Prison-based correctional offender rehabilitation programs: The 2009 national picture in Australia

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Foreword

Offender rehabilitation is one of the central purposes of correctional services around Australia and yet it not always easy access information about which programs are available in each state or territory. This report not only provides an overview of prison-based programs, but also offers a commentary on the current status and quality of programs and the directions in which they are likely to develop in the future. It is likely to be a valuable resource for those who are interesting in understanding more about the current status of offender rehabilitation in Australia.

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About the authors

Karen Heseltine is the Director of ForenPsych Pty Ltd.

Andrew Day is Professor of Psychology at Deakin University, Victoria.

Rick Sarre is Professor of Law and Criminal Justice at the University of South Australia.

Acronyms

AMC   Alexander Maconochie Centre

CBT   cognitive behavioural therapy

CEO   chief executive officer

CUBIT   Custody Based Intensive Treatment

SOPs   sex offender programs

VOTP   violent offender treatment program

Executive summary

In recent years, correctional administrators both in Australia and overseas have invested significant resources in the development and delivery of offender rehabilitation programs. These initiatives have occurred in the context of an impressive evidence base, attesting to the notion that such efforts are likely to have a greater impact on recidivism than incarceration alone and perhaps now, more than any time in the last 30 years, there is widespread optimism that such initiatives will help to reduce reoffending and improve community safety.

This report provides an updated account of the nature and scope of custodial-based offender rehabilitation programs in Australia. It does this in three ways—first, it describes those programs that are offered to adult offenders in public prisons throughout Australia and highlights changes that have occurred in practice since the first audit of programs was completed in 2004 (Howells et al. 2004). Second, it identifies areas of programmatic strength in relation to internationally accepted good practice criteria. Third, it describes some of the future developments that are likely to occur in the next few years and discusses some of the possible impediments to developing programs further that may exist.

The final report comprises two sections. It begins with a description of the legislative guidance and/or mandate that underpins the delivery of rehabilitation programs in each jurisdiction. This is followed by a description of the 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 challenges that face service providers in the next few years. The second section provides a more detailed description of programs, reported by jurisdiction.

Methodology

The methodology adopted in this study replicates that of the 2004 audit of programs (see Howells et al. 2004) which drew on data obtained from face-to-face interviews with representatives (and their nominees) from the correctional administration of each state/territory. In addition, a desktop analysis was conducted, synthesising information contained in existing program documentation and manuals supplied by each jurisdiction. Both sources of information were used to review programs against a checklist of program characteristics that was developed specifically for use in correctional program audit and accreditation.

The national picture

Each jurisdiction, without exception, has attempted to respond to the challenges that were identified in the 2004 program review. In particular, recent years have seen the development of a number of more intensive programs. These programs are supported by policy documents that articulate the evidence base supporting program delivery, the theoretical rationale for particular programs and how these are embedded within current case management and staff training frameworks (and associated policies and practices). Furthermore, each jurisdiction has demonstrated an ongoing commitment to the delivery of custodial offender treatment programs in ways that are congruent with current conceptions of 'good practice'. There is an increased confidence in being able to move from theory through to policy and practice, especially in relation to the development of programs for sex and violent offenders. In conclusion, the overall quality of Australian offender

rehabilitation programs appears to be improving, although ongoing evaluations have yet to establish the effectiveness of these programs on criminal justice outcomes.

The future challenges for offender rehabilitation providers in Australia relate to the need to ensure that a high standard of program delivery is maintained and that new programs are developed for particular offender groups (including those who identify as from Indigenous cultural backgrounds). Crucial to these challenges is the enhancement of inter-jurisdictional resource pooling and information sharing.

Prison-based offender rehabilitation programs: The 2009 national picture—Part A

Australia's prison population continues to grow at a rate that is four times that of the general population (ABS 2009). The current imprisonment rate (170 per 100,000 population) well exceeds the rate found across Scandinavia, Western Europe, Canada, England and Wales, and New Zealand (Sarre 2009). In September 2009, there were almost 85,500 adult persons receiving correctional services in Australia, with over 30,000 (36%) people in prison (a figure that includes periodic detention). Moreover, there is evidence that sanctions and incarceration alone are unlikely to reduce rates of reoffending (Cid 2009) and may even result in increased recidivism (Chen & Shapario 2007; Smith, Goggin & Gendreau 2002). All of this highlights the need for correctional agencies to deliver services and programs that can assist prisoners to lead productive and law-abiding lives upon their release into the community. Whereas international research has shown that offender rehabilitation programs are likely to be most effective when offered in community settings, there is now a robust body of evidence testifying to the rehabilitative success of many custody-based programs (Andrews & Bonta 2010).

The expression *rehabilitation* requires some definition. Literally, *rehabilitation* refers to the restoration of something to its proper condition. In the criminal justice context, one might suggest that this would normally involve intervention to help offenders to adopt law-abiding lives and to turn away from antisocial proclivities. Importantly, the term *rehabilitation* has now replaced the term *treatment*, which was in common use in the 1970s and 1980s and which served to forge a close association with the medical treatment paradigm. Rehabilitation, by contrast, and for the purposes of this report, refers to specific forms of treatment or training and includes correctional interventions

Prior to 2004, little information (either outcome-based or descriptive) was available about which rehabilitation programs were offered by Australian correctional services). The 2004 *National Picture of Offender Rehabilitation Programs* report (Howells et al. 2004) provided an overview of those programs that were available at the time and made comment about some areas for further development. The authors of this report concluded that:

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 (Howells et al. 2004: 85).

This report considers the changes that have occurred to prison-based correctional rehabilitation programming offered by Australian correctional services over the past five years. It should be noted at the outset, however, that all states/territories currently deliver a number of other non offence-focused 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, but may be considered to reintegrative rather than rehabilitative. There is a much weaker evidence base documenting the effects of such programs on recidivism (see Day, Ward & Shirley 2011), partly because such programs are typically less targeted and strive to achieve multiple aims.

The review aims to provide policymakers, correctional managers and government departments with detailed information about recent changes in prison-based correctional rehabilitation programming. It therefore aims to:

- document which programs are currently offered to adult offenders in the correctional system in Australia;

- document and analyse the targeted offender populations, and the structure, length, mode of delivery and content of programs;

- identify important issues in the delivery of current and planned programs from the perspectives of correctional managers;

- compare the national profile of programs in Australia with international developments and evidence-based practice principles;

- identify changes in correctional offender rehabilitation programs and practice over time;

- review the effectiveness of Australian offender rehabilitation programs; and

- identify the directions for the future development of programs, as perceived by correctional managers.

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 programs that are currently offered in custodial settings in Australia. These programs target the following areas—cognitive skills, drug and alcohol, anger management, violence, domestic violence and 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, the current evidence base supporting program effectiveness, and comment on the strengths and future challenges in delivering offender rehabilitation programs in Australia.

Part B of the report provides a more detailed description of the prison-based rehabilitation programs currently delivered as well as changes in delivery structure, reported by jurisdiction, over the past five years. This provides information that allows comparisons to be made between the types of programs that are offered in each state/territory.

Methodology

The methodology used in this study replicated that of the 2004 audit, 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

rehabilitative programs and interventions delivered to offenders in prisons. Prison-based offender rehabilitation programs considered eligible for inclusion in the review were those that were greater than 10 hours in duration, adopted cognitive-behavioural methods of intervention (including psycho-educational components), aimed to directly reduce the risk of recidivism in adult offenders and that were delivered in public prisons by correctional services. Each jurisdiction was readily able to identify relevant prison-based offender rehabilitation programs that met these criteria and were able to be categorised in the following way—sex offender programs, violence programs, anger management programs, domestic violence programs, drug and alcohol programs, victim awareness programs and relapse prevention programs. Excluded were broader services such as home detention systems, preparation for release, routine case management and/or non-specific counselling.

Departmental representatives and their nominees were interviewed in accordance with a semi-structured schedule (see *Appendix A*), with meetings generally lasting one to two hours. Interviews were conducted face-to-face and, in some instances, by telephone. Program manuals, associated documents and (where available) outcome studies were reviewed.

To allow comparisons to be made with previous data, the checklist of program characteristics developed for the 2003 audit (see *Appendix B*) was used in this review; with staff interview data and program documentation used to facilitate its completion. The checklist was scored using the previously described criteria (namely *present*, *partially present*, *absent* and *unknown*; see 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. These ratings were not intended to provide an objective evaluation of each program, rather, they provided a structure to give individualised feedback to individual jurisdictions.

In addition, detailed notes were taken during interviews with the departmental representatives and their nominees.

Following the interviews, each state/territory received a confidential individualised report detailing their offender programs. This also included a detailed summary of changes to offender rehabilitation programs that had occurred over time and comments relating to the key strengths and weaknesses in the implementation of programs. Each state/territory was aware that the general themes and program descriptive data contained in their individual report would be used to inform this national picture report.

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 health, education, welfare, police, courts and corrections are divided unevenly between state, territory and federal agencies (Sarre 2002). This awkwardness has operated to hinder any attempts at a national approach to achieving rehabilitative goals.

Parliamentary authority for the delivery of correctional services across the nation changes markedly from jurisdiction to jurisdiction. Sometimes it appears in the relevant criminal statutes, sometimes in correctional legislation and sometimes in the various Acts related to sentencing that apply in some, but not all, jurisdictions. Not only are there different legislative approaches to correctional authority and direction, there are a variety of models for delivery of programs as well. These models range from the passive legislative model, to the specific legislative mandate model. Some jurisdictions provide a very general administrative fiat, with policy specifics left principally to departmental development and implementation. Others operate within a more directive regime.

At the risk of overstatement, it could safely be asserted that Australian legislation on the subject of rehabilitation has generally been seen as more of a legal requirement than as a means of providing important and helpful guidance regarding the structure, value and purpose of rehabilitative practices. At the very least, it can be confidently said that those who have responsibility for the carriage of rehabilitation programs in Australia rarely, if ever, refer to current legislation for guidance. This may be the result of the contemporary drive of Australian legislators to push community safety as the paramount consideration in sentencing, compared with those whose rehabilitative zeal guided prison reforms in generations past (Sarre 2005).

It was argued in the 2004 report that affirmations of rehabilitative purposes in legislation are not only useful, but essential. These affirmations serve to place on record a government's commitment to rehabilitative ideals and also to make therapeutic purposes less vulnerable to political forces that might seek to undermine them. This suggestion has not as yet been taken up by any legislature, with the exception of the ACT Parliament in the building and opening of its first prison in 2008 (see below).

In 2004, governments were also called upon to explore what is known as 'therapeutic jurisprudence' (sometimes referred to more simply as 'therapeutic justice') in their correctional departmental undertakings. Currently, the only jurisdiction that has taken this approach is Victoria, through their Department of Justice (Birgden 2004). It was forwarded that there would be much value in recognising and reinforcing, for example, the ability of judges to seek assurances from corrections departments and personnel that judicial recommendations will be (and are being) followed appropriately once the convicted offender leaves the courtroom. It is still considered that if rehabilitative initiatives are being driven legislatively rather than administratively driven, they will be more durable. Further, it would be of immense value for governments to provide, in legislative form, the fiat for innovative ideas such as therapeutic jurisprudence. Finally, it may be useful for governments to state their general rehabilitative purposes in all relevant legislation.

What follows is a brief overview of the information gained from jurisdictions concerning their legislation that has more than a passing reference to rehabilitative purposes generally and programs specifically. It updates the information provided in the 2004 review.

Australian Capital Territory

In 2007, a new Corrections Management Act was passed by the ACT Parliament. It appears that the impetus for the revision of the ACT legislation was the opening of Canberra's first prison, the new Alexander Maconochie 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 commitment to programs in the Maconochie Centre that foster rehabilitation.

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 service 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 (see Hargreaves 2009).

Section 7 of the *Corrections Management Act 2007* (ACT) outlines 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.

These objects are repeated word for word from the *Crimes (Sentence Administration) Act 2005* that is to be read together with the provisions of the 2007 Act.

Moreover, s 9(f) of the *Corrections Management Act 2007* speaks of functions under this Act being exercised 'to promote, as far as practicable, the detainee's rehabilitation and reintegration into society'.

The *Crimes (Sentence Administration) Act 2005* also outlines and governs the provision of rehabilitation services to detainees, insofar as 'rehabilitation' is assumed to flow from the availability of good behaviour bonds, home detention and parole. Section 99, for example, allows for a 'rehabilitation program condition' as a requirement of a bond.

There have been significant changes to legislation since the 2004 report. Sections 402 and 403 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 treatment have now been repealed. So, too, has s 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 s 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. The former *Periodic Detention Act 1995*, s 15 stated

The director may, by order, direct a detainee to…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, s 120(2)(k) of the *Crimes (Sentence Administration) Act 2005* allows the Parole Board, as one of its criteria for determining whether parole should be granted, to take into account of 'whether parole is likely to assist the offender to adjust to lawful community life'. It may be assumed that that phrase encapsulates rehabilitative components that may be included in any decision of the Board.

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) and (2) of the new 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.

(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 as 'intervention programs'. The provisions are found in Chapter 7, Part 4 of the Act which, in s 345, lists the following objects:

(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:

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

Specifically, s 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,...

(e) promoting the reintegration of offenders into the community.

An accused person or offender may be referred for participation in an intervention program at several points during criminal proceedings. For example, a court that grants bail to a person may impose a condition of bail under s 36A(1) of the *Bail Act 1978* (NSW) 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 s 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 program) a condition of a good behaviour bond under ss 9 or 10 of the Act, or of a suspended sentence under s 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 s 11 of the Act.

In 2006, the *Drug Court Act 1998* was amended by adding a new Part 2A *Compulsory Drug Treatment Detention*. This amendment provided the legislative base for the building of the Compulsory Drug Treatment Correctional Centre, a small 70 bed prison in Sydney to which eligible offenders are sent in order to undertake a Compulsory Drug Treatment Order under the Compulsory Drug Treatment Program. The legislation empowers the NSW Drug Court to order sentenced, repeat drug-related offenders to the Compulsory Drug Treatment Correctional Centre for comprehensive drug treatment and rehabilitation. Those responsible for the program report to the Attorney-General, the Minister for Corrective Services and the Health Minister.

Under the program, the Senior Judge of the NSW Drug Court provides ongoing judicial supervision throughout the sentence until the offender is eligible for parole. The model of drug treatment and rehabilitation is abstinence-based. The treatment is compulsory; there is no consent required and no provisions for an appeal (Birgden & Grant 2010).

Northern Territory

The NT Department of Justice's offender rehabilitation operates in accordance with, and within the framework of, the *Sentencing Act 1995*. 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 an 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.

Separate and apart from rehabilitative ideals generally, the *Prisons (Correctional Services) Act 1980* 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. The Act does not refer to rehabilitation as such.

