IN THE MATTER OF THE ROYAL COMMISSION INTO FAMILY VIOLENCE

ATTACHMENT JMS-1 TO STATEMENT OF JANICE MARGARET SHUARD

Date of document: 27 July 2015
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This is the attachment marked '**JMS-1**' produced and shown to **JANICE MARGARET SHUARD** at the time of signing her Statement on 27 July 2015.

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An Australian Legal Practitioner within the meaning of the Legal Profession Uniform Law (Victoria)

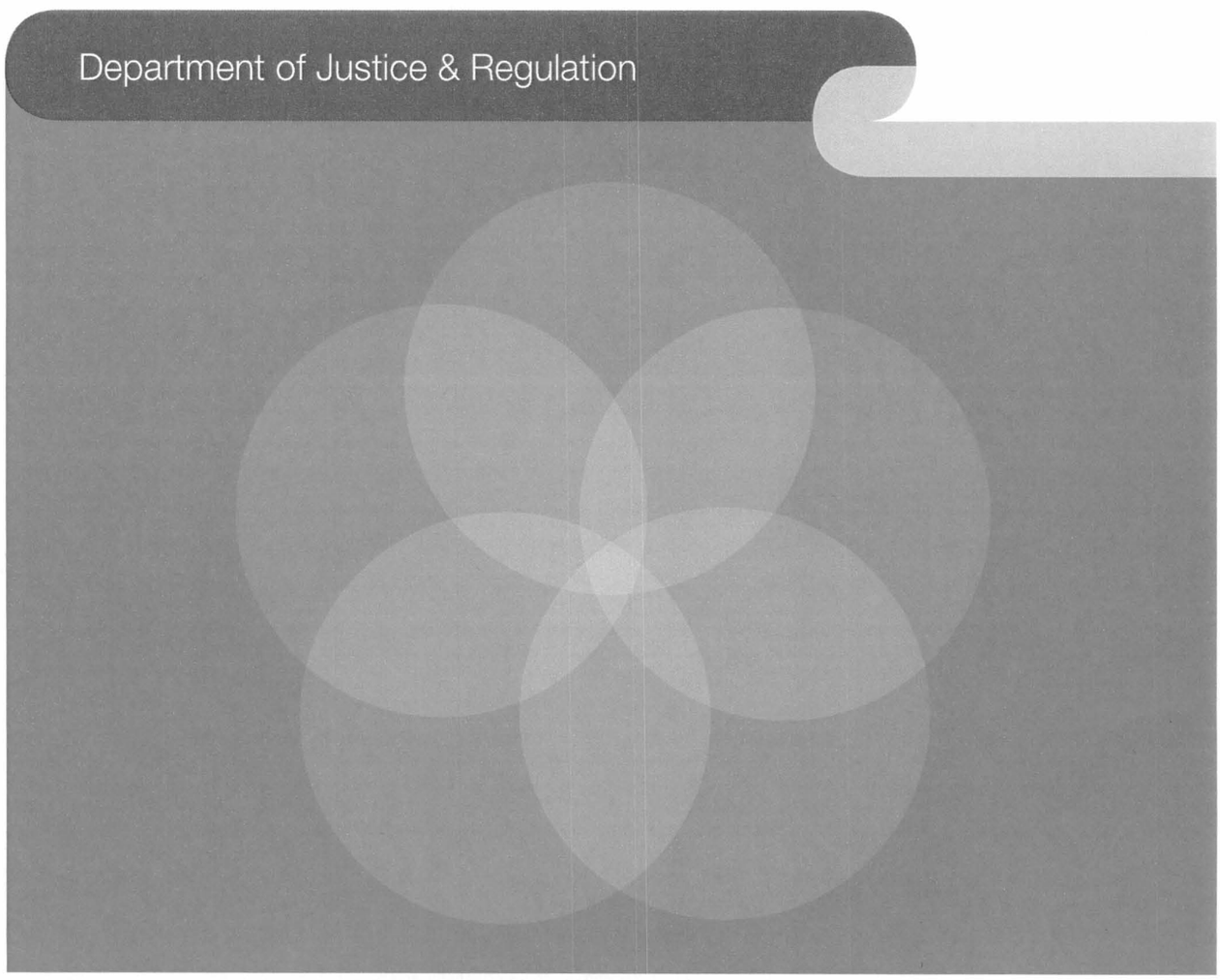
Attachment JMS-1

Offending Behaviour Programs

Service Delivery Manual

Offending Behaviour Programs Branch
Offender Management Division

Department of Justice & Regulation



State Government Victoria
Department of Justice & Regulation

Contents

About this Manual

The purpose of the OBP Service Delivery Manual (the 'Manual') is to provide key operational guidance for the delivery of OBP services (e.g. screenings, assessments, program delivery and clinical advice functions) across prisons and CCS. The guidelines detailed in this Manual constitute minimum standards and service delivery requirements for OBP. The Manual is a live document and will be subject to updates as service delivery requirements change or are adjusted. The manual is intended to underpin local operating procedures and processes, and where relevant, interfaces with other service streams.

The Manual is comprised of five (5) sections:

Section One – The Offending Behaviour Programs Service Delivery Model. This section outlines the Service Delivery Model including the policy and practice principles underpinning its formulation. It also details the key interfaces and roles involved in implementing, operationalising, and oversighting the model.

Section Two – Operating Guidelines. This section details the requirements for the delivery of each stage or component of the OBP Service Delivery Model. This detail is intended to guide day to day operational practice.

Section Three – The Remand Service Delivery Model (SDM). This section outlines the Service Delivery Model and instructions for remand prisoners including the policy and practice principles underpinning its formulation. It details the key interfaces and roles involved in oversighting, implementing and operationalising the model. The Remand SDM and operating guidelines have been separated within the Manual given its discrete function and place in dealing with unsentenced prisoners.

Section Four – Other OBP Services. This section summarises other services and supports available from OBP regional teams.

Section Five – Service Integrity and Quality Assurance. This section details the quality assurance processes that underpin the delivery of the Offending Behaviour Programs Service Delivery Model.

Glossary

Acronyms	Description
ABI	Acquired Brain Injury
APU	Aboriginal Programs Unit
DJR	Department of Justice and Regulation
CCO	Community Corrections Order
CCS	Community Correctional Services
CIO	Central Intake Officer
CIT	Central Intake Team
CR	Commissioner's Requirement
CSAC	Corrective Services Administrator's Council
CSE	Cognitive Screening Examination
CV	Corrections Victoria
CVIAM	Corrections Victoria Intervention Accreditation Model
CVIMS	Corrections Victoria Information Management System
CVTRQ	Corrections Victoria Treatment Readiness Questionnaire
DCI	Deputy Commissioner's Instructions
DPU	Disability Pathways Unit
EDD	Expected Discharge Date
EED	Earliest Eligibility Date
GO	General Offender
HCR-20(v3)	Historical Clinical Risk – 20 (version 3)
ID	Intellectual Disability
IPR	Intervention Pathway Review
IRAM	Integrated Risk Assessment and Management
LS/RNR	Level of Service/Risk Need Responsivity
LSI-R: SV	Level of Service Inventory – Revised: Screening Version
OBP	Offending Behaviour Programs
OBPB	Offending Behaviour Programs Branch
OMF	Offender Management Framework
PACU	Performance Assurance Compliance Unit
PCL	Psychopathy Check List
PCL-SV	Psychopathy Check List – Screening Version
PIMS	Prisoner Information Management System
RNR	Risk Need Responsivity
RSN	Regional Services Network
SDI	Service Delivery Instructions
SMU	Sentence Management Unit
SO	Sex Offender
SOATS	Specialist Offender Assessment & Treatment Services
SOP	Sex Offender Programs
SVO	Serious Violent Offender as per the definition in Section 77 of the Corrections Act 1986
SVoSO	Serious Violent or Sex Offender
TRU	Transition and Reintegration Unit
TPU	Targeted Programs Unit
VISAT	Victorian Intervention Screening Assessment Tool
VRS	Violence Risk Scale
VRS-SV	Violence Risk Scale – Screening Version

1 SECTION ONE: Offending Behaviour Programs Service Delivery Model

Corrections Victoria (CV) is responsible for the direction, management and operation of Victoria's adult correctional system, including over 50 Community Correctional Service (CCS) locations, 11 public prisons, one transition centre, and oversight of two privately operated prisons. CV has a commitment to enhance public safety and reduce crime through the effective administration of prison sentences, the enforcement of community correction orders, and the delivery of evidence based offender centric rehabilitation pathways that are responsive to the risk and needs of all offenders. A critical means by which this commitment is achieved is through its investment in Offending Behaviour Programs (OBP), a service that targets offence specific and offence related factors influencing offending behaviour and engages offenders towards achieving positive behaviour change.

The CV Offending Behaviour Programs Service Delivery Model (the 'Model') is a statewide service across prisons and community corrections. The Model aims to reduce the risk of reoffending and maximise community safety through the provision of an evidence based, responsive and integrated suite of programs that balances the interface between best practice and operational service demands.

