

Prison-Based Correctional Offender Rehabilitation Programs: The 2009 National Picture in Australia

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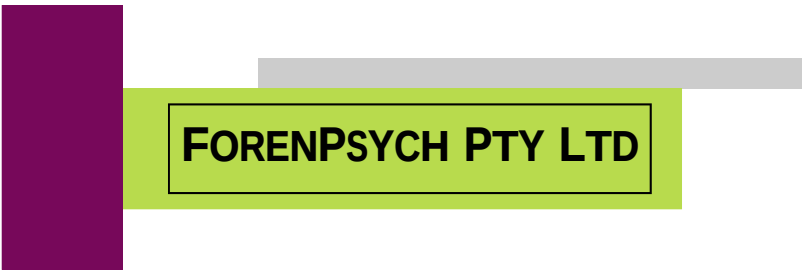
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Please note that the information contained in this report reflects the views and opinions of those interviewed. These views may, or may not, be representative of Department Policy or the views of other Departmental employees.

Table of Contents

ACKNOWLEDGEMENTS	- 2 -
DISCLAIMER	- 3 -
TABLE OF CONTENTS	- 4 -
EXECUTIVE SUMMARY	- 7 -
METHODOLOGY	- 7 -
OFFENDER REHABILITATION PROGRAMS IN AUSTRALIA: THE NATIONAL PICTURE	- 8 -
THE REHABILITATION OF OFFENDERS	- 11 -
METHODOLOGY	- 13 -
LEGISLATIVE FRAMEWORK	- 18 -
AUSTRALIAN CAPITAL TERRITORY	- 20 -
NEW SOUTH WALES	- 23 -
QUEENSLAND	- 27 -
NORTHERN TERRITORY	- 29 -
SOUTH AUSTRALIA	- 31 -
TASMANIA	- 36 -
VICTORIA	- 37 -
WESTERN AUSTRALIA	- 40 -
A REVIEW OF AUSTRALIAN PRISON-BASED OFFENCE FOCUSED REHABILITATION PROGRAMS	- 43 -
COGNITIVE SKILLS PROGRAMS	- 43 -
<i>Review of the literature</i>	- 43 -
<i>Cognitive Skills Program: In Practice</i>	- 46 -
ANGER MANAGEMENT	- 50 -
<i>Review of the Literature</i>	- 50 -
<i>Anger Management Programs: In Practice</i>	- 51 -
DRUG AND ALCOHOL PROGRAMS	- 54 -
<i>Review of the literature</i>	- 54 -
<i>Drug and Alcohol Programs: In Practice</i>	- 56 -
VICTIM AWARENESS PROGRAMS	- 61 -
DOMESTIC VIOLENCE	- 62 -
<i>Review of the Literature</i>	- 62 -
<i>Domestic Violence Programs: In Practice</i>	- 63 -
SEX OFFENDER PROGRAMS	- 67 -
<i>Review of the Literature</i>	- 67 -
<i>Sex Offender Programs: In Practice</i>	- 70 -
VIOLENT OFFENDER PROGRAMS	- 74 -
<i>Review of the Literature</i>	- 74 -
<i>Violent Offender Programs: In Practice</i>	- 76 -
SPECIAL GROUPS	- 79 -
<i>Review of the Literature</i>	- 79 -
FEMALE OFFENDERS	- 79 -
<i>Review of the Literature</i>	- 79 -
<i>Female Offender Programs: In Practice</i>	- 81 -
INDIGENOUS OFFENDER PROGRAMS	- 83 -
<i>Review of the Literature</i>	- 83 -
<i>Indigenous Offender Programs: In Practice</i>	- 84 -
OFFENDER REHABILITATION PROGRAMS IN AUSTRALIA: SUMMARY	- 89 -
WHAT IS GOOD PRACTICE?	- 89 -
IMPLEMENTATION OF GOOD PRACTICE PRINCIPLES: ACCREDITATION	- 90 -
GOOD PRACTICE: IN AUSTRALIA	- 91 -

<i>Theoretical/Philosophical.....</i>	<i>- 92 -</i>
<i>Staffing Considerations.....</i>	<i>- 93 -</i>
Training	- 93 -
Supervision	- 95 -
Facilitator numbers.....	- 95 -
Qualities	- 96 -
Workloads	- 96 -
Program Referral	- 97 -
<i>Program Selection</i>	<i>- 97 -</i>
<i>Program Exclusion</i>	<i>- 99 -</i>
<i>Treatment Manual</i>	<i>- 99 -</i>
<i>Participant Profile</i>	<i>- 99 -</i>
<i>Evaluation.....</i>	<i>- 100 -</i>
<i>Post-program Follow-up</i>	<i>- 102 -</i>
<i>Departmental Support.....</i>	<i>- 102 -</i>
<i>Level of Program Need.....</i>	<i>- 103 -</i>
<i>Relationship between offender rehabilitation programs.....</i>	<i>- 103 -</i>
OFFENDER REHABILITATION PROGRAMS: STRENGTHS.....	- 104 -
OFFENDER REHABILITATION PROGRAMS: EMERGING THEMES.....	106
OFFENDER REHABILITATION PROGRAMS: THE WAY FORWARD?	109
OFFENDER REHABILITATION IN AUSTRALIA: OVERVIEW	112
SOUTH AUSTRALIA	113
<i>South Australia: Future Directions</i>	<i>116</i>
VICTORIA.....	118
<i>Victoria: Future Directions</i>	<i>121</i>
NEW SOUTH WALES	123
<i>New South Wales: Future Directions</i>	<i>127</i>
AUSTRALIAN CAPITAL TERRITORY	130
<i>Australian Capital Territory: Future Directions</i>	<i>132</i>
QUEENSLAND.....	134
<i>Queensland: Future Directions</i>	<i>137</i>
NORTHERN TERRITORY.....	140
<i>Northern Territory: Future Directions</i>	<i>142</i>
TASMANIA	145
<i>Tasmania: Future Directions.....</i>	<i>147</i>
WESTERN AUSTRALIA	149
<i>Western Australia: Future Directions</i>	<i>152</i>
SUMMARY	157
REFERENCES	158
APPENDIX A: INTERVIEW SCHEDULE.....	173
APPENDIX B: OFFENDER PROGRAM CHECKLIST	176



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***Prison-Based Offender Rehabilitation Programs:
The 2009 National Picture***

Executive Summary

Executive Summary

The use of offender treatment programs and other rehabilitation strategies is becoming common practice in correctional jurisdictions, nationally and internationally, due to the increasing evidence-base concluding these efforts have a greater impact on recidivism than imprisonment. In turn, correctional administrators invest significant levels of resource in the development and delivery of offender rehabilitation programs, and associated policy, staff training, monitoring and evaluation.

This report extends the previous work of Howells, Heseltine, Sarre, Davey and Day (2004) by providing an updated descriptive picture of the nature of custodial-based offender rehabilitation programs in Australia. It does this in three ways: first, it describes offender treatment programs that are currently offered to adult clients of public prison services throughout Australia and highlights changes to practice over time. Second, it summarises changing areas of strength and areas for development in relation to internationally accepted good practice criteria. Third, it describes likely future developments and possible impediments to program implementation from the perspective of correctional managers in each jurisdiction.

Methodology

To allow for comparison over time, the methodology replicates that of 2004 (see Howells et al., 2004). The information contained in this report was obtained from face-to-face interviews with representatives (and their nominees) from each State/Territory correctional administration. In addition, program information was elicited from existing documentation and program manuals supplied by each jurisdiction. Both interview data and program documentation were used to complete a checklist of program characteristics. This information was collated into the current report.

The final report is divided into two sections. Part A begins with a description of the legislative guidance and/or mandates given to jurisdictions in the delivery of rehabilitation programs. This is followed by a description of custodial-based offender rehabilitation programs that are currently offered in Australia and how these have changed over time. It concludes with a general discussion of the strengths and future challenges in delivering offender rehabilitation programs in Australia. Part B provides a more detailed description of programs, reported by jurisdiction. This provides information that may be used to compare and contrast the types of programs offered in each State/Territory.

Offender Rehabilitation Programs In Australia: The National Picture

Jurisdictions, almost uniformly, have responded to challenges outlined in the 2004 review (see Howells et al., 2004) and have in turn, developed intensive programs with strongly articulated and evidence-based theoretical and empirical rationale. Such rationale is firmly embedded in rehabilitation frameworks (and associated policies and practices), staff training, and program delivery.

All jurisdictions demonstrated ongoing commitment to delivery custodial offender treatment programs congruent with “good practice”, as evidenced in policies, procedures and action plans. There appeared to be an increased confidence, and indeed success, in moving from theory, to policy to practice, especially with the more intensive sexual and violent offender treatment programs.

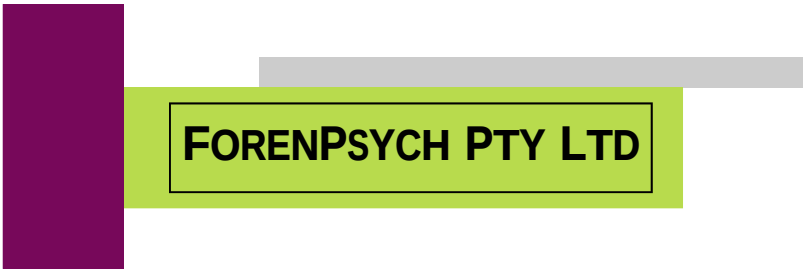
Internal (and in some cases, external) reviews are routinely undertaken, which has resulted in the identification of the need for programmatic change and further development. Accordingly, there has been an expansion of the range of intensive programs offered, and over time, the quality of programs offered appears to be improving. Each jurisdiction has developed further their commitment to program

delivery, through ongoing review and refinement of the type and nature of offender program offered in custodial environments.

There continues to be a paucity of legislative guidance to the delivery of offender rehabilitation programs. However, the ongoing dedication of jurisdictions to the development and delivery of custodial-based offender rehabilitation programs and associated models of service delivery is evident. All jurisdictions are committed to the delivery of programs aimed at reducing the likelihood of recidivism for high risk (sexual and violent) and general offenders. There is the slow emergence of programs specifically designed for women, Indigenous and intellectually disabled offenders.

The delivery of intensive programs to higher risk offenders is consistent with the Risk and Need principles of offender rehabilitation. There can be little debate that the intensive programs rolled out over the past five years are of high standard, embedded in correctional practice, and are likely to have an impact on recidivism rates. The question that remains however is whether these programs empirically deliver the expected reductions in recidivism. Jurisdictions are actively in the process of answering this question.

The future challenges for jurisdictions appear to include ensuring the high standard of programs are maintained, developing responsivity programs and programs for special need groups, refining existing programs on the basis of evidence, and enhancing inter-jurisdictional resource pooling and information sharing. Whether or not a national program standards are required remains open for discussion.



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***Prison-Based Offender Rehabilitation Programs:
The 2009 National Picture***

The Rehabilitation of Offenders

Australia's prison population continues to grow at a rate of four times the general population (ABS, 2009). The latest census figures available indicate that in September 2009, there were almost 85,500 adult persons receiving correctional services in Australia, with 36 percent in prisons (including periodic detention). This represents an increase of over 4 percent on the previous year, with little change to rates of involvement in correctional services over time.

There is increasing evidence that sanctions and incarceration alone reduce the likelihood of recidivism (Berube & Green, 2007; Cid, 2009); instead, this approach may result in increased rates of recidivism (Smith, Goggin & Gendreau, 2002; Chen & Shapario, 2007). The use of offender treatment programs and other rehabilitation efforts is becoming common practice in correctional jurisdictions due to the increasing level of international research concluding these efforts have a greater impact on recidivism than imprisonment. In turn, correctional administrators invest significant levels of resource in the development and delivery of offender rehabilitation programs, and associated policy, staff training, monitoring and evaluation.

The pessimism surrounding the effectiveness of offender rehabilitation programs is reducing due to the developing body of literature (e.g. Andrews, Zinger et al., 1990; Lipsey, 1992; Redondo, Garrido & Sanchez-Meca, 1999; Lipsey, 2006; Wilson, Bouffard, & MacKenzie, 2005; Lipsey & Landenberger, 2005; Aos, Miller & Drake, 2006; Lipsey, Landenberger & Wilson, 2007). This literature demonstrates first, treated groups have greater outcomes when compared to non-treated groups; and second, that some interventions have significantly larger effects than others (Lipsey &

Cullen, 2007). Programs adhering to the risk-need-responsivity model have shown reductions in recidivism of up to 35% (Andrews & Bonta, 2010). These findings highlight the need to focus on ‘what works’ (see Aos, Miller & Drake, 2006 for a review) in the treatment of offenders and develop principle of good practice¹ and associated policies (Andrews & Bonta, 2010).

Prior to 2004, little information (either outcome-based or descriptive) was available about the national profile of offender programs². The 2004 National Picture of Offender Rehabilitation Programs (Howells, Heseltine, Sarre, Davey & Day, 2004) concluded

Typically, each correctional jurisdiction implements offender rehabilitation programs on a local level, both in the community and custodial settings. Moreover, each correctional jurisdiction has, generally speaking, well-developed systems of program delivery, highly motivated program staff, and a general organisational acceptance of the importance of offender rehabilitation. One issue of major significance is the intensity of existing programs. Many programs would be regarded as brief in comparison with accepted international practice, which recommends a minimum of 100 hours program time if programs are to achieve optimal results in terms of reductions in recidivism. Currently only a few programs delivered in Australia would meet this minimum, and clearly, intensive programs are more demanding of resources. The extent to which less intensive programs currently offered can achieve strong reductions in recidivism is largely unknown.

The current review examines changes to prison-based correctional rehabilitation in Australian Correctional Services over the past five years. Thereby providing correctional managers and government departments with new and detailed

¹ As in 2004, the term “good practice” is preferred over “best practice, as this implies there are is continued scope for ongoing improvement.

² For the purposes of this review programs were eligible for inclusion in the survey if they were greater than 10 hours in duration, were aimed directly at reducing the risk of recidivism and were delivered in the public-prison environment. Typically programs are manualised, delivered to groups of offenders, have theoretical and empirical underpinnings, and include educational, skills training and therapy components

information about changes in prison-based correctional rehabilitation programming.

The review thereby aims to

- To document what programs are currently offered to adult offenders in the correctional system in Australia;
- To document and analyse the targeted offender populations; structure, length, mode of delivery and content of programs;
- To identify important issues in the delivery of current and planned programs from the perspective of correctional managers;
- To compare the national profile of programs in Australia with international developments and with suggested “What Works” principles;
- To identify changes in correctional offender rehabilitation programs and practice over time;
- To review the effectiveness of Australian offender rehabilitation programs; and
- To identify the issues perceived by correctional managers as important for future developments.

Methodology

The current methodology replicated that of 2004, and once again, all prison-based correctional services in Australia participated. Relevant managers (as identified by the CEO) in each state/territory were asked to identify programs and interventions delivered to offenders in prisons. The focus of the survey was on programs (offence-based greater than 10 hours) with a clear therapeutic aim of changing some aspects of offenders’ behaviour or attitudes associated with offending and delivered in a public prison environment. Included were programs such as sex offender treatment, anger

management, violence programs, drugs and alcohol programs, domestic violence, victim awareness, relapse prevention and other identified programs. Excluded were broader services such as home detention systems, preparation for release, routine case management or non-specific counselling. Jurisdictions were able to define what constituted a recognised program.

Programs were eligible for inclusion in the survey of greater than 10 hours in duration, were aimed directly at reducing the risk of recidivism in adult offenders and delivered in custodial setting by Correctional Departments. In order to generate comparisons with the data obtained in the previous study, the essential components of the semi-structured interview schedule were unmodified (see Appendix A). Departmental representatives and their nominees were interviewed in accordance with the schedule; generally for between 1-2 hours. Participants were also asked to comment on the processes and procedures surrounding program implementation. Interviews were conducted face-to-face and in some instances, by telephone, in various locations, throughout Australia.

To allow comparisons with previous data, the checklist of program characteristics (see Appendix B) remained unchanged; with staff interview data and program documentation used to inform its completion. The checklist was scored using the previously described criteria (namely present, partially present, absent, and unknown) (Howells et al., 2004). A rating of ‘present’ represented a clear indication, either in the manual or from informants, that the program exhibited that feature. ‘Partially present’ represented a degree of ambiguity as to whether or not the program exhibited that feature. For example, a discrepancy between the manual and practice was recorded as “partially present”. ‘Absent’ was recorded when there was clear evidence to indicate the characteristic was not present. A final rating of ‘Unknown’ represented

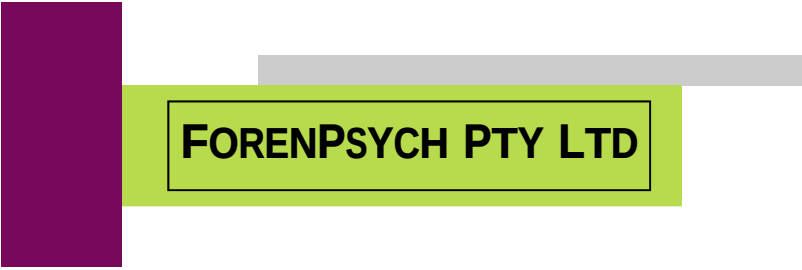
uncertainty surrounding the characteristic. The ratings were not intended to represent an objective evaluation of each program, rather as providing a structure to provide individualised feedback to individual jurisdictions. In addition, detailed notes of interviews with the departmental representatives and their nominees were used to identify State/Territory themes.

Each State/Territory received a confidential individualised report describing their offender programs. The State/Territory report also included a detailed summary of changes to offender rehabilitation programs over time, the key strengths and weaknesses in the implementation of offender programs. Each State/Territory was aware that general themes and program description data contained in their individual report would be used to inform the National Picture. The key themes from these data were used to inform the national report.

The focus in this report is on the types of program offered to offenders in Australia and the changes to programs over time. Part A of this report begins with a description of the legislative guidance given to jurisdictions in the delivery of prison-based rehabilitation programs and legislative changes over the past five years. The main body of the report describes the different types of offender rehabilitation program that are currently offered in custodial settings in Australia. These are programs which aim to target the following areas: cognitive skills, drug and alcohol, anger management, violence, domestic violence, sex offending, as well as programs for specific populations: female offenders and Indigenous offenders. Part A of the report concludes with a general discussion of the changes to correctional programming over the past five years, results of Australian outcome studies and strengths and future challenges in delivering offender rehabilitation programs in Australia.

Part B of the report provides a more detailed description of prison-based rehabilitation programs currently delivered and changes in delivery structure, reported by jurisdiction, over the past five years. This provides information that may be used to compare and contrast the types of programs offered in each State/Territory.

It should be noted that all States/Territories currently deliver a number of other non offence-focussed programs (wellbeing, educational and vocational) and case management strategies that may be considered to assist offender rehabilitation. These programs/strategies are not considered in this report.



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Part A:

*Prison-based Offence-focussed Offender
Rehabilitation Programs:
An Australian Perspective*

Legislative Framework

The legislative context for rehabilitation programs in Australia continues to be varied and diverse. This is not surprising, given the awkward constitutional structure under which matters of criminal justice, health, education, prisons and rehabilitation are divided unevenly between State, Territory and Federal agencies. This awkwardness operates to thwart many attempts at a national approach to achieving rehabilitative goals.

Parliamentary authority changes markedly from jurisdiction to jurisdiction. Sometimes it appears in the criminal statutes, sometimes in correctional legislation and sometimes in the various sentencing Acts that apply in some, but not all, jurisdictions.

Not only are there different legislative approaches, there are a variety of models as well. These models range from the virtually non-existent legislative guidance model, to a specific legislative mandate model. Other jurisdictions provide a very general administrative fiat, with policy specifics left principally to departmental development and implementation.

One could safely assume that legislation has generally been seen, in years gone by, as purely a legal requirement or, indeed, procedural hurdle, not as an important or helpful statement regarding the structure, value and purpose of rehabilitative practice. Generally speaking, then, those who have responsibility for the carriage of rehabilitation programs rarely, if ever, refer to current legislation for guidance.

This is a little unfortunate, but is not surprising, given the contemporary lassitude of Australian legislators on this subject compared to those whose rehabilitative zeal guided prison reforms in generations past.

We argued in our 2004 report that affirmations of the rehabilitative purpose in legislation are not only useful, but required. This should be done to place on record a government's commitment to rehabilitative ideals, and also to make such purposes less vulnerable to later political forces that might seek to undermine them. That has not been done by any legislature with the exception of the Australian Capital Territory in its building and opening its first prison, described below).

We also called upon governments to pursue what is known as 'therapeutic jurisprudence' in their justice departmental undertakings, such as displayed by the Victorian Department of Justice. There would be much value, we said, in recognising and reinforcing the ability of judges to seek assurances from corrections that judicial recommendations are being followed appropriately. If rehabilitative initiatives are being driven administratively rather than legislatively, then it is less likely that they will be durable. We continue to maintain that it would be of immense value for a government to provide, in legislative form, the fiat for innovative ideas such as therapeutic jurisprudence, and to state their purposes in legislation. This would be useful as a way of highlighting the aims of sentencing and corrections in contemporary society.

What follows is a brief overview of the information we gained from jurisdictions concerning their legislative fiats, mandates and guidelines, as updated since 2004.

Australian Capital Territory

Significantly, a new Corrections Management Act 2007 has been passed by the ACT parliament. One must assume that the impetus for the complete revision of the ACT legislation was the opening of Canberra's first prison, the new Alexander Maconachie Centre (AMC), in 2008.

In an article published in 2009, John Hargreaves MLA, the Minister for Corrections in the Australian Capital Territory, made the following observations about the ACT parliament's rehabilitative vision for the new prison.

Specific treatment components include individual and group counselling, alcohol and other drug education, relapse prevention and cognitive skill-building activities designed to address risk factors. These components will be conducted in conjunction with the AMC's other programs and activities. As a therapeutic community, the community itself, through self-help and mutual support, promotes personal change. Areas of treatment include socialisation in terms of developing attitudes and values of a mainstream, pro-social lifestyle, and the development of drug-free networks.

The pre-release Transitional Release Centre (or TRC) is another tool which is designed to assist prisoners in their rehabilitation. It has a valuable place in the rehabilitation, reintegration and resettlement of prisoners. It provides opportunities for prisoners to establish or re-establish support systems in the community; such as group living, budgeting and cooking. This expands the opportunities available to prisoners to exercise appropriate discretion and decision-making. The TRC concentrates on life skills and programs that

*enhance prisoners' prospects of restoring and maintaining the family unit,
finding employment and generally readjusting to life in the community.*

Section 7 of the 2007 Act is the crucial section outlining the main objects of the legislation, namely,

to promote public safety and the maintenance of a just society, particularly by—

- (a) ensuring the secure detention of detainees at correctional centres; and
 - (b) ensuring justice, security and good order at correctional centres; and
 - (c) ensuring that detainees are treated in a decent, humane and just way;
- and
- (d) *promoting the rehabilitation of offenders and their reintegration into society.*³

These objects are repeated word for word in the *Crimes (Sentence Administration) Act 2005* which is designed to complement the 2007 Act. Moreover, section 9(f) of the *Corrections Management Act 2007* speaks of functions under this Act being exercised as follows: ‘if the detainee is an offender—to promote, as far as practicable, the detainee’s rehabilitation and reintegration into society.’

The 2005 legislation also outlines and govern the provision of rehabilitation services to detainees, in so far as ‘rehabilitation’ is assumed to flow from the availability of good behaviour bonds, home detention and parole. The underlying assumption is that if a program of rehabilitation is available as part of a bond, home detention or parole,

³ Emphasis added

there are directions which participants must abide by. For example, Section 99 allows for a ‘rehabilitation program condition’ as a requirement of a bond.

The sections of the *Crimes Act 1900* (ACT) that related to the power of a court to order conditional release of persons convicted of an offence for treatment⁴ have been repealed. So, too, has section 341(c) that specified that a sentence may be imposed with the specific aim of rehabilitating an offender. Likewise, the *Rehabilitation of Offenders (Interim) Act 2001* was repealed in 2005 by section 332 of the *Crimes (Sentence Administration) Act*, effectively removing the option of home detention for offenders committing offences after the date of operation of that Act.

Periodic detention survived the 2005 legislation, notwithstanding the repeal of the *Periodic Detention Act 1995*, in a new Chapter 5 of the *Crimes (Sentence Administration) Act*. There is, however, no reference in the legislation to any potential rehabilitative effect of periodic detention. Interestingly, the former *Periodic Detention Act 1995*, section 15 stated, ‘The director may, by order, direct a detainee to (a) participate in any activity, attend any class or group or undergo any instruction that the director considers conducive to the detainee’s welfare or training ...’ No such reference or power is specifically made or given in the new Act.

Finally, section 120 (k) of the 2005 Act allows the Parole Board, as one of its criteria for determining whether parole should be granted, to take into account ‘whether parole is likely to assist the offender to adjust to lawful community life.’ One might assume that that phrase encapsulates rehabilitative components that may be included in any decision of the Board.

⁴ 402 and 403

New South Wales

In 2008 the NSW Parliament passed the *Crimes (Administration of Sentences) Amendment Act*, which made major revisions to the *Crimes (Administration of Sentences) Act 1999* (NSW).

Section 2A (1) of the legislation lists the following objects of the Act, namely

(a) to ensure that those offenders who are required to be held in custody are removed from the general community and placed in a safe, secure and humane environment,

(b) to ensure that other offenders are kept under supervision in a safe, secure and humane manner,

(c) to ensure that the safety of persons having the custody or supervision of offenders is not endangered,

(d) *to provide for the rehabilitation of offenders with a view to their reintegration into the general community*⁵.