Section 9(a) of the *Sentencing Act* (NT) provides 'for the rehabilitation of an offender by allowing the sentence to be served in the community' and the *Criminal Records (Spent Convictions) Act* (NT) provides an opportunity for some offenders to 'wipe the slate clean.' Finally, s 111 of the *Mental Health and Related Services Act* (NT) states that members of the specifically empowered 'community visitors panel' should, when visiting mental health facilities, enquire into:

the adequacy of opportunities and facilities for the recreation, communication with other persons, occupation, education, training and rehabilitation of persons receiving treatment or care at the facility…

Queensland

The *Penalties and Sentences Act 1992* (Qld) s 9(1)(b) allows a court, in sentencing, to provide conditions in the court's order that the court considers will help the offender to be rehabilitated.

The *Corrective Services Act 2000* (Qld) was revised in 2006 but the provisions related to rehabilitation essentially re-state the provisions found in the old Act, with some minor changes (see below). Indeed, the new s 266 is almost identical to the old s 190, which specifically addresses the need for offender programs. The 2000 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 in bold.

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*.

Queensland, like the Northern Territory, has a specific Act that deals with 'spent convictions'. This legislation allows convicted offenders to disregard a previous conviction after 10 years for the purposes of stating that they have no previous convictions. However, the legislators use the term 'rehabilitation'

in a very broad sense. For example, the 'spent convictions' legislation is known as the *Criminal Law (Rehabilitation of Offenders) Act 1986*, but it has little to do or say about rehabilitation generally. Indeed, the timeframe of 10 years is referred to as the 'rehabilitation period'.

South Australia

In South Australia, the *Criminal Law (Sentencing) Act 1988* s 10(1)(m) states that one purpose of sentencing is 'the rehabilitation of the offender', but it is well down a long and growing list of considerations and certainly is now secondary to 'the safety of the community' (s 10(1b)).

The Department for Correctional Services offender rehabilitation operates in accordance with the *Correctional Services Act 1982* (SA) s 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 program 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 program.

This process is mandatory for the CEO. 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 does, however, make explicit reference to offender rehabilitation (see below). Whether the term 'social rehabilitation' referred to in the legislation outlined above means the same thing may require further discussion.

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 reoffending.

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.

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 reoffending.

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; and
- maintain the number of Cognitive Skill Program coaches throughout the Department.

Tasmania

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

Section 3(e)(ii) of the *Sentencing Act 1997* (Tas) mentions rehabilitation as an aim, but it is not prominent in the list of purposes and appears to be somewhat secondary to deterrence as a goal.

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…

Section 27H of the *Sentencing Act 1997* (Tas) allows for a drug treatment order, namely

(1) A court that is making a drug treatment order may attach one or more of the following conditions to the treatment and supervision part of the order:

(a) the offender must submit to drug testing as specified in the order;

(b) the offender must submit to detoxification or other treatment, whether or not residential in nature, as specified in the order;

(c) the offender must attend vocational, educational, employment, rehabilitation or other programs specified in the order…

Victoria

The *Sentencing Act 1991* (Vic) has a broad and general reference to rehabilitative ideals. Section 5(1)(c) states that one of the purposes for which sentences may be imposed is to 'establish conditions within which it is considered by the court that the rehabilitation of the offender may be facilitated'. This legislation allows the creation of conditions for rehabilitation to occur, rather than actively promoting rehabilitation in and of itself.

Moreover, for persons to be eligible for a community-based order, they must abide by the conditions laid down, among others, in s 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, among 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, among 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.

The *Corrections Act 1986* (Vic) and Regulations make few references to rehabilitative programs and purposes. Section 57B does speak, however, of the rehabilitation and transition permit system.

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.

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 (formerly the Parole Board). The amendments clarified and enhanced the administration of parole and early release of offenders. 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 serving a suspended sentence.

Part 2 (Division 4) of the *Sentence Administration Act 2003* (ss 13, 14 and 14A) allow the Prisoners Review Board to recommend and approve re-socialisation programs.

Section 14(5) of the Act is significant:

(5) If after—

(a) receiving a re-socialisation program from the CEO…; and

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

the Board approves of the program, 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 CEO is defined in the Act *as the chief executive officer of the Public Sector agency principally assisting the Minister*.

The *Prisons Act 1981* (WA) provides legislative guidance for the provision of offender programs. Section 95 (*Preparation and Implementation of Activity Programs*) 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 arrange for the provision of services and programs for the wellbeing and rehabilitation of prisoners.

(2) In particular, services and programs 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 programs 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 programs 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 programs under this section, the needs of female prisoners and prisoners who are Aboriginal people or Torres Strait Islanders are addressed.

(6) Services and programs 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 programs 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.

The *Sentencing Act 1995* (WA) makes no reference to rehabilitation as an aim of sentencing other than as it pertains to community service orders (ss 67 and 74). There can be, however, a program requirement (found in s 33G upon an order of a speciality court or a community corrections officer) that is designed to 'provide an opportunity for the offender to recognise, to take steps to control and, if necessary, to receive appropriate treatment' for personal factors that may have contributed to the offender's criminal behaviour.

Federal offences

Under the *Crimes Act 1914* (Cth) s 16A(1), when considering

> the sentence to be passed, or the order to be made, in respect of any person for a federal offence, a court must impose a sentence or make an order that is of a severity appropriate in all the circumstances of the offence.

It is only in s 16A(1)(n) that reference to 'the prospect of rehabilitation of the person' can be found.

Conclusion

In Australia, there appears to be little consistency in the legislative fiats that drive the delivery of rehabilitative services in state, territory and federal correctional environments. It is difficult to identify a cohesive legislative commitment to rehabilitative ideals in Australia and instead, where it exists, legislation appears to be fragmented. For the most part, the imprimatur for programs is located in legislation but there is no consistency in rubrics. Sometimes the legislation is focused on corrections, sometimes on sentencing and sometimes on parole or programs or courts administration. Moreover, the mandate for delivery derives principally from departmental administrative initiatives, which vary from place to place. A step towards remedying this situation may be to have jurisdictions pass uniform legislation that sets out a generally accepted understanding about the purposes of rehabilitation and how best to achieve it.

A review of Australian prison-based, offence-focused rehabilitation programs

The following section of this report provides a brief synopsis of the current research literature that underpins the delivery of the different types of offender rehabilitation programs that are offered in Australian public prison settings. These include cognitive skills, drug and alcohol, anger management, violent offender, domestic violence and sex offender programs (SOPs), as well as those programs that are delivered to other groups, including Indigenous and female offenders. This is followed by a description of those offender programs that are currently delivered in custodial settings in each jurisdiction and a summary of any programmatic changes that have occurred during the past five years. Finally, comments are offered about the implementation of, and outcomes for, these specific program categories.

Sex offender programs

Review of the literature

The rehabilitation and management of sex offenders presents considerable challenges within a custodial environment. Not only are sex offenders heterogeneous, but numerous theoretical models have been proposed to explain sexual offending (see Finkelhor 1984; Hall & Hirschman 1992;Marshall & Barbaree 1990; Ward & Siegert 2002; Ward &

Sorbello 2003), with comprehensive models integrating developmental, psychosocial, environmental and physiological factors (Marshall & Barbaree 1990). There is, however, a theoretical consensus that the behaviour is learned and, as such, is amenable to change (Curnow, Streker & Williams 1998).

A number of other issues routinely arise in the rehabilitation of sex offenders, for which there is little empirical evidence to guide practice. These include whether programs should mix or separate child molesters and rapists (see Polaschek & King 2002), how those who categorically deny offending should be managed (see Marshall et al. 2001), the use of preparatory programs (see Marshall et al. 2008) and the extent to which programs should address non-criminogenic human needs (Ward & Stewart 2003).

The low base rate of known sexual reoffending makes it difficult to design methodologically rigorous studies to evaluate program effectiveness. Until recently, there have been relatively few well-controlled outcome studies of sex offender treatment programs. Reviews of studies completed prior to the 1990s suggested that there was little reason to believe that treatment reduced recidivism for sex offenders, whereas there are now a number of studies that have found reductions in recidivism

among treated offenders. The Collaborative Outcome Data Project Committee conducted one of the most comprehensive reviews of psychological treatment for sex offenders (Hanson et al. 2002). This international committee of experts concluded that current programs are associated with reductions in both sexual and general recidivism. After an average of four to five years of follow-up, 10 percent of the offenders in the treatment groups had reoffended sexually, compared with 17 percent of the non-treatment groups. The committee cautioned, however, that further rigorous research is required before firm conclusions can be reached about the effectiveness of sex offender treatment. In a more recent systematic review of controlled outcome evaluations of psychosocial and organic sex offender treatments, 11.1 percent of treated offenders and 17.5 percent of controls reoffended sexually (Schmucker & Losel 2008). For psychosocial interventions, the results for cognitive behaviour therapy-based and behavioural interventions were assessed as 'promising'. Variables such as psychopathy and an a priori level of risk do, however, seem to moderate treatment effectiveness. One suggestion is that the highest levels of treatment and supervision should be focused on the highest risk sex offenders. This not only serves to make the best use of limited resources, but it has been suggested that intensive treatment of low-risk sex offenders may, in fact, increase rather than decrease their risk, potentially by exposing them to the deviant interests and behaviours of higher risk sex offenders (see Olver, Wong & Nicholaichuk 2009).

In Australia, the recent introduction of dangerous offender and sexual offending legislation, media attention and/or advocacy from victim representatives has resulted in an increased focus on rehabilitation efforts for dangerous high-risk offenders and dedicated funding (in some jurisdictions) for the delivery of sex offender rehabilitation. To date, however, there have been only a few outcome studies on sex offender treatment programs, although most have undergone (or are undergoing) external review. In New South Wales, an evaluation of the Custody Based Intensive Treatment (CUBIT) reported significantly lower actual recidivism rates than predicted by actuarial measures; with only 8.5 percent of program completers committing a further sex offence in the follow-up period (3.75 years),

compared with the predicted sexual recidivism rate of 26 percent (Woodrow & Bright 2010). In Victoria, sexual recidivism rates for SOP completers were lower than for non-completers and offenders removed from
the program (4%, 20% and 10% respectively; Owen et al. 2007). In a 2002 evaluation of WA SOPs, the recidivism rates of 2,165 offenders who were referred to the sex offender treatment unit from 1987 to 1999 were measured; no significant treatment effects on rates of sexual recidivism were reported (Greenberg, Da Silva & Loh 2002). In New Zealand, an evaluation of Kia Marama's treatment program reported that program completion halved the rate of sexual recidivism; with only 10 percent of Kia Marama program completers reoffending sexually in the four year follow-up period (compared with 21% of non-treated offenders; Bakker et al. 1998).

Sex offender programs: In practice

In 2003, all jurisdictions were providing or developing SOPs (see Table 1). A similar picture emerged in 2009 (see Table 2), with all jurisdictions providing high-intensity SOPs for high-risk/need sex offenders, with lower intensity, motivational/preparatory and/or maintenance programs, in some jurisdictions, to complement these.

The recent development of motivational and/or preparatory programs for sex offenders warrants special consideration given emerging evidence that increasing readiness to engage in interventions has a positive effect on program completion and, in turn, on rehabilitative outcomes (Latendresse 2006; Marshall et al. 2008). In line with such research, New South Wales has developed a motivational and/or preparatory program for sex offenders. Similarly, maintenance programs have been developed in New South Wales and Queensland, with the aim of reinforcing treatment gains. 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. The aim is for participants to develop emotional regulation skills (eg learn to manage impulsive behaviour) and a self-management plan (to avoid being in situations where accusations may arise in the future). There were no data, to date,

on the impact of these programs on outcomes.

The case management models used in SOPs are consistently well articulated and developed across all jurisdictions. The identification of sex offenders can be difficult, as legal sanctions may differ from the actual offending 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. Sex offenders are routinely referred for a further assessment by specialist staff, who determine level of sexual risk (through the administration of specific sex offending actuarial tools—eg STATIC–99), level and type of sexual need (through interview and actuarial assessment), level of readiness and responsivity, 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.

Sex 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. SOP 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. Programs are generally delivered to mixed groups (child and adult sex offenders) of up to 12 offenders. Many jurisdictions have specific areas in the prison reserved for the delivery of intensive programs or else the programs form a part of a therapeutic community. Intensive staff training programs are present in all jurisdictions, with national and international experts regularly providing staff workshops and ongoing training. Similarly,

Jurisdiction	Program title	Duration	Specific target
Vic	Sex Offender program (MMIP)	144–288+ hours	
NSW	CUBIT—Adapted[a]	720 hours	
	CUBIT—Moderate intensity[a]	480 hours	
	CUBIT—High intensity[a]	600 hours	
ACT	Sex Offender Treatment Program	260 hours	
Qld	Sex Offender Intervention Program	60 hours	
	Sex Offender Treatment Program	216 hours	
	Indigenous Sex Offender Program	216 hours	Indigenous
Tas	Sex Offender Treatment Program	216 hours	
WA	Medium Sex Offender Program	192 hours	
	Medium Sex Offender Program (Indigenous)	192 hours	Indigenous
	Sex Offender Intensive Program	450 hours	

Table 1 Prison-based sex offender programs, 2003

a: program provided in a therapeutic community

Table 2 Prison-based sex 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		240 hours	√	√	
	CORE		100–130 hours	√	√	
	CUBIT Out Reach (CORE)—Low	Intellectual disability	40 hours	√	√	
	Deniers Program		80 hours	√	√	
	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	Sexual Behaviours Clinic (SBC)		250 hours	√	√	Planned
WA	Indigenous Medium Sex Offender Program	Indigenous	120 hours	√	√	√
	Intensive Program		460 hours	√	√	√
	Medium Sex Offender Program		105 hours	√	√	√
	Deniers Program		95 hours	√	√	√
	Sex Offender Intellectual Disability	Intellectual disability	74 hours			

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

Violent offender programs

Review of the literature

Violent offenders are one of the most significant groups of offenders at whom rehabilitative efforts are targeted. Not only do they make up a significant proportion of prison populations (around 50% in some jurisdictions; see ABS 2009a), but rates of reoffending are relatively high (around 40% for untreated offenders in Canada, see Dowden, Blanchette & Serin 1999; 50% for violent offenders in New Zealand, see Nadusu 2009) and the harms caused by violent and aggressive behaviour are now well recognised (Lorion 2000). Despite the number of violent offenders in custody, there is a surprisingly limited evidence base from which to draw any firm conclusions about the effectiveness of psychological treatments to reduce the risk of violent behaviour (McGuire 2008). The characteristics of violent offenders are heterogeneous, with a range of variables besides emotional regulation that can contribute to violent behaviour (Chambers et al. 2009). For example, 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 et al. 2008).

In what is still the only published meta-analysis of violent offender treatment programs (VOTP), Polaschek and Collie (2004) identified only nine program evaluations that included a matched or randomly allocated comparison group and reported subsequent recidivism rates (although only 4 studies reported violent recidivism rates). Of these, two were classified as primarily cognitive programs (cognitive skills training and cognitive self change), three as anger management programs and three as 'multi-modal' programs. Polaschek and Collie (2004) concluded that although most of the programs they reviewed showed some level of efficacy, it was difficult to draw any firm conclusions about effectiveness. This was due to the small number of studies, the weaknesses inherent in some evaluation

designs and variation in other features such as length, setting, staffing and the lack of basic information about offender characteristics such as age and level of risk. In addition, some studies omitted to report important details (such as program content and delivery, participant and setting characteristics) and little information was provided about the theoretical basis of programs.