Recent correctional reforms have positioned OBP Service Delivery as a central part of CVs rehabilitative effort as well as a key source of information and advice regarding case management practices and parole decision making.

1.1 Policy Context

The Model is underpinned by the *Offender Management Framework (OMF)* and the *Integrated Risk Assessment and Management* (IRAM) Framework. The OMF outlines system wide practice principles that inform the standards and services for CV:

- Maintain system integrity
- Manage risk and target intervention needs
- Increase self responsibility
- Provide a constructive environment

These practice principles are founded on the Risk Need Responsivity (RNR) model of offender rehabilitation ensuring that practices are linked to evidenced-based theory and enable a consistent approach to offender management across the system. The RNR model of offender rehabilitation incorporates a set of empirically validated principles, which provide direction for the assessment and treatment of a wide range of offending populations. These include:

- risk assessment of an offender's propensity to re-offend, with program intensity matched to the level of risk
- the identification of needs directly related to offending behaviour
- responsivity to factors that may impede participation and engagement in treatment
- professional discretion enabling clinicians to utilise clinical judgement when required
- adherence to program integrity to ensure that treatment is as efficacious as possible[1].

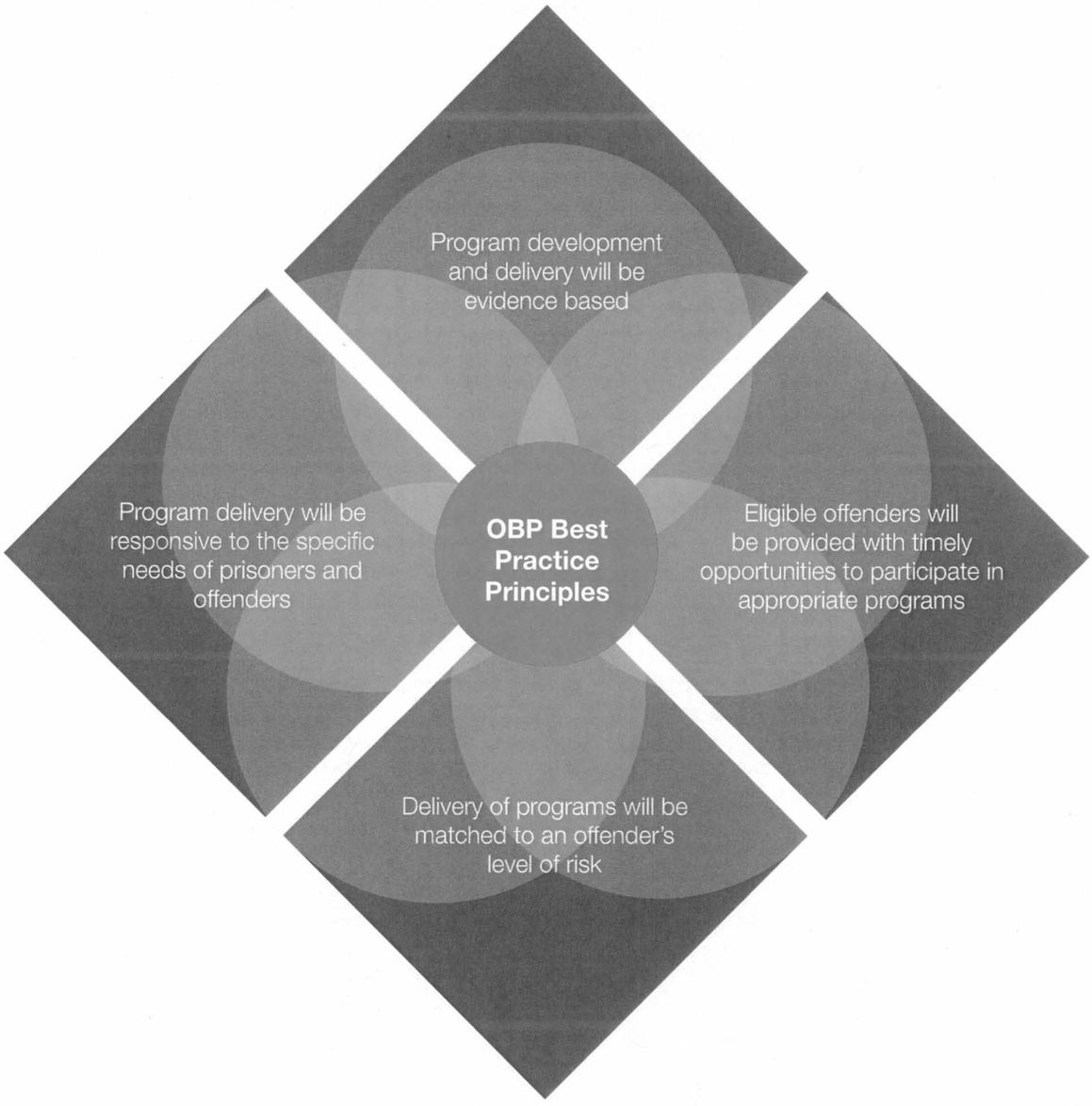
1 Gendreau, 1996

The IRAM Framework further extends the OMF by articulating Operational Principles to shape CV's policy and practice. These principles are as follows:

- CV provides a differentiated response to prisoners, prioritising resources based on the offence-type and the prisoners' risk of reoffending
- The corrections system is integrated with planning for parole and community reintegration, beginning at the commencement of a prisoner's sentence
- Risk assessment and management is an ongoing process that occurs throughout a prisoner's sentence
- Risk assessment and management process that are clear, consistent and transparent
- The most important treatment needs are prioritised during case planning
- Prisoners are to be held at the lowest appropriate security level to minimise the time prisoners spend at front-end prisons
- Every interaction with a prisoner should be seen as a potential opportunity to reduce the risk the prisoner poses to the community

The Offending Behaviour Programs Service operationalises both the OMF and the IRAM Framework through four best practice principles (Figure 1)

Figure 1: OBP Best Practice Principles



1.2 Overview of Offending Behaviour Programs Service Delivery Model

OBP aims to provide offenders within Victoria's correctional system with an equal, fair and inclusive opportunity for rehabilitation and reintegration that minimises their risk of re-offending and maximises community safety. The OBP Service Delivery Model is based on a pathways approach to service delivery such that differentiated service responses are provided based on offending and risk profiles. The Model provides a statewide approach to the delivery of offending behaviour programs and services that ensures consistency, credibility and confidence in service delivery. The Model also seeks to align best practice in the assessment and treatment of offenders with the operational demands of the corrections system.

1.2.1 Service Approach

The OBP Service Delivery Model is comprised of two key service pathways; the Serious Violent Offender Pathway (SVO Pathway) and the General Offender Pathway (GO Pathway).

Serious Violent Offender Pathway (SVO Pathway)

The SVO Pathway aims to provide interventions focused on identifying and addressing violence treatment needs. The SVO Pathway is targeted at prisoners whose convictions deem them to be Serious Violent Offenders (SVOs) based on Section 77 of the Corrections Act 1986. The OBP Model requires that **one hundred percent (100%)** of SVOs (falling under this legislative definition) are serviced[2] across prisons and community corrections irrespective of their risk of general reoffending.

GOs in prison and CCS with convictions for two or more episodes of serious violent offences[3] or violent offences[4] within the previous three years as per the Corrections Act 1986 and Sentencing Act 1991 will also be allocated to the SVO Pathway. This cohort are subject to the same eligibility criteria as SVOs.

General Offender Pathway (GO Pathway)

The aim of the GO Pathway is to provide interventions focused on identifying and addressing general offending treatment needs. The GO Pathway targets non-violent offenders across prisons and community corrections based on their risk of general offending. General Offenders (GO) are prisoners or offenders that do not meet the legislative definition of a SVO as defined in section 77 (9) of the *Corrections Act* 1986. GOs are eligible for OBP if they are deemed to be **moderate or high risk of general re-offending**. The OBP Model requires that **eighty per cent (80%)** of eligible GOs are serviced across prisons and community corrections.

The pathways approach to service delivery promotes flexibility in the service model by providing capacity for individuals' to move between the SVO and GO service pathways to maximise opportunities for a more targeted and responsive approach to their specific risk and interventions needs. A summary of these pathways is presented in Figure 2.