(2) In the pursuit of these objects, due regard must be had to the interests of victims of the offences committed by offenders. ...

Moreover, the *Criminal Procedure Act 1986* (NSW) provides for the recognition and operation of certain programs for dealing with accused persons and offenders, known

⁵ Emphasis added

as “intervention programs”. The provisions are found in Part 4 of the Act which, significantly, provides the following objects:

(1) The objects of this Part are:

(a) to provide a framework for the recognition and operation of programs of certain alternative measures for dealing with persons who have committed an offence or are alleged to have committed an offence, and

(b) to ensure that such programs apply fairly to all persons who are eligible to participate in them, and that such programs are properly managed and administered, and

(c) to reduce the likelihood of future offending behaviour by facilitating participation in such programs.

(2) In enacting this Part, Parliament recognises that:

(a) the rights of victims should be protected and maintained in accordance with the Charter of Victims Rights set out in the Victims Rights Act 1996 , and

(b) the successful rehabilitation of offenders contributes to the maintenance of a safe, peaceful and just society.

Specifically, section 347 states as follows:

(1) The regulations may declare that a program of measures for dealing with offenders or accused persons that is described in the regulations is an “intervention program” for the purposes of this Part.

(2) The purposes of such a program may include any of the following:

- (a) *promoting the treatment or rehabilitation of offenders or accused persons,*
- (b) promoting respect for the law and the maintenance of a just and safe community,
- (c) encouraging and facilitating the provision by offenders of appropriate forms of remedial actions to victims and the community,
- (d) promoting the acceptance by offenders of accountability and responsibility for their behaviour,
- (e) *promoting the reintegration of offenders into the community.*⁶

An accused person or offender may be referred for participation in an intervention program at several points in criminal proceedings against the person. For example, a court that grants bail to a person may impose a condition of bail under section 36A (1) of the *Bail Act 1978* that persons enter into an agreement to subject themselves to an assessment of their capacity and prospects for participation in an intervention program or other program for treatment or rehabilitation. Furthermore, a court that finds a person guilty of an offence may make an order requiring the person to participate in an intervention program (and to comply with any plan arising out of the program) under section 10 (1) (c) of the *Crimes (Sentencing Procedure) Act 1999* (NSW).

This Act (as amended) is significant. It allows a court to make participation in an intervention program (and compliance with any plan arising out of the

⁶ Emphasis added

program) a condition of a good behaviour bond under section 9 or 10 of Act, or of a suspended sentence under section 12 of the Act. Finally, sentencing of offenders may be deferred for the purpose of assessing them for their suitability for an intervention program, or for allowing them to participate in an intervention program (and to comply with any plan arising out of the program) under section 11 Act.

Queensland

The *Corrective Services Act 2000 (Queensland)* was revised in 2006 but the provisions related to rehabilitation mirror those in the old Act. The new Act, specifically, section 266 is almost identical to the old section 190 which specifically addresses the need for offender programs. The current Act specifically gives directions to the CEO to provide services or programs to offenders. Where the new Act has added or changed the wording, the words are italicised.

Section 266 of the *Corrective Services Act 2006* states as follows:

- (1) The chief executive must establish services or programs
 - (a) for the medical *or religious* welfare of prisoners; and
 - (b) to help prisoners *reintegrate* into the community after their release from custody, including by acquiring skills; and
 - (c) to initiate, *keep and improve relationships* between offenders and members of their families and the community; and
 - (d) to help *rehabilitate* offenders.
- (2) The services and programs must take into account the special needs of offenders.

The Department of Corrective Services in Queensland has incorporated this legislative framework into a Policy document, entitled “Offender Programs”.

It should be noted that Queensland also has a specific Act that looks at ‘spent convictions’, that is, allowing convicted offenders to disregard a previous conviction after a certain period of time for the purposes of honestly stating that they have no

previous convictions. Confusingly, that legislation is the *Criminal Law (Rehabilitation of Offenders) Act 1986*, but it has little to do or say about rehabilitation generally other than to assume that allowing a person to ‘wipe the slate clean’ on old convictions is, *ipso facto*, rehabilitative.

Northern Territory

The Department of Justice's offender rehabilitation operates in accordance with, and under the framework of, the Sentencing Act Part 6 of the Act empowers a court to impose a condition requiring an offender to undertake a prescribed treatment program.

Section 100 states:

Where a court may attach a condition to an order or require an offender to give an undertaking, the court may, as a condition of the order or as part of the undertaking, require an offender to undertake a prescribed treatment program.

Sections 101 and 102 require the informed consent of the offender to participate in the prescribed treatment program.

101. Consent of offender to conditional order

A court shall not make an order which has attached to it conditions or which requires an offender to give an undertaking unless the conditions are explained to the offender in accordance with section 102 and the offender consents to -

- (a) the order being made and to the conditions being attached; or
- (b) the conditions being included in the undertaking, as the case may be.

102. Explanation of orders

(1) Where a court proposes to make an order which has attached to it conditions to which an offender is required to consent or which requires an offender to give an undertaking, it shall, before making the order, explain or cause to be

explained to the offender, in language likely to be readily understood by the offender -

- (a) the purpose and effect of the proposed order;
- (b) the consequences that may follow if the offender fails without reasonable excuse to comply with the proposed order;
- (c) where the proposed order requires the offender to undertake a program referred to in section 100, the benefits and detriments of the program, including the medical risks and benefits of any drugs used in the program; and
- (d) the manner in which the proposed order may be varied.

(2) Non-compliance with subsection (1) does not affect the validity of the order.

Moreover, the *Prisons (Correctional Services) Act 1980* Part XX relates to, and provides guidelines and rules concerning, medical treatment for offenders serving a term of imprisonment. Treatment programs are possible through these provisions to any prisoner on a consensual basis.

South Australia

The Department for Correctional Services offender rehabilitation operates in accordance with the Correctional Services Act 1982, Section 23 which relates to prisoner assessment.

(3) In carrying out an assessment under this section, the Chief Executive Officer must have regard to—

(a) the age, sex and social, medical, psychological and vocational background and history of the prisoner; and

(b) the needs of the prisoner in respect of education or training or medical or psychiatric treatment; and

(c) the aptitude or suitability of the prisoner for any particular form of training or work; and

(d) the nature of the offence, or offences, in respect of which the prisoner is imprisoned and the length of sentence; and

(e) the information contained in any file held by a court in respect of the prisoner; and

(f) the behaviour of the prisoner while in prison; and

(g) the security of, and availability of accommodation in, any prison under consideration; and

(h) the question of maintaining the prisoner's family ties; and

(i) where relevant, any proposed plans in respect of the release of the prisoner and his or her social rehabilitation; and

(j) such other matters as the Chief Executive Officer thinks relevant.

...

(6) After the first assessment of a prisoner has been completed, the Chief Executive Officer must prepare a programme in relation to the prisoner that contains particulars of any proposals for the education or training or medical or psychiatric treatment of the prisoner, and may, after any subsequent assessment, add to or vary that programme.⁷

This process is mandatory for the CEO. It is interesting to note that this legislative framework does not specifically refer to the rehabilitation of offenders through programs that target criminogenic factors. Rather, the framework refers to the delivery of programs that are intended to meet a wide range of offender needs. DCS Policy 7 (summarised below) does, however, make explicit reference to offender rehabilitation.

1. Policy Statement

Offenders and prisoners with an assessed need will be provided with a range of targeted programs and services that will assist them in developing appropriate social and vocational skills to prevent their re-offending.

⁷ Emphasis added

2. Relationship to DCS Vision and Mission

The Department's approach to rehabilitation encompasses those programs and services likely to impact on offending behaviour, which provide offenders and prisoners with opportunities to lead law-abiding and productive lives.

By providing these targeted programs and services for offenders and prisoners the Department is contributing to the reduction of repeat offending and a safer community.

3. Rationale

The rehabilitation process assists offenders and prisoners to:

- learn acceptable behaviour as alternatives to criminal behaviour;
- participate in offence-based programs and personal/vocational development opportunities;
- raise awareness of the impact of their offending behaviour on the victim(s) and the community; and
- integrate successfully in the community without re-offending.

4. Strategies

To ensure the effectiveness of Rehabilitation, the Department will:

- Continue to develop, maintain and make available Core programs for offenders and prisoners with an assessed need.

- Implement Case Management as detailed in the Department's System Operating Procedure No.1.
- Where appropriate, involve families, friends, volunteers and the community in the rehabilitation of offenders and prisoners.
- Provide vocational training and education opportunities for offenders and prisoners with an assessed need.
- Maintain and develop programs and services relating to offender/prisoner health.
- Facilitate and develop specific Aboriginal offender/prisoner Core programs.
- Facilitate and develop specific female offender/prisoner Core programs.
- Provide personal development opportunities for prisoners as outlined in the Department's System Operating Procedure No. 2, Prisoner Leave of Absence.
- Ensure prisoners have access to programs and services in the community to facilitate Throughcare and re-integration.
- Ensure intervention teams, volunteers and custodial employees are adequately trained to teach programs to offenders and prisoners.
- Where appropriate ensure access to rehabilitation programs and services for offenders completing Community Service programs.
- Encourage and support custodial employees to deliver prisoner programs.

- Incorporate Restorative Justice approaches when developing and implementing programs and services.
- Ensure the maintenance of quality standards for offender and prisoner programs.
- Maintain the number of Cognitive Skill Program coaches throughout the Department.

Tasmania

The *Corrections Act 1997* (Tas) appears to have no directions regarding rehabilitation or programs. Despite this lack of legislative direction, the Department had been active in drafting operating frameworks (e.g. Custodial Operating Model Project) and procedures and policies for sentence planning (e.g. Implementation of Sentence Planning Tasmanian Prisons: Stage 1 Offender Services).

Section 3 of the *Sentencing Act 1997* (Tas) mentions rehabilitation as an aim, but it is buried in the list of purposes.

The purpose of this Act is to – ...

- (e) help prevent crime and promote respect for the law by allowing courts to –
 - (i) impose sentences aimed at deterring offenders and other persons from committing offences; and
 - (ii) impose sentences aimed at the rehabilitation of offenders; and
 - (iii) impose sentences that denounce the conduct of offenders. ...

Victoria

The *Corrections Act 1986* (Vic) and Regulations make few reference to rehabilitative programs at all. Section 57B does speak, however, of ‘rehabilitation and transition permits’.

57B. Rehabilitation and transition permit

(1) The Secretary may issue a rehabilitation and transition permit to a prisoner for any of the following purposes-

- (a) a purpose related to the physical fitness or education of the prisoner;
- (b) to take part in a program approved by the Secretary that is designed to facilitate the maintenance of the prisoner’s family ties;
- (c) in the case of a prisoner residing at a transition centre, to undertake activities provided for in the prisoner's transitional activity plan;
- (d) to look for or carry out work, including (but not limited to) unpaid community work;
- (e) to take part in a program approved by the Secretary that is designed to facilitate-
 - (i) the rehabilitation of the prisoner; or
 - (ii) the prisoner’s re-integration into the community; or
 - (iii) the preparation of the prisoner for release.

The *Sentencing Act 1991* (Vic) has oblique references, cited below. One must assume therefore, that programs continue in a legislative vacuum, with an administrative regime allowing rehabilitation to occur with official fiat. Some examples include: For persons to be eligible for a community-based order, they must abide by the conditions laid down, amongst others, in section 38 (1)(d):

38. Program conditions

(1) Program conditions of a community-based order are-

... (d) that the offender undergoes assessment and treatment for alcohol or drug addiction or submits to medical, psychological or psychiatric assessment and treatment as directed by the Regional Manager.

For persons to be eligible for reintegration programs, they must abide by the conditions laid down, amongst others, in section 18S:

18S. Program conditions

(1) The court may attach to a combined custody and treatment order

(a) a condition that the offender during the period of the order submit to testing for alcohol or drug use as specified in the order; or

(b) any other condition relevant to the offender's drug or alcohol addiction or usage that the court considers necessary or desirable.

(2) A court is not required to attach any program conditions to a combined custody and treatment order.

- (3) A court must not impose any more program conditions than are necessary to achieve the purpose or purposes for which the order is made.

For persons to be eligible for a drug treatment order, they must abide by the conditions laid down, amongst others, in section 18ZG:

18ZG. Program conditions

- (1) The program conditions that may be attached to a drug treatment order are that, while the treatment and supervision part of the order operates, the offender-

- (a) must submit to drug or alcohol testing as specified in the order; and
- (b) must submit to detoxification or other treatment specified in the order (whether or not residential in nature); and
- (c) must attend vocational, educational, employment or other programs as specified in the order; and
- (d) must submit to medical, psychiatric or psychological treatment as specified in the order ...

- (2) The Drug Court must attach to a drug treatment order at least one program condition but must not attach any more program conditions than it considers necessary to achieve the purposes for which the order is made.

- (3) An offender must comply with all of the program conditions attached to the drug treatment order.

Western Australia

In 2006 the WA Parliament passed the *Parole and Sentencing Legislation Amendment Act* which came into operation in January 2007. It amended the *Sentence Administration Act 2003(WA)* to take into consideration many of the recommendations of the Mahoney Inquiry Report and established the Prisoners Review Board (the old Parole Board). The amendments clarified and enhanced the administration of parole and early release of offenders.⁸

Section 14(5) of the Act is significant for our purposes:

(5) If after —

(a) receiving a re-socialisation programme from the CEO ...; and

(b) considering the release considerations relating to the prisoner,

the Board approves of the programme, with or without variations, and of the prisoner's participation in it, the Board is to provide it to the CEO as so approved.

The *Prisons Act 1981* (WA) provides legislative guidance for the provision of offender programs. Section 95 (Preparation and implementation of activity programmes) was amended in 2006. It now states as follows:

(1) Without limiting the responsibility of the chief executive officer for the welfare of prisoners conferred by section 7(1), the chief executive officer may

⁸ The Act allows for the appointment of victims' representatives to each of the Prisoners Review Board, the Mentally Impaired Accused Review Board and the Supervised Release Review Board and enables victims to make submissions to those Boards. The Act also amends the *Sentencing Act 1995* (WA) to prohibit offenders being placed on pre-sentence orders when their offence was committed while they were on parole or suspended imprisonment.

arrange for the provision of services and programmes for the wellbeing and rehabilitation of prisoners.

(2) In particular, services and programmes may be designed and instituted with the intention of —

- (a) promoting the health and wellbeing of prisoners; and
- (b) enabling prisoners to acquire knowledge and skills that will assist them to adopt law abiding lifestyles on release; and
- (c) assisting prisoners to integrate within the community on release; and
- (d) maintaining and strengthening supportive family, community and cultural relationships for prisoners; and
- (e) providing counselling services and other assistance to prisoners and their families in relation to personal and social matters and problems; and
- (f) providing opportunities for prisoners to utilise their time in prison in a constructive and beneficial manner by means of educational and occupational training programmes and other means of self improvement; and
- (g) providing opportunities for work, leisure activities, and recreation; and
- (h) assisting prisoners to make reparation for the offences they have committed.

(3) Subject to subsection (4) a prisoner cannot be compelled to use or participate in services or programmes provided under this section.

(4) As long as a prisoner is medically fit the prisoner may be required to work.

(5) The chief executive officer is to ensure that, in the provision of services and programmes under this section, the needs of female prisoners and prisoners who are Aboriginal people or Torres Strait Islanders are addressed.

(6) Services and programmes under this section may be provided inside or outside a prison.

(7) A prisoner may be confined in a facility outside a prison to facilitate the prisoner being provided with opportunities for work or participation in services or programmes under this section.

(8) This section does not authorise a prisoner to be absent from a prison, or facility referred to in subsection (7), without an absence permit.

A REVIEW OF AUSTRALIAN PRISON-BASED OFFENCE FOCUSSED REHABILITATION PROGRAMS

The aim of the review is first to provide a brief overview of the literature related to the types of treatment programs offered in Australian public prison settings (cognitive skills, drug and alcohol, anger management, violent offender, domestic violence, and sexual offender) and to special needs groups (namely Indigenous and female offenders). Second, to describe offender programs delivered in custodial settings, by Correctional Departments/Agencies, targeting the area of need. Programmatic changes over the past five years are highlighted. Finally, commentary is provided about the implementation of and outcomes for these specific program categories.

Cognitive Skills Programs

Review of the literature

Ross and Fabino (1985) argued that offending behaviour may be linked to inadequate thinking skills (interpersonal problem solving, moral reasoning, cognitive style, self-control and perspective taking), as persistent offenders appeared to lack cognitive skills when compared with other offender groups. They also observed that the most effective offender treatment programs involve an element of cognitive skills training.

Ward and Nee (2009) argue there is a need to develop further the theoretical rationale for cognitive skills programs and in turn, include the concepts of rationality, emotion, distributed cognitive and embodiment to conceptualise further the relationship between cognitive skills and action. They highlight mechanisms to inform program

delivery with contemporary theoretical research (see Ward & Nee, 2009, for a review).

There is a growing body of research reporting reductions in offender recidivism after the completion of cognitive skills programs (Landenberger & Lipsey, 2005; Lipsey & Landenberger, 2006; Wilson et al., 2005). However, there is likely to be non-uniformity in outcomes. With on one hand, medium-low risk offenders having greater reductions in recidivism compared with high-risk offenders, 14 and 11 percent reductions in recidivism respectively, when compared to matched controls (Friendship, Blud, Erickson, Travers & Thornton, 2003). Alternatively, higher risk program completers had statically significant greater reductions in recidivism compared with matched comparisons, and lower risk offenders (Cann, Falshaw, Nugent & Friendship, 2003).

A cautionary note is required on the efficacy of post-accreditation cognitive skills programs in the UK. Recent evaluations of existing programmes are being cautious in their findings of reduced recidivism rates (Falshaw, Friendship, Travers & Nugent, 2003). There is a debate in the literature surrounding the lower rates of re-offending of completers of cognitive skills programs compared with program non-completers (see Hollin & Palmer, 2009 for a discussion). There appears to be emerging evidence that program completion is associated with reductions in recidivism 1-year post release when compared with matched controls, but these differences were not maintained at two years for men and young offenders (Cann, Falshaw, Nugent & Friendship, 2003). Further, dropouts had higher rates of recidivism (Cann, Falshaw, Nugent & Friendship, 2003). These findings highlight the need first, develop to methods to identify potential program dropouts (see Numes & Cortoni, 2006 for a discussion); second, methods for retaining participants in treatment; and third, to have community-

based follow-up programs, which have been shown to promote reductions in reconviction rates in program completers, when compared with non-completers, non-starters and comparison groups (Hollin, McGuire, Hounscome, Hatcher, Bilby & Palmer, 2008).

Cognitive Skills programs are reported to have a short-term positive impact on institutional behaviour, with “*improved prisoner behaviour, increased self-confidence, enhance literacy and better interpersonal skills*” reported as an institutional benefit to program completion (Clarke, Simmonds, & Wydall, 2004).

The impact of cognitive skills programs with female offenders is less clear. There are a limited amount of data on the efficacy of programs with designed specifically for female offenders. Accredited and pre-accredited cognitive skills programs (designed for men and adapted for women) demonstrated no statistical differences in one- and two-year reconviction rates between female participants and matched comparisons (Cann, 2006). Given this finding, there is a need to develop and evaluate cognitive skills programs designed to meet the criminogenic needs of female offenders.

Given the disparity in research findings for cognitive skills program, further evaluation is required to assess the impact of cognitive skills programs; especially the question of what works for whom and under what conditions? The role of motivation, treatment retention, and the stage of program delivery in the correctional sentence also warrant further research attention.

Cognitive Skills Program: In Practice

All jurisdictions deliver or are planning to deliver Cognitive Skills Programs in custodial environments (as outlined in Table 2), with South Australia in the final stages of program development. Cognitive Skills programs continue to be foundation programs, in which core skills can be developed during subsequent offence-focussed program involvement.

What is noticeably different between 2003 (refer Table 1) and 2009 (refer Table 2) in the delivery of Cognitive Skills program is the replacement, by most jurisdictions, of less intensive programs with programs of high intensity (100 hours) designed to meet the needs of higher risk/need offenders. In Western Australia, a specific offence-focussed intensive cognitive skills program has been developed for female offenders.

Table 1: Prison-based Cognitive Skills Programs: 2003

Jurisdiction	Program Title	Duration	Specific Target
SA	Think First	60 hours	
VIC	Think First	60 hours	
NSW	Think First	60 hours	
ACT	Thinking for Change	44 hours	
QLD	Cognitive Skills	32 hours	
NT	Cognitive Skills	24 Hours	
TAS	Offending Is Not The Only Choice	46 hours	
WA	Reasoning and Rehabilitation	76 hours	Intellectually Disabled
	Legal and Social Awareness	66 hours	

Table 2: Prison-based Cognitive Skills Programs: 2009

Jurisdiction	Program Title	Type	Specific Target	Duration	Risk Need Assessment for Entry	Pre-post measures of change	Evaluation
SA	Making Choices - being developed						
VIC	Maintaining Change	Maintenance		25 hours	√		
	Exploring Change	Motivational		12 hours	√		
	Cognitive Skills	Therapeutic		60 hours	√		√
	Cognitive Skills	Therapeutic	Women	60 hours	√		
	Cognitive Skills	Therapeutic	Koori men	60 hours	√		√
	Making Choices	Therapeutic		100 hours	√	√	
	Making Choices	Therapeutic	Women-Pilot	100 hours	√	√	
NSW	Think First	Therapeutic		60 hours	√	√	√
ACT	Cognitive Self Change	Therapeutic		100+ hours	√	√	Planned
QLD	Making Choices	Therapeutic		100 hours	√	√	√
	Making Choices Program	Maintenance		16-24 hours	√	√	
NT	Cognitive Skills	Psycho-educational		24 Hours	√		√
TAS	Making Choices	Therapeutic		100 hours	√		Planned
WA	BOAS	Psycho-educational	Indigenous	20 hours	√	√	Planned
	Cognitive Brief	Motivational		20 hours	√		

Jurisdiction	Program Title	Type	Specific Target	Duration	Risk Need Assessment for Entry	Pre-post measures of change	Evaluation
	Intervention						
	Think First	Therapeutic		60 hours	√	√	√
	Legal and Social Awareness	Therapeutic	Intellectually Disabled	66 hours	√		
	Choice, Change and Consequences	Therapeutic	Women	100 hours	√	√	

*pilot

Programs are delivered in a group setting, with group size commonly restricted to 8-12 participants, in all jurisdictions.

In general, Cognitive skills programs continue to be underpinned by cognitive behavioural and social skills training principles, with Making Choices also underpinned by mindfulness techniques. Programs that are more intensive have a greater emphasis on offence mapping (developing insight into the antecedents to offending behaviour) and applying learned cognitive skills to situations related to offending risk through the development of a relapse prevention plan.

Common program aims include enhancing problem solving, self control and critical reason, regulating affect, developing problem solving skills (and applying these to offending behaviour), improving interpersonal communication and perspective taking, identifying and challenge thinking errors, and developing a relapse prevention plan.

Jurisdictions have developed significantly detailed program manuals, which with a few exceptions, to include detailed theoretical and empirical rationale, descriptions of therapeutic principles, and notes for facilitators on individual sessions. Similarly, staff training continues to be well developed, with national and international experts

commonly utilised for the initial training, and train-the-trainer models developed for ongoing in-house training. This model, in turn, has overcome the previous challenges, logistic and financial, of maintaining overseas input.

Mechanisms for staff accreditation are developing over time, with at a minimum the recognition by jurisdictions that staff accreditation procedures are required. Arguably, the leader in this area is NSW, with facilitator accreditation processes in place for all programs.

Facilitator supervision, similarly, is improving over time with models of regular supervision implemented in all jurisdictions. In addition, several jurisdictions monitor program integrity through video reviewing of treatment sessions by supervising staff.

There is a general trend for programs referral made for offenders with moderate to high-risk/needs on a risk/need assessment tool. In most cases, program suitability is determined through a structured or semi-structured clinical interview, which includes assessment of motivation and responsivity factors. Psychometric measures of change require further development in some jurisdictions.

Mechanisms for recording program involvement appeared to be established in all jurisdictions, which at a minimum resulted in the documentation of program inclusion, attendance and program completion. At the other end of the spectrum and more consistent with good practice, were the departments documenting pre-post program differences on outcome measures and using this data, inter alia, to inform clinical practice and further intervention needs.

Evaluation of cognitive skills programs is on the agenda for most Departments, with outcomes completed predominately focussing on process and content. Given the mixed international evidence on the efficacy of cognitive skills programs, arguably

process and outcome evaluations should be given priority, with the impact of program completion and non-completion determined in a local context for male, female and Indigenous offenders.

A recent evaluation of Making Choices in Queensland, which despite needing to be reviewed cautiously due to a small sample size, reported strong effect sizes on intermediate measures of change. There are plans to follow-up the study.

Anger Management

Review of the Literature

Anger management programs are underpinned by the premise that poor anger control is associated with violent offences and that the management of angry reactions will reduce the risk of violent recidivism (Howells, 1998). Anger management programs have accordingly been developing, most commonly employing cognitive behavioural principles to provide psycho-education, strategies to control arousal, skills to restructure anger provoking beliefs and cognitions, and strategies to reduce the likelihood of relapse. Homework in anger management treatments with offenders significantly improves treatment outcomes (Morgan & Flora, 2002).