Since this review was published, a number of other evaluations have been reported. In one study, Polaschek et al. (2005) reported positive outcomes from a New Zealand Violence Prevention Unit, with only 32 percent of the treatment group being reconvicted for a violent offense after release, rather than the 63 percent reconviction rate for the matched comparison group. For those treated participants who were reconvicted, the mean number of days to violent re-offence was more than double than that of the comparison group. More recently, Serin, Gobeil and Preston (2009) have published an evaluation of a treatment program offered to persistently violent Canadian offenders. They compared program completers with two control groups (those who completed an alternative program and those who failed to complete), but identified few differences between the groups on a range of measures (including change on measures of treatment targets, institutional misconduct and post-release returns to custody). Serin and colleagues (2009) suggested that this might mean either that the program is effective with only certain groups of violent offender, or that it did not meet some of the criteria that are usually associated with the more effective programs (eg program integrity and intensity). One other recent evaluation has produced results that are more promising. Cortoni, Nunes and Latendresse (2006) found that completion of a Canadian Correctional Services Violence Prevention Programme led to reductions in institutional misconduct charges in the six month and one year period following program completion and that those offenders who had completed the program had lower rates of recidivism than non-treated offenders.

Jolliffe and Farrington (2007), in a systematic review of violent offender treatment conducted for the Ministry of Justice (United Kingdom), were able to identify only 11 outcome studies that met the required methodological criteria. They cautiously

concluded that

> interventions with violent offenders were effective both at reducing general and violent reoffending, with a difference in percentage reconvicted of about eight to eleven per cent for general reoffending measures and seven to eight per cent for violent reoffending measures (Jolliffe & Farrington 2007: iv).

They did note, however, that effectiveness varied considerably according to factors such as the content of the intervention, the delivery of the intervention and the methodology of the study. Collectively, these rather inconsistent findings suggest that much can be done to improve the ways in which violent offender treatment is both

conceptualised and delivered, as well as identify the need for more rigorously designed and controlled evaluation research to be conducted.

Violent offender programs: In practice

As with sex offender management, political pressure, the introduction of dangerous offender legislation, media attention and/or advocacy from victim representatives has resulted in an increased focus on rehabilitation efforts on dangerous high-risk offenders. Intensive programs for violent offenders are now delivered in six jurisdictions (see Tables 3 and 4) and there are plans to develop new programs

Table 3 Prison-based violent offender program, 2003

Jurisdiction	Program title	Duration
NSW	Violent Offender Therapeutic Program	831.5 hours
Qld	Violence Intervention Program	134 hours
WA	VOTP	450 hours
	VOTP	64 hours

Table 4 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	–	316 hours	√	√	√
	Medium Intensity Violence	–	132.5 hours	√	√	√
Tas	Nil	–				
Vic	Violence Intervention Program—High Intensity	–	180 hours	√	√	√
	Violence Intervention Program—Moderate Intensity	–	120 hours	√	√	√
ACT	Cognitive Self Change	–	100 hours		√	
NT	Planned	–				
SA	Violence Prevention Program	–	330 hours	√	√	Planned

in both Tasmania and the Northern Territory.

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 (eg Violence Risk Scale) to determine the level of need. Levels of readiness and responsivity are routinely assessed through clinical assessment and/or the use of psychometric instruments. In Queensland, a pathway has been developed with violent offender treatment starting with the Making Choices (Cognitive Skills) program and then a referral to the Cognitive Self Change program.

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. The program manuals all include theoretical and empirical sections and notes for working with violent offenders. Behaviour and cognitive behavioural strategies form the predominant mode of treatments, with motivational and psycho-education strategies employed in preparatory programs. 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; however, any publications arising from these data are not publically available. 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.

Anger management
Review of the literature

Anger management programs are underpinned by the premise that that poor anger control is commonly

associated with violent offences and, as such, that the management of angry reactions will reduce the risk of violent recidivism (Howells 1998; Novaco, Ramm & Black 2001). Anger management programs commonly employ cognitive behavioural methods to provide psycho-education, strategies to control arousal and skills to restructure anger-provoking beliefs and cognitions.

There are a small number of methodologically rigorous studies evaluating the outcomes of anger management programs for offenders. Some studies have suggested treated offenders report a reduction in angry feelings and less denigration in response to provocation (Stermac 1986). Others have reported improvements in self-reported anger and aggression (McDougall & Boddis 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), as well as higher rates of violent recidivism for program non-completers (Dowden & Serin 2002).

In a meta-analysis of anger management outcomes, DiGiuseppe and Tafrate (2003) found that the effects of anger management were most marked on post-treatment measures of aggression. However, even though anger management programs are administered on a very large scale internationally within criminal justice and forensic mental health systems, there have once again been few studies that have evaluated the effects of anger management with forensic populations. In the DiGuiseppe and Tafrate (2003) meta-analysis, for example, only eight of the 57 studies that were reviewed were conducted with offender participants (although insufficient detail is provided in the paper to be certain about this). While other evaluations have been conducted, many of these suffer from methodological problems (such as a lack of control groups, or an absence of behavioural measures), which prohibit their inclusion in any meta-analytic review (eg Valliant, Jensen & Raven-Brook 1995; Valliant & Raven 1994).

Two large-scale evaluations with offender populations have been reported that warrant specific mention. First, Dowden, Blanchette and Serin (1999) found that a 50 hour anger management program offered to adult male offenders in Canada produced reductions in recidivism over a three year period,

although only for high-risk offenders. A follow-up study by Dowden and Serin (2002) found while anger management participants were no less likely to be involved with institutional 'incidents' than those who had not received any treatment, there were marked differences in subsequent recidivism between those who completed treatment and those who dropped out. Over the three year follow-up period, the violent recidivism rates for the dropout, control (untreated) and treatment groups were 40 percent, 17 percent and five percent respectively. A second set of studies by Howells and colleagues (2005) in Australia on the effects of a briefer (20 hour) anger management program with offenders produced less encouraging results (Watt & Howells 1999; Howells et al. 2005). These studies found no differences between the treatment groups and untreated controls on a range of dependent measures, including anger experience, anger expression, prison misconduct and observational measures of aggressive behaviour. One of the main conclusions of Howells et al. (2005) was that although treated participants consistently showed improvements on a range of anger measures, these effects were very small in absolute terms and, generally, were hardly greater than the changes observed in the control group. The one exception to this general picture was that anger knowledge improved more in treated participants than in controls.

Outcomes on anger management programs may be affected by participant motivation, program complexity, low program integrity and limited opportunity to practice skills (Watt & Howells 1999;

Howells & Day 2003). However, Australian evaluations of low intensity (20 hour) programs have suggested that any changes are unlikely to be significant enough to effect behavioural change (see Heseltine, Howells & Day 2009). It is often recommended that more intensive programs are offered that encompass other treatment targets for violent offenders including substance abuse (Bowes et al. 2009), employment, personal/emotional stability, community functioning, criminal attitudes, associations, marital and family relationships (Serin & Preston 2001) and the social context in which violent and aggressive behaviour occurs (Henry, Tolan & Gorman-Smith 2001).

Anger management programs: In practice

The number of anger management programs offered in Australia has reduced over the last five years (see Tables 5 and 6), perhaps in response to the somewhat disappointing results of local evaluations as outlined above. Programs are currently delivered in five of the eight correctional jurisdictions (see Table 6). 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.

In general, anger management programs continue to be underpinned by educational, cognitive behavioural and interpersonal techniques. Programs are delivered predominantly to groups of eight to 12 offenders; however, one-on-one anger management also occurs, albeit infrequently. The programs commonly

Table 5 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
	Controlling Anger And Learning How to Manage It (CALM)	48 hours	

Table 6 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	Nil						
NSW	CALM	Therapeutic		48 hours	√	√	√
ACT	First Steps to Anger Management	Motivational		12 hours	√	√	Planned
Qld	Nil						
NT	Anger Management	Psycho-educational		20 hours	√	√	√
Tas	Nil						
WA	Indigenous Managing Anger and Substance Use	Substance use/anger	Indigenous	55 hours	√	√	√

aim to enhance insight into angry reactions, to 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 timeframe in which these objectives are achieved, it is unclear whether programs afford offenders the opportunity to practice skills.

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 resources 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, Howells & Day 2009). 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 are not therapeutic in their own right and generally have clearly defined referral pathways through to more intensive programs. They may help to improve program efficacy by not only offering additional exposure to group-based treatment, but also by selecting more appropriate candidates for anger management and ensuring that those who

are referred are able to engage meaningfully with program content. Pre- and post-program psychometric measures of change continue to be underdeveloped and not routinely implemented.

Staff training and accreditation continue to be poorly developed for lower intensity programs. The exception is New South Wales who utilise both in-house (groups skills and cognitive behavioural therapy (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.

Domestic violence
Review of the literature

The origins of specialist domestic violence services lie in advocacy and volunteer-based services for women that promote a gendered explanation of domestic violence. As such, they have developed rather independently from other treatment approaches for offenders. Approaches that rely heavily on an individual deficit model (such as anger management) are typically regarded as lacking sufficient psycho-educational content on gendered power and stereotyped gender socialisation to be effective with domestically violent men (Gondolf 2007). Despite the undoubted success of these

approaches (often informed by services developed in Duluth, United States) in raising awareness of problems experienced by victims of domestic violence and in developing integrated service responses (Dobash et al. 1999), considerable debate has occurred in relation to the quality and nature of the treatment that is offered to male perpetrators (Dutton & Corvo 2007). Concerns have also been expressed that such programs are funded at the expense of needed services to women and children (Chung & Zannettino 2005–06).

Probably the most significant of all the criticisms,

however, is the lack of empirical support for the effectiveness of Duluth-style programs in reducing further incidents of domestic violence, regardless of the treatment modality employed. While some studies have produced promising results (Gondolf 2007), evidence relating to the overall effectiveness of programs is unconvincing (Babcock, Green & Robie 2004). There have been remarkably few evaluations of the programs that are offered in custodial settings and, in turn, little is known about program effectiveness. It has been suggested that the integration of more general violence prevention theory, and knowledge gained from the field of

Table 7 Prison-based domestic violence programs, 2003

Jurisdiction	Program title	Duration	Specific target
SA	Domestic Violence	24 hours	
Vic	Me and My Family	20 hours	
	Managing Our Relationships	28 hours	
ACT	Power and Control: Tactics for men who batter	48 hours	
Qld	Domestic Violence	48 hours	
	Ending Family Violence	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
NSW	Domestic Violence Abuse Program		40 hours	√		√
	Out of the Darkness	Women—victim	12 hours	√		√
Qld	Ending Family Violence	Indigenous offenders	20 hours	√		Planned
NT	Indigenous Family Violence Program	Indigenous offenders	54 hours	√	√	√
Tas	Nil					
WA	Indigenous Family Violence Program	Indigenous offenders	54 hours	√	√	√
	Building Better Relationships		75 hours	√	√	√

offender rehabilitation, may result in more effective interventions being delivered (Day et al. 2009), although there are significant challenges associated with domestic violence program delivery in a prison environment.

Domestic violence programs: In practice

While jurisdictions continue to have external providers delivering services to perpetrators of domestic violence, most jurisdictions provide programs under the auspice (broadly) of Corrections (see Table 8). These programs are the focus of the current review. The intensity of programs (see Tables 7 and 8) continues to be varied, with a general trend for domestic violence programs to be of low to moderate intensity.

Programs designed specifically for Indigenous perpetrators of domestic violence generally are psycho-educational, adopt feminist philosophical underpinnings, are embedded in Indigenous culture and are of low to moderate intensity. The broad objectives of these programs are to reinforce the view that family violence is a crime, to 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. Some of the issues associated with the delivery of family violence programs to Indigenous offenders are discussed by Day et al. (in press). There tends to be a paucity of models of facilitator training and supervision for less intensive programs. More generally, facilitator training varies throughout jurisdictions, with New South Wales 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.

The moderate to high-intensity (75–100 hours) domestic violence programs have moved away from feminist theoretical orientations and towards social learning and behaviourist 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, enhancing interpersonal relationship skills and developing a relapse prevention plan. The program in the Australian Capital Territory 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). The same facilitators deliver the program in both settings to ensure continuity of the intervention. An evaluation of this program is currently underway.

Cognitive skills programs

Review of the literature

Ross and Fabino (1985) first argued that offending behaviour may be linked to inadequate thinking skills (interpersonal problem solving, moral reasoning, cognitive style, self-control and perspective taking) and that some of the most effective offender treatment programs involve an element of training in these areas. The past two decades has seen cognitive skills training (eg Reasoning & Rehabilitation, Accredited Enhanced Thinking Skills, Thinking for Change, Think First, Stop & Think!), become a core feature of offender rehabilitation in the United Kingdom, United States, Canada and more recently, Australia. These programs employ cognitive behavioural treatment methods to improve decision making and problem solving, self-regulation and moral reasoning skills.

Despite the widespread adoption of cognitive skills training by correctional agencies, there have been relatively few critical evaluations. While early studies suggested that such programs showed promise, more recent research has produced mixed findings. Robinson's (1995) study is perhaps the largest evaluation, involving a total of 4,072 offenders in the Canadian Correctional system, and comparing

the re-admission and reconviction rates for those who undertook a cognitive skills training program (n=3,031) with those of offenders who had been randomly assigned to a waiting list (n=541). While Robinson (1995) found no reduction in the rate of re-admission for technical violations (eg breach of parole), there was a 20 percent reduction in official reconviction rates for program completers. Cognitive or 'thinking' skills programs were introduced into UK prisons (England and Wales) during the early 1990s. While findings from the first in a series of reconviction studies were consistent with that of Robinson (1995), this was not the case in the latter studies.

In the first evaluations, Friendship et al. (2003) examined the influence of cognitive skills training conducted between 1992 and 1996, on two year reconviction rates for a sample of 670 adult male offenders across 30 prisons. While treatment was generically referred to as cognitive skills training, offenders participated in either the Reasoning and Rehabilitation or Enhanced Thinking Skills programs. The findings revealed that as compared with a group of 1,801 male offenders who did not participate in either program, reconviction rates for the treatment group was up to 14 percentage points lower than the matched comparison group for medium to low-risk offenders and 11 percentage points lower for medium to high-risk offenders. Both programs were found to have a similar impact on reconviction rates. By comparison, a second investigation of the two prison-based programs conducted by Falshaw et al. (2003) found no difference in the two year reconviction rates for prisoners who participated in cognitive skills training between 1996 and 1998 (n=649) and a matched comparison group (n=1,947). A third evaluation of the Reasoning and Rehabilitation and Enhanced Thinking Skills programs (Cann et al. 2003) also showed no significant differences two year reconviction rates of offenders who started the program and their matched comparison groups.

There is some debate surrounding the lower rates of reoffending of completers of cognitive skills programs than program non-completers (see Hollin & Palmer 2009), but generally it would appear that program completion is associated with reductions in recidivism one year post release, but may not be maintained over longer timeframes. Cognitive skills programs have also been reported to have a short-term positive impact on institutional behaviour (Clarke, Simmonds

& Wydall 2007). Ward and Nee (2009) argue there is a need to further develop 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.