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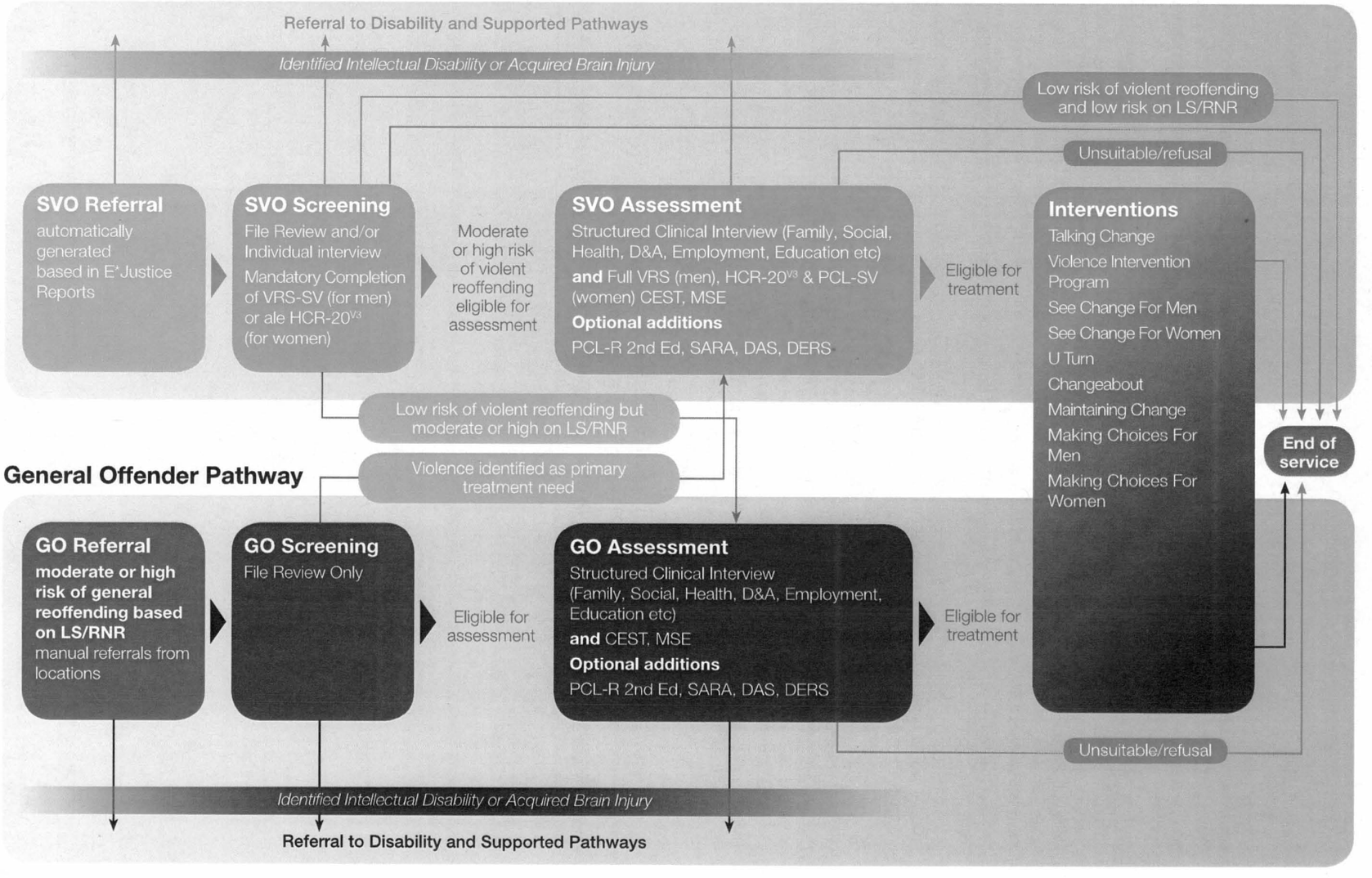
2 A service is defined as anything from a screening only where a prisoner or offender is found unsuitable for further assessment or right through to screening, assessment and intervention completion.

3 SVO offences as defined in section 77 (9) of the Corrections Act 1986.

4 Violent offences as defined in Schedule 1, Sentencing Act 1991 and Schedule 3, Corrections Act 1986 (See Appendix 1)

Serious Violent Offender Pathway



In keeping with the OBP policy principles, which emphasise the importance of timely, accessible and effective delivery of programs, all service pathways are commenced at the front end of a prisoner's sentence, with priority given to group based interventions. A front-end service approach will:

- Enable OBP to meet service demand by identifying and understanding the intervention needs of prisoners/offenders at the commencement of their sentence.
- Embed OBP within the broader sentence management framework by ensuring OBP involvement throughout the duration of a prisoner/offenders sentence as well as in their short, medium and long term sentence planning.
- Ensure sufficient time to address intervention needs prior to release.
- Allow for the provision of appropriately sequenced offence specific and offence related interventions including treatment readiness programs pre intervention and maintenance programs post intervention.
- Ensure that eligible offenders are serviced by OBP prior to their earliest eligibility date (EED), maximising their opportunity and eligibility for parole.
- Reduce pressure on prison beds by increasing the rate of prisoners eligible for parole.
- Maximise the opportunity for the successful reintegration of prisoners/offenders into the community.

A priority focus on group-based interventions enables CV to respond to demand for OBP within allocated resources, and assists in meeting service targets. From a therapeutic perspective, group based interventions also provide the opportunity for positive behaviour change influenced by peers as well as allowing for modelling and practicing positive skills (ATSA, 2005; Berenson & Underwood, 2000; Jennings & Sawyer, 2003; Marshall, Anderson, & Fernandez, 1999, Marshall et al., 2006b; NAPN, 1993; Sawyer, 2002; Schwartz, 1995). Group based offender rehabilitation programs also have the largest evidence base and are considered the most effective approaches for reducing reoffending[5] (O'Brien, Daffern & Sullivan, 2014). Research has demonstrated that rehabilitation programs can reduce recidivism by between 10–50% with significantly greater effectiveness found for those programs that complied with the RNR principles[6]. As such, all OBP programs must be accredited via the Corrections Victoria Intervention Accreditation Panel (CVIAP; refer to Section 4), to ensure that they adhere to the RNR principles.

Individual treatment[7] will continue to be provided, however will be targeted at those where explicit circumstances preclude their participation in groups.

The OBP service model is delivered via a hybrid service delivery model involving both internal OBP Staff, complemented by contracted services across all stages of the model. Regional OBP staff are responsible for service delivery to offenders in the SVO pathway, while contracted services are responsible for service delivery to offenders in the GO pathway.

1.2.2 Key contributors

The implementation and operation of the OBP Service Delivery Model involves a partnership between key business units of the DJR and within Corrections Victoria. These include:

- The Corrections Victoria Offending Behaviour Programs Branch (Offender Management Division), namely:
  - The Targeted Programs Unit
  - The Performance Assurance and Compliance Unit
  - The Transition and Reintegration Unit
- The Department of Justice Regional Services Network
- The Corrections Business Services Division, more specifically,
  - The Grants and Procurement Unit
  - The Contracts Management Branch
- Contracted Service Providers

5 O'Brien, K., Daffern, M., & Sullivan, D. (2014). Offending Behaviour Programs Individual Intervention Service Delivery Project Final Report. OBP

6 Andrews, et al., 1990; Andrews, Dowden and colleagues (cited in Andrews & Bonta, 2003); Corrections Victoria, 2004; McGuire, 2004

7 The delivery of one on one services by OBP is currently under review

Corrections Victoria Offending Behaviour Programs Branch

The Offending Behaviour Programs Branch (the 'Branch') is a Unit within the Offender Management Division of Corrections Victoria. The Branch has responsibility for service design, program development, performance and monitoring, and quality assurance across a number of service streams including women, youth, aged, disability, regional service delivery, Aboriginal and Torres Strait Islanders, and transition and reintegration.

The *Targeted Programs Unit (TPU)* is responsible for statewide service design and development along with oversight of the statewide implementation of the OBP Service Delivery Model.

The *Performance Assurance and Compliance Unit (PACU)* is responsible for the performance monitoring and reporting of service activity. The PACU also oversights the statewide Central Intake Team (CIT), which receives and reviews all referrals for regional offending behaviour programs both internally delivered and contracted.

The *Transition and Reintegration Unit (TRU)* holds particular responsibility for service design and development of transition and reintegration services. For the purposes of OBP service delivery, the TRU will oversight the implementation of the Remand Service Delivery Model.

Collectively the TPU, PACU and TRU are responsible for:

- Oversight and monitoring of the implementation of the OBP Service Delivery Model (including the Remand SDM) as per the program specifications and operating manuals
- Provision of service guidance and advice across all elements of the program
- Reporting on OBP activity including performance against key performance indicators and service targets
- Leading all statewide quarterly and annual reporting and performance meetings in relation to OBP activity.