There are a small number of methodological rigorous studies evaluating anger management programs with offenders. Findings suggest that when compared with a comparison group treated offenders report a reduction in angry feelings and less denigration in response to provocation (Stermac, 1986), improvements in self-reported anger and aggression (McDougall & Boddie, 1991), increases in anger knowledge (Howells et al., 2002), reductions in recidivism (Dowden & Serin, 2002), and greater reductions in recidivism for higher risk offenders (Dowden, Blanchette &

Serin, 1999), and higher rates of violent recidivism for program non-completers (Dowden & Serin, 2002).

Outcomes on anger management programs may be affected by participant motivation, program complexity, low program integrity, and limited opportunity to practice skills (Watt & Howell, 1999). Further, a link between post-treatment improvement and treatment readiness highlights the need to assess for treatment readiness prior to program entry (Heseltine, Howells & Day, 2009). Arguably, the most significant factor affecting anger management programs is the relative low intensity of programs evaluated, and indeed employed, with offending populations (Howells et al., 2002).

The limited research findings demonstrate promise for anger management programs; with further methodologically sound research required with programs that are more intensive to draw any firm conclusions about efficacy and impact on recidivism.

Anger Management Programs: In Practice

The repertoire of Anger Management Programs in Australia has reduced over time (refer Table 3 and Table 4), with the program continuing to be delivered in five of the eight correctional jurisdictions (refer to Table 4). The modal intensity of programs is 20 hours, thus considered to be of low intensity. The ongoing use of such programs may warrant further consideration by jurisdictions, as low treatment intensity is one of the factors affecting efficacy of anger management programs (see Howells et al., 2002).

Table 3: Prison-based Anger Management Programs: 2004

Jurisdiction	Program Title	Duration	Specific Target
SA	Anger Management	20 hours	
VIC	Simple no-nonsense anger management program (SNAP)	12 hours	
	Managing Emotions	48 hours	
NSW	Anger Management	20 hours	
QLD	Anger Management	20 hours	
NT	Anger Management	20 hours	
WA	Women's Anger Management	40 hours	Female offenders
	Managing Anger and Substance Use	50 hours	
	Indigenous Managing Anger and Substance Use	50 hours	Indigenous Offenders
	CALM	48 hours	

Table 4: Prison-based Anger Managements Programs: 2009

Jurisdiction	Program Title	Type	Specific Target	Duration	Risk Need Assessment for Entry	Pre-post measures of change	Evaluation
SA	Anger Management	Psycho-educational		20 hours	In 2010, will be replaced with Making Choices (Intensive Cognitive Skill Program)		
VIC							
NSW	CALM	Therapeutic		48 hours	√	√	√
ACT	First Steps to Anger Management	Motivational		12 hours	√	√	planned
QLD							
NT	Anger Management	Psycho-educational		20 hours	√	√	√
TAS							
WA	Indigenous Managing Anger and Substance Use	Substance Use/Anger	Indigenous	50 hours	√	√	√

Programs are delivered predominately to groups of 8-12 offenders; however, 1-1 anger management was also undertaken, albeit infrequently.

In general, the Anger Management programs continue to be underpinned by educational, cognitive behavioural and interpersonal techniques. The programs commonly aim to enhance insight of angry reactions, understand patterns of aggression, to reduce stress and arousal, to develop problem solving and communication skills, to restructure anger provoking cognition, to improve interpersonal skills and to develop a relapse prevention plan. Given the short-term frame in which these objectives are achieved, it is unclear whether programs afford offenders the opportunity to practice skills.

Staff training and accreditation continue to be poorly developed for lower intensity programs. The exception is NSW who utilise both in-house (groups skills and CBT) and online (e-CALM) training for all program facilitators. Models of supervision are improving over time, with all jurisdictions providing supervision for program staff.

Guidelines for program entry are established in all jurisdictions, and are linked with an assessment of offender risk/need. In practice, a paucity of human resource may undermine pre-program assessment and suitability processes in some jurisdictions. This may warrant further attention by jurisdictions, especially as readiness may affect program outcomes (see Heseltine et al., 2009). Pre- and post-program psychometric measures of change continue to be underdeveloped and not routinely implemented.

Two jurisdictions offer introductions to anger management programs, which may be considered psycho-educational and motivational in nature. They are around six hours in duration and aim to introduce participants to the notions of anger control and future more intensive program participation. These programs, while not therapeutic in their

own right, are consistent with good practice by developing motivation and having clearly defined pathways to more intensive programs.

Drug and Alcohol Programs

Review of the literature

The positive association between criminal behaviour and substance use and/or abuse is well documented (e.g., Dowden & Brown, 2002; Hammersley, Forsyth & Lavelle, 1990; Weekes, Moser & Langevin, 1997) and predictive of recidivism (Dowden & Brown, 2002). In turn, correctional administrators have implemented substance use programs. They have philosophical underpinnings consistent with that of the National Drug Strategy - to minimise harm by limited or controlling drug supply and to reduce individual demand for drugs.

Substance use programs employed with offending populations can be broadly divided into; first harm reduction programs which seek to enhance awareness of high-risk behaviours (overdose, blood-borne infection and other disease transmission) and the physiological effects of substance use. Harm reduction programs would include pharmacotherapy. Second, psycho-educational programs that target the link between substance use and offending. These programs are commonly underpinned by cognitive behavioural and motivational principles and generally provide entry to higher risk and criminogenic need offenders. There are few methodologically rigorous outcomes studies for psycho-educational programs, which is surprising given their relative abundance in correctional programming, nationally and internationally. The aims of psycho-educational programs include enhancing motivation to enter treatment that is more intensive. Third, therapeutic programs are generally of a moderate intensity and involve the participation in groups which focus on understanding

substance use and offending, developing mechanisms to cope with cravings and withdrawal, developing alternative behaviours, managing emotions, enhancing problem solving and communication and developing relapse prevention plans. Finally, prison based therapeutic communities are the most intensive form of program, with participants separated from prison culture and immersed in a therapeutic environment.

Therapeutic communities have the greatest evidence of effectiveness (Wexler, DeLeon, Thomas, Kressel & Peters, 1999; Hiller, Knight & Simpson, 1999; Martin, Player & Liriano, 2003; Pelissier, Camp, Gaes et al., 2003; Prendergast, Hall, Wexler et al., 2004; Welsh, 2007), with prison-based therapeutic communities identified as one of the most effective interventions for drug dependent offenders (Sweeney, Turnbull & Hough, 2008) with strong and consistent reductions in drug use and recidivism (Mitchell, Wilson & MacKenzie, 2006). Of note, recent meta-analysis of incarceration-based drug treatment programs concluded that there was no empirical support for boot camp programs (Pearson & Lipton, 1999; Mitchell, Wilson & MacKenzie, 2007).

Prison-based substance use treatment is further enhanced through the use of Transitional Programs, including both pre-release programs and half-way houses, which reintegrate the offender back into the community. Reductions in recidivism were increased when treatment was supplemented with residential community-based aftercare and when the offender completed the transition or aftercare program (Hiller, Knight & Simpson, 1999).

In keeping with the “what works principles”, substance use programs adhering to these principles generally are more effective in reducing recidivism (Welsh & Zajac, 2004). Therefore, there is cautious optimism for programs delivered to substance

using offenders, with more intensive therapeutic programs linked with community treatment having the greatest efficacy.

Drug and Alcohol Programs: In Practice

Drug and Alcohol program form part of a broader management strategy for substance using offenders, which includes, but is not limited to, prison-based therapeutic communities and camps, urinalysis, pharmacotherapy, prison health services, supply reduction methods by prisons, and the provision of service to offenders by external providers. These strategies are outside of the scope of the current review.

All jurisdictions continue to deliver drug and alcohol programs (refer to Table 6). The notable change over time (refer to Table 5 and Table 6), is the delivery of higher intensity programs, of one hundred hours or greater. In many jurisdictions there are clear pathways developed where offenders complete a low intensity motivational program prior to the completion of therapeutic programs. Similarly, specific relapse prevention or maintenance programs continue to reinforce skill rehearsal after therapeutic program completion in some jurisdictions. It is essential that jurisdictions review their relapse prevention or maintenance programs to ensure that they do not simply revisit relapse plans, this in turn, may increase the risk of recidivism (see Day & Casey, in press for a discussion).

Table 5: Prison-based Drug and Alcohol Programs: 2003

Jurisdiction	Program Title	Duration	Specific Target
SA	Alcohol and Other Drugs (Part A & B) Ending Offending	12 hours 12 hours	Indigenous Offenders
VIC	Alcohol and Driving Education Benzodiazepine Education Program Cannabis Education Program CLD Drug Education Program Prison Based Drug and Alcohol Program - Intensive Alchemy: Alcohol Education and Reduction Understanding Substance Abuse and Dependence 13 Week Intensive Drug Treatment Program* Alcohol and Other Drugs*	12 hours 12 hours 12 hours 12 hours 130+ hours 20 hours 40 hours 125 hours 12 hours	Indochinese Women's adaptation available
NSW	Alcohol and Other Drugs: Education Alcohol and Other Drugs: Relapse Prevention	12 hours 12 hours	
ACT	Drug Awareness Program Coping Skills Program	12 hours 30 hours	
QLD	Ending Offending Substance Abuse Managing and Preventing Relapse	12 hours 20 hours	Indigenous Offenders
NT	Illicit Drug Treatment Program Cannabis Treatment Program Alcohol Treatment Program	16 hours 16 hours 20 hours	
TAS	Substance use is Not the Only Choice	46 hours	
WA	Women's Substance Use Program Moving on From Dependencies (Men) Moving on From Dependencies (Women) Pathways * Choices* Substance Abuse Relapse Prevention*	20 hours 100 hours 100 hours 99.5 hours 43 hours 25 hours	Female Offenders Female Offenders

* manual not available

Table 6: Prison-based Drug and Alcohol Programs: 2009

Jurisdiction	Program Title	Type	Specific Target	Duration	Risk/need Assessment for Entry	Pre-Post	Evaluation
SA	Alcohol and Other Drugs (Part A & B)	Psycho-educational		12 hours	In 2010, will be replaced with Making Choices (Intensive Cognitive Skill Program)		
	Ending Offending		Indigenous Offenders	12 hours			
	AOD-MO	Therapeutic		100+ hours	√	√	Planned
VIC	Under review						
NSW	The Impact of Dependence	Motivational		34 hours	√	√	
	Getting SMART	Therapeutic		36 hours	√		
	SMART Recovery	Maintenance		16-24 hours	√		
	Pathways	Therapeutic		100 hours	√		√
	Relapse Prevention Program	Maintenance		24 hours	√	√	
	DAAP	Psycho-educational		16 hours	√	√	
	POISE	Therapeutic	Women	120 hours	√		
ACT	First Steps	Motivational		12 hours		√	Planned
	Back In Control	Maintenance		32 hours		√	Planned
	Pathways*	Therapeutic		100 hours	√		√
QLD	Ending Offending	Psycho-educational	Indigenous	12 hours	√		Planned
	Getting SMART	Therapeutic		36 hours	√	√	√
	SMART Recovery	Maintenance		16-24 hours	√	√	Planned
	Pathways	Therapeutic		100 hours	√	√	√
	Turning Point	Motivational		16 hours	√	√	Planned
NT	Illicit Drug	Psycho-		16 hours	√	√	√

Jurisdiction	Program Title	Type	Specific Target	Duration	Risk/need Assessment for Entry	Pre-Post	Evaluation
	Treatment Program	educational					
	Cannabis Treatment Program	Psycho-educational		16 hours	√	√	√
	Alcohol Treatment Program	Psycho-educational		20 hours	√	√	√
TAS	Getting SMART	Therapeutic		36 hours	√		
	Pathways	Therapeutic		130 hours	√	√	
WA	Women's Substance Use Program	Therapeutic	Female Offenders	35 hours	√		
	Moving on From Dependencies	Therapeutic		100 hours	√		
	Moving on From Dependencies	Therapeutic	Women	100 hours	√		
	Pathways	Therapeutic		126 hours	√	√	√
	Pathways	Therapeutic	Women	126 hours	√	√	√
	IMMASU	Therapeutic	Indigenous	25 hours	√	√	√

*delivered in a therapeutic community

Broadly speaking the drug and alcohol programs of low intensity (20 hours and under) are psycho-educational, with motivational and limited cognitive behavioural components. These programs most commonly seek to educate offenders about substance use (often without an explicit connection to offending), to explore the costs and benefits of substance use, to introduce harm minimisation strategies, and to enhance motivation to reduce substance intake and attend further treatment. These programs would be consistent with Harm Minimisation Strategies and therefore

warrant the inclusion of all offenders, as the outcomes centre on education and modifying high-risk behaviours (e.g. using clean needles/syringes).

The higher intensity substance use programs (of 100 hours or more) commonly utilise motivational, cognitive behavioural, rationale emotive and/or mindfulness strategies. They aim to promote an understanding alcohol and drug use patterns, link substance and criminal behaviour, foster attitude change, restructure beliefs and cognitions associated with substance use and crime, develop pro-social thinking, increase self-awareness, manage emotions, enhance interpersonal skills, promote healthy lifestyle choice, and develop a relapse prevention plan.

Most programs had a well developed therapeutical and empirical rationale outlined in the program manual. This was especially the case for the commercially available Pathways program, which included a Provider Guide outlining the program's conceptual framework, core strategies, therapeutic strategies and theories, operational guidelines, program outlines and research summaries.

Specific staff training packages continued to vary between jurisdictions, with the notable exception of the more intensive commercially available programs, which employ initially overseas experts and then local train-the-trainer models, thereby ensuring ongoing training needs are met. Ongoing models of supervision are generally well developed.

Drug and alcohol program entry is linked generally to a risk/need instrument or assessment. For lower intensity programs, pre-program assessment tended to focus on motivation to engage in treatment, with a tendency for program staff to make an effort to accommodate all program referrals. Such process would be consistent with harm minimisation strategies. In comparison, higher intensity programs commonly had

more rigorous assessment strategies, including the use of psychometric measures of change. Thus, program entry was contingent on offender risk and need, which is consistent with good practice in offender rehabilitation.

Evaluations of the efficacy of drug and alcohol programs in Australian corrections continue to be rare, and focus on process rather than outcome. In 2007, Queensland Corrective Service evaluated the Pathways program and while the results must be viewed cautiously, due to a small sample size, strong effect sizes were documented for coping with urges, problem solving and changes in offence related cognitions. Further Australian-based research is warranted.

Victim Awareness Programs

The notion of victim awareness is incorporated historically in Violent Offender, Domestic Violence, and Sexual Offender programs. Intensive cognitive skills and general offending programs tend to deal with victim empathy issues.

While there are strong theoretical rationale for targeting empathy deficits as a criminogenic need, there is less evidence that empathy development contributes positively to outcome for violent offenders (Day, Casey & Gerace, 2010), and the inclusion of victim impact components in CBT treatment programs have been associated with smaller effects on recidivism than other program elements (Lipsey, Landenberger & Wilson, 2007). Therefore, further empirical consideration of these stand-alone victim awareness programs is warranted.

There has been no change to the delivery of Victim Awareness programs over the past five years, with Northern Territory and South Australia continuing to deliver the same 10 hours program. In 2010, South Australia has plans to replace its program with a more intensive cognitive skill program.

The program aims to promote understanding of the concept of victim, explore the role of offending and the creation of a victim, and discuss issues surrounding taking responsibility for offending. There is a limited theoretical introduction to the manual. There are no psychometric measures of change routinely employed. Staff training is limited, but the program's authors have initially developed a training package.

Domestic Violence

Review of the Literature

Historically, as socio-political framework is utilised in understanding domestic violence, in which the behaviour is view as a social phenomenon rather than resulting from individual pathology. In turn, domestic violence programs have less emphasis on individual treatment than other offender treatment programs, and emerge from a “variety of government sectors with differing emphases and philosophical underpinnings [and] are constructed from a socio-political perspective, the concepts of gender and power are central” (Howells et al., 2004). The resultant rehabilitation programs utilise principles of ‘gender-based, cognitive-behavioural group work’ (Gondolf, 2000), in which the offender (perpetrator) is educated about power and control in relationships with the aim of preventing violence and interpersonal control. In this model, offenders are held accountable for their actions (Dobash & Dobash, 1992), confrontation is ineffective (Murphy & Baxter, 1997) and instead narrative approaches (White & Epston, 1989) are utilised to create ‘respectful interventions’ (Jenkins, 1990; White, 1989).

The literature highlights the inappropriateness of stand-alone anger management programs for domestic violence offenders because they fail to address the gendered issues of controlling behaviour and responsibility for abuse. This is surprising given

most men (90%) reported using techniques learned in the programs to avoid re-assault; most commonly behavioural techniques such as ‘time out’ most and only 5% reported using notions of respect and empathy for their partners (Gondolf, 2000).

Reviews of domestic violence treatment programs, report no differences in recidivism between the treatment group and the experimental group (Gordon & Moriarty, 2003; Babcock, Green & Robie, 2004), with no significant differences between treatment modalities on recidivism effect size (Babcock, Green & Robie, 2004). There was however, a positive link between the number of sessions completed and the likelihood of domestic violence recidivism, which highlights the importance of treatment retention (Gordon & Moriarty, 2003).

There has been a recent emergence of discussion surrounding the apparent ineffectiveness of domestic violence programs in a correctional context. It is hypothesised that the integration of more general violence prevention theory, socio-political context of the behaviour, and good practice in offender programming may result in more holistic intervention (Day, Chung, O’Leary, & Carson, 2009).

Domestic Violence Programs: In Practice

External service providers historically deliver Domestic Violence programs, due to their socio-political origins, and thereby the need to address the broader social nature of the behaviour. These programs commonly involve joint work with the female victim by women’s workers. Measures of change traditionally are generated from victim responses to and perceptions of the offender’s behaviour and attitude. Such programs aim to educate men about gender and power in relationships, with the goal

of preventing violence or controlling behaviour through the acknowledgement of personal responsibility and skills-based relationship training.

While jurisdictions continue to have external providers delivering services to perpetrators of domestic violence, most jurisdictions provide programs under the auspice (broadly) of Corrections (refer to Table 8). These programs are the focus of the current review.

The intensity of programs (refer to Table 7 and Table 8) continues to be varied, with a general trend for domestic violence programs to be of low to moderate intensity.

Table 7: Prison-based Domestic Violence Programs: 2003

Jurisdiction	Program Title	Duration	Specific Target
SA	Domestic Violence	24 hours	
VIC	Me and My Family Managing Our Relationships	20 hours 28 hours	
ACT	Power and Control: Tactics for men who batter	48 hours	
QLD	Domestic Violence Ending Family Violence	48 hours 20 hours	Indigenous Offenders
NT	Indigenous Family Violence Program	54 hours	Indigenous Offenders
WA	Building Better Relationships	72 hours	

Table 8: Prison-based Domestic Violence Programs: 2009

Jurisdiction	Program Title	Special Needs	Duration	Risk/Need Assessment for Entry	Pre-post test	Evaluation
SA	Domestic Violence		32 hours			
VIC	Out of the Darkness	Women - victim	12 hours	√ √		
ACT	The Family Violence Self Change Program		100 hours	√	√	Planned

Jurisdiction	Program Title	Special Needs	Duration	Risk/Need Assessment for Entry	Pre-post test	Evaluation
NSW	Domestic Violence Abuse Program	Women - victim	40 hours	√		√
	Out of the Darkness		12 hours	√		√
QLD	Ending Family Violence	Indigenous Offenders	20 hours	√		Planned
NT	Indigenous Family Violence Program	Indigenous Offenders	54 hours	√	√	√
TAS						
WA	Indigenous Family Violence Program	Indigenous Offenders	54 hours	√	√	√
	Building Better Relationships		75 hours	√	√	√

Programs designed specifically for Indigenous perpetrators of domestic violence generally are psycho-educational, more traditionalist in their feminist philosophical underpinnings, embedded in Indigenous culture and of low to moderate intensity. The broad objectives of the programs are to reinforce that family violence is a crime and is not acceptable, challenge the attitudes and behaviours that allow violence and abuse to occur, develop a capacity to accept responsibility for the violence committed, and to provide offenders with the skills and strategies required to cease violent behaviours in a culturally appropriate manner. There tends to be a paucity of models of facilitator training and supervision for less intensive programs.

The moderate to high intensity (75-100 hours) domestic violence programs have moved away from feminist theoretical orientations, and towards social learning and behaviouralist perspectives; more in line with theories associated with the

management of other types of violence and aggression. Program entry is linked with level of risk and need, and suitability is assessed through a criminogenic assessment with psychometric measures of change routinely administered. These programs utilise cognitive behavioural strategies with the aim of developing insight into the nature of abuse, enhancing affect regulation and management of negative emotion, modifying beliefs and attitudes associated with violence and aggression, developing an understanding of victim impact and consequences of behaviour, enhances interpersonal relationship skills and developing a relapse prevention plan.

The program in the ACT is unique in that part of the program (minimum of 6 months) is completed in a custodial environment and the remainder in the community (around 12 months). Theoretically this is likely to have a greater impact on recidivism than a prison-based program alone. The same facilitators deliver the program in both settings to ensure continuity of treatment. An evaluation is underway.

Facilitator training varies throughout jurisdictions, with NSW arguably being the exemplar requiring facilitators to complete program specific training (Working with Domestic Violence Perpetrators Course) and Creative Group Work Skills, CBT training, Motivational Interactions and Group Work Facilitation.

Out of the Darkness is a domestic violence program for moderate- to high-risk women (as determined by assessment) who have experienced domestic violence. The program manual outlines its theoretical underpinning, namely self-determination. The program is argued to be criminogenic and explores the nature of domestic violence, the cycle of domestic violence, the effects of domestic violence on children and it dispels the myths surrounding domestic violence. It appears to be predominately psycho-educational in nature. Program specific facilitator training has been developed in NSW. There are measures of “learning” administered every 2 sessions. There are no

specified pre-post program psychometric measures of change. Given the brevity of this program, the impact on recidivism is unclear and warrants further investigation.

Sex Offender Programs

Review of the Literature

The rehabilitation and management of sexual offenders is arguably one of the most challenging within a custodial environment. Not only are offenders heterogeneous, but the low base rates of known offending make it difficult to design methodologically rigorous studies to evaluate program effectiveness. In addition, there have been numerous theoretical models surrounding sexual offending (see Finkelhor, 1984; Marshall & Barbaree, 1990; Hall & Hirschman, 1992; Ward & Siegert 2002; Ward & Sorbello, 2003), with comprehensive models integrating developmental, psychosocial, environmental and physiological factors (Marshall & Barbaree, 1990). There is a theoretical consensus that the behaviour is learned and as such, amenable to change (Curnow, Streker & Williams, 1998).

Programs are typically underpinned by cognitive-behavioural approaches to treatment (Beech & Fisher, 2002) and involve challenging offender denial, accepting responsibility, reducing cognitive distortions, reducing deviant arousal and fantasising, developing victim empathy, understanding offence-related behaviour, and relapse prevention strategies (Polaschek & King, 2002; Mateson, 2002).

In a systematic review of controlled outcome evaluations of psychosocial and organic sexual offender treatments, “11.1% of treated offenders and 17.5% of controls showed sexual recidivism (37% difference) (Schmucker & Losel, 2008, p 10). For psychosocial interventions the results for CBT-based and behavioural interventions were “promising” and the only approaches to have significant treatment effects, with

the “cognitive orientation of the treatment program ... [adding] ... significantly to the explanation of effect size variance (Schmucker & Losel, 2008, p 15).

In Australia, there have been only a few outcome studies on sex offender treatment programs (Greenberg, Da Silva & Loh 2002; Hoy and Bright, 2008; Owen et al., 2007). In NSW, an evaluation of the Custody Based Intensive Treatment (CUBIT) reported significantly lower actual recidivism rates than predicted by actuarial measures; with 8.5% of program completers committed a further sexual offence in the follow-up period (3.75 years), compared with the predicted sexual recidivism rate of 26% (Hoy & Bright, 2006). In Victoria, sexual recidivism rates for Sex Offender Programs (SOP) completers were lower than non-completers and offenders removed from the program; 4%, 20% and 10% respectively (Owen et al., 2007). In a 2002 evaluation of WA sex offender programs, the recidivism rates of 2165 offenders who were referred to the SOTU from 1987-1999 were measured; no significant effects of treatment on rates of sexual recidivism were reported (Greenberg, Da Silva & Loh, 2002).

In New Zealand, an evaluation of Kia Marama’s treatment reported that program completion halved the rate of sexual recidivism; with only 10% of Kia Marama program completers reoffended sexually in the four-year follow up period (compared with 21% of non-treated offenders) (Bakker et al., 1998).

The treatment literature on sexual offenders is surrounded by debate on first, the distinction between child molesters and rapists, with some commentators arguing for specialists programs for these two groups (see Polascheck & King, 2002). Second, the treatment of categorical deniers (see Marshall, Thornton, Marshall, Fernandez, & Mann, 2001). Third, on program effectiveness, with several meta-analyses having found little evidence that treatment reduces recidivism (Furby et al., 1989; Quinsey et

al., 1993), while other reviews have found that treatment does positively affect recidivism (Nagayama Hall, 1995; Marshall, & Jones et al., 1991; Blanchette, 1996; Losel & Schmucker, 2005), and another concludes that non-prison-based sex offender treatment programs using cognitive-behavioural treatment appear to be most effective in reducing recidivism (Polizzi, Mackenzie & Hickman, 1999). Finally, interventions addressing non-criminogenic human need (Ward & Stuart, 2003), self-esteem (Marshall, Cripps, Anderson & Cortoni, 1999), collaborative engagement (Mann & Shingler, 2001), therapeutic alliance (Marshall et al., 2003) and cater for individual differences through flexible and personalised intervention approaches (Glaser, 2003; Drake & Ward, 2003) are argued to enhance the effectiveness of sex offender programs.