The impact of cognitive skills programs on female offenders is less clear. There are a limited amount of data on the efficacy of programs 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.

Cognitive skills program: In practice

All jurisdictions deliver, or are planning to deliver cognitive skills programs in custodial environments (as outlined in Table 10), 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-focused program involvement. They are delivered in a group setting, with group size commonly restricted to eight to 12 participants.

What is noticeably different between 2003 (see Table 9) and 2009 (see Table 10) is the use of this type of program with higher risk offenders. There is a general trend to refer offenders with moderate to high-risk needs to cognitive skills programs. However, some programs are still less than the 100 hour intensity commonly regarded as necessary for the effective rehabilitation of this group. Those 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. In Western Australia, a specific offence-focused intensive cognitive skills program has been developed for use with female offenders.

In response to the evaluation literature that has highlighted the need to reduce the rates of program

Table 9 Prison-based cognitive skills programs, 2003

Jurisdiction	Program title	Duration	Specific target group
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	
	Legal and Social Awareness	66 hours	Intellectually disabled

Table 10 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[a]	Therapeutic					
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	Building on Aboriginal Skills Program	Psycho-educational	Indigenous	20 hours	√	√	Planned
	Cognitive Brief Intervention	Motivational		20 hours	√		
	Think First	Therapeutic		60 hours	√	√	√
	Legal and Social Awareness	Therapeutic	Intellectually disabled	60 hours	√		

a: commencing early 2010

attrition, several jurisdictions have developed motivational or preparatory programs. In Tasmania, there is anecdotal evidence that motivation/preparatory programs promote the likelihood of intensive program completion. Further evaluation of these programs is warranted.

Jurisdictions have developed significantly detailed program manuals (with a few exceptions), which 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 New South Wales, 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.

Mechanisms for recording program involvement appear to be established in all jurisdictions, which, at a minimum, involves the documentation of program inclusion, attendance and program completion data. 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 current evaluations focusing on process and content reviews. For example, a recent evaluation of Making Choices in Queensland reported strong effect sizes on intermediate measures of change. There are plans to follow-up the study. Given the mixed international evidence on the efficacy of cognitive skills programs, the impact of program

completion and non-completion on reoffending should be established for the local context as well as for male, female and Indigenous offenders.

Drug and alcohol programs
Review of the literature

The positive association that exists between criminal behaviour and substance use and/or abuse is well established (eg Dowden & Brown 2002; Hammersley, Forsyth & Lavelle 1990; Weekes, Moser & Langevin 1997) and substance use has been shown to predict recidivism (Dowden & Brown 2002). Substance use programs employed with offending populations can be broadly divided into four categories:

- harm reduction programs—seek to enhance awareness of high-risk behaviours (overdose, blood-borne infection and other disease transmission) and the physiological effects of substance use (including pharmacotherapy);

- psycho-educational programs—aim to improve understanding and awareness of the link between substance use and offending and to enhance motivation to enter more intensive programs;

- therapeutic programs—generally of a moderate intensity and involve 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; and

- prison-based therapeutic communities—the most intensive form of program, with participants separated from prison culture and immersed in a dedicated therapeutic environment.

The greatest evidence of program effectiveness is for therapeutic community models of treatment (eg Hiller, Knight & Simpson 1999; Martin, Player &

Table 11 Prison-based drug and alcohol programs, 2003			
Jurisdiction	Program title	Duration	Specific target
SA	Alcohol and Other Drugs (Part A & B)	12 hours	
	Ending Offending	12 hours	Indigenous offenders
Vic	Alcohol and Driving Education	12 hours	
	Benzodiazepine Education Program	12 hours	
	Cannabis Education Program	12 hours	
	CLD Drug Education Program	12 hours	Indochinese
	Prison Based Drug and Alcohol Program—Intensive	130+ hours	Women's adaptation available
	Alchemy: Alcohol Education and Reduction	20 hours	
	Understanding Substance Abuse and Dependence	40 hours	
	13 Week Intensive Drug Treatment Program[a]	125 hours	
	Alcohol and Other Drugs[a]	12 hours	
NSW	Alcohol and Other Drugs: Education	12 hours	
	Alcohol and Other Drugs: Relapse Prevention	12 hours	
ACT	Drug Awareness Program	12 hours	
	Coping Skills Program	30 hours	
Qld	Ending Offending	12 hours	Indigenous offenders
	Substance Abuse Managing and Preventing Relapse	20 hours	
NT	Illicit Drug Treatment Program	16 hours	
	Cannabis Treatment Program	16 hours	
	Alcohol Treatment Program	20 hours	
Tas	Substance Use is Not the Only Choice	46 hours	
WA	Women's Substance Use Program	20 hours	Female offenders
	Moving on From Dependencies (Men)	100 hours	
	Moving on From Dependencies (Women)	100 hours	Female offenders
	Pathways[a]	99.5 hours	
	Choices[a]	43 hours	
	Substance Abuse Relapse Prevention[a]	25 hours	

a: manual not available

Liriano 2003; Pelissier et al. 2003; Prendergast et al. 2004; Welsh 2007; Wexler et al. 1999), with strong and consistent reductions in drug use and recidivism (Mitchell, Wilson & MacKenzie 2006). There are surprisingly few methodologically rigorous outcomes studies of psycho-educational programs, given the relative abundance of this type of program both nationally and internationally. Prison-based substance use treatment is further enhanced through the use of transitional programs, including both pre-release programs and halfway houses, which reintegrate the offender back into the community (Hiller, Knight & Simpson 1999).

Drug and alcohol programs: In practice

Drug and alcohol programs form part of a broader management strategy for substance using offenders, which includes urinalysis, pharmacotherapy, prison health services, supply reduction methods by

Table 12 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	Psycho-educational	Indigenous	12 hours			
	Alcohol and Other Drugs	Therapeutic		100+ hours	√	√	Planned
Vic	Under review						
NSW	The Impact of Dependence	Motivational		34 hours	√	√	
	Getting Self Management and Recovery Training SMART	Therapeutic		36 hours	√		
	SMART Recovery	Maintenance		16–24 hours	√		
	Pathways	Therapeutic		100 hours	√		√
	Relapse Prevention Program	Maintenance		24 hours	√	√	
	Drug and Alcohol Addiction Program (DAAP)	Psycho-educational		16 hours	√	√	
	Personal Ownership Identity and Self Empowerment (POISE)	Therapeutic	Women	120 hours	√		
ACT	First Steps	Motivational		12 hours		√	Planned
	Back In Control	Maintenance		32 hours		√	Planned
	Pathways[a]	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 Treatment Program	Psycho-educational		16 hours	√	√	√
	Cannabis Treatment Program	Psycho-educational		16 hours	√	√	√
	Alcohol Treatment Program	Psycho-educational		20 hours	√	√	√
Tas	Preparing for Change	Preparatory		24 hours			
	Getting SMART	Therapeutic		36 hours	√		
	Pathways	Therapeutic		130 hours	√	√	

Table 12 (continued)

Jurisdiction	Program title	Type	Specific target	Duration	Risk/need assessment for entry	Pre–post	Evaluation
WA	Women's Substance Use Program	Therapeutic	Women	35 hours	√		
	Moving on From Dependencies	Therapeutic		100 hours	√		
	Moving on From Dependencies	Therapeutic	Women	100 hours	√		
	Pathways	Therapeutic		100 hours	√	√	√
	Pathways	Therapeutic	Women	100 hours	√	√	√
	Indigenous Men Managing Anger and Substance Use (IMMASU)	Therapeutic	Indigenous	55 hours	√	√	√

a: delivered in a therapeutic community

prisons and the provision of service to offenders by external providers. These strategies are not considered in the current review.

All jurisdictions continue to deliver drug and alcohol programs (see Table 12). The notable change over time (see Tables 11 and 12) is the delivery of higher intensity programs of 100 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 aim to reinforce skill rehearsal after therapeutic program completion.

Generally, those drug and alcohol programs that are of low intensity (20 hours and under) can be considered to be psycho-educational, although they may also include 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 the harm minimisation approach adopted in the National Drug Strategy and therefore, are appropriate for all offenders.

The specific relapse prevention or maintenance programs continue to reinforce skill rehearsal after therapeutic program completion in some jurisdictions. The rationale for offering these programs as part of a rehabilitation service requires some further articulation, given that current programs have multiple aims and, at times, are unclear about whether they are reinforcing gains made in treatment, addressing unmet or new needs, or monitoring offenders (or some combination of all of these, see Day & Casey 2010).

The higher intensity substance use programs (of 100 hours or more) commonly utilise motivational, cognitive behavioural, rational-emotive and/or mindfulness strategies. They aim to promote an understanding of 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.

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. By 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. Most programs have a well developed therapeutic 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 continue to vary between jurisdictions, with the notable exception of the more intensive commercially available programs (namely Pathways), 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.

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 Services evaluated the Pathways program and while the results must be viewed with some caution due to the 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 which focuses on both process and outcome, as well as the environments in which programs are offered (eg in dedicated residential treatment prisons, such as the Compulsory Drug Treatment Centre in New South Wales).

Victim awareness programs

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 hour program. While there is a reasonably strong theoretical rationale for targeting empathy deficits as a criminogenic need, there is less evidence that empathy development contributes positively to risk reduction (Day, Casey & Gerace 2010). Further, the inclusion of victim impact components in cognitive-behavioural treatment

programs have been associated with smaller effects on recidivism than other program elements (Lipsey, Landenberger & Wilson 2007).

In 2010, South Australia had plans to replace its program with a more intensive cognitive skills program (see above).The new 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 developed a training package.

Special groups

Within the correctional system, there are a number of recognised groups (eg women, Indigenous, intellectually disabled offenders and prisoners from other cultures) whose needs are deemed to be sufficiently different from those of mainstream prison population to warrant special attention. Often, programs for these groups represent modifications of programs that have been developed for the dominant culture and sex (namely Caucasian male prisoners) and concerns have been expressed about the appropriateness of these efforts. This section will give a brief overview of offender rehabilitation programs for the two groups for which specialist programs are currently offered, namely female and Indigenous offenders. At present, there is no systematic approach to service delivery in Australian correctional services for other groups with special needs (eg those with acquired brain injury, mentally disordered offenders, other minority culture groups).

Female offender programs

There is increasing recognition that female offenders have distinctive areas of criminogenic need that influence their rehabilitative needs (Hardyman & Van Voorhis 2004; Sorbello et al. 2002; Van Voorhis et al. 2008). Gender-responsive risk factors that have been proposed include dysfunctional relationships, family conflict, parental stress, child abuse and adult victimisation, and mental health issues. These have

been shown to be predictive of recidivism and institutional rule violations for women offenders (Van Voorhis et al. 2008). In addition, high levels of mental health problems are a particular characteristic of this population (Gorusch 1998; Hurley & Dunne 1991; Keaveny & Zauszniewski 1999; Thomas & Pollard 2001) and it is often recommended that these, along with substance use problems (Thomas & Pollard 2001), should be treated concurrently rather than sequentially (Peters et al. 1997). Treatment success for female offenders is thus thought to be associated with interventions that target interpersonal needs (Dowden & Andrews 1999), victimisation (Koons et al. 1997; Morash, Byrum & Koons 1998) and self-esteem (Hardesty, Hardwick & Thompson 1993; Koons et al. 1997; Morash, Byrum & Koons 1998).

There are few reports of the effects of rehabilitation programs on female offenders, although in the United States in 1998 the Iowa Department of Corrections implemented the 'Moving On' program to address the gender-specific issues experienced by female offenders (Van Dieten & MacKenna 2001). The primary goal of the program was 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 with the comparison group (matched probationers; Gehrig, Van Voorhis & Bell 2010). Further research is required to guide program development specifically for female offender populations.

Female offender programs: In practice

Over time, there has been a slight increase in the number of programs that are delivered to female offenders (see Tables 13 and 14). Programs specifically designed to meet the needs of female

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	Domestic violence—victim	12 hours	√		
Vic	Cognitive Skills	Cognitive skills	60 hours	√		
	Making Choices	General offending	100 hours	√	√	√
	Out of the Dark	Domestic violence—victim	12 hours	√		
WA	Pathways	Substance use	100 hours	√	√	√
	Women's Substance Use Program	Substance use	35 hours	√		
	Moving on from Dependencies	Substance use	100 hours	√		
	Choice, Changes and Consequence	General offending	250 hours	√	√	√

offenders include POISE (New South Wales) and Women's Substance Use Program (Western Australia) targeting substance use and Out of the Dark (New South Wales, Victoria) 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, generally by ensuring program content is responsive to the complex needs (including mental health needs) of female prisoners. To support such complex needs, dialectical behavioural therapy strategies, especially surrounding affective regulation, have been incorporated into program content.

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

Indigenous offender programs

A great deal has been written in the Indigenous-focused literature to help make sense of the disproportionately high rates of imprisonment of people who identify as being from Indigenous cultural backgrounds (the term *Indigenous* is commonly used to refer to both Aboriginal and Torres Strait Islander peoples—groups that comprise more than 600 different cultures and tribal groups. It is difficult to identify terminology that is appropriate and acceptable to all of these groups but, for consistency, the term *Indigenous* is adopted in this section). Much of this literature echoes some of the themes identified in other areas (eg the substance misuse treatment field), especially the material pertaining to the central role of colonisation and its aftermath in underpinning antisocial behaviour. This

is not repeated here, but is widely acknowledged to be important in understanding offending. For example, the Taskforce Report on Victorian Indigenous Family Violence (2003) identified five areas of factors that contribute to family violence, based on their extensive community consultations:

- inherited grief and trauma;
- dispossession of land and loss of traditional language and cultural practices;
- loss of traditional Aboriginal roles and status (males and females);
- economic exclusion and entrenched poverty, including the impact of poor housing standards and overcrowding; and
- difficulties confronting the issues, for both victims and perpetrators.

A number of culturally specific criminogenic needs have been identified by researchers and commentators that highlight the need for intervention at both the individual and social level (see Byrne & Howells 2002; Jones et al. 2002). These include substance abuse and personal/emotional functioning (Howells et al. 2000; Mals et al. 1999), acculturation stress and deculturation (Larson et al. 1998), the impact of separation from family, communities and land (Lippmann 1991), physical health problems, mental health issues, identity confusion, intra and inter-family violence, discrimination, literacy and numeracy problems (Lippmann 1991), generational unemployment (Hunter et al. 1999; Mals et al. 1999), life skills deficits and significant and specific transitional and post-release needs. It follows that Indigenous offender programs should not only seek to address these needs, but they need to be delivered in ways that are considered to be culturally appropriate and culturally 'safe' as well as being supported by the wider community.

Some concerns have been expressed about the appropriateness of current correctional case management processes for Indigenous offenders. For example, the use of actuarial risk assessments has been questioned, with emerging findings that not all risk assessment instruments have the same predictive validity with Canadian Aboriginal offenders (Rugge 2006) and that the variables that may predict treatment dropout differ between Aboriginal and non-Aboriginal offenders (Nunes & Cortoni 2006). Similar issues have been raised in an Australian

context (Hsu, Caputi & Byrne 2009), although, once again, more research and scale validation is required before firm conclusions can be drawn.