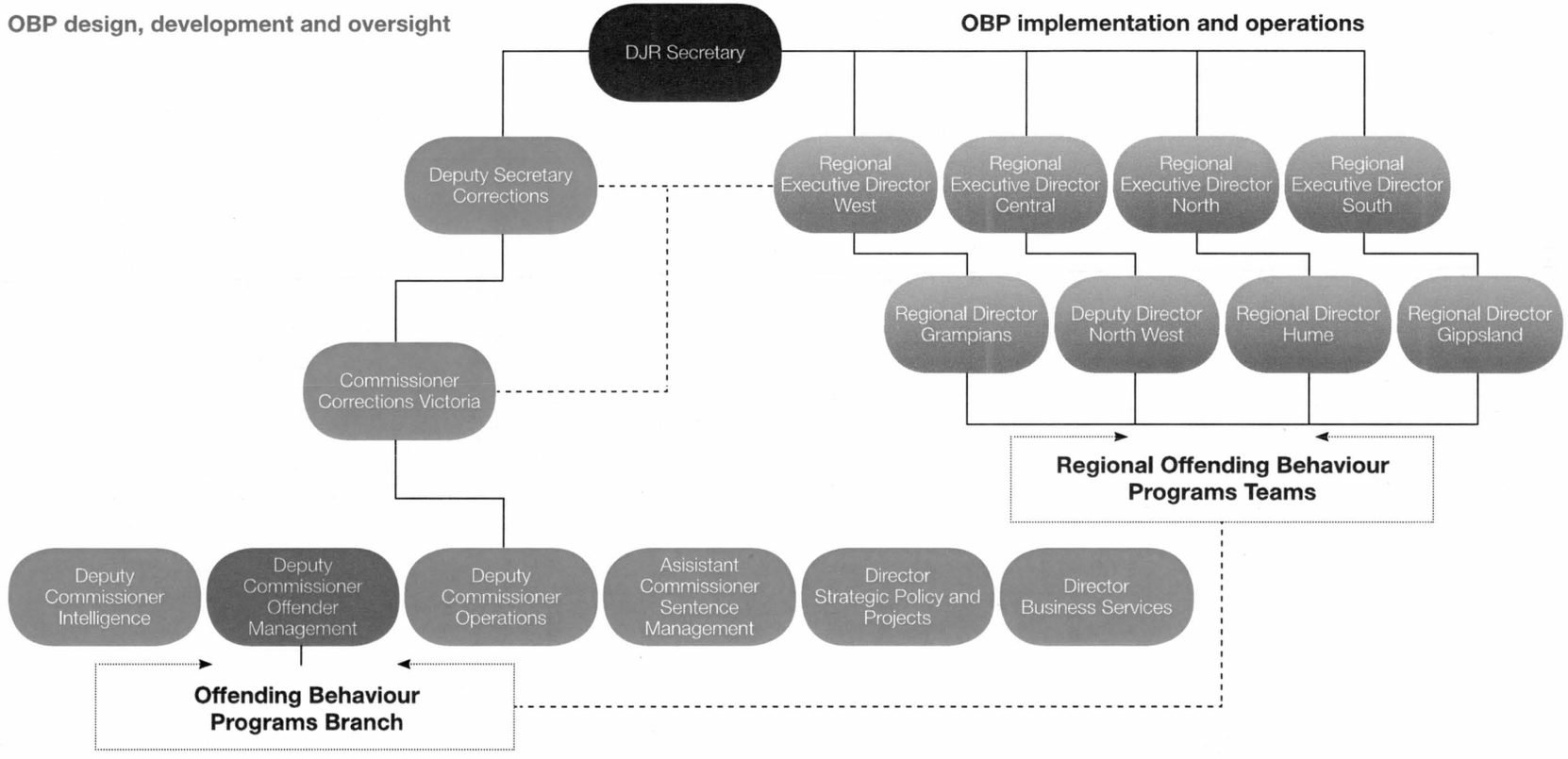
Department of Justice and Regulation Regional Service Network

The Department of Justice and Regulation Regional Services Network (RSN) is responsible for the implementation of the OBP Service Delivery Model including day-to-day operation of the Model. The RSN operates as four service Areas covering eight regions:

- Central Area: North Metro and West Metro
- North Area: Loddon Mallee and Hume
- South Area: South East Metro and Gippsland
- West Area: Grampians and Barwon South West

The RSN manages operations of the 11 publicly operated prisons, one transition centre and 53 Community Correctional Service locations across Victoria. The two privately operated prisons; Fulham Correctional Centre and Port Phillip Prison, are responsible for operationalisation of the Model in consultation with CV Offender Management Division. The authorising environment for the OBP Service Delivery Model across CV and RSN is summarised in Figure 2

Figure 2: Authorising environment for Offending Behaviour Programs



For the purposes of the CV OBP Service Delivery Model, the RSN is responsible for the following:

- Day-to-day operational and oversight of the OBP service provision within their region(s) (excluding private prisons).
- Attendance at quarterly and annual reporting meetings.
- Contributing to statewide service and program development as required.

CV Business Services Division

The Business Services Division includes the Grants and Procurements Unit and the Contract Management Branch.

Grants and Procurement Unit

The Grants and Procurement Unit of CV will lead the establishment, reporting and monitoring of the contracted services to ensure that CV Head Office complies with its broader obligations in finance and contracts, including minimum standards and reporting requirements. The Branch and the RSN will provide service and operational input into the contract management process.

Contract Management Branch

The CV Contracts Management Branch monitors contract compliance in relation to implementation of the OBP Service Delivery Model within private prisons. Service and operational input into private prison OBP services will be provided by the Branch and RSN, respectively.

Contracted Providers

In accordance with the OBP hybrid service delivery model, the delivery of OBP services will be provided by a combination of RSN OBP staff and OBP contractors. OBP contracted providers will be sourced via the OBP and SOATS preferred provider panel. Contracted providers will be responsible for OBP services in accordance with this operational manual, service specifications and executed contracts. An ongoing interface will be required between the OBP Branch, RSN OBP Staff and contracted staff to ensure the objectives of the service are being met. Collaboration will also be required across providers to ensure seamless operation of the program across regions and continuity of service for prisoners and offenders.

1.2.3 Key Roles

The delivery of OBP services will be enabled through the following key roles;

- Central Intake
- OBP Staff
- Contracted Clinicians

Central Intake

Central Intake Officers (CIOs) are located within the PACU of the OBP Branch. CIOs are responsible for the initial intake, allocation and administration of all OBP referrals statewide (across private and public prisons) within the Corrections Victoria Intervention Management System (CVIMS). More specifically, the CIO will:

- Create OBP cases and allocate referrals across the state via the CVIMS
- Monitor the integrity of data entry into the CVIMS
- Inform the reporting and service activity derived from the CVIMS

OBP Staff

Regional Services Network

OBP staff are positioned at all Justice Regions, both within public prisons and community corrections. Regional OBP Staff are RSN staff and include the following roles:

- Regional Managers,
- Senior Clinicians
- Clinicians
- Regional Program Facilitators

OBP Staff across the RSN are responsible for the management, implementation, coordination and delivery of OBP services within their region.

Private Prisons

OBP staff within the two private prisons (Port Phillip Prison and Fulham Correctional Centre) are directly employed by G4S and GEO, respectively. OBP Staff within each private prison are responsible for the management, implementation, coordination and delivery of OBP services at their location.

Contracted Clinicians

Where OBP services are contracted to private providers, contracted providers will be responsible for the delivery of OBP services as per their contract specifications. OBP Staff across the RSN and private prisons will be expected to interface with contracted providers to facilitate and support the delivery of contracted services across prisons and community corrections. The interface with contracted providers will be reflected in individual service agreements and the OBP Contractor Interface Guidelines.

1.2.4 Corrections Victoria Intervention Management System (CVIMS)

The delivery of OBP services is holistically facilitated through the Corrections Victoria Intervention Management System. The CVIMS is a stand alone statewide system that records all referrals, screenings, assessments and interventions of OBP and SOATS and is accessible across the public and private prisons. All OBP reporting also occurs from the CVIMS.

1.2.5 OBP System Interfaces

Victorian Intervention Screening Assessment Tool (VISAT)

The VISAT was employed to assess risk of re-offending; however it was decommissioned in December 2014 and replaced by the LSI-R:SV or LS/RNR in January 2015. As such, risk levels for assessments conducted prior to 2015 will reflect the VISAT rating.

Level of Service Inventory Revised – Screening Version (LSI-R:SV) / Level of Service/Risk, Need, Responsivity (LS/RNR)

The LSI-R:SV and LS/RNR (LS/RNR) assess an offenders risk of recidivism, the rehabilitation needs of offenders, and the most relevant factors related to supervision and programming. The LS/RNR assessment captures General Risk/Need Factors including:

- Criminal History
- Education/Employment
- Family/Marital
- Leisure/Recreation
- Companions
- Alcohol/Drug Problems
- Procriminal Attitude/Orientation
- Antisocial Pattern.

It also captures Special Risk/Need factors including Personal Problems with Criminogenic Potential and History of Perpetration, including sexual and nonsexual assault and other forms of violence and anti-social behaviour.

The LS/RNR is an evidence based assessment tool for identifying risk of re-offending and providing targeted services to address offenders' needs.

2 SECTION TWO: Operating Guidelines

The Operating Guidelines section details the instructions for the delivery of each stage of the CV OBP Service Delivery Model. The instructions are intended to serve as a comprehensive guide for all roles, responsibilities, processes and procedures underpinning the delivery of the service. The Operating Guidelines are comprised of the following key sections:

- OBP Eligibility
- OBP Referrals
- OBP Screenings
- OBP Assessments
- OBP Intervention Pathway Reviews
- OBP Interventions

2.1 OBP Eligibility

This section will describe the eligibility criteria for OBP services which underpins all subsequent operational guidelines.