A number of factors have been shown to impact upon the effectiveness of interventions, including the nature of the offence, offender risk, motivation and readiness factors, timing of interventions and program integrity (Lievore, 2003; Kemshall, 2001; McGrath, 1994). The role of denial, motivation and treatment readiness appear are important in the pre-treatment assessment of sexual offenders as while they are associated with treatment dropout, and specific pre-treatment sessions (preparatory program) aimed at reducing or removing these factors may be of benefit (Latendresse, 2006). A preparatory program is underpinned motivational factors, integrates several differing perspectives of sexual offending behaviour and employs CBT strategies (see Marshall, Marshall, Fernandez, Malcolm & Molden, 2008 for further detail).

*“Treatment adhering to the **what works** principles can reduce long-term sexual recidivism for a moderate- to high-risk group of sex offenders”* (Olver, Wong, & Nicholaichuk, 2009, p 522). The evidence is less clear for learning disabled sexual

offenders, with no randomised controlled evidence guiding treatment with this group (Ashman & Duggan, 2004).

Sex Offender Programs: In Practice

Arguably due to political pressure, the introduction of dangerous offender and sexual offending legislation, media attention, and/or advocacy from victim representatives has resulted in the increased focus on rehabilitation efforts on dangerous high risk offenders and dedicated funding (in some jurisdictions) for the delivery of sexual offender rehabilitation.

In 2003, all jurisdictions were providing or developing sexual offender programs (see Table 9). A similar picture emerged in 2009 (refer Table 10), with all jurisdictions providing high intensity sexual offender programs for high risk/need sexual offenders, with lower intensity, motivational/preparatory, and/or maintenance programs, in some jurisdictions, complementing these.

Table 9: Prison-based Sexual Offender Programs: 2003

Jurisdiction	Program Title	Duration	Specific Target
VIC	Sex Offender program (MMIP)	144-288+ hours	
NSW	CUBIT – Adapted^	720 hours	
	CUBIT – Moderate Intensity^	480 hours	
	CUBIT – High Intensity^	600 hours	
ACT	Sex Offender Treatment Program	260 hours	
QLD	Sex Offender Intervention Program	60 hours	

Jurisdiction	Program Title	Duration	Specific Target
	Sex Offender Treatment Program	216 hours	Indigenous
	Indigenous Sex Offender Program	216 hours	
TAS	Sex Offender Treatment Program	216 hours	
WA	Medium Sex Offender Program	192 hours	Indigenous
	Medium Sex Offender Program (Indigenous)	192 hours	
	Sex Offender Intensive Program	450 hours	

^Therapeutic Community

Table 10: Prison-based Sexual Offender Programs: 2009

Jurisdiction	Program Title	Specific Target	Duration	Risk/Need assessment for entry	Pre- Post	Evaluation
VIC	SOP – High Intensity		180 hours	√	√	√
	SOP – Moderate Intensity		120 hours	√	√	√
	Disability Pathways	Cognitive Disability	12 months	√	√	√
NT	Under review					
NSW	Understanding Sexual Offending		16 hours	√	√	
	PREP – Preparation for Treatment		24-28 hours	√	√	
	CUBIT – Custody Based Intensive Treatment		240 hours	√	√	
	CORE		100-130 hours	√	√	
	CORE-low	Intellectual Disability	40 hours	√	√	
	Deniers Program		80 hours	√	√	

Jurisdiction	Program Title	Specific Target	Duration	Risk/Need assessment for entry	Pre- Post	Evaluation
	Self-regulation program	Intellectual Disability	300+ hours	√	√	
	Custody Based Maintenance		ongoing	√	√	
ACT	Adult Sex Offender Program		24 months	√	√	Planned
QLD	Getting Started Preparatory Program	Intellectual Disability	33-44 hours	√	√	√
	High Intensity Sexual Offending Program	Indigenous	350 hours	√	√	√
	Inclusion Sexual Offending Program		108 hours	√	√	√
	Indigenous Sexual Offending Program		78-350 hours	√	√	√
	Moderate Intensity Sexual Offending Program		78-132 hours	√	√	√
	Sexual Offending Maintenance Program		33-44 hours		√	
TAS	New Directions		100-300 hours	√	√	Planned
SA	SBC		250 hours	√	√	Planned
WA	Indigenous Medium Sex Offender Program		100 hours	√	√	√
	Medium Program	Indigenous	105 hours	√	√	√
	Intensive Program		460 hours	√	√	√
	Medium Sex Offender Program (Indigenous)		100 hours	√	√	√
	Deniers Program		95 hours	√	√	√

Program manuals are generally well developed, with detailed sections outlining the theoretical and empirical rationale. Behaviour and cognitive behavioural strategies form the predominant component of therapeutic treatments, with motivational and psycho-education strategies employed in preparatory programs.

The frameworks for delivery of sexual offenders are the most consistently developed across jurisdictions. The identification of sexual offenders can be difficult, as legal sanctions may differ from the actual offending behaviours (e.g. sexual offenders being convicted of lesser behaviours). Jurisdictions appear to have addressed these challenges through an initial assessment (often using risk/need tools for general offending with recognised limitations) which seeks to determine the nature of the offending. Sexual offenders are routinely referred for a further assessment by specialist staff, who determine level of sexual risk (through the administration of sexual offending specific actuarial tools – e.g. STATIC-99), level and type of sexual need (through interview and psychometric assessment), level readiness and responsiveness, and rehabilitation/programming options. Pre-post treatment measures of change are extensive. Exit reports are routinely completed outlining sexual behaviour, changes to risk and need after program completion and future management strategies.

Programs are generally delivered to mixed groups (child and adult sexual offenders) of up to 12 offenders. Many jurisdictions have specific areas in the prison reserved for the delivery of intensive programs or the programs form a part of a therapeutic community.

Sexual offender treatment programs aim to develop insight (both historical and proximal) into the offending cycle, increase understanding of the effects of the offence on the victim, challenge cognitive distortions, modify deviant arousal, explore the role of fantasy in offending, develop intimacy and relationship skills, enhance problem solving, and to develop an individualised relapse prevention plan.

Intensive staff training programs are present in all jurisdictions; with national and international experts regularly providing staff workshops and ongoing training.

Similarly, supervision is of a high standard, with external expert supervision purchased where necessary.

In order to address the difficulty of managing offenders who categorically deny offending behaviour, two jurisdictions have developed Denier's Programs, which aim to understand the context in which the offender was accused of the offence, to develop affect regulation and a self-management plan (to avoid being in situations where accusation may arise in the future).

Most sex offender treatment programs have undergone (or are undergoing) external review. Unfortunately, few of these findings are published.

Violent Offender Programs

Review of the Literature

Violent offenders continue to be a majority group in the prison-population and arguably the group, which attracts the most public and media attention.

The characteristics of anger offenders are heterogeneous with a range of variables contributing to violent behaviour, therefore needs of violent warrant specific treatment attention (Chambers, Ward, Eccleston, & Brown, 2009). Further, the role of aggression related cognitions appears to be important in not only understanding violence but also in its therapeutic management (Gilbert & Daffern, 2009; Polaschek, Calvert, & Gannon, 2009) and readiness to engage in treatment (Chambers, Eccleston, Day, Ward & Howells, 2008).

Anger management is not of itself sufficient in the treatment of violent offenders (Howells & Day, 2002a; Howells et al., 2002). There is an emerging evidence base

that multi-modal interventions (namely targeting multiple criminogenic treatment needs) are required with violent offenders. Treatment targets include substance abuse (Bowes, Sutton, Jenkins & McMurrin, 2009), employment, personal/emotional stability, community functioning, criminal attitudes, associations and marital and family relationships (Serin & Preston, 2001) and social context (Henry, Tolan & Gorman-Smith, 2001; Beck, 2000, 2002).

There is a paucity of outcome studies focussing on the efficacy of violent offender treatment, with only one meta-analysis completed (Polaschek & Collie, 2004). The results of this study provide cautious support that violent offender treatment programs can have small to large effects on violent and non-violent recidivism. Similarly, Jolliffe and Farrington (2007) conclude, from the small number of studies available (n=11), *“interventions with violent offenders were successful at reducing general and violent re-offending”*(p. 3), with *“evidence to suggest that interventions that were of greater overall duration (especially those with a higher duration per session), those that included anger control, cognitive skills training, role-play, relapse prevention and required offenders to undertake homework had more desirable influences on both general and violent re-offending than those that did not. Also, studies that **did not**⁹ provide moral training, basic education or empathy training also appeared to have a more desirable influence than those that did include these elements”* (p 21). What is apparent from these reviews is that further research is required in the areas of program evaluation and theory development.

A recent New Zealand study, while the results need to be viewed cautiously due to small sample size, indicates that high-risk offenders who underwent the intensive CBT based treatment were less likely to be convicted of a violent offence, and those

⁹ Emphasis added

who were took longer to fail, when compared with untreated violent offenders (Polaschek, Wilson, Townsend, Daly, 2005). Whereas, a Canadian study revealed few differences among the Persistently Violent Offender Treatment program completers and two control groups (alternate program completers and program non-completers) on measures of treatment-related change, institutional misconducts, and post-release returns to custody (Serin, Gobeil & Preston, 2009).

What is apparent from the theoretical and empirical research with violent offenders is that further research is required in the areas of offender characteristics, the role of readiness and motivation, program evaluation and theory development.

Violent Offender Programs: In Practice

As with sexual offender management, political pressure, the introduction of dangerous offender legislation, media attention, and/or advocacy from victim representatives has resulted in the increased focus on rehabilitation efforts on dangerous high-risk offenders. In turn, intensive programs for violent offenders are delivered in six jurisdictions (refer to Tables 11 and 12). There were plans for the development of programs in Tasmania and the Northern Territory.

Table 11: Prison-based Violent Offender Program: 2003

Jurisdiction	Program Title	Duration	Specific Target
NSW	Violent Offender Therapeutic Program	831.5 hours	
QLD	Violence Intervention Program	134 hours	
WA	Violent Offender Treatment Program	450 hours	
	Violent Offender Treatment Program	64 hours	

Table 12: Prison-based Violent Offender Programs: 2009

Jurisdiction	Program Title	Specific Target	Duration	Risk/need Assessment for entry	Pre-post test	Evaluation
NSW	VOTP - High		240 hours	√	√	√
	VOTP - Moderate		100-130 hours	√	√	√
	VOTP- Maintenance		ongoing	√	√	√
QLD	Cognitive Self Change		100 hours	√	√	√
WA	Violent Offender Treatment Program		450 hours	√	√	√
	Medium Intensity Violence		140 hours	√	√	√
TAS						
VIC	VIP – High Intensity		180 hours	√	√	√
	VIP – Moderate Intensity		120 hours	√	√	√
ACT	Cognitive Self Change		100 hours		√	
NT	Planned					
SA	VPP		330 hours	√	√	Planned

The program manuals all include theoretical and empirical sections and notes for working with violent offenders. Behaviour and cognitive behavioural strategies form the predominant component of therapeutic treatments, with motivational and psycho-education strategies employed in preparatory programs.

Violent offenders programs are delivered in a coherent framework across all jurisdictions. Referrals are based on the level of risk and criminogenic need. Identified violent offenders routinely undertake an offence specific assessment to determine program suitability. Such an assessment involves structured clinical assessment and

the use of psychometric assessment tools (e.g. VRS) to determine the nature of need. Levels of readiness and responsivity are routinely assessed through clinical assessment and/or the use of psychometric instruments. Exit reports are routinely completed outlining the nature of violent behaviour, changes to risk and need after program completion and future management strategies. Pre-post program measures of change are well established.

These programs aim to promote an understanding of violence offending, identify and challenge cognitive distortions associated with violence, develop an understanding of the consequences of violence, enhance perspective taking, problem solving and interpersonal skills, improve arousal management strategies, and develop an individualised relapse prevention plan.

Staff training appears to be well developed for both program delivery and administration of psychometric tools, with national and international experts routinely involved in initial and ongoing training. Models of ongoing supervision and staff support are generally well developed. When custodial staff are involved in program delivery, they are given appropriate in-house training.

In Queensland, a pathway has been developed with violent offender treatment comprising of the Making Choices (Cognitive Skills) program and then the Cognitive Self Change program.

Jurisdictions report that all violent offender programs have undergone, or are undergoing, review. Given the paucity of evidence, efforts should be made to publish evaluation findings.

Special Groups

Review of the Literature

Within the correctional system, there are a number of recognised groups (for example, women, Indigenous, intellectually disabled offenders, and prisoners from other cultures) whose needs are deemed sufficiently different from the mainstream prison population to warrant special attention. Targeting these groups with programs (or modifications of programs) developed for male prisoners undermine the responsivity principles and may result in poorer outcomes. This section will give a brief overview of offender rehabilitation programs for female and Indigenous offenders.

Female Offenders

Review of the Literature

There is increasing recognition that women offenders have distinctive area of criminogenic need, which influence rehabilitation program efficacy (Sorello, Eccleston, Ward & Jones, 2002; Byrne & Howells, 2000; Hardyman & Van Voorhis, 2004; Van Voorhis, Salisbury, Wright and Bauman, 2008). Intervention strategies developed for male offenders are likely not be equally beneficial to female offenders (Suter, Byrne, Byrne, Howells & Day, 2002).

Gender-responsive risk factors include dysfunctional relationships, family conflict, parental stress, child abuse and adult victimisation, and mental health issues and these are predictive of recidivism and institutional rule violations for women offenders (Van Voorhis, Salisbury, Wright, & Bauman, 2008). The strongest predictors of treatment success target interpersonal needs (Dowden & Andrews, 1999), victimisation (Morash, Byrum & Koons, 1998; Koons et al., 1997) and self-esteem (Morash, Byrum & Koons, 1998; Koons et al., 1997; Hardesty, Hardwick & Thompson, 1993).

The high level of mental health problems (Armytage et al., 2000; Thomas & Pollard, 2001; Hurley & Dunne, 1991; Keaveny & Zauszniewski, 1999; Gorusch, 1998),

substance use (Thomas & Pollard, 2001) and co-morbidity provide treatment challenges, as these issues are best treated concurrently rather than sequentially (Peters, Strozier, Murrin & Kearns, 1997) and need to be responsive to the specific experiences of female offenders (HMCIP, 1997; Byrne & Howells, 2002).

This is further highlighted in a recent evaluation of two cognitive skills programs (Enhanced Thinking Skills and Reasoning and Rehabilitation) on recidivism for female prisoners in the UK (Cann, 2006). There were no statistically significant differences in reconviction rates over one and two years between female offender participants in prison-based cognitive skills programs (between 1996 and 2000) and a matched comparison group. This was, in part, due to continued deficits in the understanding of the causes of female offending, and hence, the implications of this for program development (Cann, 2006).

In the US in 1998, the Iowa Department of Corrections implemented the *Moving On* program to address the gender-specific issues experienced by female offenders, with the primary goal to provide opportunities for women to mobilise and enhance existing strengths and to access personal and community resources (Van Dieten & MacKenna, 2001). Program completers demonstrated significantly reduced recidivism rates compared to the comparison group (matched probationers) (Gehrig, Van Voorhis and Bell, 2010).

Further research is required to guide program development specifically for female offender populations.

Female Offender Programs: In Practice

Over time there had been a slight increase in the number of programs delivered to female offenders (refer to Tables 13 and 14). Programs specifically designed to meet the needs of female offenders include POISE (NSW) and Women's Substance Use Program (WA) targeting substance use, Out of the Dark (NSW, VIC) targeting issues associated with domestic violence victimisation. General offender (Making Choices), Cognitive Skills, and substance use programs have been adapted for use with female prisoners.

Table 13: Prison-base Female Offender Programs: 2003

Jurisdiction	Program Title	Criminogenic Need	Duration
QLD	Anger Management	Anger	20 hours
	Cognitive Skills Program	Cognitive Skills	32 hours
VIC	Intensive Program (Women)	Substance Use	130+ hours
WA	Women's Anger management	Anger	40 hours
	Women's Substance Use Program	Substance Use	20 hours
	Moving on from Dependencies (Female)	Substance Use	100 hours

Table 14: Prison-based Female Offender Programs: 2009

Jurisdiction	Program Title	Criminogenic Need	Duration	Risk/need Assessment	Pre-post test	Evaluation
QLD	Making Choices	General Offending	100 hours	√	√	√
NSW	POISE	Substance Use	120 hours	√		
	Out of the Dark	DV- victim	12 hours	√		
VIC	Cognitive Skills	Cognitive Skills	60 hours	√		
	Making Choices	General Offending	100 hours	√	√	√
	Out of the	DV- victim	12 hours	√		

Jurisdiction	Program Title	Criminogenic Need	Duration	Risk/need Assessment	Pre-post test	Evaluation
	Dark					
WA	Pathways	Substance Use	100 hours	√	√	√
	Women's Substance Use Program	Substance Use	35 hours	√		
	Making Choices	General Offending	100 hours	√	√	√
	Moving on from Dependencies	Substance Use	100 hours	√		
	Choice, Changes and Consequence	General Offending	250 hours	√	√	√

Assessment strategies for female offenders are broadly consistent with that of male offenders. There are arguably less well-developed program specific referral pathways, criminogenic assessment of risk and need, and pre-post program measures of change. While staff supervision models have improved over time, the provision of training specific to the needs of female offenders is limited.

The challenge of program development and delivery for female offenders include the relatively small population with few dedicated rehabilitation staff, sentence length (with a significant number of women serving less than 6 months), co-morbid substance and mental health issues, and estrangement from children and social supports.

Nationally, there was recognition that further policy and program development needs to be underpinned by research in the specific needs of women offenders (and subgroups namely Indigenous, sexual offenders, and short-stay recidivist offenders).

Indigenous Offender Programs

Review of the Literature

Indigenous Offender programs have been developed as a response to the significant over-representation of Indigenous Australians in the criminal justice system. In turn, appropriately designed and delivered correctional programs may support “*Indigenous recovery from colonisation*”; (Jones, Masters, Griffiths & Moulday, 2002, p 188) by targeting the greater range and intensity of need associated with Indigenous offenders (Howells et al., 2000; Jones, Masters, Griffiths & Moulday, 2002). Treatment approaches embedded in Ward and Stewart’s (2003) “*good lives*” model of offender needs may be more responsive to the Indigenous population (Jones, Masters, Griffiths & Moulday, 2002; Ward, Day & Casey, 2006). Further it is “*crucial that correctional programs address Indigenous offenders’ needs in ways that identify and build upon client strengths*” (Jones, Masters, Griffiths & Moulday, 2002, p.195) and recognise that Indigenous Australian are heterogeneous, with more than 600 different cultures and tribal groups.

There are a number of needs that have been identified which are multidimensional, incorporating need both at the individual and at the social level (Howells et al. 2004). These include substance abuse and personal/emotional functioning (Mals, Howells, Day & Hall, 2003; Howells et al., 2000); acculturation stress and deculturation (Larson, Robertson, Hudson & Hillman 1998); the impact of separation from family, communities and land (Lippman, 1991); physical health problems; mental health issues; identity confusion; intra and inter-family violence; discrimination; literacy and numeracy problems (Lippmann, 1991); generational unemployment (Mals et al., 2003; Fitzgerald & Manner, 1999); life skills deficits and significant and specific transitional and post-release needs.

The role of actuarial risk assessments for use with Indigenous offenders warrants further consideration. In Canada, there is an emerging review that not all risk assessment instruments have the same predictive validity with Aboriginal offenders (Rugge, 2006) and that the variables that may predict treatment dropout differ between Aboriginal and non-Aboriginal offenders (Nunes & Cartoni, 2006). A similar debate is emerging in Australia (Hsu, Caputi & Byrne, 2009).

The diversity of culture, language and need of Indigenous Australians highlight the importance of involving Indigenous elders and the broader community in the development and delivery of offender rehabilitation programs. Similarly, the uncritical adoption of western models of offender treatment (risk-need-responsivity principles), assessment (risk and criminogenic need) and treatment approaches warrant further theoretical and empirical research. There is an urgent need for Australian evaluations of Indigenous offender rehabilitation programs, in a framework which is consistent with an Indigenous worldview (see Davey & Day, 2008 for a review).

Indigenous Offender Programs: In Practice

To address ongoing over-representation of Indigenous people in custodial environments, and the general recognition by informants that mainstream offender rehabilitation programs do not adequately address need, there has been (arguably limited) development in programs specifically developed for Indigenous offenders since the last review (refer to Tables 15 and 16). The most notable change is the introduction of Cognitive Skills programs in WA and Victoria.

Table 15: Prison-based Indigenous Offender Programs: 2003

Jurisdiction	Program Title	Criminogenic Need	Duration
SA	Ending Offending	Substance Use	10 hours
QLD	Ending Offending	Substance Use	12 hours
	Ending Family Violence	Domestic Violence	48 hours
	Indigenous Sex Offender Program	Sexual Offending	216 hours
NT	Indigenous Family Violence Program	Domestic Violence	54 hours
WA	Indigenous Managing Anger and Substance Abuse	Anger/Substance Use	50 hours
	Medium Sex Offender Program	Sexual Offending	192 hours

Table 16: Prison-base Indigenous Offender Programs: 2009

Jurisdiction	Program Title	Criminogenic Need	Duration	Assessment of Risk/need for entry	Pre-post test	Evaluation
SA	Ending Offending	Substance Use	10 hours			
QLD	Ending Offending	Substance Use	12 hours	√		
	Ending Family Violence	Domestic Violence	20 hours	√		
	Indigenous Sex Offender Program	Sexual Offending	78-350 hours	√	√	√
NT	Indigenous Family Violence Program	Domestic Violence	54 hours	√	√	√
WA	Indigenous Managing Anger and Substance Abuse	Anger/Substance Use	55 hours	√	√	√
	Medium	Sexual	192	√	√	√

Jurisdiction	Program Title	Criminogenic Need	Duration	Assessment of Risk/need for entry	Pre-post test	Evaluation
	Sex Offender Program	Offending	hours			
	BAOS	Cognitive Skills	20 hours	√	Under development	planned
	Indigenous Family Violence Program	Domestic Violence	54 hours	√	√	√
VIC	Cognitive Skills – Koori men	Cognitive Skills	60 hours	√		

There are inherent difficulties in custodial environments in the development and implementation of programs for Indigenous offenders. These include, but are not limited to, short custodial sentences, serving sentences away from family and community support networks, mental health and substance use co-morbidity, language barriers and low level of English literacy, educational difficulty, grief and loss issues, trans-generational trauma, kinship difficulty with group composition, and the lack of Indigenous facilitators. Despite these challenges, there was a continued consensus that there was an urgent need to develop policy, practices and programs to meet the complex needs of Indigenous Offenders.

Motivational, Preparatory and Maintenance Programs

The recent development of motivational, preparatory and maintenance programs warrants special attention. With respect to motivational and preparatory programs, there is evidence that increasing readiness to engage in interventions has a positive effect on program completion and in turn, outcomes for sexual offenders (Latendresse, 2006; Marshall, Marshall, Fernandez, Malcolm & Moulden, 2008). In Tasmania, there is anecdotal evidence that motivation/preparatory programs promote the likelihood of intensive program completion. Further evaluation of Australian programs is warranted.

The specific relapse prevention or maintenance programs continue to reinforce skill rehearsal after therapeutic program completion in some jurisdictions. These brief programs, require further theoretical and empirical attention, as while maintenance programs may sustain ongoing commitment to change and develop further management plans, the simply revisiting of relapse plans may increase the risk of re-offending (Day & Casey, in press).

Table 17: Prison-based Motivational/Preparatory/Maintenance Programs: 2009

Jurisdiction	Program Title	Criminogenic Need	Duration
QLD	Turning Point	Substance Use	15 hours
	Getting Started Preparatory Program	Sex Offender	33-44 hours
WA	Cognitive Brief Intervention	Cognitive Skills	20 hours
VIC	Exploring Change	Substance Use	12 hours
ACT	Back in Control	Substance Use	32 hours
	First Steps	Substance Use	12 hours
NSW	The Impact of Dependence	Substance Use	34 hours
	Getting Smart	Substance Use	24 hours
	DAAP	Substance Use	16 hours

Jurisdiction	Program Title	Criminogenic Need	Duration
	Understanding Sexual Offending	Sexual Offending	16 hours
	PREP – Preparation for Treatment	Sexual Offending	24-48 hours
	Custody Based Maintenance	Sexual Offending	ongoing
TAS	Preparing for Change	Substance Use	24 hours
	Getting SMART	Substance Use	36 hours

Offender Rehabilitation Programs in Australia: Summary

What is Good Practice?

The principles of good practice are derived from the work of Andrews and Bonta (1998) and include the principles of Risk, Need, Responsivity, Professional Discretion and Program Integrity.

“The Risk principle suggests that higher risk offenders stand to benefit more from rehabilitation programs than low risk offenders; the Needs principle suggests that programs should target individual ‘criminogenic’ needs, or those dynamic risk factors that are directly related to offending behaviour, and the Responsivity principle refers to those internal and external factors that may impede an individual’s response to interventions, such as weak motivation or program content and delivery. The Professional Discretion Principle refers to ensuring that program deliverers have a degree of discretion and a capacity to use professional judgement in assessing and managing offenders when necessary. Program Integrity relates to reducing the gap that commonly exists between the program as it exists in design and the reality of how it is delivered in practice” (Howells et al., 2004).