Indigenous offender programs: In practice

Informants expressed the view that mainstream offender rehabilitation programs are able to adequately meet the needs of Indigenous offenders and there has been limited development in programs specifically developed for Indigenous offenders since the last review (see Tables 15 and 16). The most notably changes are the introduction of Indigenous cognitive skills programs in Western Australia and Victoria.

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 levels 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 this group.

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-based 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	√	√	√
	Indigenous Medium Sex Offender Program	Sexual offending	120 hours	√	√	√
	Building on Aboriginal Skills	Cognitive skills	20 hours	√	Under development	Planned
	Indigenous Family Violence Program	Domestic violence	54 hours	√	√	√
Vic	Cognitive Skills—Koori men	Cognitive skills	60 hours	√		

Offender rehabilitation programs in Australia: Summary

To ensure consistency with the previous review (see Howells et al. 2004), data were sorted in accordance with the following categories as described by Gendreau, Goggin and Smith (2001)—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

Prison-based offender rehabilitation programs for adult offenders have remained relatively unchanged since the last review. The most noticeable difference is the increased intensity of some programs that are offered to higher risk offenders and the move toward more therapeutic (cognitive-behavioural) models of intervention that are underpinned by the Risk Needs Responsivity principles derived from the work of Andrews and Bonta (2010) and summarised below by Howells et al. (2004: 71):

> 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.

In essence, this model argues that moderate to high-risk cases should receive intervention targeted towards reducing criminogenic need using treatment models underpinned by social learning theories. In turn, reductions in recidivism of up to 35 percent have been achieved (Andrews & Bonta 2010). It is important to note that while aspects of the risk-needs model relate to program implementation and delivery, the underlying intent is to develop interventions that are empirically grounded and evidence-based.

All jurisdictions demonstrated ongoing commitment to delivery of 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 sex and violent offender treatment programs. Program manuals had undergone significant revision and in most instances, contained stronger and more clearly defined theoretical and empirical rationales. While

not always explicitly stated, program aims, content and session plans were underpinned by relevant theory and therapeutic strategies. In keeping with the evidence supporting the use of CBT methods (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 (see also Wilson, Bouffard & Mackenzie 2005). Thus, mechanisms to monitor the quality of program performance and reduce dropouts are essential. These, however, were not commonly built into program manuals and policy and practice documents, and may require further development in some jurisdictions.

Responsivity needs and motivational theories have also been applied to the development of brief preparatory and maintenance programs in the areas of substance use, sexual offending, cognitive skills and general offending. These programs may require further theoretical refinement and empirical evaluation to ensure they enhance outcomes for offenders.

Staffing

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 [a] 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: 50).

In turn, staffing considerations, training programs and ongoing supervision needs for program facilitators have received considerable attention since the last review.

In general, less intensive and psycho-educational programs were delivered by social workers, counsellors, drug and alcohol workers, and in some cases, specifically trained correctional officers. Programs that are more intensive were delivered by psychologists or specifically trained program staff (commonly social workers).

Training

All jurisdictions not only recognised the need for staff to receive formal training before program delivery, but also have invested significant human 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 discussion).

In 2009, the commonalities between the staff training practices of different jurisdictions were more evident than in 2003. For example, 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. For more intensive programs, staff accreditation processes for program delivery were developing. What appears to be lacking in most jurisdictions is formalised training in CBT for all facilitators. Instead, there was a general assumption that tertiary qualifications were sufficient. Given that 'adequate CBT training for providers' (Lipsey, Landenberger & Wilson 2007: 22) is one of the factors that may influence program efficacy, this warrants further attention. Other training challenges include the need to establish centrally driven staff training calendars (in order to ensure not only initial training needs, but also ongoing and follow-up training needs are met) and to analyse training needs. These continued to be infrequently undertaken and are often only undertaken on a local level during supervision. Finally, there is a need to develop methods (beyond local supervision) for assessing ongoing levels of staff competency.

An exemplar in the area of staff training is NSW Corrective Services, which has 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.

Supervision

While models of supervision continue to vary between departments, there was more uniformity within departments. There was a strong movement toward regular supervision of all facilitators, regardless of the intensity of programs delivered. This supervision typically involves regular sessions with a team leader, psychologist or another appropriate professional. In some instances, professional supervision was purchased from external providers (or other jurisdictions). Supervision sessions tended to be focused 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 required with higher intensity 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 were emerging issues.

Facilitator numbers

With a limited number of exceptions, two facilitators (with stand-ins generally available), conducted all custodial offender rehabilitation programs. Therapeutic programs were generally delivered in a group format to between eight to 12 participants, although some psycho-educational programs were delivered to larger numbers of offenders (with 1 jurisdiction suggesting as many as 30 offenders would complete a psycho-educational substance abuse program at any one time). The use of one-on-one interventions appears to have diminished 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.

Facilitator qualities

The desirable professional (commonly a background in behavioural science, social work, drug and alcohol and/or psychology) and educational qualities (skills and experience working with offenders and knowledge of CBT) were documented in program manuals. Skills for working with groups of offenders were often also outlined, with the exemplar being Queensland Corrective Services through the development of checklists to assess facilitator competencies (covering Program Assessment, Program Facilitation, Program Management, Report Writing, Supervision/Mentor/Team Member and Ethics). For those intensive programs, completion of specialist training was required. 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 facilitator workloads (which outline time for assessment, program preparation, program delivery, debriefing, writing exit reports and supervision) were improving over time. Pre- and post-program measures of change were more routinely accepted as part of the program and not regarded as unnecessary extras. This, in part, appeared to be due to the provision of time to complete these assessments in workload models and the trend toward facilitator workloads being centrally managed, with programs organised and 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.

Program management

Program referral

Mechanisms for program referral have improved significantly. Nearly all jurisdictions utilised a semi-structured assessment of risk and need (with the ORNI-R or LSI-R commonly used), with the results of these measures informing 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 (generally up to 12 participants). For the majority of programs, pre-program assessments had developed 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, standardised instruments (in some cases actuarial tools) of need where 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.

Jurisdictions aim to develop further principles of program assessment to all therapeutic programs. In turn, there is a move toward (semi-) structured assessments, detailed 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 de-selection were documented and generally adhered to. For less intensive programs, pressure to have offenders complete programs may have led to less consistent processes. Where possible, ways to make programs more responsive to the needs of offenders (eg using peer support for offenders with low literacy levels) were preferred to excluding individuals from programs.

Treatment manuals

Treatment manuals were available for all programs. All but a handful included sections on theory, facilitator notes, assessment process and session information. Manuals clearly outlined the aims and objectives of each session and most provided a script for the facilitator to follow, with participant handouts and facilitator leaning 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 measures of change, assessment of knowledge gained at the end of sessions and/or level of participant satisfaction with the session/program. Facilitator worksheets (eg attendance records, templates for session notes and exit reports, certificates of completion) were commonly included in program manuals.

Participant profile

Participant attendance was recorded by all jurisdictions. A more rigorous approach to recording session notes and providing exit reports appears to have developed over the last five years (impressions of behaviour, attitudinal or knowledge change). However, the recording of data related to program performance continues to vary considerably. It would appear that electronic recording systems still need to be developed in most jurisdictions.

Evaluation

The current study aimed to review the effectiveness of prison-based offender rehabilitation programs. This was not possible given the paucity of research reports/evaluations and research reports that are currently available. All jurisdictions, however, recognise the need to evaluate the effectiveness of their rehabilitation 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. In

some cases, release is only to a select few who are directly associated with program development and management. Despite this, most jurisdictions have refined the measures of change that they are using since the last review (see Part B for further detail). This has resulted in routine use of pre–post program measures for most intensive programs, the preparation of (often-standardised) exit reports and the dissemination of program change to staff involved in offender management.

It would appear that a future challenge for jurisdictions is to devise methodologies for publication of this material, thereby enhancing the knowledge base of program outcomes and promoting further good practice in offender rehabilitation practices in Australia. What follows is a brief description of the current status of evaluation efforts in each jurisdiction:

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 a view to future evaluation.

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.

NT Correctional Services has undergone an external review of its offender rehabilitation framework and is currently responding to the recommendations of the reviewers. The sex offender programs underwent an external review to assist in the development of their framework for the treatment of sex offenders. Finally, the department is developing an overall offender rehabilitation program framework that it aims to implement with involvement from a local university.

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 positively correlated with reductions in recidivism. Ongoing evaluation is focusing on the impact of program participation on recidivism.

SA Department of Correctional Services has created internal evaluation positions. These staff are currently

evaluating the department's intensive sex offender, violent offender and drug and alcohol programs.

The Tasmanian Department of Justice has commissioned an audit of the sex offender programs, with nearly all of the recommendations for change implemented. They note that since 2003, no sex offender who completed the Sex Offender program has returned to prison for a sexual offence.

The Victorian Department of Justice has a high level of commitment to external and internal evaluation and in turn, have commissioned several external reviewers 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.

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

Post-program follow-up

While there have 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 refined their frameworks and associated policies and practices relating to offender rehabilitation and program delivery (or are in the process of doing so). 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 occurred, which provides 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, in press, for a review of ongoing program evaluation methodologies).

Level of program need

With improvements in electronic data information systems, jurisdictions have been able to more readily identify population needs. Despite this, population needs analyses appear not to have 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 is established in many jurisdictions. Further, while programmatic links to community-based programs have increased since the last review, they still require further development. Arguably, offender treatment pathways, especially for high-risk offenders, could be further enhanced through the development of maintenance groups and then linked with community-based follow-up.

Offender rehabilitation programs: Strengths

Each jurisdiction has further developed 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 to not only running the programs, but also to the 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.

Perhaps 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.

Emerging themes

There continues to be a paucity of legislative guidance for 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, for example, firmly committed to the delivery of programs aimed at reducing the likelihood of recidivism for high-risk (sex and violent) and general offenders. There appears, however, to be limited progress made in the development of programs for special needs groups, including female and Indigenous offenders. This is despite the widespread recognition of the need for these types of specific offender rehabilitation programs.

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 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. These programs have a strongly articulated theoretical and empirical rationale and are often firmly embedded in rehabilitation frameworks (and associated policies and practices), staff training and program delivery.

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, rather than as stand-alone rehabilitation programs in their own right.

A final concern relates to the quality of program delivery and more work is required in this area given concerns expressed by commentators of international programs about the integrity with which many rehabilitation programs are delivered. Andrews and Bonta (2010: 49), for example, have recently commented that 'unfortunately, in the "real world" of correctional practice, adhering to the [risk-need-responsivity] principles can be challenging.' Indeed, recent years have seen significant concerns expressed about both the quality and integrity of rehabilitative practice (Andrews 2006; Bonta et al. 2008) and significant gaps in knowledge remain

(Andrews & Dowden 2007). For example, one review by Morgan et al. (cited by Andrews & Bonta 2010) of 374 correctional programs concluded that the majority (61%, n=230) failed to reach even a basic level of adherence to good practice principles. As far as can be judged from this review, Australian programs would appear to be faring somewhat better, although the actual quality of program delivery was not formally considered.

The way forward

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, measures of offender change, program evaluations and supervision practices are emerging and are broadly consistent with good practice. The rehabilitation frameworks established are strongly informed by the risk-need-responsivity principles. 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 develop further.

Continued pooling and sharing of resources across jurisdictions is essential if the impetus for ongoing program development is to continue. This has already occurred in the area of offender assessment (with similar risk/need assessments and measures of change being used across jurisdictions), in the coordination of visits by international experts and the inclusion of other jurisdictions in staff training, through the sharing of programs and information relating to program development and implementation, in the development of intra-jurisdictional models of supervision for more intensive programs and in the presentation of outcome-related material at conferences and workshops. Such initiatives pave the way for further consideration of a truly national approach to offender rehabilitation in Australia. For example, several jurisdictions have developed program accreditation guidelines and a set of national program standards

(to be released shortly). The extent to which such initiatives can be effectively co-ordinated and integrated will be important to the success of rehabilitation programming in Australia.

The delivery of intensive programs to higher risk offenders is broadly consistent with what is currently considered 'good practice' in offender rehabilitation and there are grounds for confidence that these programs will have a positive impact on recidivism rates. However, this review highlights the ongoing need to develop methods by which the quality of program delivery can be assessed, as well as the extent to which programs are responsive to the needs of different offender groups. There is clearly much work to be done in developing effective rehabilitation programs for both Indigenous prisoners and female prisoners. The most pressing need, however, lies in the area of program evaluation. If offender rehabilitation is to be considered an evidence-based enterprise, then it is important that decisions about program development and delivery are based on what has been shown to 'work' with Australian prisoners. There have been numerous attempts to evaluate, but it has not been possible to collate these data in a way that answers questions about the effectiveness of rehabilitation in Australia and the value for money that programs give to the community. Until this occurs, it is not possible to conclude with any confidence that prison-based offender rehabilitation programs do have the impact on recidivism and in turn, on public safety, that is desired.

Prison-based offender rehabilitation programs: The 2009 national picture—Part B

Offender rehabilitation in Australia: Jurisdictional overview

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 the essential features associated with offender rehabilitation in each jurisdiction and highlights changes to prison-based correctional program delivery over time. It provides correctional managers with the opportunity to comment on the future directions tabled in the 2004 review and to document future directions in their jurisdiction.

While prison-based offender rehabilitation programs are considered in their own right in this section, 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 that may be considered to assist offender rehabilitation. These strategies are not considered in this report.

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 sentenced prisoners serving their sentences in New South Wales. In 2009, a new prison was opened—the AMC.

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

In the 2009–10 ACT Budget, $43.3m 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. It 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-focused programs (see Table 17) and was developing a Violence Prevention Program.

In 2009, the AMC opened which saw the creation of the Offender Intervention Program Unit and the recruitment of staff to deliver treatment programs in prisons (see Table 18) 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 17 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

Table 18 Prison-based offender rehabilitation programs, Australian Capital Territory 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		–				

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 (ACT Department of Justice and Community Safety representative personal communication 2003; see Howells et al 2004).

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 (ACT Department of Justice and Community Safety representative personal communication 2010).

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 (ACT Department of Justice and Community Safety representative personal communication 2010).

In summary, ACT Corrective Services has established the first local prison and has developed a relatively intensive repertoire of offender rehabilitation programs, some with community throughcare options and substance abuse programs delivered in a therapeutic community. In keeping with its evaluation aims, all programs have pre–post program measures of change routinely collected.

New South Wales

The Department of Justice manages a daily average of approximately 10,100 inmates, including an average of 9,372 male, 759 female and 2,191 Indigenous offenders; this is an approximate increase of 18 percent since the 2004 review. In New South Wales, 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 has developed a 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, 9,014 offenders participated in intervention programs facilitated by the NSW Department of Corrective Services with 577 offenders in aggression and violence programs, 4,666 in alcohol, drug and addictions programs, 221 in cognitive skills programs, 552 in community engagement programs, 1,200 in health promotion programs, 1,467 in readiness programs, 276 in sexual offending programs and 55 in female offender programs. A total of 4,500 inmates completed targeted offender programs in 2008–09. It was not possible to compare these figures to those of 2004, as completion data were unavailable in the previous study.