2.1.1 Service Eligibility

Eligibility for OBP services is based on a combination of offence category and risk of general reoffending. Specifically, OBP services are available to two key cohorts:

- Serious Violent Offenders (SVOs)
- General Offenders (GOs)

Serious Violent Offenders

An offender is classified as a Serious Violent Offender when their current offences falls under the definition of a serious violent offender as defined in section 77 (9) of the *Corrections Act* 1986. This includes:

- Murder
- Manslaughter
- Child Homicide
- Defensive Homicide
- Causing serious injury intentionally
- Causing serious injury recklessly
- Intentionally causing a very serious disease
- Threats to kill
- Threats to inflict serious injury
- Kidnapping
- Intentionally causing grievous bodily harm or shooting etc. with intention to do grievous bodily harm or to resist or prevent arrest
- Inflicting grievous bodily harm
- Attempting to choke etc. in order to commit an indictable offence
- Making demand with threat to kill or injure or endanger life
- The common law offence of kidnapping
- Causing serious injury intentionally in circumstances of gross violence
- Causing serious injury recklessly in circumstances of gross violence
- Armed robbery
- Aggravated burglary
- Arson causing death
- False imprisonment (common law).

For all of the above offences it also includes:

- Conspiracy to commit, incitement to commit and attempt to commit any of these offences
- Any other offence whether committed in Victoria or elsewhere, the necessary elements of which consist of elements that constitute any of these offences.

Eligibility

All SVOs with **3 months or more to their Earliest Discharge Date (EDD)** are eligible for OBP services, irrespective of their risk of general reoffending.

SVOs subject to a parole order must also have a **treatment and rehabilitation condition** placed on their order to be eligible for OBP.

General Offenders

General Offenders are prisoners or offenders that do not meet the legislative definition of an SVO as defined in section 77 (9) of the *Corrections Act* 1986. All offenders subject to Community Corrections Orders (CCO's) are defined as GOs as the legislative definition of an SVO only applies to prisoners and parolees sentenced to a term of imprisonment.

Eligibility

General Offenders deemed to be **moderate or high risk of general reoffending and with 6 months or more to their Earliest Eligibility Date (EED) or Order End Date (OED)** are eligible for OBP. Where a prisoner is only subject to an EDD, a 12 month minimum to their EDD is required to be eligible for OBP.

GOs subject to a Parole or CCO must also have a **treatment and rehabilitation condition** placed on their order to be eligible for OBP.

In line with what works and best practice principles, **GOs assessed as low risk of general re-offending are not eligible for OBP services**[8].

Community Corrections Order-Imprisonment Order (CCO-IMP Order)

A CCO-IMP Order is where an offender is sentenced to a term of imprisonment of up to two years followed by a Community Corrections Order upon their release. Where an offender is sentenced to a CCO-IMP Order, the CIT are required to enter both the prison order details and Community Corrections Order details in CVIMS. Offenders sentenced to a CCO-IMP Order can be SVO's or GO's.

Eligibility

Eligibility for offenders on a CCO-IMP Order will be determined by looking at both components of their Order.

GO'S on a CCO-IMP Order who meet the eligibility criteria for GO's in prison are eligible whilst in custody. GO's who meet the eligibility criteria for GO's in CCS are eligible whilst in CCS.

SVO'S on a CCO-IMP Order who meet the eligibility criteria for SVO's in prison are eligible whilst in custody. SVO's who meet the eligibility criteria for SVO's in CCS are eligible whilst in CCS.

Ineligible Cohorts

The Specialist Offender Assessment & Treatment Services (SOATS) branch of CV combines Sex Offender Programs (SOP) and the Disability Pathways Unit (DPU). SOATS provides specialised assessments, interventions and supports to sex offenders and offenders with a cognitive impairment to more effectively reduce offending behaviour and enhance community safety. As such, these cohorts are considered ineligible for OBP services in the first instance.

8 Refer to OBP FV Service Model for more detail on the servicing of GO's with FV offences.

Sex Offenders (SOs)

Prisoners or offenders who have a current conviction of:

- any sex offence or,
- a combination of any sex offences and serious violent offences,

fall within the category of a Sex Offender or Serious Violent or Sex Offender (SVoSO), respectively. These cohorts must be referred to the SOATS in the first instance and are **not** eligible for OBP. **Offenders assessed by SOATS may subsequently be referred to OBP** where the offenders sexual offences are found to be violent rather than sexually motivated, or where there is an unmet treatment need (relating to violence) upon program completion.

Offenders with a disability

All referrals received for offenders with a confirmed Intellectual Disability (ID), Acquired Brain Injury (ABI) or impaired cognitive functioning as identified on PIMS will be identified as unsuitable for OBP and referred to SOATS for specialist assessment and treatment.

Where prisoners flagged as ID/ABI are identified on the automatic PIMS Referral Report, CIT will send email notifications to SOATS. If the offender is not flagged in PIMS, but OBP clinicians identify that the offender has (or may have) an ABI, ID or cognitive impairment, they must complete a Cognitive Screening Examination (CSE) with the offender. If a cognitive impairment is indicated by the examination (deficits in 3 or more areas), clinicians should send the CSE with a referral form to the SOATS Inbox.

OBP clinicians are encouraged to contact SOATS via email to the SOATS Inbox, to request a consult regarding potential referrals where required.

On completion of the referral to SOATS the offender's OBP case is to be placed on Idle in CVIMS until their EDD. Offenders assessed by SOATS may subsequently be referred to OBP where the extent of the prisoner/offenders cognitive impairment is assessed to be mild and not sufficient to preclude their participation in OBP interventions. In these cases, their OBP case should be reactivated.

Offenders with Stalking and Arson offences

Offenders who have been convicted of **only** Arson or Stalking offences (as compared to the presence of stalking behaviour in other offences) must be referred to SOATS in the first instance and are **not** eligible for OBP. Offenders/prisoners reviewed by SOATS will subsequently be referred to OBP where their offences are not deemed to be sexually motivated.

Where stalking and arson are identified as one of a number of offending behaviours, they must still be referred to SOATS; however the OBP pathway can commence in parallel to the referral to SOATS.

2.1.2 Service Pathways

The OBP Service Delivery Model promotes a pathways approach to service delivery such that offenders and prisoners are able to be serviced via the SVO Pathway or GO Pathway based on their intervention needs. Prisoners/Offenders deemed to be eligible for OBP are allocated on referral to either the SVO Pathway or GO Pathway. The allocation to pathways is based on their current and historical convictions/offending.

SVO Pathway

The following eligible prisoners/offenders will be allocated to the SVO Pathway on referral:

- All SVOs as defined in section 77 (9) of the *Corrections Act* 1986
- GOs in prison and CCS with convictions[9] for two or more episodes of serious violent offences[10] or violent offences[11] within the previous three years as per the Corrections Act 1986 and Sentencing Act 1991. The schedule of Offences detailed in this legislation is provided in Appendix 1.
- GOs on a CCO with convictions for an SVO offence as defined in section 77(9) of the *Corrections Act* 1986.

GO Pathway

The following prisoners/offenders will be allocated to the GO Pathway on referral:

- All eligible GOs who do not meet the criteria for the SVO Pathway.

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9 Includes findings of guilt without conviction.

10 SVO offences as per as defined in section 77 (9) of the Corrections Act 1986.

11 Violent offences as defined in Schedule 1, Sentencing Act 1991 and Schedule 3, Corrections Act 1986 (See Attachment 1)

2.1.3 Summary of Service and Pathway Eligibility

Table 1: Summary of OBP service eligibility and pathway

Cohort	Location	Service Eligibility	Service Pathway
SVOs	**Prison**	> 3 months **EDD**	SVO Pathway
	CCS – Parole	> 3 months **EDD and** have a treatment and rehabilitation condition placed on their order	SVO Pathway
GOs	**Prison**	> 6 months **EDD** Or > 12 months **EDD (where a prisoner has no EED)**	SVO Pathway – Where two episodes of convictions[12] for violent offences[13] (as per the Corrections Act 1986 and Sentencing Act 1991) have occurred within previous three years
			GO Pathway – Where the offender has no convictions[12] for serious violent offences[14] or violent offences[13] (as per the Corrections Act 1986 and Sentencing Act 1991) have occurred within previous three years
	CCS (CCO)	> 6 months remaining on order end date (OED) **and** have a treatment and rehabilitation condition placed on their order	GO Pathway – Where no or fewer than two episodes of convictions[12] for serious violent offences[14] or violent offences[13] (as per the Corrections Act 1986 and Sentencing Act 1991) have occurred within previous three years
			SVO Pathway – Where the offender has a current conviction[12] for serious violent offences[14] or violent offences[13] (as per the Corrections Act 1986 and Sentencing Act 1991) have occurred within previous three years
	CCS (Parole)	> 6 months remaining on order end date (OED) **and** have a treatment and rehabilitation condition placed on their order	GO Pathway – Where no or fewer than two episodes of convictions[12] for serious violent offences[14] or violent offences[13] (as per the Corrections Act 1986 and Sentencing Act 1991) have occurred within previous three years
			SVO Pathway – Where two episodes of convictions[12] for violent offences[13] (as per the Corrections Act 1986 and Sentencing Act 1991) have occurred within previous three years
CCO-IMP Orders	Please note that offenders on a CCO-IMP Order must meet eligibility criteria for GO's in prison or CCS or SVO's in prison or CCS as detailed above in order to be eligible for OBP services.		
Sex Offender	Refer to SOATS		
ID / ABI (confirmed)	Refer to SOATS		

12 Includes findings of guilt without conviction

13 Violent offences as defined in Schedule 1, Sentencing Act 1991 and Schedule 3, Corrections Act 1986 (See Attachment 1)

14 SVO offences as per as defined in section 77 (9) of the Corrections Act 1986.

2.1.4 Sentencing Combinations

Offenders referred to OBP may be subject to a range of sentencing combinations, which add a layer of complexity to determining eligibility. Combinations may include:

- A term of imprisonment with an EED and EDD, indicating eligibility for parole
- A term of imprisonment with no EED, indicating no parole period
- A term of imprisonment with an EED and EDD, indicating eligibility for parole followed immediately by a CCO with or without a treatment and rehabilitation condition applied
- A term of imprisonment with only an EDD, indicating no parole period followed immediately by a CCO with or without a treatment and rehabilitation condition applied
- A single CCO with or without a treatment and rehabilitation condition applied.