In essence, this model argues that moderate to high risk cases should receive intervention targeting on reducing criminogenic need using treatment models underpinned by social learning theories (Andrews & Bonta, 2010). In turn, reductions in recidivism of up to 35% have been achieved (Andrews & Bonta, 2010).

Implementation of Good Practice Principles: Accreditation

The adoption of accreditation practices in many international jurisdictions provides a means of monitoring adherence to good practice guidelines in the development and ongoing delivery of offender rehabilitation programs. These program accreditation systems utilise program manuals (theory, training, treatment etc) by evaluating them against a series of best practice criteria derived from literature.

In the United Kingdom, the Correctional Services Accreditation Panel (CSAP) aims to accredit programs that are designed to reduce reoffending. To become accredited, an offender program must meet the following criteria: has a clear model of how the program facilitates change, has clear guidelines for the types of offender intended and selection methods used, targets a range of dynamic risk and protective factors associated with reoffending, shows evidence that treatment methods are likely to impact targeted dynamic risk factors, is skills-oriented, links the treatment provided to offender needs (in terms of sequencing, intensity and duration), maximises the engagement and motivation of offenders throughout, provides continuity of programs and services, maintains program integrity through monitoring how the program functions and modify aspects that do not meet performance goals, and includes ongoing evaluation of program efficacy.

CSAP accreditation spans a five-year period, at which time accredited programs are re-reviewed. To remain accredited, the CSAP requires an ongoing commitment to evaluation of programs based on reconviction data, and as such, conducts periodic reviews based on current evidence. Provisionally accredited programs and systems are required to make necessary amendments to program structure and implementation within a 12 month period, after which time they are re-reviewed and awarded “accredited” status if appropriate.

Accreditation systems also operate in other international jurisdiction. For example New Zealand employs clinical monitoring for intensive programs; Correctional Services Canada utilise a panel of international experts to assess programs against evidence-based criteria; and the United States has developed standards for some correctional programs.

In Australia, while there is no national accreditation system, however there are Standard Guidelines for Corrections in Australia (2004). These are endorsed by all Correctional jurisdictions nationally. While they primarily relate to issues beyond the scope of this discussion, the following points are of relevance first, that *“prisoners are ... provided with opportunity to address their offending behavior and actively encouraged to access evidence-based intervention programmes, education, vocational education and work opportunities”* (p 16) and second, *“3.10 programmes and services provided to address criminogenic needs should be based on best practice and have solid evidence as to their efficacy”* (p 23).

Good Practice: In Australia

To ensure consistency with the previous review (see Howells et al., 2004), data were sorted in accordance with the following categories described by Gendreau, Goggin and Smith (1999): theoretical/philosophical, staffing considerations, program referral, program selection, program exclusion, treatment manual, participant profile, evaluation, participant follow-up, departmental support, level of program need and relationship between rehabilitation programs.

Theoretical/Philosophical

All jurisdictions demonstrated ongoing commitment to delivery custodial offender treatment programs congruent with “good practice”, as evidenced in policies, procedures and action plans. There appeared to be an increased confidence, and indeed success, in moving from theory, to policy to practice, especially with the more intensive sexual and violent offender treatment programs.

Programs manuals had undergone significant revision, in most instances, and contained a stronger and more clearly defined theoretical and empirical rationale. While not always explicated stated, program aims, content and sessional plans, were underpinned by relevant theory and therapeutic strategies. In keeping with the increasing “*findings of positive CBT effects on the recidivism of offenders*” (Lipsey, Landenberger & Wilson, 2007), there was a general trend for the movement towards cognitive behavioural strategies in moderate- and high- intensity therapeutic programs, even in the treatment of domestic violence. Research indicates that CBT programs are more effective for high-risk offenders who undertake a high integrity CBT treatment program (Wilson, Bouffard, & Mackenzie, 2005; Lipsey, Landenberger & Wilson, 2007). Thus, mechanisms to monitor the quality of program performance and reduce dropouts are essential. These however were less commonly inbuilt into program manuals and policy and practice documents and may require further development in some jurisdictions.

Responsivity needs and motivational theories have been applied in the development of brief preparatory and maintenance programs in the areas of substance use, sexual offending, cognitive skills and general offending. The latter programs may require

further theoretical refinement and empirical evaluation to ensure they enhance outcomes for offenders.

Staffing Considerations

All jurisdictions report an ongoing commitment to providing ongoing training and support for facilitators. This is essential as *“the integrity of program delivery and quality of services should be major guidepost for the development of new programs, the modification of existing programs”* ... [with] ... *poorly delivered and monitored interventions should be either required to change or have their financial support withdrawn*” (Andrews & Bonta, 2010, p 50). In turn, staffing considerations, training programs and ongoing supervision needs for program facilitators have received considerable attention since the last review.

Training

All jurisdictions not only recognised the need for staff to receive formal training before program delivery but also invested significant human resource in and financial support to training. This is consistent with the notion that staff practices can have a significant impact on the success of programs (see Andrews & Bonta, 2010 for a discussion).

Staff training practices very less varied within jurisdictions and commonalities were developing between jurisdictions. The use of shared training resources (structure, content and human) had emerged since the last review. Similarly, the involvement of international experts, especially to inform initial training and delivery of intensive programs, was becoming common practice. Train-the-trainer models were operating in most jurisdictions, ensuring that ongoing training needs could be met.

Methodology for training had significantly improved, with there appearing to be less likelihood of staff being introduced to intensive programs in their workplaces, although the same cannot be said for some less intensive programs. For more intensive programs staff accreditation processes for program delivery were developing.

An exemplar in the area of staff training is NSW Corrective Services, who have rigorous training requirements for all facilitators, including the completion of Creative Group Work Skills, CBT training, Motivational Interactions and Group Work Facilitation, as well as program specific training needs. They are planning to develop training further by establishing Certificate IV level (or above) courses in group work for correctional environments.

What is arguably lacking in most jurisdictions is formalised training in CBT for all facilitators. Instead, there is a general assumption that tertiary qualifications are sufficient. Given that “*adequate CBT training for providers*” (Lipsey, Landenberger & Wilson, 2007, p 22) is one of the factors that may influence program efficacy, this warrants further attention.

The training challenges include, first, establishing centrally driven staff training calendars, in order to ensure not only initial training needs, but also ongoing and follow-up training needs are met. Second, the analyses of staff training need. These continued to be infrequently undertaken, but were often addressed, on a local level, during supervision. Third, developing methods (beyond local supervision) for assessing ongoing levels of staff competency.

Supervision

While models of supervision continue to vary between Departments, there appeared to be greater uniformity within Departments. There was a strong movement toward regular supervision of all facilitators, regardless of the intensity of programs delivered. This supervision involved regular sessions with a Team Leader, Psychologist or other appropriate professional. In some instance, professional supervision was purchased from external providers or other jurisdictions. Supervision sessions tended to be focussed on program delivery and were often conducted in a group format. Several jurisdictions provided staff with individual, group and peer supervision sessions.

As close monitoring of the '*quality and fidelity*' of the treatment implementation is associated with higher integrity programs (Lipsey, Landenberger & Wilson, 2007), there was an increasing recognition of the impact of supervision on program efficacy and integrity, with some jurisdictions developing templates, and minutes of supervision sessions. Further training needs and accreditation of supervisions was emerging as a future direction.

Facilitator numbers

With a limited number of exceptions, two facilitators, with stand-ins generally available, conducted all custodial treatment programs.

Therapeutic programs were generally delivered in a group format to between 8-12 participants. Some psycho-educational programs were delivered to larger numbers of offenders; with one jurisdiction suggesting as many as 30 offenders would complete a psycho-educational substance abuse program at any one time. One-on-one intervention appeared to have reduced over time.

There were wide variances in issues surrounding retention of staff. No general themes emerged across jurisdictions, instead difficulties included, being unable to fill positions, limited career pathways for facilitators resulting in recruitment and retention problems, difficulty with recruitment in remote custodial settings, a lack of suitably qualified staff, difficulty recruiting and retaining psychologists, difficulty recruiting appropriately qualified Indigenous facilitators and staff movement. The latter was apparent at the program management and senior facilitator level, with several jurisdictions having staff changes over the last six months of the current review.

Qualities

The desirable professional and educational qualities were more frequently documented in program manuals. Skills and personality attributes for working with groups of offenders were often outlined.

For intensive programs where accreditation processes occurred at the conclusion of training, suitability for working the specific program group was determined. For other programs, suitability was assumed at the conclusion of training or by professional qualification.

Workloads

The development of and adherence to policies and procedures surrounding facilitators workloads which clearly outline time for assessment, program preparation, program delivery, debriefing, writing exit reports and supervision were improving overtime. Pre- and post-program measures of change were more routinely accepted as part of

the program, not an unnecessary extra. This in part, appeared to be due to the provision of time to complete these assessments in workload models.

There is a trend toward facilitator workloads being centrally managed, with programs organised, scheduled and offender (or staff) movements organised by head office.

There continued to be political pressure to deliver programs to a greater number of offenders regardless of risk or need, thereby increasing staff workload without enhancing program efficacy or arguably affecting longer-term change. It is hoped with continued education that there will be a movement toward a focus on program outcomes rather than numbers.

There was a general view that pre- and post-program assessments, especially psychometric assessments, created an additional workload for program facilitators.

Program Referral

Mechanisms for program referral had improved significantly over time. Nearly all jurisdictions utilised a semi-structured assessment of risk and need (with the ORNI-R or LSI-R commonly used). Results of these measures informed program referral and the development of a Sentence Management Plan. There was a greater use of electronic case noting and program referrals, with some jurisdictions able to develop waiting lists electronically.

Program Selection

Programs continued to be delivered when the required number of participants was reached. There was however greater developed program delivery goals, especially for more intensive programs, with the view of developing higher levels of program delivery planning.

“The risk principle presupposes that the assignment of cases to treatment is based on a reliable and valid assessment of risk” (p 45), with actuarial measure providing superior predictive accuracy than structured clinical judgement or unstructured clinical judgements respectively (Andrews & Bonta, 2010). Accordingly, for the majority of programs pre-program assessments had developed a more rigour over time, informed by the literature and articulated in policies and practices. There was a general movement toward semi-structured assessments of suitability, motivation, and criminogenic need. For moderate to high intensity programs, psychometric measures (in some cases actuarial tools) of need were used to inform program entry and program efficacy. Responsivity issues were also more widely considered, with a number of jurisdictions having developed specific measures of responsivity.

It is essential for all jurisdictions to assess routinely criminogenic need of offenders. A minimum this would include gathering information in the following domains - procriminal attitudes (thoughts, values sentiments supportive of criminal behaviour), antisocial personality (low self-control, hostility, adventurous, pleasure seeking, disregard for others, callousness), procriminal associates, social achievement (education, employment), marital/family (marital instability, poor parenting skills, criminality), substance abuse, leisure/recreation (lack of prosocial pursuits) (Andrews & Bonta, 2010) .

Jurisdictions aim to develop further principles of program assessment to all therapeutic programs. In turn, aiming to remove unstructured assessment processes, a paucity of assessment of risk/ need, and the creation of groups based on participants being able to work together.

Program Exclusion

For the more intensive programs inclusion, exclusion and processes of deselection were documented and generally followed. For less intensive programs, exclusion criteria may have not been strictly adhered to due to the pressure to have offenders complete programs. Where possible, ways to make programs more responsive to the needs of offenders (e.g. using peer support for offenders with low literacy levels) were preferred to program exclusion.

Treatment Manual

Treatment manuals were available for all programs. All but a handful included sections on theory, facilitator notes, assessment process, and sessional information. Manuals clearly outlined the aims and objectives of each session, most provided a script for the facilitator to follow, with participant handouts and facilitator learning aids included. There was still a concern that some handouts required a level of literacy beyond that of the target population. Many program manuals (and associated policy documents) contained guidelines for assessing offender change – including pre- and post-program psychometric evaluation, assessment of knowledge gained at the end of sessions, and/or level of participant satisfaction with the session/program. Facilitator worksheets (e.g. attendance records, templates for sessional notes and exit reports, certificates of completion) were commonly included in program manuals.

Participant Profile

The recording of data related to program performance continued to vary across jurisdictions. It appeared that electronic recording systems needed to be developed further in most jurisdictions.

Participant attendance was recorded by all jurisdictions. There appeared to be a more rigorous approach to recording sessional notes (impressions of behaviour, attitudinal or knowledge change) and providing exit reports.

Evaluation

All jurisdictions describe the need to evaluate the efficacy of offender treatment programs, especially the more intensive programs, with most having commenced evaluations (process and/or outcome) since the last review. The dilemma for jurisdictions surrounds the political sensitivity of these reports, which in turn inhibits dissemination beyond the jurisdiction, and in some cases, release is only to a select few in associated with program development and management. It would appear that a future challenge for jurisdictions is to devise methodologies for publication of material, thereby enhancing the knowledge base of program outcomes and promoting further good practice in offender rehabilitation practices.

Despite this dilemma with the dissemination of outcomes findings, there appeared to be, in most jurisdictions, refinement of measures of change since the last review (refer to Part B for further detail). This has resulted in routine use of pre-post program psychometrics for most intensive programs, the preparation of (often-standardised) exit reports, and the dissemination of program change to staff involved in offender management.

Queensland Corrective Services have undertaken internal and external evaluations of all intensive programs. While the findings are in their infancy, they highlight pre-post changes that are likely to be correlated with reductions in recidivism. Ongoing evaluation is focusing on the impact of program participation on recidivism.

NSW Corrective Services has developed an evaluation framework, which will be used to inform further partnerships with local and interstate Universities. Evaluations of offender rehabilitation programs have been undertaken. Unfortunately, these data were unavailable for the current report.

SA Department of Correctional Services has created internal evaluation positions. These staff are currently evaluating the Departments intensive sexual offender, violent offender and drug and alcohol programs.

NT Correctional Services has undergone an external review of its offender rehabilitation framework and is responding to the recommendations in the report. The sexual offender programs underwent an external review to assist developing their framework for the treatment of sexual offenders. Finally, the Department is developing an overall offender rehabilitation program framework, which it aims to implement with involvement from local Universities.

WA Department of Justice continues to be committed to external evaluation. The partnership with Edith Cowan University is ongoing, with researches actively investigating the appropriateness of measures of change and program outcomes.

The Victorian Department of Justice has a high level of commitment to external and internal evaluation, and in turn, have commissioned several external reviews and undertake regular internal reviews of offender treatment programs. The development of the “Evaluation Toolkit” further enhances the Department’s commitment to ongoing evaluation by providing staff information on, but not limited to, locating existing evaluations and how to undertake and report evaluations.

The Tasmanian Department of Justice has commissioned an audit of the sexual offender programs, with nearly all of the recommendations for change implemented.

They further note that since 2003, no sexual offender who completed the Sex Offender program has returned to prison for a sexual offence.

ACT Corrective Services is committed to future evaluations of offender programs. As they have recently opened their first prison, rehabilitation efforts, including programs, are being implemented with the view of future evaluation.

Post-program Follow-up

While there had been improvements in the exchange of information on offender program outcomes, the enhancement of case management, and the development of information systems to support information exchange, jurisdictions continued to recognise the need to develop further throughcare between prisons and community corrections.

Departmental Support

Since the last review, all jurisdictions have (or are in the process of) refining their frameworks, and associated policies and practices, relating to offender rehabilitation and program delivery. There appeared to be higher levels of commitment to the delivery of intensive programs, as evidenced by increased staff training and supervision, improvements in program resourcing, and ongoing process and outcome evaluations. While not uniformly reported, some changes to prison culture appeared to have which provide further support for rehabilitation efforts.

While all jurisdictions appeared to have a framework for offender rehabilitation firmly embedded in the risk, need responsivity model, the ongoing challenge is to ensure that delivery of programs is consistent with this framework (see Day, 2010, for a review of ongoing program evaluation methodologies).

Level of Program Need

With improvements in electronic data information systems jurisdictions have more readily been able to identify population needs. Despite this, population needs analyses appear not been routinely undertaken. Instead, informants reported that there is a high need for the programs.

Relationship between offender rehabilitation programs

Offender treatment pathways are emerging in most jurisdictions. Such pathways form part of the broader sentence management plan for offenders, with rehabilitation needs being determined during an intake assessment, commonly informed by the use of a risk/need tool. The relationship between preparatory and/or motivational programs, therapeutic programs and maintenance programs was established in many jurisdictions. Further, while programmatic links to community-based programs had increased since the last review, they still require further development.

Arguably offender treatment pathways, especially for high-risk offenders, could be enhanced further through the development of maintenance groups, which are ongoing through the period of custody (e.g. as in the NSW Sexual offender maintenance group) and then linked with community-based follow-up.

Offender Rehabilitation Programs: Strengths

Each jurisdiction has developed further their commitment to program delivery, through ongoing review and refinement of the type and nature of offender program offered in custodial environments. Since the last review, there has been an expansion of the range of intensive programs offered, and over time, the quality of programs offered appears to be improving. A number of program strengths were identified, including

- the strong theoretical and empirical underpinning of offender rehabilitation throughout Australia;
- the adaptation of international evidence-based programs, risk/need and assessment tools to the local context;
- the improvements in case management, and offender treatment pathways;
- the delivery of programs of greater intensity in a custodial environment;
- the development of motivational with a clear link to therapeutic programs;
- the ongoing commitment of program staff not only running the programs but also to ongoing development and review of these programs;
- the enhanced commitment to staff training and ongoing professional development;
- the improved models for professional supervision;
- the ongoing commitment to program evaluation; and
- The increasing recognition of the need to deliver, adapt and/or develop programs for offenders with special needs, female offenders and Indigenous offenders.

Arguably, the greatest strength to have emerged since the last review is the enhanced communication, information exchange, sharing of resources, and the development of training and supervision partnerships between jurisdictions.

Offender Rehabilitation Programs: Emerging Themes

There continues to be a paucity of legislative guidance to the delivery of offender rehabilitation programs. However, the ongoing dedication of jurisdictions to the development and delivery of custodial-based offender rehabilitation programs and associated models of service delivery is evident. All jurisdictions are committed to the delivery of programs aimed at reducing the likelihood of recidivism for high risk (sexual and violent) and general offenders.

In keeping with evidence-based practices, all jurisdictions continue to develop policy and practices associated with program delivery. Internal (and in some cases, external) reviews are routinely undertaken, which has resulted in the identification of the need for programmatic change and further development. Accordingly, jurisdictions have responded by adopting or developing new offending treatment programs and firmly establishing them within the custodial environment.

In 2004, areas for development included “*articulating the theoretical underpinnings of programs, more developed assessment and selection processes, and better integration with broader case management processes ... [developing] intensity of existing programs*” , developing programs for Indigenous and female offenders and developing further substance use programs (Howells et al., 2004).

Jurisdictions, almost uniformly, have responded that these aforementioned challenges and have in turn, developed programs with strongly articulated and evidence based theoretical and empirical rationale. Such rationale is firmly embedded in rehabilitation frameworks (and associated policies and practices), staff training, and program delivery.

Assessment and selection process have developed with almost all jurisdictions employing risk/need instruments in the initial assessment of offender risk and rehabilitation need. Specialist staff in most jurisdictions routinely undertake specific assessment of high-risk offender needs.

International good practice recommends a minimum of 100 hours program time if programs are to achieve optimal results in terms of reductions in recidivism. All jurisdictions have addressed the relatively low intensity of offender programs in the last review. There are now a significant number of programs, which would be considered intensive by international standards, delivered throughout Australia. In some cases, motivational introductory and maintenance sequel programs augment intensive programs.

The role of stand-alone brief psycho-educational programs warrants further consideration. While their delivery is consistent with the political agenda of being seen to be providing rehabilitation to a greater number of offenders, the extent to which these less intensive programs can achieve reductions in recidivism is less clear. There is a developing recognition that the role of brief psycho-educational programs as a means of enhancing readiness and responsivity for therapeutic programs is the way forward.

Nearly all jurisdictions have responded to the need to develop intensive programs for substance using offenders which address the relationship between substance use and offending. These intensive programs are embedded in broader prison based frameworks, consistent with the National Drug Strategy philosophy of harm minimisation, supply reduction and demand reduction.

There appeared to be a relative stagnation of development of programs for special need groups, including female and Indigenous offenders, despite the widespread recognition of the need for these types of specific offender rehabilitation programs.

Jurisdictions have developed the framework for program delivery consistent with international good practice, but *“unfortunately, in the ‘real world’ of correctional practice, adhering to the {RNR} principles can be challenging”* (Andrews & Bonta, 2010, p 49). In turn, ongoing challenges for jurisdictions include the continued delivery of high intensity programs consistent with good practice. This requires further consideration being given to program integrity, ensuring staff training, supervision and support practices remain at high levels, continuing to monitor outcomes (process and efficacy) and continue to develop a supportive custodial culture.

Offender Rehabilitation Programs: The way forward?

The high level of consistency in the programs delivered by correctional jurisdictions has lent itself to increased pooling and sharing of resources. This has occurred, and is continuing to occur, first in the areas of offender assessment with risk/need assessment and measures of change similar across jurisdictions. Second, in the coordination of visits by international experts and the inclusion of other jurisdictions in staff training. Third, the sharing of programs and information relating to program development and implementation. Fourth, the development of intra-jurisdictional models of supervision for more intensive programs. Finally, the presentation of outcome-related material at conferences and workshops. Continued pooling and sharing of resources is seen as essential if the impetus for ongoing program development is to continue.

This enhanced collaboration between jurisdictions affords itself to the development of (or at the very least further debate about the) mechanisms for accreditation of programs. Such an approach would be consistent with international good practice and in turn, accelerate the effectiveness of correctional programming. The challenge nationally is to adopt an appropriate model of accreditation. Several jurisdictions have quality assurance guidelines or standards, with NSW having established a Program Accreditation Panel. In light of the high acceptance of the current review, the development of Standard Guidelines for Corrections in Australia, and jurisdictional developments in quality assurance the way forward may be to develop national offender program standards in the first instance.

The delivery of intensive programs to higher risk offenders is consistent with the Risk and Need principles of offender rehabilitation. There can be little debate that the

intensive programs rolled out over the past five years are of high standard, embedded in correctional practice, and are likely to have an impact on recidivism rates. The increasing recognition that responsivity factors can have a significant impact of program efficacy has led to the development specific psychometric measures, inclusion of domains on responsivity in semi-structured assessment instruments and the development of motivational and preparatory programs. While outcomes on such approaches are in their infancy, it is recommended that jurisdictions continue to develop further mechanism to identify and address program responsivity factors. Such efforts would include, but not be limited to, the further development of programs designed to meet specifically the complex needs of female and Indigenous offenders.

It is clear that all jurisdictions have a sound understanding of the principles of good practice for higher risk offenders, and indeed this knowledge is being applied to the continued development of intensive programs for offenders who receive longer custodial sentences. What is urgently required are published evaluations on the efficacy of these programs, including cost-effectiveness, process reviews, and the affect on recidivism. Until such time, while we can be optimistic, we cannot confidently conclude that prison-base offender rehabilitation programs have the desired impact on recidivism, and in turn, public safety.

The future challenge in offender rehabilitation may be to address the arguably unmet need of the recidivist offender, who receives repeated short custodial sentences (less than 12 month). It is widely reported that such offenders make up a large percentage of the custodial populations and the brevity of their sentences currently retard assessment and rehabilitation efforts. Future debate on this issue may be worthwhile.

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Part B:
Prison-based Offender Rehabilitation Programs:
A 2009 Jurisdictional Perspective

Offender Rehabilitation in Australia: Overview

The legislative context for rehabilitation programs in Australia continues to be varied and diverse. This is not surprising, given the awkward constitutional structure under which matters of criminal justice, health, education and rehabilitation are divided unevenly between State and federal agencies. Despite these differences, there is an inherent consistency to custodial-based rehabilitation programs offered across jurisdictions, underpinned by a strong evidence-base.

The following section is intended to provide a descriptive account of prison-based offender rehabilitation programs (a group program that targets offence-based needs greater than 10 hours in duration) delivered by Correctional agencies throughout Australia. It provides an overview of essential features associated with offender rehabilitation in each jurisdiction and highlights changes to prison-based correctional program delivery over time.

While offender rehabilitation programs are considered in their own right hereunder, it is recognised that all jurisdictions currently deliver a number of other programs (educational and vocational), case management strategies, and health-related services (including mental health services) and provide therapeutic communities and/or prisons that may be considered to assist offender rehabilitation. These strategies are not considered in this report.

South Australia

In 2008-2009, the Department for Correctional Services managed 4258 prisoners, with a daily average of approximately 1940 inmates and 660 remandees. Of the total number of prisoners, 1002 were indigenous (Aboriginal) and 464 were female. Prisoners were housed in one of nine prisons - Adelaide Remand Centre, Yatala Labour Prison, Adelaide Women's Prison, Port Augusta Prison, Port Lincoln Prison, Mobilong Prison, Cadell Training Centre, Adelaide Pre-release Centre, and the privately operated Mount Gambier Prison.

The Department's Strategic Plan (2008-2011) highlights the importance of "protecting the public and reducing re-offending". The Department's goal is to ensure "public safety, the reduction of crime and the protection of victims through the safe, secure and humane management of offenders under our supervision and the provision of opportunities for rehabilitation". Key strategies for goal attainment include targeting dangerous, serious and persistent offenders; providing targeted interventions and rehabilitation services, particularly to culturally diverse and special needs prisoners and offenders; and investing in staff through targeted training and performance development.