In the 2009–10 NSW State Budget, approximately $936.9m was allocated to the Department of Corrective Services. Of this, $667.7m was allocated to custody management, $116m to the supervision of offenders in the community and $153.2m to offenders programs. Budgetary figures were unavailable at the time of the 2004 study and therefore changes over time cannot be determined.

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 programs: From 2003 to 2009

In 2003, the department was in the process of culling offence-focused 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 focused programs (see Table 19).

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, increasing the quality of program development and delivery, and appropriate case management and program referral.

In 2009, there was an increase in both the number and scope of accredited rehabilitation programs designed to reduce reoffending.

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In 2009, there was an increase in both the number and scope of accredited rehabilitation programs designed to reduce reoffending.

Table 19 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	–

Table 20 Prison-based offender rehabilitation programs, New South Wales 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	

Table 20 (continued)

Name	Type	Criminogenic need	Special needs	Duration	Risk/need assessment	Pre–post assessment	Evaluation
Domestic Abuse Program		Domestic violence	–	40 hours	LSI-R		Underway
Out of the Dark	Psycho-educational	Domestic violence—for women	–	12 hours	LSI-R		√
VOTP—High	Therapeutic	Violence	–	240 hours	LSI-R	Ravens SPM MCMI-III PDS URICA NAS-PI STAXI-II WAKS PID PICTS CSS-M IRI	√
VOTP—Moderate	Therapeutic	Violence	–	100–130 hours	LSI-R	MCMI-111 STAXI-2 PICTS V4.0 PDS	√
VOTP—Maintenance	Therapeutic	Violence	–	Ongoing	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	

Name	Type	Criminogenic need	Special needs	Duration	Risk/need assessment	Pre–post assessment	Evaluation
CUBIT— Custody Based Intensive Treatment	Therapeutic	Sex offending	–	240 hours	STATIC STABLE ACUTE	ASB/SC PDS BRS BMS CISS CUSI 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	

Table 20 (continued)

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 (NSW Department of Justice and Attorney General representative personal communication 2003).

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 reoffending 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 reoffending and those directed towards inmate safety and wellbeing. Programs directed towards reducing reoffending will be accredited under a program accreditation framework developed by the Department, and which reflects the 'what works' literature, while 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 (NSW Department of Justice and Attorney General representative personal communication 2003).

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 reoffending. 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) while 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, while 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 (NSW Department of Justice and Attorney General representative personal communication 2010).

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, while some internal restructuring reinforces the responsibility of a single programs unit for all programs whether in custody or the community (NSW Department of Justice and Attorney General representative personal communication 2010).

In summary, New South Wales has continued to develop its assessment protocols for all offenders, with the LSI-R routinely administered and the outcome used to inform correctional planning and offender program participation. The repertoire of offender rehabilitation programs has increased and majority have routinely administered pre–post measures of change, which can be analysed in future evaluations. Significant developments have been made in the area of staff training, with arguably the most intensive staff training program developed nationally.

Northern Territory

The Department of Justice manages some 2,200 prisoners annually; this is a 10 percent increase since the last review in 2004. The daily average is approximately 1,100 inmates (1,059 male, 46 female and 911 Indigenous offenders) in 2009 compared with 715 in 2004. Half of prisoners serve three months or less and 28 percent serve six month or less.

In the Northern Territory, adult inmates are housed in one of two prisons (Darwin Correctional Centre or 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 $86.7m in 2009–10, there was an increase of $2.53m from previous budgets to manage increasing prison numbers through the building of new facilities. Of this increase, $0.2m was allocated for rehabilitation programs for sex offenders and $0.2m to expand the Indigenous Family Violence Offender program. Additionally, a $4.72m increase in funding for custodial services included an additional $0.5m for prisoner education programs and $0.2m Closing the Gap funding for a range of rehabilitation programs. In 2004, $1.1m was allocated to offender program management.

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 by adopting a broadly psycho-educational/cognitive behavioural approach.

Prison-based correctional offender programs: From 2003 to 2009

In 2003, the department had seven offence-focused programs delivered in a custodial environment (see Table 21), which were considered to be of low to moderate intensity.

In 2009, the department's mix of custody-based offender treatment programs has remained unchanged (as depicted in Table 22). There has however, been substantial development of these programs to include sound theoretical and empirical rationale in program manuals, the development of a policy 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. It is also in the process of reviewing its models of delivery for sex offender treatment programs.

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 (NT Department of Justice representative personal communication 2003).

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

Table 21 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

Table 22 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		–				

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 (NT Department of Justice representative personal communication 2010).

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 reoffending.

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 reoffending.

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 (NT Department of Justice representative personal communication 2010).

In summary, the past five years has seen NT Correctional Services further develop its framework for the management and delivery of offender rehabilitation programs. It is also in the process of reviewing sex offender programs and the cultural appropriateness of programs for Indigenous offenders.

Queensland

In Queensland, adult inmates continue to be housed in one of 13 prisons (11 public, 2 private and 6 performing remand and reception functions). Queensland Corrective Services manages a daily average of 5,616 prisoners (as at March 2009), with 5,191 males, 424 females and 1,499 Indigenous offenders; this is an increase of approximately 10 percent since the 2004 review.

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, 2,200 completed transition support programs and 1,150 completed other programs. In total, approximately 65 percent of the prison population completed programs. In 2004, it was reported that 3,566 offenders were enrolled in programs, or 70 percent of the prisoner population.

In the 2009–10 Queensland State Budget, approximately $88.7m was allocated to Correctional Intervention Services, compared with $44.63m in 2004. This offender program budget includes the provision of offender rehabilitation programs, industry and infrastructure. Key strategies in the budget included $2.5m to manage growth in demand for probation and parole services and to improve supervision and reparation to the community, and funding of $0.33m 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

programs 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 focused programs (see Table 23).

In 2009, the Queensland Corrective Services had 15 offence-focused programs delivered in custodial settings (see Table 24). The agency had developed specific risk/need tools that inform program referral, established mechanisms for measuring program change and was in the process of evaluating program efficacy. They had also developed accreditation methodologies, including site accreditation.

Table 23 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[a]	48 hours	Domestic violence	

a: program delivered by private service provider

Table 24 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	

Table 24 (continued)

Name	Type	Criminogenic target	Special needs	Duration	Risk/need assessment for entry	Pre-post	Evaluation
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 2000 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 hours	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 use and general offending	–	15 hours	ROR ORNI-R Responsivity	URICA	Planned

Table 24 (continued)

Name	Type	Criminogenic target	Special needs	Duration	Risk/need assessment for entry	Pre-post	Evaluation
Getting SMART	Therapeutic	Substance use	–	36 hours	ROR ORNI-R Responsivity	SOCRATES-8 Confidence Questionnaire SPSI-R(S)	√
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 (Qld Department of Justice and Attorney General representative personal communication 2003).

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 (ie criminogenic needs). Longer term evaluation of the Agency's sexual offending programs is underway, with early results identifying that the programs are reducing reoffending (Qld Department of Justice and Attorney General representative personal communication 2010).

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 (Qld Department of Justice and Attorney General representative personal communication 2003).

In summary, Queensland Corrective Services has further developed its repertoire of offender rehabilitation programs, and to support this, has developed an associated offender management framework. It had completed evaluations of some offender rehabilitation programs, with the results demonstrating cautious optimism for program efficacy. Further evaluations were either underway or planned.

South Australia

In 2008–09, the Department for Correctional Services managed 4,258 prisoners, with a daily average of approximately 1,940 inmates and 660 remandees. Of the total number of prisoners, 1,002 were Indigenous (Aboriginal) and 464 were female. These figures have remained relatively unchanged over the past five years.

As in the 2004 review, prisoners were housed in one of nine prisons. Eight of those prisons house men only—Adelaide Remand Centre, Yatala Labour Prison, Port Augusta Prison, Port Lincoln Prison, Mobilong Prison, Cadell Training Centre, Adelaide Pre-release Centre, the privately operated Mount Gambier Prison. There is one women's prison— Adelaide Women's Prison.

The department's *Strategic Plan (2008–2011)* highlights the importance of 'protecting the public and reducing reoffending'. 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 $179.8m correctional services budget in the 2009–10 financial year, $29.8m 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 (Government of South Australia 2009).

Further breakdown of the budget was not available. It was not possible to make comparisons of spending on rehabilitation over time; as was the case in 2004, there was no specific breakdown of monies spent on rehabilitation available.

In the 2008–09 financial year, approximately 2,800 prisoners/offenders completed offence-focused programs. It was not possible to compare completion rates over time as the 2004 figures (n=5,000 program participants) included both community and prison programs.

Prison-based correctional offender programs: From 2003 to 2009

In 2003, the Department of Correctional Services had six custody-based, offence-focused programs (or Core programs; see Table 25). These programs were considered to be of low, and in the case of Think First, moderate intensity.

Since the last review, the Department of Correctional Services has recognised the need to develop more intensive programs (see Table 26) 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.

In addition, the Department of Correctional Services has significantly expanded its use of pre–post program measures of change and, in turn, is planning evaluations of its more intensive programs.

Table 25 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	

Name	Type	Criminogenic need	Special needs	Duration	Risk/need assessment	Pre–post assessment	Evaluation
SBC	Therapeutic	Sex 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			

Table 26 Prison-based offender rehabilitation programs, South Australia 2009

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 (SA Department of Justice representative personal communication 2003).

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 (SA Department of Justice representative personal communication 2010).

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 (SA Department of Justice representative personal communication 2010).

In summary, the department's 2004 plan of delivering intensive sex and violent offender programs was achieved and they are in the process of developing a cognitive skills program, Making Changes, which is due to commence in early 2010 and are now phasing out the less intensive offender rehabilitation programs. The department continues to develop strategic and rehabilitation directions for female and Indigenous offenders.

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 2004, the daily average was 460 inmates or approximately 10 percent fewer inmates than 2009. 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 model, which focuses on reducing reoffending through case management and reintegration, a revised prisoner placement process, new suicide and self-harm 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.

In the 2009–10 Tasmanian State Budget, $47.8m was allocated to prison services, with $2.7m allocated broadly to offender rehabilitation. In 2004, prison-based budgetary information was unavailable. 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 programs: From 2003 to 2009

In 2004, the Department of Justice delivered two prison-based, offence-focused programs (see Table 27).

In 2009, the department offered an increased number of rehabilitation programs to offenders in custody (see Table 28). Program participation and completion rates were reported to be high and indeed improving due to the introduction of

Table 27 Prison-based offender rehabilitation programs, Tasmania 2003		
Program title	Duration	Treatment area
Offending Is Not The Only Choice	46 hours	Cognitive skills
Sex Offender Treatment Program	216 hours	Sex offending

Table 28 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	

programs responsive to the characteristics (ie responsivity) of the population; with 125 offenders completing programs in 2008–09.

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 '[w]e are committed to working with offenders on community based orders in ways that aim to reduce reoffending 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 reoffending 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 reoffending. These will include intervention or rehabilitation programs and education, training and employment programs (Tasmanian Department of Justice representative personal communication 2003).

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

Over the last five years the Tasmanian Prison Service (TPS) focus has been consistent with the Tasmania Together plan in reducing reoffending. 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 reoffending programs in custodial settings with the TPS (Tasmanian Department of Justice representative personal communication 2003).

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 (Tasmanian Department of Justice representative personal communication 2010).

In summary, the TPS has developed more intensive offender rehabilitation over the past five years and, in such development, has utilised the expertise of other jurisdictions to inform programming decisions, staff training and in turn, has developed its own expertise in the newly established Offender Programs Unit. Evaluations of offender rehabilitation programs are planned.

Victoria

As at March 2009, Corrections Victoria had a daily average of 4,223 prisoners, including an average of 3,964 males, 259 females and 250 Indigenous offenders. This represents an increase of approximately 15 percent over the past five years. Adult inmates continue to be 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), two 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, 331 prisoners completed custodial-based programs. In 2008–09, 90 percent of offenders with a treatment condition were appropriately referred to a program within set timelines (State Government of Victoria 2009).

In the 2009–10 Victorian State Budget, $592.9m 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, sex offender and violence programs) was unavailable and thus comparisons over time were not possible.

Prison-based correctional offender programs: From 2003 to 2009

In 2003, Corrections Victoria had 15 custody-based offence focused programs delivered by a number of service providers (see Table 29).

The department has an established organisational structure to support the delivery of rehabilitation programs in custodial and community environments. Staff from varying professional backgrounds (ie 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 30). 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.

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 (ie 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 (Victorian Department of Justice representative personal communication 2003).

Table 29 Prison-based offender rehabilitation programs, Victoria 2003

Program title	Duration	Treatment area	Special needs
Think First	60 hours	Cognitive skills	
Alcohol and Driving Education[a]	12 hours	Substance use	
Benzodiazepine Education Program[a]	12 hours	Substance use	
Cannabis Education Program[a]	12 hours	Substance use	
CLD Drug Education Program[a]	10 hours	Substance use	Culturally diverse
Prison Based Drug and Alcohol Program—Intensive Program[a]	130+ hours	Substance use	Female adaptation
Relapse Prevention Program[a]	12 hours	Substance use	
Alchemy: Alcohol Education and Reduction[a]	20 hours	Substance use	
Understanding Substance Abuse and Dependence[a]	40 hours	Substance use	
Managing Emotions[a]	48 hours	Anger	
Me and My Family[a]	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[a]	125 hours	Substance use	
Alcohol and Other Drugs[a]	12 hours	Substance use	

a: program delivered by private service provider

Table 30 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	

| | | Criminogenic | Special | | Risk/need assessment | | |
Name	Type	target	needs	Duration	for entry	Pre–post	Evaluation
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 and Belief Scale ABCS HTW RMAS WSF ECQ2 LOC CUAI	√
SOP	Therapeutic	Sexual	Moderate intensity	120 hours	STATIC99 STABLE/ACUTE	As above	√

Table 30 (continued)

Name	Type	Criminogenic target	Special needs	Duration	Risk/need assessment for entry	Pre–post	Evaluation
Disability Pathways[a]	Therapeutic	Sexual	Cognitive				
Disability	12 months	STATIC99 STABLE/ACUTE	As above				
Out of the Darkness	Psycho-educational		Domestic violence—for women	12 hours	VISAT/LSI: SV		
RUSH	Psycho-educational			40 hours	VISAT/LSI: SV	DASS DERS	√
Drug And Alcohol Program	Programs under review						

a: in partnership with the Department of Human Services

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 statewide 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 (Victorian Department of Justice representative personal communication 2010).

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 (Victorian Department of Justice representative personal communication 2010).

In summary, Corrections Victoria delivered more intensive cognitive skills programs, established violence programs, developed further sex offender programs and was in the process of reviewing drug and alcohol programs. Evaluations were completed or underway for the majority of programs.

Western Australia

The Department of Justice has a daily average of approximately 4,010 prisoners, with an average of 3,700 male, 310 female and 1,678 Indigenous offenders. In 2004, the daily average was 3,000 prisoners, some 33 percent fewer than in the current review.