The eligibility criteria for OBP detailed in this manual are designed for the mainstream majority. The many sentencing combinations relative to OBP eligibility criteria may at times mean eligibility is challenging to determine and/or may need individual consideration by exception by the Central Intake Team in consultation with the Manager of the PACU and General Manager of the OBP Branch.

2.1.5 Consent and Information Sharing

Consent to obtain information from an offender must be obtained at the first significant clinical contact with an offender. The purpose of the consent form is to ensure that the offender has a clear understanding of the constraints of confidentiality and expectations of participation in OBP services. The consent form provides an efficient mechanism for the exchange of relevant information about an offender between professionals who have a legitimate and valid interest in the offender's functioning, offending risk and wellbeing. The signed form, indicating consent throughout the term of the offender's order or sentence, remains valid unless the offender explicitly withdraws it. This may occur at any time.

To ensure that consent is current, OBP staff are required to remind offenders of the signed consent form and to check ongoing consent and agreement with the content of the form at each subsequent significant clinical contact including:

- Distress interventions
- Screenings
- Assessments
- Intervention commencement
- When expectations are not adhered to.

Refusal to participate in OBP services

If an offender declines to participate in an OBP service, the reasons for such should be discussed and the offender should be directed to sign the 'Decline to Participate Form'. All offenders should be given a total of three opportunities to reconsider consent. If they continue to decline, they should be directed to sign the 'Decline to Participate Form' on each occasion. Their decision to decline to participate in OBP services should be recorded in CVIMS, the 'Decline to Participate Form' should be uploaded onto CVIMS and their OBP case should be placed on Idle until their EDD/OED.

Authority to Exchange Information

OBP may share relevant information about an offender with other clinical and health service providers in the correctional system who have a role in an offender's health care. The purpose of information sharing is to enable the offender to be provided with a holistic service designed to provide the best possible outcomes regarding safety, treatment, health, transitional needs and overall management whilst in custody or on an Order.

The use of the 'Authority to Release Information Form' is not required for information exchange between relevant professionals within the correctional environment if an offender has agreed to all clauses outlined in the OBP consent form. If approval to exchange information to other clinical and health providers has not been signed and consent has not been provided, the 'Authority to Release Information Form' must be used to detail specific providers within the correctional system with whom OBP staff may exchange information.

The 'Authority to Release Information Form' must be used in every instance where information exchange with professionals outside of the correctional environment is required.

2.2 OBP Intake

Objective	• To receive, validate and process referrals for OBP services
Role Responsibility	• Referrals administered by Central Intake Officers (CIO) of the Performance Assurance and Compliance Unit • Referrals allocated to a clinician by Senior Clinician
Minimum Required Information	• OBP Referral Form • Summary of Charges (Magistrates Court matters) • Sentencing Comments (County Court matters and above) • Criminal Histories (state or national) • LS summary sheet
Timeframes	• Referrals received: – For SVOs – on entry to the system – For GOs – on completion of their LSI-R:SV or LS/RNR to determine their risk of general reoffending • Referrals processed by intake within 5 business days • Referrals allocated to clinician within 5 working days of being assigned to the service queue

2.2.1 Intake Instructions

The intake of OBP Referrals proceeds as follows:

Step 1.	The CIT will **receive** referrals for OBP. • For SVOs, referrals will be automatically generated via PIMs reports based on the SVO flag being placed on the system by Sentence Management. • For GOs, referrals will also be automatically generated. This will occur once the GO has been deemed to be moderate or high risk of general reoffending on the LSI-R:SV or LS/RNR.
Step 2.	The CIT will **confirm** the eligibility of the referral for OBP. All referrals must be processed by the CIT **within 48 hours of receipt of the referral**.
Step 3.	Referrals found to meet the eligibility criteria are allocated to either the SVO Pathway or GO Pathway based on the OBP Eligibility Criteria
Step 4.	Referrals received that do not meet the OBP eligibility criteria will NOT be accepted. A notification to this effect will be returned to the referrer.
Step 5.	The CIT **source and upload** the minimum referral documentation for eligible referrals. The minimum documents required for a referral are: • OBP Referral Form • Summary of Charges (Magistrates Court matters) • Sentencing Comments (County Court matters and above) • Criminal Histories (state or national) • LS summary sheet
Step 6.	Where all minimum referral information is available, the referral is **assigned** to the relevant service queue (Region, Private Prison or Contracted Provider). This is required to occur within 5 working days. • All offenders allocated to the SVO Pathway will be placed on the relevant **Regional queue** based on the offenders location (Public Prisons and CCS only). • All offenders within the private prisons will be placed on their respective **private prison queue** regardless of their allocated pathway. • Offenders allocated to the GO Pathway will be allocated to a **contracted provider queue or regional queue**[15] (Public prisons and CCS only)[16].
Step 7.	Where referral information is incomplete and requires further sourcing by the CIT **5 working days is provided to process the referral**.
Step 8.	Referrals should not be assigned to service queues unless the minimum referral information is available or after 4 weeks from the referral date and information continues to be unavailable; whichever occurs first.
Step 9.	All referrals allocated to a region must then be reassigned by the senior clinician to a clinician within **5 working days** of the referral being placed on the regional queue.

2.2.2 Intake Completion

The intake of a referral is completed when the following has occurred:

- The referral has been processed according to the above requirements and allocated to a service queue
- The senior clinician has reassigned the referral to a clinician by completing the Action *"Allocate to Assessor / Clinician"* in CVIMS and has changed the "assigned to" field from the queue to the allocated clinician.

2.2.3 Minimum Intake Documentation

Minimum required information for a referral is:

- OBP Referral Form
- Summary of Charges (Magistrates Court)
- Sentencing Courts (County Court matters and above)
- Criminal Histories (state or national)
- LS Summary sheet (GO's only)

2.2.4 Next Steps

All eligible, processed referrals proceed to a SVO or GO screening depending on the allocated pathway.

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15 Allocation of GO's to regional queues will be by agreement only.

16 South area is the sole exception to this. General Offenders in the South area will be allocated to either the South or Gippsland Regional OBP queue and will not be directed to a contracted provider.

2.3 OBP Screenings

Objective	To conduct a SVO or GO screening and inform recommendations for further OBP assessments.
Delivery	Screenings are to be completed by clinicians and senior clinicians (OBP Internal or contracted workforce).
Required Information	Minimum document requirements to complete a screening include: • Referral information • Police summaries and/or Sentencing Comments • Criminal History Report (including interstate where available) • LSI-R:SV* (GO Pathway only) • Reports (CCS reports available on E Justice and those from stakeholders where available) **Note:** Police Summaries, Sentencing Comments and Criminal History Reports are sourced by CIT and uploaded onto CVIMS for access by clinicians. However, if Police Summaries and/or Sentencing comments cannot be obtained within 4 weeks of referral, a screening should still be completed, noting that this information was not available. * The SVO screening can commence without a LSI-R:SV.
Timeframes	A screening, inclusive of the outcome report, must be uploaded into CVIMS within 8 weeks of allocation to a clinician.
Screening Output	Screening Outcome

A screening is designed to gather comprehensive psycho-social information about the offender in order to make accurate recommendations for further assessment and/or external interventions.

The purpose of the screening phase is to identify offenders that are eligible for further assessment, prepare for the assessment phase by identifying key information including likely criminogenic and non criminogenic risk factors that should be further explored within an assessment and provide case management recommendations that can assist with managing risk or need. Treatment recommendations (e.g. for participation in OBP Programs) should not be made in the screening phase.

In accordance with the pathway approach, offenders/prisoners allocated to the SVO Pathway will receive an SVO Pathway screening. Offenders allocated to the GO Pathway will receive a GO Pathway screening.

