? If so how?
 - f. Are there ways that the transitional living program can be improved? If so, how?
2. When you have individual needs related to your transition, how does SLSH help you?
 - a. In what ways and how do they help?
3. When you are not attending programs and services at SLSH, do you feel connected to other parts of the community?
 - a. Does SLSH help you feel more connected to other programs and services that are available in the community? If so how and in what ways?
 - b. If so how, and if not, how could they improve how you live post-transition overall?
4. What kinds of support does your counsellor provide to you that you like the most?
 - a. Why do you think the case managers are able to help you in this way?
 - b. Do you have any recommendations to help them do their job and what would they be?
5. Is there anything else you'd like to share about your experiences with SLSH?

APPENDIX 4 – FAMILY SURVEY

Letter

From December 16 to January 17, we will be calling upon the family members of clients of St. Leonard's Society of Hamilton (SLSH) to provide feedback about the programs and services we provide. The information that we collect will be used to help us provide services that better meet our clients' needs and design programs that are supportive to their goals. We have engaged the Social Planning and Research Council of Hamilton (SPRC) to help us conduct this work. You can find out more about the SPRC at www.sprc.hamilton.on.ca. During this period of time, we will also be conducting interviews and focus groups with clients and staff as well. After completing this research, the SPRC will prepare a final report with key findings, including recommendations about how SLSH might improve its services.

We are currently writing to find out if you are interested in participating in this survey. We will be making the survey available through a tool called Survey Monkey that can be viewed through most web browsers.

Please note that the survey is entirely voluntary. This means that you can freely choose to participate or not. Either way, your choice will not affect your family member's ability to receive our services. Participants' names will remain strictly confidential and responses will not be shared with anyone, including SLSH staff, in any way that identifies who provided the information. All responses will be grouped together with the information provided by other family members who participated in the survey. The names of participants will not appear in the final report.

Your input is very important, and I hope that you will agree to participate in the survey in the event that you are selected. If you have any questions about this notice, then please contact me at jtclinton@slsh.ca or at 905 572-1150 Ext. 222. You can also contact Don Jaffray, Executive Director of the SPRC, at 905-522-1148 x 309.

Thank you, in advance, for your cooperation.

Best regards,

John Clinton, Executive Director
St. Leonard's Society of Hamilton

Survey

Thank you for taking the time to complete this survey. You can complete it by hand mail it back to us in the envelope provided or directly through Survey Monkey.

Mission Statement

To serve our community by promoting the personal growth and development of offenders, or those at risk of offending, by the provision of programs and services that positively impact on their transition to become integrated members of society.

1. What is your knowledge of St. Leonard Society of Hamilton's (SLSH) programs and services?
 - I don't know anything about them
 - I know enough about them to support the work they do
 - I think that SLSH has had a positive impact on my family member
 - I think that SLSH has exceeded my expectations for my family member

2. How well do you think SLSH is meeting your family member's needs?
 - Very well
 - Well
 - Poor
 - Very Poor

3. What are the components of the program you think are most helpful to your family member? Please check all that apply:
 - Getting along with others
 - Problem solving and crisis management
 - Feeling connected to the family and community
 - Help in gaining and maintaining employment
 - Meeting spiritual or cultural needs of family member
 - Ensuring privacy and confidentiality

4. Has the program made a positive impact on your family member?
 - Yes
 - No
 - Don't know
 - Not applicable

Comments:

- 4.1. Can you describe through your observations and interactions with your family member how the program has helped?
 - My family member communicates better
 - My family member is a better problem solver
 - My family member is not in crisis
 - My family member takes responsibility for being a part of family life at home
 - My family member is more social and engages with others
 - My family member is positive about post transitional life
 - Other: _____

5. What do you like best about SLSH

6. What do you like least about SLSH

7. Any other concerns, suggestions or comments you would like to make?

Thank you for taking the time to complete this survey. Your input is valuable in helping us to make continued program improvements and progress in meeting our clients' needs.

APPENDIX 5 – PLAN OF TRANSITION

Plan of Transition – Plan of Care

The St. Leonard's Society of Hamilton

Last Name:

Date:

Given Names:

FPS Number:

Offense Description:

Special Conditions:

Overall Motivation for Integration :

Level of Intervention based on Dynamic Factors:

LSI:

Treatment Needs:

1. Education/Employment:

Resident's Action Plan –

Casworker's Action Plan -

2. Financial:

Resident's Action Plan -

Caseworker's Action Plan -

3. Family/Marital:

Resident's Action Plan -

Caseworker's Action Plan -

4. Accommodation:

Resident's Action Plan -

Caseworker's Action Plan -

5. Leisure/Recreation:

Resident's Action Plan -

Caseworker's Action Plan -

6. Associates/Companions:

Resident's Action Plan -

Caseworker's Action Plan -

7. Alcohol/Drug Problem:

Resident's Action Plan -

Caseworker's Action Plan -

8. Emotional/Personal:

Resident's Action Plan -

Caseworker's Action Plan -

9. Attitudes/Orientation:

Resident's Action Plan -

Caseworker's Action Plan -

10. Other:

Resident's Action Plan -

Caseworker's Action Plan -

11. Other:

Resident's Action Plan -

Caseworker's Action Plan -

This Case Plan was developed in cooperation with my Parole Officer and is consistent with my Correctional Plan.

I have reviewed this report, participated in its development and a copy has been offered to me.

RESIDENT NAME

Date

CASEWORKER

Program Director

APPENDIX 6 – PROGRAM REFERRAL LIST

PROGRAM	LOCATION
Alcoholics Anonymous (AA)	Various locations in the community.
Amity Goodwill Workbound Program	225 King William St, Hamilton
Buddhist Centre	69 Hughson St N, Hamilton
Circle of Support (COSA)	200 Main Street East, Hamilton
- Creative Exchange	
- Boundaries	
- Dismas	
Community Maintenance Program (CMP)	Hamilton Parole Office
Community Methadone Program	John Street Medical Clinic
St. Leonard's Greenbyte	King and Hughson St, Hamilton
Indian Centre	Ottawa St, Hamilton
Lupron injections	Administered by Dr. Dickey (CSC) or family physician
Mental Health Coalition	20 Emerald Street South, Hamilton
Mental Health Nurse	CSC Hamilton
Mood Menders Program	St. Joseph's Hospital
Narcotics Anonymous	Various locations in the community.
Native Liaison Officer	CSC Hamilton
Path Employment Program	31 King St E, Hamilton
Psychiatric Counselling	Hamilton Parole Office
Psychological Counselling	Hamilton Parole Office
Sex Offender Maintenance	Hamilton Parole Office
Sex Offender Registry	Hamilton Police
Suntrac Recovery Program	196 Wentworth St N, Hamilton
Threshold School of Building	110 Catharine St N, Hamilton