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, seven 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, $557.9m was allocated to corrective services, but details of the percentage of this budget allocated to offender programs were unavailable, as was the case in 2004.

A focus of Corrective Services in Western Australia in 2009–10 was improvement in the delivery of custodial and community-based offender programs, including appropriate assessment and classification systems. This was in response to the previous inability 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' (Government of Western Australia 2009).

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-focused programs delivered in a public custodial environment (see Table 31), with the majority being of moderate to high intensity.

In 2009, the department delivered 19 offence-focused programs in custodial environments 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 31 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	

Table 32 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[a]	Therapeutic	Substance use		126 hours	HASA	For research purposes Pre-test Post-test Focus group	√ Ongoing[d]
Pathways[a]	Therapeutic	Substance use	Women	126 hours	HASA	For research purposes Pre-test Post-test Focus group	√ Ongoing[d]
Moving on From Dependency[b]	Therapeutic	Substance use		100 hours	HASA	Nil	
Moving on From Dependency[b]	Psycho-educational	Substance use	Women	100 hours	HASA	Nil	
IMMASU	Psycho-educational	Substance use	Indigenous	55 hours	HASA	For research purposes Focus group	√ Ongoing[d]
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[d]
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[a]	Therapeutic	General offending	Female	100 hours	HASA	For research purposes Pre-test Post-test Focus group	√ Ongoing[d]
Indigenous Family Violence Program	Psycho-educational	Domestic violence	Indigenous	54 hours	HASA	For research purposes Focus group	√ Ongoing[d]
Violent Offender Treatment Program	Therapeutic	Violence	High-risk male	310 hours	HASA	For research purposes Pre-test Post-test Focus group	√ Ongoing[d]

Table 32 (continued)

Name	Type	Criminogenic target	Special needs	Duration	Risk/need assessment for entry	Pre-post	Evaluation
Medium Intensity Violence	Therapeutic	Violence	Male	140 hours	HASA	For research purposes Pre-test Post-test Focus group	√ Ongoing[d]
Building Better Relationships	Therapeutic	Domestic violence	Male	75 hours	HASA	For research purposes Pre-test Post-test Focus group	√ Ongoing[d]
Intellectual Disability Program	Therapeutic	Sex offender	Intellectual disability	100 hours	STATIC 99 STABLE		√ Ongoing[d]
Indigenous Medium Sex Offender Program	Therapeutic	Sex offender	Indigenous	100 hours	3R predictor		√ Ongoing[d]
Medium Program	Therapeutic	Sex offender		105 hours	STATIC 99 STABLE	For research purposes Pre-test Post-test Focus Group	√ Ongoing[d]
Intensive Program	Therapeutic	Sex offender		460 hours	STATIC 99 STABLE	For research purposes Pre-test Post-test Focus group	√ Ongoing[d]
Deniers SOP[c]	Therapeutic	Sex offender	Denier	95 hours	STATIC 99 STABLE	For research purposes Pre-test Post-test Focus group	√ Ongoing[d]

a: new program

b: program to be replaced

c: run once

d: in partnership with Edith Cowan University

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 if ultimately focused on the reduction of further victimisation (WA Department of Justice representative personal communication 2003).

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 reoffending.
– 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 reoffending, 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 (WA Department of Justice representative personal communication 2010).

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 (WA Department of Justice representative personal communication 2010).

In summary, the Department of Corrective Services continues to develop offender rehabilitation programs to meet the diverse needs of its prison population and continues to ensure these programs are culturally appropriate. It has maintained the strong relationship with Edith Cowan University and all therapeutic programs have an undergoing commitment to evaluation.

References

All URLs correct at February 2011

Andrews DA 2006 Enhancing adherence to risk-need-responsivity: Making equality a matter of policy. *Criminology and Public Policy* 5: 595–602

Andrews DA & Bonta J 2010. Rehabilitating criminal justice policy and practice. *Psychology, Public Policy and Law* 16: 39–55

Andrews DA & Dowden C 2007. The risk–need–responsivity model of assessment and human service in prevention and corrections: Crime-prevention jurisprudence. Canadian *Journal of Criminology and Criminal Justice* 49: 439–464

Australian Bureau of Statistics (ABS) 2009a. *Prisoners in Australia*. Canberra: HMSO

Australian Bureau of Statistics (ABS) 2009b. *Corrective services, Australia*. cat. no. 4512.0. Canberra: ABS

Babcock JC, Green CE & Robie C 2004. Does batterers' treatment work? A meta-analytic review of domestic violence treatment. *Clinical Psychology Review* 23: 1023–1053

Bakker L, Hudson S, Wales D & Riley D 1998. *And there was light: Evaluating the Kia Marama treatment program for New Zealand sex offenders against children*. Christchurch: New Zealand Department of Corrections

Birgden A 2004. Therapeutic jurisprudence: The role of forensic psychology, in Sarre R & Tomaino J (eds), *Key issues in criminal justice*. Adelaide: Australian Humanities Press: 166–191

Birgden A & Grant L 2010. Establishing a compulsory drug treatment prison: Therapeutic policy, principles, and practices in addressing offender rights and rehabilitation. *International Journal of Law and Psychiatry* 33: 341–349

Bonta J, Rugge T, Scorra TL, Burgona G, & Yessinea AK 2008. Exploring the black box of community supervision. *Journal of Offender Rehabilitation* 47: 248–270

Bowes N, Sutton A, Jenkins S & McMurran M 2009. The alcohol treatment needs of violent and non-violent prisoners. *The British Journal of Forensic Practice* 11: 3–7

Byrne M & Howells K 2002. The psychological needs of women prisoners: Implications for rehabilitation and management. *Psychiatry, Psychology and Law* 9: 34–43

Cann J 2006. Cognitive skills programs: Impact of reducing reconviction among a sample of female prisoners. *Home Office Research Finding* no. 276. London: Home Office

Cann J, Falshaw L, Nugent F & Friendship C 2003. Understanding what works: Accredited cognitive skills programs for adult men and young offenders. *Home Office Research Finding* no. 226. London: Home Office

Chambers JC, Eccleston L, Day A, Ward T & Howells K 2008. Treatment readiness in violent offenders: The influence of cognitive factors on engagement in violence programs. *Aggression and Violent Behaviour* 13: 276–284

Chambers JC, Ward T, Eccleston L & Brown M 2009. The pathways model of assault. *Journal of Interpersonal Violence* 24: 1423–1449

Chen MK & Shaprio JM 2007. Do harsher prison conditions reduce recidivism? A discontinuity-based approach. *American Law and Economics Review* 9: 1–29

Chung D & Zannettino L 2005–2006. Feminists researching domestic violence perpetrator programs: Improving women's and children's safety or misplaced effort? *Women Against Violence* 18: 37–45

Cid J 2009. Is imprisonment criminogenic? A comparative study of recidivism rates between prison and suspended prison sanctions. *European Journal of Criminology* 6: 459–480

Clarke A, Simmonds R & Wydall S 2007. Delivering cognitive skills programs in prison: A qualitative study. *Home Office Research Finding* no. 242. London: Home Office

Cortoni F, Nunes K & Latendresse M 2006. *An examination of the effectiveness of the violence prevention program (no. R-178)*. Canada: Correctional Services of Canada

Curnow R, Streker P & Williams E 1998. *Juvenile justice report: Male adolescent program for positive sexuality*. Victoria: Department of Human Services

Day A in press. Evaluating the quality of criminal justice programs, in Sheldon K, Davies J & Howells K (eds), *Research in practice for forensic professionals*. Cullompton, UK: Willan Publishing

Day A & Casey S 2010. Maintenance programs for forensic clients. *Psychology*, *Crime and Law* 16: 1–10

Day A, Casey S & Gerace A 2010. Interventions to improve empathy awareness in sexual and violent offenders: Conceptual, empirical and clinical issues. *Aggression and Violent Behaviour* 15: 201–208

Day A, Chung D, O'Leary P & Carson E 2009. Programs for men who perpetrate domestic violence: An examination of the effectiveness of intervention programs. *Journal of Family Violence* 24: 203–212

Day A, Ward T & Shirley L 2011. Reintegration services for long-term dangerous prisoners: A case study and discussion. *Journal of Offender Rehabilitation* 50: 66–80

DiGiuseppe D & Tafrate RC 2003. Anger treatment for adults: A meta-analytic review. *Clinical Psychology: Science and Practice* 10: 70–84

Dobash RP, Dobash RE, Cavanagh K & Lewis R 1999. A research evaluation of British programmes for violent men. *Journal of Social Policy* 28: 205–233

Dowden C & Andrews DA 1999. What works for female offenders: A meta-analytic review. *Crime and Delinquency* 45: 438–452

Dowden C & Brown SL 2002. The role of substance abuse factors in predicting recidivism: A meta-analysis. *Psychology, Crime & Law* 8: 243–264

Dowden C, Blanchette K & Serin R 1999. *Anger management programming for federal male inmates: An effective intervention*. Canada: Research Branch, Correctional Service Canada

Dowden C & Serin R 2002. *Anger management programming for federal male inmates: The impact of dropouts and other program performance variables on recidivism*. Canada: Research Branch, Correctional Service Canada

Dutton GD & Corvob K 2007. The Duluth model: A data-impervious paradigm and a failed strategy. *Aggression and Violent Behaviour* 6: 658–667

Falshaw L, Friendship C, Travers R & Nugent F 2003. Searching for 'what works': An evaluation of cognitive skills programs. *Home Office Research Findings* no. 206. London: Home Office

Finkelhor D 1984. *Child sexual abuse: New theory and research*. New York: Free Press

Friendship C, Blud L, Travers R & Thornton D 2003. Cognitive-behavioural treatment for imprisoned offenders: An evaluation of HM Prison Service's cognitive skills programs. *Legal and Criminological Psychology* 8: 102–114

Gehrig KS, Van Voorhis P & Bell VR 2010. 'What works' for female probationers? An evaluation of the Moving On program. *Criminal Justice and Behaviour* 37: 261–288

Gendreau P Goggin C & Smith P 2001. Implementation guidelines for correctional programs in the 'real world', in Bernfield GA, Farrington DP & Leschied AW (eds), *Offender rehabilitation in practice: Implementing and evaluating effective programs*. Chichester: John Wiley & Sons

Gilbert F & Daffern M. 2009 Integrating contemporary aggression theory with violent offender treatment: How thoroughly do interventions target violent behaviour? *Aggression and Violent Behaviour* 15: 167–180

Gondolf EW 2007. Theoretical and research support for the Duluth model: A reply to Dutton and Corvo. *Aggression and Violent Behaviour* 12: 644–657

Gorusch N 1998. Unmet need among disturbed female offenders. *The Journal of Forensic Psychiatry* 9: 556–570

Government of South Australia 2009. *Budget papers 2009–10*. Adelaide : Department of Treasury and Finance. http://www.treasury.sa.gov.au/dtf/budget/publications_and_downloads/previous_budgets/state_budget_2009_10.jsp

Government of Victoria 2009. *Budget papers 2009–10*. Victoria: State Government of Victoria. http://www.budget.vic.gov.au/CA25755B0004CE3B/pages/budget-overview

Government of Western Australia 2009. *Budget papers 2009–10*. Perth: State Government of Western Australia. http://www.dtf.wa.gov.au/cms/uploadedFiles/State_Budget/Budget_2009_2010/2009-10_budget_overview.pdf

Greenberg DM, Da Silva J & Loh N 2002. *Evaluation of the Western Australian sex offender treatment unit (1987–1999): A quantitative analysis*. Perth: The University of Western Australia

Hall GCN & Hirschmann R 1992. Sexual aggression against children: A conceptual perspective of etiology. *Criminal Justice and Behaviour* 19: 8–23

Hammersley R, Forsyth A & Lavelle T 1990. The criminality of new drug users in Glasgow. *British Journal of Addiction* 85: 1583–1594

Hanson RK et al. 2002. First report of the collaborative outcome data project on the effectiveness of psychological treatment for sex offenders. *Sexual Abuse: A Journal of Research and Treatment* 14: 169–194

Hardesty C, Hardwick PG & Thompson RJ 1993. Self-esteem and the woman prisoner, in Fletcher B, Shaver L & Moon D (eds), *Women prisoners: A forgotten population*. London: Praeger

Hardyman P & Van Voorhis P 2004. *Developing gender-specific classification systems for women offenders*. US: Department of Justice

Hargreaves J 2009. Beyond rehab: Where does the prison fit? *Current Issues in Criminal Justice* 21: 148–153

Henry DB, Tolan PH & Gorman-Smith D 2001. Longitudinal family and peer group effects on violence and non-violent delinquency. *Journal of Child Clinical Psychology* 30: 172–186

Heseltine K, Howells K & Day A 2009. Brief anger interventions with offenders may be ineffective: A replication and extension. *Behaviour Research and Therapy* 48: 246–250

Hiller ML, Knight K & Simpson DD 1999. Prison-based substance abuse treatment, residential aftercare and recidivism. *Addiction* 94: 833–843

Hollin C & Palmer E 2009. Cognitive skills programs for offenders. *Psychology, Crime and Law* 15: 147–164

Howells K 1998. Cognitive behavioural interventions for anger, aggression and violence, in Tarrier N, Wells A & Haddock F (eds), *Treating complex cases*. New York: John Wiley and Sons

Howells K & Day A 2003. Readiness for anger management: Clinical and theoretical issues. *Clinical Psychology Review* 23: 319–337

Howells K et al. 2005. Brief anger management programs with offenders: Outcomes and predictors of change. *The Journal of Forensic Psychiatry & Psychology* 16: 296–311

Howells K et al. 2002. Anger management and violence prevention: Improving effectiveness. *Trends & Issues in Crime and Criminal Justice* no. 227. Canberra: Australian Institute of Criminology. http://www.aic.gov.au/publications/current%20series/tandi/221-240/tandi227.aspx

Howells K et al. 2000. *The management of Indigenous prisoners*. Adelaide: Forensic and Applied Psychology Research group, University of South Australia

Howells K, Heseltine K, Sarre R, Davey L & Day A. 2004. *Correctional offender treatment programs: The national picture in Australia*. Canberra: Criminology Research Council. http://www.criminologyresearchcouncil.gov.au/reports/200203-04.html

Hsu C, Caputi P & Byrne M 2009. Level of Service Inventory—Revised: Assessing the risk and need characteristics of Australian Indigenous offenders. *Criminal Justice and Behaviour* 36: 728–740

Hunter W Fitzgerald C & Manner C 1999. Vocational education and training in Northern Territory correctional centres. Paper presented to the Australian Institute of Criminology conference on Best Practice Interventions on Corrections for Indigenous People: Adelaide. http://www.aic.gov.au/events/aic%20upcoming%20events/1999/indigenous.aspx

Hurley W & Dunne MP 1991. Psychological distress and psychiatric morbidity in women prisoners. *Australian and New Zealand Journal of Psychiatry* 25: 461–470

Jolliffe D & Farrington DP 2007. A systematic review of the national and international evidence on the effectiveness of interventions with violent offenders. *Ministry of Justice Research Series* 16/07 December. London: Ministry of Justice

Jones R, Masters M, Griffiths A & Moulday N 2002. Culturally relevant assessment of indigenous offenders: A literature review. *Australian Psychologist* 37: 187–197