2.3.1 SVO Pathway Screening Instructions

The SVO screening process consists of:
1) File Review
2) Psychometric violence screening assessment
3) Where required, a semi-structured interview.

File Review

When completing a File Review, clinicians are to access the offender's IMF file (prison or community) and their OBP file to ensure that all possible information is considered. If required documents are not available within the IMF file, the clinician should request the information prior to completing the screening.

Psychometric violence screening assessment

The Violence Risk Scale –Screening Version (VRS-SV) and the 'H' scale of the Historical Clinical Risk-20 V3 (HCR-20^{V3}) are utilised to determine risk of violent reoffending for men and women, respectively. The violence screening assessment informs the recommendations made at the conclusion of the screening process.

Violence Risk Scale – Screening Version (VRS-SV)

The (VRS-SV) must be completed for all SVO screenings of male offenders. The VRS-SV is a brief actuarial instrument developed to serve as a screening tool for violence risk in intake evaluations. Actuarial instruments involve a mechanical combination of risk factors that place an individual offender into a risk category that can be compared to that of an average violent offender. Research indicates that the intensity of risk management efforts should be matched to this relative level of risk. While the VRS-SV has been found to have a relationship with violence that is comparable to the full version, it is used as a screening tool because it does not include the comprehensive consideration of dynamic factors and treatment targets that are considered in the full VRS. The VRS-SV is not intended to replace the VRS.

The VRS-SV includes all six of the static (historical) risk factors and a small sub-set (5 / 20) of the dynamic (changeable) risk factors from the more comprehensive VRS.

Information obtained in the File Review should be utilised to score the VRS-SV static variables. The VRS-SV scoring categories, based on unpublished data obtained from Stephen Wong are listed in Table 2.

Table 2: VRS Risk Rating Categories

Risk Rating	Score
Low	0 – 12
Moderate	13 – 21
High	22 – 33

A score of 13, based on static factors, (indicating moderate risk) indicates that a face-to-face interview is NOT required and the remainder of the VRS-SV dynamic variables can be scored using File Review only[17]. An interview is not required for offenders that score 13 and above as they will be required to participate in an assessment interview for the administration of the VRS. As such, this minimises the requirement for offenders to have to attend two interviews addressing the same factors. In all instances where the VRS-SV is completed via File Review only, this must be clearly indicated in the Screening Outcome Report.

Where a score of 12 or less is obtained, indicating low risk rating, a face-to-face interview MUST be completed in order to score the remainder of the VRS-SV dynamic variables. This is to ensure that all possible information is collected to assist with the scoring of the VRS-SV items, to confirm that the offender is in fact low risk.

Note: *Administration of the VRS is restricted to Psychologists or related professionals who have completed specialist training for this instrument.*

The 'H' Scale of the Historical Clinical Risk – 20 (HCR-20^{V3})

The H scale of the HCR-20^{V3} must be completed for all SVO screenings of female offenders.

The HCR-20^{V3} is a set of structured professional guidelines that covers three domains of risk factors related to general violence. These include:

- Historical (past)
- Clinical (present)
- Risk management (future).

The HCR-20^{V3} has been extensively validated and has been found to be among the most accurate assessment methods for determining risk for violence. Structured judgements made on the basis of HCR-20^{V3} results have been found to have at least a moderate to large, and very often large, relationship with subsequent violence. Although the HCR-20^{V3} does not have a screening version, research indicates that the 'H' scale (H10) can be utilised as a screening tool.

There are 10 variables in the H10 and each can be coded as a 0, 1 or 2. The H10 is not intended to replace the administration of the full HCR-20^{V3}.

17 This method has been endorsed by Wong & Gordon and is only suitable when sufficient information is available on file.

H10 scoring categories[18] obtained from Dr Michael Davis and Professor Jim Ogloff are listed in the table below.

Table 3: HCR-20^{V3} Risk Rating Categories

Risk Rating	Score
Low	0 – 7
Moderate	8 – 11
High	12+

The information gathered as part of the File Review should be utilised to score the H10. A score of 8, based on static factors, (indicating moderate risk) indicates that a face-to-face interview is NOT required. An interview is not required for offenders that score 8 and above as they will be required to participate in an assessment interview for the administration of the HCR-20(v3). As such, this minimises the requirement for offenders to have to attend two interviews addressing the same factors. In all instances where the H10 is completed via File Review only, this must be clearly indicated in the Screening Outcome Report.

Where a score of 7 or less is obtained, (indicating low risk) a face-to-face interview MUST be completed to ensure that all possible information is collected to assist with the scoring of the H10 items, to confirm that the offender is in fact low risk.

Note: *Administration of the HCR-20^{V3} is restricted to Psychologists or related professionals who have completed specialist training for this instrument.*

Semi Structured Interview (where required)

Where there is insufficient information on file to complete either a VRS-SV or H10 (or the score falls in the low risk range), clinicians can schedule a semi structured interview with the offender to ensure that they can obtain the required information to score the relevant tool. Interview schedules for the semi structured interview are located on OBP Forms Menu.

The Interview Schedule is available in two forms (male and female) and divided into the following sections:

- Introduction
- Index offence
- Assessment related to VRS-SV / H10 factors
- Now and Future

Low risk violence (VRS-SV/ H10) with no LSI-R:SV

An SVO Pathway screening can commence without the LSI-R:SV being completed as clinicians are not dependant on this tool to assess risk of violence. However, if the offender is identified as having a low risk of violent reoffending (utilising the VRS-SV or H10) clinicians must send an email request to **DOJ-OBPB-CVIMS Enquires** to request that a LSI-R:SV be completed. Once completed, the outcome of the LSI-R:SV assessment will then be forwarded to the requesting clinician to enable the screening Outcome to be finalised (e.g. GO Pathway Assessment for offenders identified as moderate or high risk or no further OBP assessment for offenders identified as low risk on the LSI-R:SV).

Identification of Family Violence in the screening phase

During the screening phase, clinicians should ascertain the presence of family violence. If indicators of family violence are identified, the recommendation of a family violence risk assessment utilising the SARA during the assessment phase should be explicitly noted as a recommendation in the Screening Outcome.

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18 The score ranges for the H scale have been based on the published literature for female prisoners. Coid et al (2009) found that the mean score for female prisoners was 12.1 (SD = 4.29).For the purposes of screening, scores between 8 – 11 were identified as the moderate risk category, as this begins approximately one standard deviation below the mean. Scores of 12 and higher were deemed high risk. This is because a screening instrument should over-identify those in need of further assessment. Practically speaking, these categories ensure that anyone with a score of the H-scale that is one standard deviation below the mean (or higher) should be recommended for further assessment. However this is just a guide and assessing clinicians are encouraged to consider other aspects of the case and recommend lower scoring individuals for further assessment with justification. It should also be noted that the H-scale is a potent risk assessment tool based on static factors. Indeed, Coid et al (2009) found that the H-scale was the most predictive of all violence risk assessment measures with female prisoners.

2.3.2 GO Pathway Screening Instructions

In the GO Pathway, a screening consists of a File Review only. When completing a File Review, clinicians are to access the offender's IMF file (either prison or community) and their OBP file to ensure that all possible information is considered. If required documents are not available within the IMF file, the clinician should request the information prior to completing the screening.

During the File Review, if an offender is identified as having a history of violent offending, where violence appears to be the primary treatment target, the VRS – SV (or 'H' scale of the HCR-20[V3] for female offenders) should be completed. This can assist clinicians to determine if the offender should be redirected into the SVO Pathway for further assessment.

Identification of Family Violence in the screening phase

During the screening phase, clinicians should ascertain the presence of family violence. If indicators of family violence are identified, the recommendation of a family violence risk assessment utilising the SARA during the assessment phase should be explicitly noted as a recommendation in the Screening Outcome as per below.

2.3.3 SVO and GO Pathway Screening Outcomes

The screening provides the basis for the identification of offender suitability for further OBP services and case management recommendations. Possible screening recommendations are:

- Unsuitable for further assessment
- Suitable for further OBP assessment
- Referral to other service

Unsuitable for further assessment

Offenders may be found to be unsuitable for further OBP assessment on the basis of their risk of reoffending and/or identified responsivity issues that preclude their suitability for further OBP services.

Risk of Reoffending

In keeping with evidence based best practice, offenders/prisoners found to be low risk of violent reoffending **and** low risk of general reoffending are unsuitable for further OBP assessment or intervention. For these offenders the Screening Outcome should provide case management recommendations as the conclusion of their OBP service.

If the offender's circumstances change over time (new offences or escalation in risk factors) or a risk override occurs, a new referral should be made for OBP services.

Responsivity Issues

During the screening process (file review or interview) an offender may be identified as unsuitable for further OBP services on the basis of their current functioning, or responsivity issues that are prohibitive to participation in further assessment or intervention (group or individual). These factors may include:

- Significant mental health, medical or alcohol/drug issues which hinder ability to participate in further assessment and or intervention
- Appeal of conviction[19]
- Culturally and Linguistically Diverse (CALD)
- Less than 3 months remaining until EDD.