Of the total \$179.8 million Correctional Services budget in the 2009-10 financial year, \$29.8 million has been allocated to rehabilitation and reparation, more specifically, the rehabilitation of prisoners and offenders through the provision of "an appropriate range of offender related and offence specific programs that address the causes and consequences of offending and enable some reparation to the community for offences committed" (SA State Budget Papers, 2009-10 financial year).

In the 2008-09 financial year, approximately 2,800 prisoners/offenders completed offence-focussed programs.

Prison-based correctional offender programs: from 2003 to 2009

In 2003, the Department of Correctional Services (DCS) had six custody-based offence focussed programs (or Core programs), (refer Table 18). These programs were considered to be of low, and in the case of Think First, moderate intensity.

Table 18: Prison-based Offender Rehabilitation Programs South Australia: 2003

Program Title	Duration	Treatment Area	Special Needs
Anger Management	20 hours	Anger	
Victim Awareness	10 hours	Victim Awareness	
Alcohol and Other Drugs (Part A and B)	12 hours	Substance Use	
Domestic Violence	24 hours	Violence	
Ending Offending	12 hours	Substance Use	Indigenous
Think First (Pilot)	60 hours	Cognitive Skills	

Since the last review, DCS has recognised the need to develop more intensive programs (refer Table 19), targeting moderate to high-risk offenders. These programs are delivered under the auspice of the newly established Offender Development Directorate that oversees Psychological Services and the Psychology Unit, the Sexual Behaviours Clinic, the Violence Prevention Program and the DCS Core Programs for Aboriginal Offenders. In 2010, the newly developed a general offending program “Making Changes” will replace the existing CORE programs.

Table 19: Prison-based offender rehabilitation programs South Australia: 2009

Name	Type	Criminogenic Need	Special Needs	Duration	Risk /Need Assessment	Pre-post Assessment	Evaluation
SBC	Therapeutic	Sexual Offenders		250+ hours	STATIC STABLE VRS:SOV	STABLE PDS Bumby Cognitive Distortions Scale Hanson Sex Attitude Questionnaire Fear of Negative Evaluation Scale Miller Social Intimacy Scale Social Avoidance and Distress Scale UCLA Loneliness Scale Child Molester Empathy Measure Rape Empathy Measure Adult Man Victim Empathy Measure BDI HPSI AQ	Planned
VPP	Therapeutic	Violent Offenders		330 hours	VRS SAQ VTRQ - Readiness	VRS	Planned
MO-AOD	Therapeutic	Substance Use		100+	LSI-R Readiness	PICTS SPSI-R Drug Taking Confidence Questionnaire Severity of Dependence Questionnaire	Planned
Anger Management	Psycho-educational	Anger		20 hours	In 2010, programs to be replace with Making Choices (intensive Cognitive Skills Program)		
Victim Awareness	Psycho-educational	Victim Awareness		10 hours			
Alcohol and Other Drugs (Part A and B)	Psycho-educational	Substance Use		12 hours			
Domestic Violence	Psycho-educational	Domestic Violence		32 hours			
Ending Offending	Psycho-educational	Substance Use	Indigenous	12 hours			

South Australia: Future Directions

In 2003, a departmental representative provided a statement regarding the future directions of rehabilitation programming, as follows

“State Government funding for Rehabilitation Programs will see the introduction of Sex Offender Treatment Programs into both prisons and Community Corrections in 2004, to be followed soon after by programs for Violent Offenders. As part of the same initiative there will also be extra staff and specific programs for Aboriginal prisoners and offenders. The proposed building of a new women’s prison should provide the opportunity for not only purpose built facilities but also the development and introduction of programs specific to the needs of women. Following last year’s pilot of the ThinkFirst (cognitive skills) program it is anticipated that 2004/05 will see the program operating in both prisons and Community Corrections. Plans for (program facilitator) training to be centrally located, the review and evaluation of current programs, along with the anticipated introduction of an enhanced assessment process, should see an improvement in targeted service delivery and treatment options. In tandem with these program initiatives are the regular reviews of our Case Management and Throughcare policies and procedures. This provides the opportunity to update continually and improve our practice in order to ensure a consistent and integrated approach to prisoner/offender management and rehabilitation is taken across the organisation.”

Quote from South Australian departmental representative

In 2010, a departmental representative provided a statement relating to progress over the past five years,

The Department for Correctional Services established the Rehabilitation Programs Branch (RPB) in 2004 for the delivery of therapeutic programs for sexual and violent offenders and program delivery targeted at Aboriginal offenders across custodial and community settings. In 2009 a new Offender Development Directorate was established to coordinate the development, implementation and monitoring of whole of sentence assessments, programs and psychological interventions which target risk and need and contribute to a safer community. The Department also delivered core programs including Anger Management, Victim Awareness, Think First, Domestic Violence and Alcohol and Drugs programs across Custodial Services and Community Corrections. A thorough review of these programs resulted in the recommendation that these core programs be phased out, and a new general offending program, Making Changes, be implemented for moderate-high to high risk offenders.

Quote from South Australian departmental representative

And of future rehabilitation directions,

The Rehabilitation Programs Branch will be expanding the delivery of programs in custodial and community based settings. It is envisaged that this will include further therapeutic programs targeting other identified criminogenic needs such as those with high need drug and alcohol abuse. In addition, the Making Changes program will see the targeting of general criminogenic need across the offender population with a focus on cultural competence. Under the Shaping Corrections service delivery framework, continuous improvement projects are being identified for Integrated Offender Management, including implementing the recommendations in the review of sentence management. This will result in a 'whole-of-sentence' approach to case management and the allocation of resources as required, such as increased focus on delivery of criminogenic programs, literacy and numeracy, and reintegration programs. To ensure risk-based service delivery for community-based offenders, Enhanced Community Corrections has been implemented and aims to provide case management to match the level of intervention/supervision required according to actuarially assessed risk level.

Quote from South Australian departmental representative

Victoria

As at March 2009, Corrections Victoria had a daily average of 4,223 prisoners, including an average of 3964 males, 259 females, and 250 indigenous offenders. Adult inmates are housed in one of 13 prisons - 11 public (Ararat Prison, Barwon Prison, Beechworth Correctional Centre, Dame Phyllis Frost Centre, Dhurringile Prison, Lang Kal Kal Prison, Loddon Prison, Marngoneet Correctional Centre, Melbourne Assessment Prison, Metropolitan Remand Centre, and Tarrengower Prison), 2 private (Fulham Correctional Centre and Port Phillip Prison) or in the Judy Lazarus Transition Centre. The Marngoneet Correctional Centre is the first therapeutic prison in Australia, in which all inmates receive high intensity interventions and reside in therapeutic communities.

In keeping with the rehabilitation goals of Corrections Victoria, Corrections Victoria delivers offence-focused rehabilitation programs, in both community and custodial settings. Recent details regarding rehabilitation program participation and completion rates were unavailable, however at March 2004, 327 offenders completed community-based programs and 331 prisoners completed custodial-based programs. In 2008-09, 90% of offenders with a treatment or personal developmental program condition were appropriately referred to a program within set timelines (VIC State Budget Papers, 2009-10).

In the 2009-10 Victorian State Budget, \$592.9 million was allocated to Enforcing Correctional Orders, which includes prisoner supervision and support and community-based offender supervision. Information regarding the proportion of this funding allocated to the delivery and development of offender rehabilitation programs (cognitive skills, sexual offender and violence programs) was unavailable.

Prison-based correctional offender program: from 2003 to 2009

In 2003, Corrections Victoria had 15 custody-based offence focussed programs delivered by a number of service providers, (refer Table 20)

Table 20: Prison-based offender Rehabilitation Programs - Victoria 2003

Program Title	Duration	Treatment Area	Special Needs
Think First	60 hours	Cognitive Skills	
Alcohol and Driving Education+	12 hours	Substance Use	
Benzodiazepine Education Program+	12 hours	Substance Use	
Cannabis Education Program+	12 hours	Substance Use	
CLD Drug Education Program+	10 hours	Substance Use	Culturally Diverse
Prison Based Drug and Alcohol Program – Intensive Program+	130+ hours	Substance Use	Female adaptation
Relapse Prevention Program +	12 hours	Substance Use	
Alchemy: Alcohol Education and Reduction+	20 hours	Substance Use	
Understanding Substance Abuse and Dependence+	40 hours	Substance Use	
Managing Emotions+	48 hours	Anger	
Me and My Family+	20 hours	Domestic Violence	
Sex Offender Program (MMIP)	144-288+ hours	Sex Offender	
Managing Our Relationships	28 hours	Domestic Violence	
13 Week Intensive Drug Treatment Program+	125 hours	Substance Use	
Alcohol and Other Drugs+	12 hours	Substance Use	

+program delivered by private service provider

The Department has an established organisational structure to support the delivery of rehabilitation programs in custodial and community environments. Staff from varying professional backgrounds (i.e. psychology, social work psychiatric nursing) are employed to conduct offender assessments and deliver programs. A range of rehabilitation programs are offered, with programs targeting specific types of offending, such as violence, sexual offending and drug and alcohol abuse.

In 2009, Corrections Victoria had modified the mix of custody-based offender rehabilitation programs (as outlined in Table 21). Corrections Victoria is currently reviewing drug policy with the goal to develop a Drug and Alcohol Framework for

Corrections. The aim is to construct an integrated and coordinated approach to drug and alcohol issues and services offered to offenders in both custodial and community settings. Therefore, Drug and Alcohol Programs have not been reviewed.

Table 21: Prison-based Offender Rehabilitation Programs Victoria: 2009

Name	Type	Criminogenic Target	Special Needs	Duration	Risk/Need Assessment for entry	Pre-post	Evaluation
Cognitive Skills	Therapeutic	Cognitive skills	Women	60 hours	VISAT / LSI: SV		
Cognitive Skills	Therapeutic	Cognitive skills	Koori men	60 hours	VISAT / LSI: SV		√
Cognitive Skills	Therapeutic	Cognitive skills	Men	60 hours	VISAT / LSI: SV		√
Maintaining Change	Maintenance	Cognitive skills		25 hours	VISAT / LSI: SV		
Exploring Change	Motivational	Cognitive skills		12 hours	VISAT / LSI: SV		
Making Choices	Therapeutic	General Offending	Men	100 hours	VISAT / LSI: SV	ADS SPSI-R PDS IVE PICTS MCAA URICA LCB	
Making Choices	Therapeutic	General offending	Women-Pilot	100 hours	VISAT / LSI: SV	ADS SPSI-R PDS IVE PICTS MCAA URICA LCB	Underway
VIP	Therapeutic	High intensity violence		180 hours	VRS	VRS PICS STAXI Barrett's Impulsivity Scale	√
VIP	Therapeutic	Moderate intensity violence		120 hours	VRS	VRS PICS STAXI Barrett's Impulsivity Scale	√
SOP	Therapeutic	High intensity violence		180 hours	STATIC STABLE/ACUTE	Rosenberg SE Scale IRI RQS SADS FONE FIS AI CI Sexual Knowledge	√

Name	Type	Criminogenic Target	Special Needs	Duration	Risk/Need Assessment for entry	Pre-post	Evaluation
						and Belief Scale ABCS HTW RMAS WSF ECQ2 LOC CUAI	
SOP	Therapeutic	Sexual	Moderate intensity	120 hours	STATIC99 STABLE/ACUTE	As Above	√
Disability Pathways*	Therapeutic	Sexual	Cognitive Disability	12 months	STATIC99 STABLE/ACUTE	As Above	
Out of the Darkness	Psycho-educational		DV- for women	12 hours	VISAT / LSI: SV		
RUSH	Psycho-educational			40 hours	VISAT / LSI: SV	DASS DERS	√
Drug And Alcohol Program	Programs Under Review						

*in partnership with DHS

Victoria: Future Directions

In 2003, a departmental representative provided a statement regarding the future directions of rehabilitation programming, as follows

" In 2001 substantial State Government funding was provided to manage a predicted increase in the prisoner population. The development and delivery of new assessment processes and a range of programs and support in public and private prisons and community correctional services is one of numerous initiatives of the Corrections Long Term Management Strategy. To date, sex offender programs and drug and alcohol programs have been revised, cognitive skills programs have commenced delivery, and violent offending programs are due to commence. All these programs are based on theoretical principles that address risk (offender assessment), need (offender treatment) and responsivity (offender management). In the future, it is planned for program delivery to become modular (i.e., the more needs, the more treatment offered). A correctional system responsive to offender need requires an effective offender management system. Case management processes are currently being revised to meet "what works" principles."

Quote from Victorian departmental representative

In 2010, a departmental representative provided a statement relating to progress over the five years,

The Victorian Corrections Long Term Management Strategy (CLTMS) successfully concluded in 2006. It was demonstrated to have met its key objectives, partly due to the effective implementation of reducing reoffending interventions - particularly Sex Offender, Violence Intervention and Cognitive Skills Programs. Provision of group programs in remote areas, for community corrections offenders, has also proved a challenge with community based Violence programs being run exclusively in the metropolitan area with state-wide access. Moderate Intensity Violence Intervention Programs have been successfully implemented in both prisons and community corrections and a High Intensity version successfully implemented in prisons. In excess of 5,000 prisoners and offenders have participated in reducing reoffending programs, since the implementation of such programs in Victoria. Program retention rates have consistently exceeded 90 per cent in prisons and 60 per cent in community corrections.

Quote from Victorian departmental representative

And of future rehabilitation directions,

Drug and alcohol programs have been conducted by contracted providers since 2008 and all assessments for reducing reoffending programs will be conducted by a contracted provider from December 2010. Contract management will be undertaken by Justice Health, recently established within the Victorian Department of Justice. The majority of other rehabilitative interventions will continue to be provided by staff employed by Corrections Victoria. Areas of focus for the coming five years will be improving understanding and management of both internal and external responsiveness as well as continuing to improve the case planning and management of offenders and prisoners.

Quote from Victorian departmental representative

New South Wales

The Department of Justice manages a daily average of approximately 10,100 inmates, including an average of 9372 male, 759 female, and 2191 indigenous offenders. In NSW, adult inmates are housed in one of 31 correctional centres (8 maximum security prisons, 13 medium security prisons, 10 minimum security prisons, and 8 periodic detention centres). There is also one transitional centre for female inmates.

The Department developed process of program accreditation, which is based on the accreditation principles of the Home Office, the Scottish Prison Service and Canadian Correctional Services. The accreditation process focuses on program design (model of change, intervention methods, program facilitator skills and qualities, participant selection and assessment, program integrity, and program review), and site accreditation (staff selection, staff supervision, management, program awareness, implementation, resources, recording keeping and monitoring and evaluation).

In 2008-09, 9014 offenders participated in intervention programs facilitated by the NSW Department of Corrective Services, with: 577 offenders in Aggression and Violence programs; 4666 in Alcohol, Drugs and Addictions programs; 221 in Cognitive Skills programs, 552 in Community Engagement programs, 1200 in Health Promotion programs, 1467 in Readiness programs, 276 in Sexual Offending programs, and 55 in Woman Offender programs. A total of 4500 inmates completed targeted offender programs in 2008-09.

In the 2009-10 NSW State Budget, approximately \$936.9 million was allocated to the Department of Corrective Services. Of this, \$667.7 million was allocated to Custody Management, \$116 million to the Supervision of Offenders in the Community, and \$153.2 million to Offenders Programs. Additional Senior Psychologist roles and 12 Facilitator positions were also created to provide assessment, consultation, advice and

early treatment for offenders under community supervision. In addition, the Personality and Behavioural Disorders Unit was established in 2008-09, which provides NSW correctional centres with high-level expertise in managing offenders with challenging behaviours and severe personality disorders.

Prison-based correctional offender program: from 2003 to 2009

In 2003, the Department was in the process of culling offence-focussed programs in order to ensure programs had a strong evidence-base and were uniformly delivered by staff. In turn, it had seven custody-based offence focussed programs (refer to Table 22).

Table 22: Prison-based Offender Rehabilitation Programs: New South Wales 2003

Program Title	Duration	Treatment Area	Special Needs
Alcohol and Other Drugs: Education	12 hours	Substance Use	
Alcohol and Other Drugs: Relapse	12 hours	Substance Use	
Think First	44-60 hours	Cognitive Skills	
Violent Offender Therapeutic Program	831 hours	Violence	
CUBIT – Adapted	600 hours	Sex Offender	
CUBIT – Moderate	480 hours	Sex Offender	
CUBIT – High Intensity	720 hours	Sex Offender	
CORE (Sex Offender)	120 hours	Sex Offender	

In 2009, the Department is reworking the organisational structure to continue to support the delivery of rehabilitation programs in custody. The Department has developed a process of program accreditation and program quality assurance mechanisms and is currently developing new model of facilitator training. In turn, there is a focus on developing high-intensity offender rehabilitation programs, quality

of program development and delivery, and appropriate case management and program referral.

In 2009, the number and scope of accredited rehabilitation programs designed to reduce re-offending were increased (as outlined in Table 23).

Table 23: Prison-based Offender Rehabilitation Programs: NSW 2009

Name	Type	Criminogenic Need	Special Needs	Duration	Risk /Need Assessment	Pre-post Assessment	Evaluation
The Impact of Dependence	Motivational	Substance use		34 hours	LSI-R	Readiness to Change Questionnaire PICTS	
Getting SMART	Psycho-educational	Substance Use		24 hours	LSI-R		
Pathways	Therapeutic	Substance Use		100 hours	LSI-R		√
SMART Recovery	Maintenance	Substance Use		16-24 hours	LSI-R		
Relapse Prevention Program	Relapse Prevention	Substance Use		24 hours	LSI-R	Drug Taking Confidence Questionnaire	
DAAP	Psycho-educational	Substance Use		16 hours	LSI-R	Readiness	
POISE	Therapeutic	Women Substance Use		120 hours	LSI-R		
CALM	Therapeutic	Anger		48 hours	LSI-R	Novaco Anger Scale Provocation Inventory Barrett's Impulsivity Scale Criminal Attitudes and Sentiments Scale Vengeance Scale Paulhus Deception Scale	
Domestic Abuse Program		Domestic Violence		40 hours	LSI-R		underway
Out of the Dark	Psycho-educational	DV- for women		12 hours	LSI-R		√
VOTP- High	Therapeutic	Violence			LSI-R	Ravens SPM MCMI- III PDS URICA NAS-PI STAXI-II WAKS PID PICTS CSS-M IRI	√
VOTP -	Therapeutic	Violence			LSI-R	MCMI-111	√

Name	Type	Criminogenic Need	Special Needs	Duration	Risk /Need Assessment	Pre-post Assessment	Evaluation
Moderate						STAXI-2 PICTS V4.0 PDS	
VOTP - Maintenance	Therapeutic	Violence			LSI-R		√
Think First	Therapeutic	Cognitive Skills		60 hours	LSI-R	Criminal Attitudes and Sentiments Scale PICTS CSS-M Locus of Control	√
Understanding Sexual Offending	Motivational	Sex offending		16 hours	LSI-R	URICA Goals scale Self-esteem Self-efficacy	√
PREP – Preparation for Treatment	Motivational	Sex offending		24-28 hours	LSI-R	URICA Goals scale Self-esteem Self-efficacy	
CUBIT – Custody Based Intensive Treatment	Therapeutic	Sex offending		240 hours	STATIC STABLE/ACUTE	ASB/SC PDS BRS BMS CISS CUI SAA High Risk Situation Test LOC LS MC_SDS MAST SIS RSQ Relationship Questionnaire SSEI WSFQ Hanson Empathy QVES	
CORE	Therapeutic	Sex offending		100-130 hours	STATIC STABLE/ACUTE	As above	
CORE-low	Therapeutic	Sex offending		40 hours	STATIC STABLE/ACUTE	As above	
Deniers Program	Therapeutic	Sex offending		80 hours	STATIC STABLE/ACUTE	As above	
Self-regulation program	Therapeutic	SO Intellectual Disability		300+ hours	STATIC STABLE/ACUTE	As above	
Custody Based Maintenance	Maintenance	Sex offending		ongoing			
Understanding Sexual Offending	Psycho-educational	Sex offending		16 hours	STATIC STABLE/ACUTE	URICA Goals scale Self-esteem Self-efficacy	
The Best Bet	Psycho-educational	Gambling		20 hour		Confidence in not gambling	

New South Wales: Future Directions

In 2003, a departmental representative provided a statement regarding the future directions of rehabilitation programming, as follows

“New South Wales is currently embarked on a program of change which will bring about improvements in both the delivery of offender programs and information technology to support and evaluate the programs.

In respect of programs:

The Department has identified the Level of Service Inventory–Revised (LSI-R) as the most appropriate instrument to be used to assess the risk of re-offending and to broadly identify the areas which need to be addressed to reduce that risk. The LSI-R will not replace all other assessments. Screenings to identify risk of suicide, family and social issues, transitional needs and security classification will also be maintained. Drug and alcohol, education and psychological assessments will continue to be completed where necessary. For some categories of offenders e.g. sexual offenders, the LSI-R may be supplemented with other tools. The battery of assessments, including the LSI-R will be used to formulate a case plan for offenders for their whole of sentence, including any period under community supervision.

- *The Department will be making a distinction between programs directed towards reducing re-offending and those directed towards inmate safety and wellbeing. Programs directed towards reducing re-offending will be accredited under a program accreditation framework developed by the Department, and which reflects the “what works” literature, whilst other programs will need to be approved by the Program Development Unit.*
- *Specialist programs will also continue to be delivered in areas related to drugs, disabilities, violence and sexual offences.*
- *A new unit is being established to develop integrated programs and services based on evidence of ‘what works’. The unit will produce modularised and manualised programs that target specific dynamic risk factors and which will undergo the accreditation process.*
- *Staff will be trained to develop the new programs and to operate under a program framework.*

In terms of information technology the Department has embarked on an “e-case management” strategy designed to support an integrated approach to managing offenders throughout their entire sentence. This strategy will also provide the data collection capacity required to comprehensively report on and evaluate programs conducted throughout the Department.”

Quote from NSW departmental representative

In 2010, a departmental representative provided a statement relating to progress over the past five years,

Over the past six years NSW has continued to focus on ensuring adequate offender assessment as a basis for addressing re-offending. In addition to the range of assessments mentioned in 2004, the LSI-R has been used consistently in Community Offender Services at both the pre and post sentence stage of criminal justice system. Consequently all offenders on community supervision and the bulk of offenders in custody have an LSI-R rating. In 2009 there was a focus on training custodially-based offender services and programs staff to use the assessment to facilitate universal LSI-R offender assessments for all offenders serving sentences of more than six months. This approach is currently being reviewed. The NSW Bureau of Crime Statistics and Research (BOCSAR) has developed a statistical technique called the Group Risk Assessment Model (GRAM) to use to obtain estimates of reoffending risk of people released from custody. CSNSW is now considering use this as a screening tool to determine which offenders warrant further assessment and intervention.

There has been an ongoing commitment to implementing programs that are consistent with the 'what works' literature. Some of these have been developed in-house by the Offender Programs Unit (the renamed Program Development Unit) whilst some have been sourced from other jurisdictions. NSW has also been pleased to provide some of its programs to other jurisdictions and in return to receive material from others. Specialist programs have continued to be provided and a second CUBIT has opened as an intensive treatment program for sexual offenders, whilst the Violent Offender Treatment Program has been relocated and expanded. Two new sex offender programs have been added in the form of a Deniers Program and an adapted program for offenders with intellectual disabilities.

A data collection system has been developed that now allows NSW to report on program attendance and to audit program performance. A new platform for capturing this data is to be rolled out in mid 2010.

Quote from NSW departmental representative

And of future rehabilitation directions,

As the Agency has succeeded in defining a suite of accredited programs and in providing a comprehensive training program for facilitators, the focus of the next period will be on quality monitoring and evaluation. A quality monitoring framework is being implemented to ensure that programs are

delivered in compliance with all accreditation requirements. This indicates a shift in the role of the Offender Programs Unit towards facilitator supervision and support.

A facilitator support framework will be elaborated to ensure professional practice supervision to program facilitators. This will include group and individual opportunities for supervision as well as access to ongoing professional development and support especially in the area of group work.

Data on throughput and outcomes are being collected systemically to provide materials for periodic evaluations. These data will also allow for regular internal audits, whether by program or by centre, of both group program and one-to-one activities. These data will also assist with service planning, goal-setting and program evaluation.

Efforts to improve literacy and numeracy will be extended, including the creation of further student places within Intensive Learning Centres. Traineeships will also become more widely available.

A greater emphasis will be placed on the role of the Agency in delivering interventions that assist with the integration of the offender into the community. This community engagement enterprise will often be carried out in cooperation with other agencies in both the government and non-government sectors.

An enduring challenge is to address the needs of offenders serving short-term sentences and the resultant high turnover rate, particularly in custody. A more streamlined approach to offender assessment and a simplified offender programs pathway have been designed to assist the issue of short term offenders with little time for assessment and programs. At the same time a revised case management system has been introduced to assist in seamless transition from custody to community, whilst some internal restructuring reinforces the responsibility of a single programs unit for all programs whether in custody or the community.

Quote from NSW departmental representative

Australian Capital Territory

The Department of Corrective Services manages some 734 remandees annually, with a daily average of 173 offenders (as at March 2009). Prior to 2009, adult remandees were housed in two remand centres (Alexander Maconochie Centre and the Periodic Detention Centre), with sentence prisoners serving their sentences in NSW. In 2009, a new prison was opened - the Alexander Maconochie Centre (AMC).

In keeping with the rehabilitation goals of the Department, the Department delivers offence-focused rehabilitation programs and since the opening of AMC has been developing further its prison-based programs. Education and Prisoner Employment programs are also offered.