Keaveny ME & Zauszniewski JA 1999. Life events and psychological well-being in women sentenced to prison. *Issues in Mental Health Nursing* 20: 73–89

Koons B, Burrow J, Morash M & Byrum 1997. Expert and offender perceptions of program elements linked to successful outcomes for incarcerated women. *Crime and Delinquency* 43: 512–532

Larson J, Robertson P, Hudson SM & Hillman D 1998. A bi-cultural model for treating child molesters in Aotearoa/New Zealand, in Marshall WL, Hudson SM, Ward T & Fernandez Y (eds), *Sourcebook of treatment programs for sexual offenders*. New York: Plenum

Latendresse M 2006. *Predicting sex offender program attrition: The role of denial, motivation and treatment readiness*. Correctional Services of Canada Research Report. Ottawa: Correctional Services of Canada

Lippmann L 1991. *Generations of resistance: Mabo and justice*, 3rd ed. Melbourne: Longman Australia

Lipsey MW, Landenberger NA & Wilson SJ 2007. Effects of cognitive-behavioural programs for criminal offenders. *Campbell Systematic Reviews* 6: 1–30

Lorion RP 2000. Theoretical and evaluation issues in the promotion of wellness and the protection of 'well enough', in Cicchetti D, Rappaport J, Sandler I & Weissberg RP (eds), *The promotion of wellness in children and adolescents*. Washington: CWLA Press

Mals P, Howells K, Day A & Hall G 1999. Adapting violence rehabilitation programs for the Australian Aboriginal offender. *Journal of Offender Rehabilitation* 30: 121–135

Marshall LE, Marshall WL, Fernandez YM, Malcolm PB & Moulden HM 2008. The Rockwood preparatory program for sexual offenders. *Sexual Abuse: A Journal of Research and Treatment* 20: 25–42

Marshall W & Barbaree HE 1990. An integrated theory of the etiology of sexual offending, in Marshall WL, Laws DR & Barbaree HE (eds), *Handbook of sexual assault: Issues, theories and treatment of the offender*. New York: Plenum Press: 363–385

Marshall WL, Thornton D, Marshall LE, Fernandez YM & Mann RE 2001. Treatment of sexual offenders who are in categorical denial: A pilot project. *Sexual Abuse: A Journal of Research and Treatment* 13: 205–215

Martin C, Player E & Liriano S 2003. Results of evaluations of the RAPt drug treatment program, in Ramsay M (ed), Prisoners' drug use and treatment: Seven research studies. *Home Office Research Finding* no. 267. London: Home Office: 91–112

McDougall C & Boddis S 1991. Discrimination between anger and aggression: Implications for treatment. *Issues in Criminological & Legal Psychology* 2: 101–106

McGuire J 2008. A review of effective interventions for reducing aggression and violence. *Philosophical Transaction of the Royal Society B: Biological Sciences* 363: 2577–2597

Mitchell O, Wilson DB & MacKenzie DL 2006. *The effectiveness of incarceration-based drug treatment on criminal behaviour.* Campbell Collaboration Criminal Justice Review Group. www.campbellcollaboration.org/lib/ download/98/

Morash M, Byrum TS & Koons BA 1998. *Women offenders: Programming needs and promising approaches*. National Institute of Justice: Research in brief. Washington: US Department of Justice, National Institute of Justice

Nadusu A 2009. *Reconviction patterns of released prisoners: A 60-months follow-up analysis*. Auckland: Department of Corrections, Aotearoa

Novaco RW, Ramm M & Black L 2001. Anger treatment with offenders, in Hollin CR (eds), *Handbook of offender assessment and treatment*. Chichester: Wiley

Nunes KL & Cortoni F 2006. Estimating risk of dropout and expulsion from correctional programs. *Correctional Services of Canada Research Report* no. 177. Ottawa: Correctional Services of Canada

Olver ME, Wong SCP & Nicholaichuk TP 2008. Outcome evaluation of a high-intensity inpatient sex offender treatment program. *Journal of Interpersonal Violence* 24: 522–536

Owen K et al. 2007. *Recidivism of sex offenders: Base rates for Corrections Victoria sex offender program*. Melbourne: Victoria Department of Justice

Pelissier BMM, Camp SD, Gaes GG, Saylor WG & Rhodes W 2003. Gender differences in outcomes from prison-based residential treatment. *Journal of Substance Abuse Treatment* 24: 149–160

Peters RH, Strozier AL, Murrin MR & Kearns WD 1997. Treatment of substance-abusing jail inmates: Examination of gender differences. *Journal of Substance Abuse Treatment* 14: 339–349

Polaschek DL, Calvert SW & Gannon TA 2009. Linking violent thinking: Implicit theory-based research with violent offenders. *Journal of Interpersonal Violence* 24: 75–96

Polaschek DL & Collie R 2004. Rehabilitating serious violent adult offenders: An empirical and theoretical stocktake. *Psychology, Crime and Law* 10: 321–334

Polaschek DL & King LL 2002. Rehabilitating rapists: Reconsidering the issues. *Australian Psychologist* 37: 215–221

Polaschek DL, Wilson NJ, Townsend MR & Daly LR 2005. Cognitive-behavioural rehabilitation for high-risk violent offenders. *Journal of Interpersonal Violence* 20: 1611–1626

Prendergast ML, Hall EA, Wexler HK, Melnick G & Cao Y 2004. Amity prison-based therapeutic community: 5-year outcomes. *The Prison Journal* 84: 36–60

Robinson D 1995. *The impact of cognitive skills training on post-release recidivism among Canadian federal offenders*. Research Division 1–106 Ottawa, Canada: Correctional Services of Canada.

Ross RR & Fabiano EA 1985. *Time to think: A cognitive model of delinquency prevention and offender rehabilitation*. Ottawa. Canada: Air Training & Publications

Rugge T 2006. *Risk assessment of male Aboriginal offenders: A 2006 perspective*. Ottawa: Correctional Services Canada

Sarre R 2002. Criminal justice policy, in Summers J, Woodward D & Parkin A (eds), *Government politics, power and policy*, 7th ed. Frenchs Forest: Pearson Educational

Sarre R 2005. Can prisoners be rehabilitated? A retrospective of Robert Martinson's famous article, in O'Toole S & Simon E (eds), *Corrections criminology*. Annandale: Hawkins Press

Sarre R 2009. The importance of political will in the imprisonment debate, *Current Issues in Criminal Justice* 21(1): 154–161

Schmucker M & Losel F 2008. Does sexual offender treatment work? A systematic review of outcome evaluations. *Psicothema* 20: 10–19

Serin RC & Preston DL 2001. Managing and treating violent offenders, in Ashford JB, Sales BD & Reid W (eds), *Treating adult and juvenile offenders with special needs*: 249–271. Washington DC American Psychological Association

Serin RC, Gobeil R & Preston DL 2009. Evaluation of the persistently violent offender treatment program. *International Journal of Offender Therapy and Comparative Criminology* 53: 57–73

Smith P, Goggin C & Gendreau P 2002. *The effects of prison sentences and intermediate sanctions on recidivism: General effects and individual differences*. Ottawa: Solicitor General Canada

Sorbello L, Eccleston L, Ward T & Jones R 2002. Treatment needs of female offenders: A review. *Australian Psychologist* 37: 198–205

Stermac LE 1986. Anger control treatment for forensic patients. *Journal of Interpersonal Violence* 1: 446–457

Thomas A & Pollard J 2001. Substance abuse, trauma and coping: A report on women prisoners at the Dame Phyllis Frost centre for Women. Unpublished report by Caraniche Pty Ltd, Melbourne

Valliant PM, Jenson B & Raven-Brook L 1995. Brief cognitive behavioural therapy with male adolescent offenders in open custody or on probation: An evaluation of management of anger. *Psychological Reports* 76: 1056–1058

Valliant PM & Raven LM 1994. Management of anger and its effect on incarcerated assaultive and non-assaultive offenders. *Psychological Report* 75: 275–278

Van Dieten M & MacKenna P 2001. *Moving on: Facilitator's guide*. Toronto, ON: Orbis

Van Voorhis P, Salisbury E, Wright E & Bauman A 2008. *Achieving accurate pictures of risk and identifying gender-responsive needs: Two new assessments for women offenders*. Washington DC: US Department of Justice, National Institute of Corrections

Victorian Indigenous Family Violence Task Force 2003. *Victorian Indigenous Family Task Force final report*. Melbourne: Department of Victorian Communities

Ward T & Nee C 2009. Surfaces and depths: Evaluating the theoretical assumptions of cognitive skills programs. *Psychology, Crime and Law* 15: 165–182

Ward T & Siegert RJ 2002. Toward a comprehensive theory of child sexual abuse: A theory knitting perspective. *Psychology, Crime and Law* 8: 319–351

Ward T & Sorbello L 2003. Explaining child sexual abuse: Integration and elaboration in Ward T, Laws DR & Hudson SM (eds), *Sexual deviance: Issues and controversies in sexual deviance*. London: Sage: 3–20

Ward T & Stewart C 2003 The treatment of sex offenders: Risk management and good lives. *Professional Psychology: Research and Practice* 34: 353–360

Watt BD & Howells K 1999. Skills training for aggression control: Evaluation of an anger management program for violent offenders. *Legal & Criminological Psychology* 4: 285–300
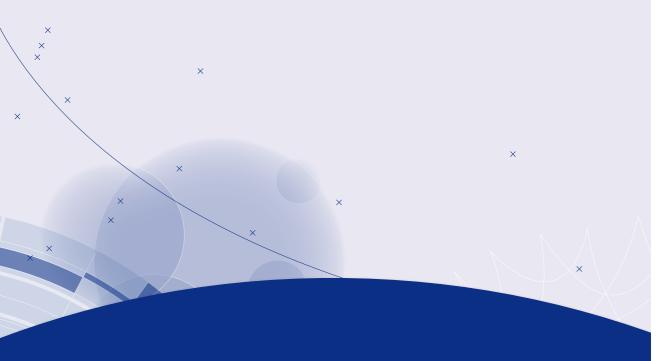
Weekes JR, Moser AE & Langevin CM 1997. Assessing substance abuse offenders for treatment. Unpublished workshop presented at the meeting of the International Community Corrections Association: Cleveland, Ohio

Welsh WN 2007. A multisite evaluation of prison-based therapeutic community drug treatment. *Criminal Justice and Behaviour* 34: 1481–1498

Wexler HK, DeLeon G, Thomas G, Kressel D & Peters J 1999. The Amity prison TC evaluation: Reincarceration outcomes. *Criminal Justice & Behaviour* 26: 147–167

Wilson DB, Bouffard LA & MacKenzie DL 2005. A quantitative review of structured, group-oriented, cognitive-behavioural programs for offenders. *Journal of Criminal Justice and Behaviour* 32: 172–204

Woodrow A & Bright D 2010. Effectiveness of a sex offender treatment programme: A risk band analysis. *International Journal of Offender Therapy and Comparative Criminology* 55(1): 43–55. http://ijo.sagepub.com/content/55/1/43.short?rss=1&ssource=mfr

Appendixes

Appendix A: Interview schedule

History

What programs have been delivered in the last two years?

Have these programs been run by the same staff/ what is the pattern of staff continuity?

What has been the level of acceptance of these programs (inter-departmental, community, political)?

Theoretical/philosophical basis

What are some of the ideas about rehabilitation that inform these programs? Theoretical models?

What informs these ideas about rehabilitation/is there a particular influence? Research or theory/ name of researcher or a model.

Is there a policy framework that articulates this position?

Any documentation to support this position?

How are theoretical/ philosophical ideas about programs conveyed to those facilitating the program?

Participant selection/ treatment need

Who are the programs meant for?

Are there any stated aims and objectives in terms of participant selection?

Are the people specified in these aims and objectives the people that, in practice, are selected for the programs?

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?

What is the system of referral? Who can refer participants to a program?

Who finally determines participants?

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?

Are any tools used in selecting participants— describe them.

Is treatment related to broader correctional plans, sentencing, parole conditions?

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?

How are issues such as motivation determined? And who determines them?

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?

Program features

What is the level of need for these types of programs?

How do these programs relate to each other? Is there a model of delivery—that is, are programs delivered concurrently? Is there a priority or order in which an offender does more than one program?

What offending-based needs are targeted by this program?

What methods and strategies are used in this program? Examples of activities.

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?

Who decides on changes to the program content?

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?

How many programs do you complete per year?

What is the timetable for delivery of this program?

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?)

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?)

Evaluation

Has any program evaluation of program(s) been done? Details? Documentation? (audits, reviews, evaluations—in-house or external?)

Are outcomes measured in any way? What are you looking for when measuring outcomes? Short term? Long term?

How are outcomes measured? Tools employed? Is client feedback sought?

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?

What happens to clients after they leave the program? How are participants monitored/followed-up post-program?

What provisions are there for intervention or 'throughcare' post-program? Is there any provision for therapeutic intervention? In residential settings, officer/staff involvement in after care? Any obstacles to after care?

What links are there between prison and community corrections in terms of follow-up? What information is passed on? How is that passed on?

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?

Staff considerations

How many facilitators per program? Do they deliver the entire program or do different staff deliver different aspects of the program?

What are some important facilitator qualities? (credentials, skills, interpersonal qualities, experience).

How are staff recruited to be program facilitators?

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).

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 ongoing or is it a one-off? Is training mandatory?

Is there an individualised training needs analysis or is training a part of the general induction of program staff?

Are training requirements documented in any way—manual for specific program or policy document for recruitment and induction of program staff?

What preparation is necessary by staff for delivery of programs (time spent, meetings with other staff, resources needed, any obstacles)?

What preparation time and debriefing time is given to facilitators? Is this time formally allocated or is it subsumed into workload, that is, institutional support for adequate preparation and debriefing?

What record-keeping is required by facilitators? Is this requirement documented?

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?

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?

Organisational issues

Would you say that programs are generally well supported from an organisational perspective?

What do you envisage as the future of program delivery in this state? Future directions? New initiatives?

Do you see any projected obstacles to future program delivery in this state/institution?

How sustainable is the current level of program delivery in terms of adequate funding and resources?

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				
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				

Program elements	Present	Partially present	Absent	Unknown
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, that is, psychometric instruments used				
Assessment of criminogenic need				
Assessment of offender responsivity (eg literacy, substance use, learning difficulties etc)				
Assessment of offender motivation to change				
Use of standardised psychometric risk/need assessments				
Entry provided to higher risk/need offenders				
Specified inclusion criteria				
Specified exclusion criteria				
Criteria for de-selection				
Treatment manual				
Printed treatment manuals are available				
Pre-program preparation specified				
Treatment environment described (ie room set-up, group norms etc)				
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				
Database of client profile				
Participant progress recorded systematically(ie 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				

Program elements	Present	Partially present	Absent	Unknown
Delivery of treatment programs matches learning styles of clients, that is, 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 (eg 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 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				

Correctional administrators both in Australia and overseas have invested significant resources in the development and delivery of offender rehabilitation programs. This report provides an updated account of the nature and scope of custodial-based offender rehabilitation programs in Australia.

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