In the 2009-10 ACT Budget, \$43.3 million was allocated to Corrective Services, however details of the percentage of this budget allocated to offender programs were unavailable.

The Department is developing an organisational structure to support the delivery of rehabilitation programs in the custodial environment. The Department is also in the process of planning future directions for offender treatment programs.

Prison-based correctional offender program: from 2003 to 2009

In 2004, ACT Corrective Services had three custody-based offence focussed programs (refer Table 24) and was developing a Violence Prevention Program.

Table 24: Prison-based Offender Rehabilitation Program: Australian Capital Territory 2003

Program Title	Duration	Treatment Area	Special Needs
Drug Awareness Program	12 hours	Substance use	
Coping Skills Program	30 hours	Substance Use	
Thinking for Change	44 hours	Cognitive Skills	Women's Adaptation

In 2009, the Alexander Maconochie Centre opened which saw the creation of the Offender Intervention Program Unit and the recruitment of staff to delivery treatment programs in prisons (refer Table 25) and community settings. The approach to treatment is novel, in that staff deliver treatment in both custodial and community settings thereby adhering to the model of throughcare.

Program delivery was reviewed, with seven custody-based offender rehabilitation programs being delivered. A Therapeutic Community, with its own dedicated space within the prison was also in the process of being established.

Table 25: Prison-based Offender Rehabilitation Programs: ACT 2009

Name	Type	Criminogenic Need	Special Needs	Duration	Risk /Need Assessment	Pre-post Assessment	Evaluation
First Steps	Psych-educational	Substance Use		12 hours		URICA	Planned
Back in Control	Motivational	Substance Use		32 hours		SOCRATES	Planned
Therapeutic Community	Therapeutic	Substance Use		22 weeks	PACE evaluation Tools		Planned
Cognitive Self Change	Therapeutic	Cognitive Skills		100+ hours	LSI-R	PDS, CSS-M; STAXI PICTS	Planned
The Family Violence Self Change Program	Therapeutic	Violence		100+ hours	LSI-R;	SARA; PDS, CSS-M STAXI PICTS RATOS LCB	Planned
Adult Sex Offender Program	Therapeutic	Sex offender		24 months	STATIC-99	Therapist Rating PDS	Planned
First Steps to Anger Management	Motivational	Anger		12 hours	LRI-R	PDS STAXI	Planned

+ delivered in therapeutic community

Australian Capital Territory: Future Directions

In 2003, a departmental representative provided a statement regarding the future directions of rehabilitation programming, as follows

“ACT Corrective Services established the Offender Intervention Programs Unit in November 2000 as a means of demonstrating its commitment to ensuring that the ‘What works’ principles are incorporated into the day-to-day case management of both community-based offenders as well as those who have been incarcerated. Since that time, program development has been at the forefront of correctional service provision. Hence, the Service is committed to ensuring that all programs are evaluated on an ongoing basis to ensure that best practice standards are met. For example, the alcohol and drug programs have been reviewed since this research was undertaken and other programs are currently under review. Furthermore, the Service recently sponsored the training, in Canada, of a staff member in the Correctional Program Assessment Inventory (CPAI). The Service considers that it is in a unique position, to develop a centre of excellence in regard to the delivery of offender intervention programs and it is highly likely that the CPAI along with the information obtained through this research project will be the catalyst for achieving this.”

Quote from ACT departmental representative

In 2010, a departmental representative provided a statement relating to progress over the past five years,

The primary challenge for ACT Corrective Services’ Corrections Programs Unit in 2004-9 has been the planning for the operation of its first prison and its opening in the first half of 2009. The Alexander Maconochie Centre holds prisoners of all classifications, men and women. The Programs Unit has expanded rapidly to allow the delivery of a full range of programs in the AMC, where programs are provided to both remand and sentenced prisoners. The Unit has also continued to provide programs in the community and in the Periodic Detention Centre. The Unit’s core program, Cognitive Self-change, has a rolling and open format, and consequently offenders can move between the three settings yet continue to engage with the program. As Programs Unit staff work across custodial and community settings, the facilitators may even be the same. In this way the Programs Unit contributes substantially to the implementation of the Throughcare concept. The Adult Sexual Offender Program also has a rolling, open format, and is delivered in prison and in the community, and offenders also move seamlessly between the prison group and community groups. “Solaris” the AMC’s Therapeutic Community, comprises another mainstay of the Programs Unit, and is run in partnership with a non-government

organisation, ADFACT. This arrangement also supports Throughcare because of the linkages with services provided by ADFACT in the community. The Alcohol and Other Drug Unit also provides Relapse Prevention and Health and Wellbeing programs for remand and sentenced prisoners not wishing to participate in Solaris Therapeutic Community. ACTCS has been generously provided with Corrections Victoria's Violence Intervention Program, which will also be run in the AMC.

Quote from ACT departmental representative

And of future rehabilitation directions,

The next five years for ACT Corrective Services' Corrections Programs Unit will initially comprise the bedding down of the programs provided in prison, learning from the experiences of the first few cohorts through each program, and adapting the content and delivery of the programs. Demand for programs and resourcing of them will be continuously reviewed, for example the distribution of the prison population is expected to change over time, with the current high percentage of remand prisoners expected to fall to levels similar to other jurisdictions. This will have implications for the nature of the programs provided, with the balance shifting further towards offence-specific programs. Evaluation of long-standing and newer programs remains a priority, and the Programs Unit is developing links with the nearby universities to facilitate this.

Quote from ACT departmental representative

Queensland

In Queensland, adult inmates are housed in one of 13 prisons (11 public, two private and 6 performing remand and reception functions). Queensland Corrective Services manages a daily average of 5,616 prisoners (as at March 2009), with 5191 males, 424 females, and 1499 indigenous offenders.

In keeping with the rehabilitation goals of the Agency, the Agency delivers offence-focused rehabilitation programs, in both community and custodial settings. In 2008-09, 320 offenders completed sex offender programs, 2200 completed Transition Support Programs, and 1150 completed other programs.

In the 2009-10 QLD State Budget, approximately \$88.7 million was allocated to Correctional Intervention Services. This offender program budget includes the provision of offender rehabilitation programs, industry and infrastructure. Key strategies in the budget included \$2.5 million to manage growth in demand for Probation and Parole services and to improve supervision and reparation to the community, and funding of \$0.33 million for the Bridging the Gap pilot program to meet the specialised throughcare needs of prisoners with a cognitive impairment or intellectual disability. Previous funding (2008-09) enabled the establishment of the High Risk Offenders Management Unit and the implementation of the High Risk Offender Case Management Model.

The Agency has an established organisational structure to support the delivery of rehabilitation program in custodial and community environments. The Agency is also in the process of planning future directions for offender treatment programs, including enhancing mechanisms for quality assurance.

Prison-based correctional offender program: from 2003 to 2009

In 2004, Queensland Corrective Services had 10 custody-based offence focussed programs (refer Table 26).

Table 26: Prison-based Offender Treatment Programs: Queensland 2003

Program Title	Duration	Treatment Area	Special Needs
Anger Management	20 hours	Anger	Female adaptation
Cognitive Skills	32 hours	Cognitive Skills	
Ending Offending	12 hours	Substance Use	Indigenous
Substance Abuse Managing and Preventing Relapse	20 hours	Substance Use	
Violence Intervention Program	134 hours	Violence	
Ending Family Violence	20 hours	Domestic Violence	Indigenous
Sex Offender Treatment Program	216 hours	Sex Offender	
Sex Offender Intervention Program	60 hours	Sex Offender	
Indigenous Sex Offender Program	216 hours	Sex Offender	Indigenous
Domestic Violence+	48 hours	Domestic Violence	

+program delivered by private service provider

In 2009, the Queensland Corrective Services had 15 offence-focussed programs delivered in custodial setting (refer Table 27). The Agency had developed specific risk/need tools that inform program referral, had established mechanisms for measure program change and was currently evaluating program efficacy. They had also developed accreditation methodologies, including site accreditation.

Table 27: Prison-based Offender Rehabilitation Programs: Queensland 2009

Name	Type	Criminogenic Target	Special Needs	Duration	Risk/Need Assessment for entry	Pre-post	Evaluation
Making Choices	Therapeutic	Cognitive skills		100 + hours	ROR ORNI-R Responsivity	PICTS MCAA SPSI-R IVE ECQ URICA	√
Making Choices	Maintenance	Cognitive Skills		16-24 hours	ROR ORNI-R	PICTS MCAA SPSI-R IVE ECQ URICA	
Getting Started	Motivational	Sex Offender		33-44 hours	STATIC 99 STABLE 2000 Responsivity	URICA	Underway
High intensity SOP	Therapeutic	Sex Offender		350 hours	STATIC 99 STABLE 20000 Responsivity	RSQ MSI CSQ WD SSE Inventory CME Measure AFE Measure CUS Inventory ES ECQ2 BC Scale TRS	Underway
Indigenous SOP	Therapeutic	Sex Offender	Indigenous	78 – 350 hours	STATIC 99 STABLE 2000 Responsivity	Three predictor model assessment TRS	Underway
Inclusion SOP	Therapeutic	Sex Offender	Intellectual Disability	108 hours	STATIC 99 STABLE 2000 Responsivity	TIPS – ID TRS	Underway
Moderate intensity SOP	Therapeutic	Sex Offender		78-132	STATIC 99 STABLE 2000 Responsivity	RSQ MSI CSQ WD SSE Inventory CME Measure AFE Measure AME Measure CUS Inventory ES ECQ2 BC Scale TRS	Underway
Sexual offending maintenance program	Relapse	Sex Offender		16-24 hours		URICA TRS	
Turning Point	Motivational	Substance abuse and general offending		15 Hours	ROR ORNI-R Responsivity	URICA	planned
Getting SMART	Therapeutic	Substance Use		36 hours	ROR ORNI-R Responsivity	SOCRATES-8 Confidence Questionnaire SPSI-R(S)	√

Name	Type	Criminogenic Target	Special Needs	Duration	Risk/Need Assessment for entry	Pre-post	Evaluation
Pathways	Therapeutic	Substance Use		100 hours	ROR ORNI-R Responsivity ASSIST	SOCRATES-8 Confidence Questionnaire SPSI-R(S) PICTS	√
Ending Offending	Psycho-educational	Substance Use	Indigenous	12 hours	ROR ORNI-R		Planned
SMART Recovery	Maintenance	Substance Use		16-24 hours	ROR ORNI-R	SOCRATES-8 Confidence Questionnaire SPSI-R(S)	Planned
Cognitive Self Change	Therapeutic	Violent Offender		100 + hours	ROR ORNI-R Responsivity	VRS PICTS MCAA SPSI-R IVE ECQ URICA	√
Ending Family Violence program	Psycho-educational	Violent offender	Indigenous	20 hours	ROR ORNI-R		Planned

Queensland: Future Directions

In 2003, a departmental representative provided a statement regarding the future directions of rehabilitation programming, as follows

“The Department is developing a new offender management system and database that aim to provide more effective and targeted interventions and offender-centred business processes. A core component of this framework is effective and efficient rehabilitation that is equitable and responsive to the diverse needs of offenders. Evidence-based practice, systematic assessment and evaluation, and continuous and sustainable improvement are key principles of the Department's efforts to provide rehabilitation programs consistent with good practice. The Department also recognises that without appropriate staff training, supervision and support, rehabilitation efforts are hindered, and is therefore committed to ensuring that those needs are met. Priorities for the coming year are:

- Policy, procedures and guidelines for program service delivery;
- Practices for assessment based targeted program service delivery consistent with 'what works';
- Effective systems for timely access to reliable and relevant program service delivery information and data;
- Good governance and accountability systems; and
- Program, facilitator and site accreditation.”

Quote from QLD departmental representative

In 2010, a departmental representative provided a statement relating to progress over the past five years,

Queensland Corrective Services achieved the milestones outlined in the Future Directions 2004 statement, making significant inroads in the delivery of evidence based offender programs. The what works evidence base is now embedded within all aspects of the offender management process. Assessment and referral processes are undertaken on the basis of risk, need and responsivity, with higher risk offenders targeted for intensive programming, and lower risk offenders targeted with brief interventions, education, employment and transitional support services.

Site monitoring processes identify that staff training and supervision models are supporting service delivery staff in delivering high quality programs. Preliminary evaluations of the Agency's new programs identify that they are producing the desired short term effects of change in the psychological factors shown to be predictive of offending behaviour (i.e. criminogenic needs). Longer term evaluation of the Agency's sexual offending programs is underway, with early results identifying that the programs are reducing reoffending.

Quote from QLD departmental representative

And of future rehabilitation directions,

Rehabilitation across Queensland corrections will be the top focus for Queensland Corrective Services during 2010-2015. This focus will be embedded into all aspects of corrections – from assisting victims of crime via reparation to promoting staff and family as active partners in an offender's rehabilitation and reintegration.

Introducing a pathways approach to offender management will focus an offender's rehabilitation journey towards more tailored supervision and targeted treatment interventions to address individual criminogenic needs. Using case management and whole of sentence planning to measure progress and success against these needs will enable long-term monitoring of behavioural change. Partnering with community organisations is critical to building capability to support offenders as they move from custody to the community on their pathway to successful reintegration.

Closing the gap on Indigenous over-representation in Queensland prisons through culturally appropriate and community supported rehabilitation and interventions is a must. Queensland Corrective Services aims to achieve this by introducing a pathways approach to offender management; ensuring culturally specific delivery and content options and issues are considered for every agency policy, program and procedure; localising program delivery; providing appropriate diversionary options; and locating Probation and Parole services within Indigenous communities.

Similarly, Queensland Corrective Services will focus on the needs of women offenders. Keeping women offenders connected with their families; delivering programs and interventions to suit the learning needs of female

offenders; and introducing the pathways model of offender management to tailor their rehabilitation journey and address the specific co-morbidity and non-criminogenic needs of women which contribute to their offending.

Queensland Corrective Services' offender programs are essential to the success of a rehabilitative-focused offender management framework, underpinned by a recognition of the benefits of a full range of targeted offender interventions. This includes education, vocational training, prison based industries, drug and alcohol services, offender health services, faith based services, cultural programs and transitional and post-release/aftercare support programs and services. Maintaining the quality and effectiveness of the Agency's program suite is vital to the success of rehabilitating offenders to lead productive lives.

Quote from QLD departmental representative

Northern Territory

The Department of Justice manages some 2,200 prisoners annually, with a daily average of approximately 1100 inmates. This includes a daily average of 1059 male, 46 female, and 911 indigenous offenders. Half of prisoners serve 3 months or less and 28% six month or less.

In the Northern Territory, adult inmates are housed in one of two prisons (Darwin Correctional Centre and Alice Springs Correctional Centre). There are plans to build new correctional facilities to address the issues of overcrowding.

In keeping with the rehabilitation goals of the Department, offence focused programs have been developed to target anger management, sexual offending, indigenous family violence, victim awareness, substance abuse and cognitive skills. The Department has developed an organisational structure to support the delivery of rehabilitation program in custodial environments.

In the Correctional Budget of \$86.7 million in 2009-10, there was an increase of \$2.53 million from previous budgets to manage increasing prison numbers through the building of new facilities. Of this increase, \$0.2 million was allocated for rehabilitation programs for sex offenders, and \$0.2 million to expand the Indigenous Family Violence Offender program. Additionally, a \$4.72 million increase in funding for Custodial Services included an additional \$0.5 million for prisoner education programs, and \$0.2 million Closing the Gap funding for a range of rehabilitation programs.

Although each of the current rehabilitation programs target separate criminogenic needs (or factors causally associated with offending), they have all been designed to be consistent with the Legislative Framework and Departmental Philosophy, and

share a group orientation to program delivery adopting a broadly psycho-educational/cognitive behavioural approach.

Prison-based correctional offender program: from 2003 to 2009

In 2003, the Department had seven offence focussed programs delivered in a custodial environment (refer Table 28), which were considered to be of low to moderate intensity.

Table 28: Prison-based Offender Rehabilitation Programs: Northern Territory 2003

Program Title	Duration	Treatment Area	Special Needs
Anger Management	20 hours	Anger	
Victim Awareness	10 hours	Victim Awareness	
Cognitive Skills	24 hours	Cognitive Skills	
Alcohol Treatment Program	20 hours	Substance Use	
Illicit Drug Program	16 hours	Substance Use	
Cannabis Treatment Program	16 hours	Substance Use	
Indigenous Family Violence Program	54 hours	Domestic Violence	Indigenous

In 2009, the Department's mix of custody-based offender treatment programs has remained unchanged (as depicted in Table 29). There however has been substantial development of these programs to include sound theoretical and empirical rationale in program manuals, the development of a corporate framework to support program delivery and the development of a stronger rehabilitation direction. Further specialist positions associated with the development of offender rehabilitation have been created. The Department is developing an evaluation framework. The Department is in the process of reviewing its models of delivery of sexual offender treatment programs.

Table 29: Prison-Based Offender Treatment Programs: Northern Territory 2009

Name	Type	Criminogenic Need	Special Needs	Duration	Risk / Need Assessment	Pre-post Assessment	Evaluation
Anger Management	Psycho-educational	Anger		20 hours	ORNI-R	SAM	√ internal review
Cognitive Skills	Psycho-educational	Cognitive Skills		24 hours	ORNI-R		√ internal review
Alcohol Treatment Program	Psycho-educational	Substance Use		20 hours	ORNI-R	AUDIT MAST SADQ- form C, SADD	√ internal review
Illicit Drug Program	Psycho-educational	Substance Use		16 hours	ORNI-R	DAST, Estimated self-efficacy for avoiding drugs	√ internal review
Cannabis Treatment Program	Psycho-educational	Substance Use		16 hours	ORNI-R	Estimated self-efficacy for avoiding drugs	√ internal review
Indigenous Family Violence Program	Psycho-educational	Domestic Violence	Indigenous	54 hours	ORNI-R	SARAH	√ internal review
Sex Offender Treatment Programs	Under Review						

Northern Territory: Future Directions

In 2003, a departmental representative provided a statement regarding the future directions of rehabilitation programming, as follows

“NT Correctional Services, Adult Custodial Operations has recently been reviewed by CAYA Management Consulting International Inc. Their report, titled “A Path to Good Corrections” (available www.nt.gov.au/justice) provided 71 recommendations, each of which the Northern Territory Government has committed to implementing. The report correctly identifies significant gaps in rehabilitation opportunities provided to prisoners within the Northern Territory, and makes recommendations that aim to enhance the range, scope, and efficacy of rehabilitation options available to prisoners. Included in this is the recommendation that professional staffing numbers are increased, and that criminogenic needs are rigorously assessed with relevant intervention programs being provided to meet the identified needs. The interventions are to remain targeted towards the ‘high-risk’ offenders, with an emphasis on strategies that are based on cognitive-behavioural theoretical approaches. The review recommends a greater emphasis on evaluation of effectiveness of interventions. The Department remains committed to the continuing development of suitable rehabilitation options that meet the specific needs of the prison population of the Northern Territory.”

Quote from NT department representative

In 2010, a departmental representative provided a statement relating to progress over the past five years,

In response to the CAYA Review, NTCS adopted a decentralised model of functioning. Clinical leadership for offender rehabilitation programs sat with the Principal Psychologist in each of the prisons. Professional staffing numbers have increased and criminogenic needs are more specifically targeted with 'high-risk' offenders prioritised in relation to intervention. Cognitive-behavioural approaches are utilised within programs.

Since 2007 there has been increased funding to establish additional clinical resources in relation to 'high-risk' offenders. Most notably funding under the NT Government Closing the Gap of Indigenous Disadvantage to expand sexual offending services with an emphasis on developing community based programs.

In addition to these changes a new organisation structure has been introduced with a Director Clinical Services position. The focus of this new structure is developing appropriate quality standards, professional development and training and program evaluation.

Training for clinical services staff in 2008-09 has included a focus on specialist assessment tools aimed at identifying and assessing risk for sexual and violent offenders.

With the introduction of IOMS an assessment framework has been developed. An identified need for NTCS is validation studies to determine appropriateness for Indigenous offenders.

Quote from NT department representative

And of future rehabilitation directions,

Since 2009, the Northern Territory Government has announced a number of policies that seek to achieve shifts in the social and economic development of the NT. These policies, in particular 'Working Future' and 'Territory 2030', require changes in the way that Government agencies operate and deliver services.

In March 2009, the Chief Minister and the Minister for Correctional Services announced the establishment of a new correctional facility in the Northern Territory, and with it, a new era in corrections with a stronger emphasis on breaking the cycle of offending and a renewed focus on rehabilitation, education and training.

In response to these policy directions and the continuing growth in prisoner numbers, Northern Territory Correctional Services has developed a strategic framework for correctional services: A New Era in Corrections: A Framework for Offender Management. The overall aim of the framework is to reduce prisoner numbers and re-offending.

The framework sets out the broad principles that will guide the operation of Northern Territory Correctional Services over the next five years. It provides a roadmap for the staged introduction of criminal justice and

correctional system initiatives and for work across government and with the business and community sectors, to bring about reductions in prisoner numbers and re-offending.

The intended direction from 2010 for the new Clinical Services Branch is the development of new therapeutic programs for custodial and community based services. These new developments will have a focus on being culturally appropriate, involving Indigenous partners. Included in this new direction is increased service delivery to juveniles. The evaluation framework will be finalised in 2010 and incorporates an action research approach to ongoing program development. Effective programming will be underpinned by the establishment of quality assurance mechanisms, standards and accreditation, and a training and clinical supervision system.

Quote from NT department representative

Tasmania

As at March 2009, the Department of Justice managed a daily average of 511 inmates, including 480 male, 31 female, and 67 indigenous offenders. In Tasmania, adult inmates are housed in one of six prisons (Risdon Maximum Security Prison, Ron Barwick Minimum Security Prison, Mary Hutchison Women's Prison, Hayes Prison Farm, Hobart Reception Prison and Launceston Reception Prison).

In keeping with the rehabilitation goals of the Department, the Department has undertaken numerous reforms and initiatives, resulting in significant changes in the area of offender management. For example: the introduction of the Integrated Offender Management (IOM) model, which focuses on reducing re-offending through case management and reintegration; a revised prisoner placement process; new suicide and self-harm (SASH) protocols; a new system of therapeutic (psychological) services; the implementation of new risk assessment and quality assurance processes and the introduction of programs (Family Violence Offender Intervention, Sober Driver) in Community Corrections (From "Breaking the Cycle- Tasmanian Corrections Plan 2010-2020").

In the 2009-10 Tasmanian State Budget, \$47.8 million was allocated to Prison Services, with 2.7 million allocated broadly to offender rehabilitation.

The Department is developing an organisational structure to support the delivery of rehabilitation program in custodial environments. The Department is also in the process of planning future directions for offender treatment programs.

Prison-based correctional offender program: from 2003 to 2009

In 2003, the Department of Justice (DoJ) delivered two prison-based offence focussed programs (refer Table 30).

Table 30: Prison-based Offender Rehabilitation Programs: Tasmania 2003

Program Title	Duration	Treatment Area	Special Needs
Offending Is Not The Only Choice	46 hours	Cognitive Skills	
Sex Offender Treatment Program	216 hours	Sex Offending	

In 2009, the Department offered an increased number of rehabilitation programs to offenders in custody (refer Table 31). Program participation and completion rates were reported to be high and indeed improving due to the introduction of responsivity programs; with 125 offenders completing programs in 2008-09.

Table 31: Prison-based Offender Rehabilitation Program: Tasmania 2009

Name	Type	Criminogenic Need	Special Needs	Duration	Risk /Need Assessment	Pre-post Assessment	Evaluation
Pathways	Therapeutic	Substance use		130 hours	LS:CM	SOCRATES 8 The Confidence Questionnaire SPSI-R(S)	Planned
New Directions	Therapeutic	Sex Offender		100-300 hours	STATIC 99 STABLE	Therapist Rating Scale	Planned
Making Choices	Therapeutic			100+ hours	LS:CM	PICTS MCAA Scale LCB URICA	Planned
Getting SMART	Psych-educational	Substance Use		36 hours	LS:CM		
Preparing for Change	Motivational			24 hours	LS:CM		
Turning Point	Motivational			20 hours	LS:CM	URICA	

Tasmania: Future Directions

In 2003, a departmental representative provided a statement regarding the future directions of rehabilitation programming, as follows

“The mission of Community Corrections states that “We are committed to working with Offenders on community based orders in ways that aim to reduce re-offending and contribute to a safer society.” The focus on reducing reoffending is consistent with the Tasmania Together plan which is the Government’s strategic plan for the state. Cognitive behavioural based group programs for offenders can be a useful tool in reducing reoffending and have accordingly been recognised and accepted as a core function of Community Corrections.

Within the Prison Service our future is very much aligned to that of Community Corrections, that is reducing re-offending and integrated offender management. The principles upon which we are formulating our custodial operating models are drawn from Australian and overseas, and are based upon “What Works”. Our focus will be on two key components of throughcare management. The first being reception, induction, classification and assessment, together with case management (including sentence planning, pre-release and community integration management) and the second focus being on programs which reduce re-offending. These will include intervention or rehabilitation programs and education, training and employment programs.”

Quote from Tasmania departmental representative

In 2010, a departmental representative provided a statement relating to progress over the last five years,

Over the last five years the TPS focus has been consistent with the Tasmania Together plan in reducing re-offending. This has been illustrated by the Offender Programs Unit’s rapid evolution since the introduction of the Integrated Offender Management Framework in mid-2006. The unit increased its suite of programs that address risk areas contributing to offending, from three to six.

The Offender Programs Unit can now run three programs at any time, servicing approximately 30-36 inmates. During 2008, the unit shifted from shorter, less intensive programs to concentrating on longer, higher intensity programs for higher risk inmates.

An independent review of the specialised sexual offending program in 2008, made several recommendations that have since been implemented, resulting in a more efficient model of treatment delivery and assessment.

During this time period the Offender Programs unit has also established an Offender Program handbook. This is intended to function as a guide for the planning, delivery, co-ordination and evaluation of reducing re-offending programs in custodial settings with the TPS.

Quote from Tasmania departmental representative

And of future rehabilitation directions,

The future direction of the Offender Programs Unit will involve a period of consolidation of the gains made over the last five years. This will enable the unit to be more flexible in program delivery and to more efficiently meet the need for cognitive based group programs among the inmate population. In the future we aim to work more closely with Community Corrections in establishing a more streamlined model of program delivery between prison and the community.

The Programs Unit would also like to pursue the recommendations made in the Correctional Offender Rehabilitation Programs: Tasmania report to establish and maintain a process for local evaluation of program effectiveness. Our principles of program delivery will continue to be drawn from Australia and overseas, based upon the “What Works” literature.

Quote from Tasmania departmental representative

Western Australia

The Department of Justice has a daily average of approximately 4010 prisoners, with an average of 3700 male, 310 female, and 1678 indigenous offenders. Adult inmates are housed in one of 12 public prisons (Bandyup Women's Prison, Boronia Pre-Release Centre for Women, Casuarina Prison, Hakea Prison, Karnet Prison Farm, Wooroloo Prison Farm, Albany Regional Prison, Broome Regional Prison, Bunbury Regional Prison, Eastern Goldfields Regional Prison, Greenough Regional Prison, Roebourne Regional Prison), 7 work camps (Derby, Millstream, Mt Morgans, Pardelup, Walpole, Wheatbelt, Wyndham), and one privately-operated prison (Acacia Prison). All newly sentenced prisoners are comprehensively assessed to determine their security rating, appropriate rehabilitation programs, health requirements, work placements and programs, and educational needs.

In the 2009-10 WA State Budget, \$557.9 million was allocated to Corrective Services, but details of the percentage of this budget allocated to offender programs were unavailable. However, a focus of Corrective Services in WA in 2009-10 will be improvement in the delivery of custodial and community-based offender programs, including appropriate assessment and classification systems. This is in response to the previous failure of Corrective Services to meet the assessed demand for services, primarily due to “difficulties with staff attraction and retention, program demand management, improvement in needs assessment and the configuration of available programs” (WA State Budget Papers 2009-10).

The Department is reworking the organisational structure to support the delivery of rehabilitation programs in custodial environments. The Department is also in the process of planning future directions for offender treatment programs, including enhancing mechanisms for quality assurance, staff training and retention, and program

evaluation. Major infrastructure projects are also underway, including the Acacia Prison expansion and the construction of the Eastern Goldfields Regional Prison and the Young Offenders Prison.

Prison-based correctional offender program: from 2003 to 2009

In 2004, the Department of Justice had 11 offence focussed programs delivered in a public custodial environment (refer to Table 32), with the majority being of moderate to high intensity.

Table 32: Prison-based Offender Rehabilitation Programs: Western Australia 2003

Program Title	Duration	Treatment Area	Special Needs
Women's Anger Management	40 hours	Anger	Women
Women's Substance Use Program	20 hours	Substance Use	Women
Moving on From Dependencies	100+ hours	Substance Use	
Managing Anger and Substance Abuse	50 hours	Substance use	
Building Better Relationships	72 hours	Domestic Violence	
Violent Offender Treatment Program	450 hours	Violence	
Legal and Social Awareness	66 hours	Cognitive Skills	
Community-Based Program (Sex Offender)	75 hours	Sex Offending	
Community-Based Sex Offender Treatment Program (Intellectual Disability)	75 hours	Sex Offending	Intellectually Disabled
Medium Sex Offender Program	192 hours	Sex Offending	Indigenous adaptation
Sex Offender Intensive Program	450 hours	Sex Offending	

In 2009, the Department delivered 19 offence-focussed programs in custodial environments (refer Table 33), which were considered to be of moderate to high intensity. The Department has a strong focus on evaluation, with most programs

undergoing external evaluation by Edith Cowan University. For research purposes, all programs have pre-post assessments completed by the external evaluators.

Table 33: Prison-based Rehabilitation Programs: Western Australia 2009

Name	Type	Criminogenic Target	Special Needs	Duration	Risk/Need Assessment for entry	Pre-post	Evaluation
Women's Substance Use	Psycho-educational	Substance Use	Women	35 hours	HASA	Nil	
Pathways *	Therapeutic	Substance Use		126 hours	HASA	For research purposes: Pre-test Post-test Focus Group	√ ongoing+
Pathways *	Therapeutic	Substance Use	Women	126 hours	HASA	For research purposes: Pre-test Post-test Focus Group	√ ongoing+
Moving on From Dependency**	Therapeutic	Substance Use		100 hours	HASA	Nil	
Moving on From Dependency**	Psycho-educational	Substance Use	Women	100 hours	HASA	Nil	
IMMASU	Psycho-educational	Substance Use	Indigenous	55 hours	HASA	For research purposes: Focus Group	√ ongoing+
Cognitive Brief Intervention	Motivational	Cognitive Skills		20 hours	HASA	nil	
Think First	Therapeutic	Cognitive Skills		60 hours	HASA	For research purposes: Pre-test Post-test	√ ongoing+
BAOS	Psycho-educational	Cognitive Skills	Indigenous	20 hours	HASA	Under development	planned
Legal and Social Awareness	Therapeutic	Cognitive Skills	Intellectual disability	66 hours	HASA		
Choice, Change and Consequences*	Therapeutic	General Offending	Female	100 hours	HASA	For research purposes: Pre-test Post-test Focus Group	√ ongoing+
Indigenous Family Violence Program	Psycho-educational	Domestic Violence	Indigenous	54 hours	HASA	For research purposes: Focus Group	√ ongoing+
Violent Offender Treatment Program	Therapeutic	Violence	High Risk Male	310 hours	HASA	For research purposes: Pre-test Post-test Focus Group	√ ongoing+
Medium Intensity Violence	Therapeutic	Violence	Male	140 hours	HASA	For research purposes: Pre-test Post-test Focus	√ ongoing+

Name	Type	Criminogenic Target	Special Needs	Duration	Risk/Need Assessment for entry	Pre-post	Evaluation
						Group	
Building Better Relationships	Therapeutic	Domestic Violence	Male	75 hours	HASA	For research purposes: Pre-test Post-test Focus Group	√ ongoing+
Intellectual Disability Program	Therapeutic	Sexual offender	Intellectual Disability	100 hours	STATIC 99 STABLE		√ ongoing+
Indigenous Medium Sex Offender Program	Therapeutic	Sex Offender	Indigenous	100 hours	3R predictor		√ ongoing+
Medium Program	Therapeutic	Sex offender		105 hours	STATIC 99 STABLE	For research purposes: Pre-test Post-test Focus Group	√ ongoing+
Intensive Program	Therapeutic	Sex Offender		460 hours	STATIC 99 STABLE	For research purposes: Pre-test Post-test Focus Group	√ ongoing+
Deniers SOP***	Therapeutic	Sex offender	Denier	95 hours	STATIC 99 STABLE	For research purposes: Pre-test Post-test Focus Group	√ ongoing+

*new program ** program to be replaced

***run once

+in partnership with ECU

Western Australia: Future Directions

In 2003, a departmental representative provided a statement regarding the future directions of rehabilitation programming, as follows

- *“Development of a solid base of expertise and experience in the provision of offender programs, based on the provision of strong staff supervision, relevant professional development and the opportunity for staff to become skilled across a variety of program areas.*
- *A commitment to best practice by reference to international research (the 'What Works' literature) and the development of links with other practitioners and programs worldwide.*
- *A commitment to the development and evaluation of programs in an ongoing effort to improve their impact on offending behaviour.*
- *The development of more appropriate and responsive services to identified offender groups, especially to female offenders, Indigenous offenders and offenders with disabilities.*

- The development of strategies that integrate programs with other aspects of offender management and which make use of the valuable contributions that uniformed prison staff can make to program implementation.
 - A developing ability to assess risk of re-offence and criminogenic need, via the use of local and international protocols, and to use this in directing offenders to appropriate programs and to provide more accurate advice to correctional decision makers and releasing authorities.
- An understanding that the ultimate client of offender services is the community and the many victims of offending behaviour. All work with offenders is ultimately focussed on the reduction of further victimisation.”*
- Quote from WA departmental representative*

In 2010, a departmental representative provided a statement relating to progress over the last five years,

The Offender Services directorate leads the development and coordinated implementation of offender programs and services to achieve the key outcomes of custody and containment; care and well being; reparation; and rehabilitation and reintegration in both public and private prison systems. The Department of Corrective Services WA has experienced a lack of both capability and capacity in the delivery of therapeutic programs over a number of years, which has primarily been due to significant staff shortage to deliver prison-based programs and therefore a lack of strong supervision and opportunity for professional development. However, the Department has made considerable progress in program and intervention delivery over the past two years with a number of strategies implemented to increase and improve the delivery of treatment programs. The number of offenders participating in programs, both in the community and prisons has increased significantly and a number of initiatives have been implemented to rectify the staff shortage and place a renewed emphasis on professional development and training.

The establishment of the Directorate's Clinical Governance Unit (CGU) in 2009/10 will provide more opportunities for staff training and professional development as it has a dual role of developing and evaluating programs provided by the Department with the aim of continuous improvement in both development and delivery. These programs are designed to address the criminogenic factors underpinning offending, with an emphasis on medium and high risk offenders.

A comprehensive review of program delivery has been completed and during 2010, the Department will roll out a new model of program delivery that will have an improved quantity and quality of program provision. It will target remote and regional areas as well as Aboriginal and female offenders. As the model will see the amalgamation of prison and community programs, staff will have the opportunity to become skilled across a variety of program areas. The model will also ensure that current program growth is sustained.

'Best practice'

The Offender Services directorate also researches international trends and best practice in offender programs and services and the development of offender rehabilitation and management strategies appropriate to the Western Australian criminal system. All programs offered to offenders are based on the "What Works" literature and take a perspective based on social learning theory. Cognitive behavioural group-work is recognised as the most therapeutic and cost effective means of delivering rehabilitation services to both male and female offenders, and is the basis of offender programs both nationally and internationally.

In delivering group programs to offenders, a distinction is made between curriculum and therapeutic process. A best-practice curriculum is of little or no value unless it is delivered in a way that engages the group participants personally and emotionally, which is achieved by applying therapeutic group work theory and practice.

In its development of professional networks with other practitioners and programs worldwide, the CGU is:

- *Developing professional networks within Australia and New Zealand;*
- *Providing ongoing professional development to other areas within the department and other jurisdictions within Australia; and*
- *Has, in 2007 and 2008, worked with other jurisdictions in Australia and New Zealand to develop a National Program Standards framework and will evaluate future programs from these standards.*

Development and evaluation

Formation of the Clinical Governance Unit was a recommendation of the Mahoney Inquiry. It will implement an integrated framework in which assessment and counselling and clinical programs within the Department are accountable for continuously improving the quality of services, measuring efficacy and safeguarding standards. The unit ensures standards are developed, monitored and adhered to in the areas of treatment program delivery, suicide prevention, counselling and support services, research and evaluation and high risk and dangerous offenders.

The Unit's goal of program evaluation is to measure effectiveness. A three-stage offender program evaluation strategy was adopted in 2009 based on the evaluation frameworks established in Queensland and New Zealand.

The Department is committed to the development of appropriate and responsive services to identified offender groups. To complement the review of offender programs and to provide a platform for the model's implementation, Offender Services has committed significant resources to increasing current program activity. This has included the establishment of new programs for female and Indigenous offenders.

Women's program delivery

The Department has committed to improving the delivery of treatment programs to women. New programs include:

- *An Indigenous Cognitive Skills intervention has been established and runs in northern and Goldfields prisons. The Building on Aboriginal Skills (BOAS) program is suitable for both women and men.*

- The BOAS program was delivered to women at Greenough and Roebourne Regional Prisons this year. This is not a gender specific program however is culturally appropriate.
- Choices, Change and Consequences a general offending program for women has commenced at Bandyup Prison early in Q1 2010. It targets a range of criminogenic needs relating to women's offending and aims to reduce a woman's risk of re-offending.
- The provision of a women's substance use program at Greenough and Roebourne
- The Aboriginal Program Facilitation Unit (APFU) was recently established to improve treatment program delivery to Aboriginal offenders in prisons and the community.
- The unit is expected to deliver 15,440 hours of program delivery to Aboriginal offenders in 2009-10.
- The Indigenous specific intervention programs include, Indigenous Men Managing Anger and Substance Use (IMMASU), Indigenous Family Violence (IFV), Indigenous Medium Sex Offender Program (ISOTP).
- The number of programs delivered to Aboriginal offenders increased by 61 per cent between 2007/08 and 2008/09.

The Directorate's Disability Services Unit focuses upon services and support for prisoners with intellectual disabilities, acquired brain damage, dementia or cognitive impairment. The unit also provides advice to staff, prisoners, guardians, advocates and external agencies relating to services and policies for people with these disabilities.

The Intellectual Disabilities program in the suite of sex offending programs is run when required.

Integrated Offender Management

Programs are part of a broader process of integrated offender management with the goal of reduced re-offending, while ensuring the safety, security, rehabilitation, health and welfare needs of offenders. Other components are education and vocational training, supervision and reporting, re-entry services, counselling and health services.

The Department of Corrective Services is currently reviewing its case management and assessment practices across the divisions to develop a formal 'Integrated Offender Management Policy'.

The Department is currently developing a new approach to its assessment and classification processes. A two-tiered programmatic assessment process will establish a framework that improves the way in which the risk of re-offence is assessed and criminogenic needs that might be the target of intervention services are identified.

Quote from WA departmental representative

And of future rehabilitation directions,

Over the next five years, the Offender Services directorate will focus on the implementation of the new offender programs business model.

A project manager has been appointed to manage the implementation that will oversee the establishment of eight programs service hubs across the State and the integration of community and prison program delivery.

It is expected that each hub will have a sustainable team of facilitators for delivering programs in the community and prisons.

Hub locations will be:

- *Three in the metropolitan area – Midland is the pilot location*
- *Two in the South West*
- *Three in the North West.*

The objective of the review was to develop a business model which will assist the Department to meet the current demand for offender programs across prisons and the community.

Guiding Principles were developed with the Department's Executive team to inform the future delivery of offender programs in WA. These principles sit at the heart of the new business model.

They will ensure that program delivery will be integrated with all other offender interventions. The principles are to:

- *Manage offenders based on level of risk they pose (to the community, individuals and self);*
- *Use an interagency and multidisciplinary approach;*
- *Implement a mixed delivery model – working in partnership with the community and private providers;*
- *Create a business focus – measurable and accountable with internal and external service delivery providers;*
- *Provide leadership at all levels – through professionalism and continuous improvement;*
- *Deliver Department-approved programs which are monitored and evaluated to ensure program integrity;*
- *Train facilitators on a program specific basis;*
- *Target program delivery at Indigenous and female offenders;*
- *Ensure the continuity of service delivery pre and post release;*
- *Ensure achievable and sustainable offender program delivery across WA;*
and
- *Change the status quo.*

Quote from WA departmental representative

Summary

Over the past five years, all jurisdictions have refined the framework for the delivery of rehabilitation programs, with the emergence of high intensity programs for moderate- to high-risk offenders. Accordingly, assessment strategies (including the use of risk/need tools), measures of offender change, program evaluations and supervision practices are emerging and broadly consistent with good practice. The rehabilitation frameworks established are strongly informed by the risk-need-responsivity principles. What is less clear is the impact of these rehabilitation efforts on recidivism, with all jurisdictions working towards answering this question.

The next five years, will see consolidation of approaches to offender rehabilitation in a correctional environment, with the focus on, but not limited to, sentence management, offender program pathways, and monitoring program quality through the development of quality assurance mechanisms. Staff training and supervision will be developed further. Evaluation of efficacy is on the agenda for all jurisdictions, with University and external provider partnerships being sought to assist with the program evaluations. As in the previous report, there is a strong commitment to the delivery of programs for special need groups and forming appropriate partnerships to inform program delivery.

In conclusion, Offender rehabilitation is clearly established in Australia, with programs developing in intensity, consistent with good practice, over time. Programs target diverse offender needs, and thus there are few gaps in the treatment of male offenders. Further resource commitment is required to address the complex needs of Indigenous, female offenders and other special need groups.

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Appendix A: Interview Schedule

Part B: History

1. What programs have been delivered in the last 2 years?
2. Have these programs been run by the same staff/ what is the pattern of staff continuity?
3. What has been the level of acceptance of these programs (*inter-departmental, community, political*)

Part C: Theoretical/Philosophical basis

1. What are some of the ideas about rehabilitation that inform these programs?
Theoretical models?
2. What informs these ideas about rehabilitation/ is there a particular influence?
Research or theory/ name of researcher or a model/
3. Is there a policy framework that articulates this position?
4. Any documentation to support this position?
5. How are theoretical/ philosophical ideas about programs conveyed to those facilitating the program?

Part D: Participant Selection/ Treatment need

1. Who are the programs meant for?
2. Are there any stated aims and objectives in terms of participant selection?
3. Are the people specified in these aims and objectives the people that, in practice, are selected for the programs?
4. Are there any problems with selection criteria? For example of people who don't fit neatly into selection criteria who end up doing the program anyway or who would be better off doing a different program?
5. What is the system of referral? Who can refer participants to a program?
6. Who finally determines participants?
7. How are participants identified as having a need for the program? How do you assess the individual needs of program participants/ Is this pre-delivery or during the program?
8. Are any tools used in selecting participants – described them
9. Is treatment related to broader correctional plans, sentencing, parole conditions?
10. How are exclusions determined? Are there people who would best be excluded who end up doing programs because for instance there are not any other suitable programs?
11. How are issues such as motivation determined? And who determines them?
12. Are there any issues such as stage of sentence or availability that are relevant in selecting participants? Anything else that impacts upon selection of participants for the program?

Part F: Program features

General

1. What is the level of need for these types of programs?
2. How do these programs relate to each other? Is there a model of delivery – ie are programs delivered concurrently? Is there a priority or order in which an offender does more than one program?

Specific Programs

1. What offending-based needs are targeted by this program?
2. What methods and strategies are used in this program? Examples of activities

3. Who determines the content of programs? Is there any staff input into program delivery or program design? Authors of the program? Feedback or planning procedures that impact upon content?
4. Who decides on changes to the program content?
5. Have you needed to modify the program from the manual to attend in any way to the individual needs of participants? In what ways? (order of material covered, exercises run to time specified? Any changes in style of delivery, any extras added? Rationale for changes?)
6. How many programs do you complete per year?
7. What is the timetable for delivery of this program?
8. When program or program sessions are disrupted or cancelled (due to staff leave, sickness, staff workload, offender crises) how is this managed? (catch up sessions, staff and time allocated to catch up sessions? Is there provision for proper sequencing?)
9. Describe the accommodation and facilities available for program delivery. Have you found them adequate? (room size, chairs, tables as required, audio-visual equipment, any resource inadequacies?)

Part G: Evaluation

1. Has any program evaluation of program/s been done? Details. Documentation? (*audits, reviews, evaluations – in-house or external?*)
2. Are outcomes measured in any way? What are you looking for when measuring outcomes? Short term? Long term?
3. How are outcomes measured? *Tools employed? Is client feedback sought?*
4. In what ways do you check the participants learning or change? What do you find works best in gauging their learning? How do you measure change?
5. What happens to clients after they leave the program? How are participants monitored/followed-up post-program?
6. What provisions are there for intervention or 'through-care' post-program? Is there any provision for therapeutic intervention? In residential settings, officer/staff involvement in after care? Any obstacles to after care?
7. What links are there between prison and community corrections in terms of follow-up? What information is passed on? How is that passed on?
8. How are participant attendance and completion recorded? Are absentees followed-up? Are there any requirements for formal records to be kept? Or problems with keeping formal records?

Part H: Staff considerations

1. How many facilitators per program? Do they deliver the entire program or do different staff deliver different aspects of the program?
2. What are some important facilitator qualities? (*Credentials, skills, interpersonal qualities, experience*).
3. How are staff recruited to be program facilitators?
4. Are there any issues in staff selection that have been problematic in program delivery? (*issues such as gender, ethnicity, understanding of offending issues, philosophy at odds with department*)
5. What constitutes training in program delivery given to program facilitators? Are there specific training programs for that particular program? What general training in program delivery occurs?; any observation of others – best practice models? Is training on-going or is it a on-off? Is training mandatory?
6. Is there an individualised training needs analysis or is training a part of the general induction of program staff?

7. Are training requirements documented in any way – manual for specific program or policy document for recruitment and induction of program staff?
8. What preparation is necessary by staff for delivery of programs (*time spent, meetings with other staff, resources needed, any obstacles?*)
9. What preparation time and debriefing time is given to facilitators? Is this time formally allocated or is it subsumed into workload? *Ie institutional support for adequate preparation and debriefing*
10. What record-keeping is required by facilitators? Is this requirement documented?
11. How are facilitators supervised, assessed and monitored? Is there formal or informal supervision of any kind? What are the methods of assessment and monitoring of staff? How do staff receive feedback on supervision or assessment? Are there any remedial action plans? Are these documented?
12. What provisions are there for staff support in the form of further relevant training? Conferences, workshops, provision of literature, in-house staff development? What competencies have been targeted in the past?

Part H: Organisational issues

1. Would you say that programs are generally well supported from an organisational perspective?
2. What do you envisage as the future of program delivery in this state? Future directions? New initiatives?
3. Do you see any projected obstacles to future program delivery in this state/institution?
4. How sustainable is the current level of program delivery in terms of adequate funding and resources?
5. What is the perceived community support for rehabilitation programs within this state? Within this department? How is this reflected in government policy and funding?

Appendix B: Offender Program Checklist

The checklist was scored using present, partially present, absent and unknown. A rating of 'present' represented a clear indication, either in the manual or from informants, that the program exhibited that feature. 'Partially present' represented a degree of ambiguity as to whether or not the program exhibited that feature. For example, a discrepancy between the manual and practice was recorded as "partially present". 'Absent' was recorded when there was clear evidence to indicate the characteristic was not present. A final rating of 'Unknown' represented uncertainty surrounding the characteristic. These ratings were used in this project to provide an indication of how programs compare with good practice characteristics identified in the published research and that form the basis for accreditation systems in other countries. The ratings are not intended to represent an objective evaluation of each program. The checklists were provided to individual Departments, in the form of a State/Territory Report.

PROGRAM ELEMENTS	Present	Partially present	Absent	Unknown
Theoretical/Philosophical				
Theoretical basis articulated at Policy level				
Theoretical basis articulated in Manual				
Program designed on research				
Need determined				
Clear relationship between programs				
Theory manual				
Theory manual or section of manual				
Summary of theory and literature in language understandable by program facilitator				

PROGRAM ELEMENTS	Present	Partially present	Absent	Unknown
Staffing Considerations Area of study/training relevant to program delivery Individualised training needs analysis Documented staff training needs Detailed staff training course manual Staff receive formal training in theory and practice of intervention employed, along with additional on-the-job training, workshops etc. Criteria for ensuring staff competence at the end of training Guidelines for review of staff performance Personal qualities of staff outlined Ongoing supervision for staff Staff able to modify or adapt program structure as required Manual specifies number of staff required to deliver program Pre-Treatment Assessment Process Description of nature of offence or offender targeted Description of process of referral Description of assessment process i.e. psychometric instruments used Assessment of criminogenic need Assessment of offender responsivity (e.g. literacy, substance use, learning difficulties etc) Assessment of offender motivation to change Use of standardized psychometric risk/need assessments Entry provided to higher risk/need offenders Specified inclusion criteria Specified exclusion criteria Criteria for deselection Treatment manual Printed treatment manuals are available Pre-program preparation specified Treatment environment described (i.e. room set-up, group norms etc)				

PROGRAM ELEMENTS	Present	Partially present	Absent	Unknown
Specify aims and objectives for each session Link each session with theory Explain how each exercise will impact on targeted needs Specify a logical sequence of skill development Specify the methods used in skill training Skill training methods should vary to maintain offender interest Evaluate the level of skill development attained Provisions made for gender, culture, ethnicity or religion Participants Profile Data base of client profile Participant progress recorded systematically(i.e. attendance rates, interest, participation) Absentees documented Program Features Criminogenic needs are set as intermediate program goals Individual differences are considered in structuring and delivering the program elements Program participants are separated from rest of the population Delivery of treatment programs matches learning styles of clients i.e. engage higher levels of offender responsivity Characteristics of staff matched with type of programs they deliver Staff are assigned to clients they can work with effectively Client input helps to shape certain aspects of program structure and delivery Attempts made to evaluate outcomes for offenders (e.g. skill acquisition, staff ratings) Evaluation Offender feedback solicited Changes in attitude, behaviour and skill level monitored Completion or planning of a formal outcome evaluation				

PROGRAM ELEMENTS	Present	Partially present	Absent	Unknown
Program evaluation completed (pre-post program outcomes)				
Effect of the program on recidivism determined				
Follow-up of participants				
Follow-up of participants systematic				
Exchange of information between program and other staff				
End of program report/summary/notes				
Other				
Ethical guidelines specified and followed				
Positive changes in the program planned or underway				
Positive and stable funding situation				
Program supported from an organisational perspective				