Significant Mental Health, Medical or Alcohol/Drug issues or unresolved offence related issues

When an offender is identified as having significant difficulties with their mental health, physical/medical health or drug and alcohol issues, which would preclude them from participation with OBP, they should be referred to an appropriate provider (e.g. ACSO COATS, Medical Unit, GP, etc.) within their location or region. In these instances, the OBP case should be placed on Idle[20] for 3 months (or an alternate timeframe as discussed with the appropriate provider). After the specified time period, the case should be reviewed and if the identified responsivity factor has stabilised and would no longer prohibit successful participation with OBP, the referral/case can be reactivated. If it is still identified as an ongoing responsivity issue, the case can be placed on Idle for

19 Note: the role of a Justice Officer includes the monitoring and communicating of court outcomes to OBP as a function of regular practice

20 CVIMS term: offender's clinical status suspended

a further specified timeframe for review. If the issue is unlikely to resolve, the offender can be placed on Idle until their EDD renders them unsuitable for further assessment. This action must be approved by the Senior Clinician.

Appeal of Conviction

If an offender is appealing their conviction, their case should be placed on Idle and they should not be assessed until after the specified court date. If the appeal is successful, the case can be closed. In the event that the appeal is not successful the case can be reactivated.

Cultural and Linguistic Diversity (CALD)

An offender identified with CALD needs is not automatically excluded from participating in OBP services and a screening via file review should be completed.

If an interview is required within the screening process, an OBP clinician will determine the availability of a specialist provider to assist or complete the interview. In the absence of a specialist provider, where the barrier is language, the services of an interpreter should be procured.

The screening of the offender should be utilised to develop case management recommendations for the management of the offender in the prison or community and where appropriate, further assessment or treatment recommendations with appropriate service providers should be made. To facilitate these actions, the case manager must complete a referral to the recommended agency.

Less than 3 months remaining until EDD

Offenders with less than 3 months remaining until their EDD are not recommended for further assessment due to insufficient time on their sentence to implement recommendations. Case management recommendations should be provided in the Screening Outcome to help inform case management of the offender prior to their EDD/OED.

Suitable for further OBP Assessment

Subject to the responsivity issues noted above:

- An offender who has received an SVO pathway screening and is found to be:
  - **Moderate or high risk of violent reoffending** on the VRS-SV or the 'H' scale of the HCR-20^{V3}, must be recommended for a further SVO Assessment
  - **Low risk of violent reoffending** on the VRS–SV and the 'H' scale of the HCR 20 must be recommended for a further GO assessment and transferred to the GO pathway.
- An offender who has received a GO Screening and is found to be moderate or high risk of general reoffending must be recommended for a further GO assessment

2.3.4 Screening Completion

The screening KPI is 8 weeks from the date of allocation to a clinician and includes the completion of the Screening Outcome. A screening is completed when the following has occurred:

- The Screening File Review (and interview where required) have been completed, and
- The Screening Outcome has been completed and endorsed as required[21], and
- The Screening Outcome has been uploaded to the CVIMS, and
- The screening workflow has been completed in CVIMS.

Refusals at the screening stage

If an offender declines to participate in an OBP screening, the reasons for such should be discussed and the offender should be directed to sign the 'Decline to Participate Form'. All offenders should be given a total of three opportunities to reconsider consent. If they continue to decline, they should be directed to sign the 'Decline to Participate Form' on each occasion. Their decision to decline to participate in OBP services should be recorded in CVIMS, the 'Decline to Participate Form' should be uploaded onto CVIMS and their OBP case should be placed on Idle until their EDD/OED.

The Screening Outcome should be completed and include a summary of key themes from the file review, indicating what the assessment or treatment pathway would be if the offender consented to OBP services, and indicate why the offender has declined to participate in OBP services[22]. In addition, the 'Decline to Participate Form' must be uploaded onto CVIMS.

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21 All screening outcomes reports completed by a clinician must be endorsed by their senior

22 Refer to *Offending Behaviour Programs: Report Writing Guidelines,* OBP, 2015

Failure to attend

If an offender fails to attend a scheduled appointment, they should be provided with a further opportunity to attend. If they fail to attend on three occasions they should be requested to sign a 'Decline to Participate Form' and the refusal process be implemented.

If the offender has legitimate reasoning for their failure to attend, or refuses to sign the 'Decline to Participate Form' as they would like a further opportunity to participate, clinicians should explore the associated issues and make a decision about how best to respond/proceed. For instance, there may be a responsivity issue preventing the offender's attendance and the case may need to be idled for a period of time before they can participate.

In all instances of 'failure to attend'[23] a comprehensive case note must be completed and added to the offender's OBP file and uploaded to CVIMS. The case note must include details of the failure to attend, follow-up actions and recommendations[24].

2.3.5 Next Steps

Offenders found suitable for further OBP assessment must be placed on the 'Assessment Priority List' in CVIMS for their recommended service. The OBP assessment is required to occur within 8 weeks of the screening completion date.

Offenders found unsuitable for an OBP assessment should be advised in writing along with the Prison or CCS Case Worker. The case management recommendations provided in the screening outcome report should guide the future case management of the prisoner/offender.

A summary of possible screening outcomes and recommendations is presented in Table 4.

Table 4: Possible Screening Outcomes and Recommendations

SVO Pathway Screening (Subject to responsivity Issues):		
Risk of violent offending (VRS-SV, H scale)	**Risk of general reoffending (VISAT,LSI-R:SV, LS/RNR)**	**Recommendation**
Low	**Low**	Unsuitable for further OBP assessment
	Moderate – High	Redirect to GO Pathway to undergo GO Assessment
Moderate or High	**Moderate – High**	Further assessment required via VRS / HCR-20 / PCL-SV. Suitable for further SVO Assessment
GO Pathway Screening (Subject to responsivity Issues):		
Risk of general reoffending (VISAT/LSI-SV/LS-RNR)		**Recommendation**
Moderate – High (no violence treatment needs)		Continue with GO Pathway to undergo GO Assessment
Moderate – High (violence treatment needs)		Redirect to SVO Pathway to undergo SVO Assessment
All		
Presence of prohibitive responsivity issues		Unsuitable for further OBP assessment, to be idled to a suitable date
Presence of ID, ABI, cognitive impairment or stalking and arson convictions/behaviours		Referral to SOATS

23 Failure to attend episodes include Screening, Assessment and Intervention phases.

24 Refer to Local Operating Instructions for varying practices / definitions of 'Failure to Attend'

2.4 OBP Assessment

Objective	To conduct a SVO or GO assessment to identify treatment needs and inform recommendations for further OBP interventions.
Delivery	Assessments are completed by clinicians and senior clinicians (OBP Internal or contracted workforce).
Required Information	Minimum document requirements to complete an assessment include: • Referral information • Police summaries and/or Sentencing comments • Criminal history report (including interstate where available) • Reports (CCS reports available on E Justice and those from stakeholders where available) • Screening Outcome Report **Note:** Police Summaries, Sentencing Comments and Criminal History Reports are sourced by CIT and uploaded onto CVIMS for access by clinicians. However, if Police Summaries and/or Sentencing comments cannot be obtained, an assessment should still be completed, noting that this information was not available.
Timeframes	An assessment, inclusive of the outcome report uploaded to CVIMS, must be completed **within 8 weeks** of the screening completion.
Assessment Output	Assessment Report

The purpose of the assessment phase is to identify risk of re-offending (e.g. via completion of VRS or the HCR-20[V3] and PCL-SV), provide a formulation of offending behaviour, identify criminogenic and non criminogenic risks and treatment needs, and recommend the most appropriate clinical intervention pathway and case management strategies to address the identified risks and treatment needs.

Following the screening phase, offenders identified as suitable for further OBP assessment will proceed to either an SVO assessment or GO assessment in accordance with the screening recommendation.

2.4.1 SVO Pathway Assessment

The SVO Pathway assessment builds on information obtained during the screening and assesses an offender's risk of violent re-offending to identify treatment targets and appropriate offence specific and/or offence related interventions[25]. The assessment process consists of:

1) Semi-structured interview **AND**
2) Psychometric assessment (administration of the VRS or the HCR-20 and PCL-SV).

Semi Structured Interview

The semi structured interview with the offender provides detailed information on their current and historical circumstances, including incidences of offending. Clinicians are required to utilise the OBP Pathway Assessment Interview Schedule to guide their interview with the offender. The Interview Schedule is designed to elicit sufficient information to enable:

- Scoring of the relevant violence risk assessment tool
- Formulation of the offending behaviour
- Identification of criminogenic and non-criminogenic risks
- Development of scenarios
- Development of treatment targets
- Recommendations for an appropriate intervention pathway.

25 Refer to the OBP Programs Suite document for a comprehensive listing of the OBP suite of offender programs

The Interview Schedule is available in two forms (male and female) and divided into the following sections:

- Introduction
- Background
- Self-Regulation and Functioning
- Offending
- Now and Future
- Responsivity
- Formulation

The interview schedule must be uploaded onto CVIMS when complete

Psychometric assessment

Core Psychometrics

The core psychometric assessments of an SVO assessment are:

- The VRS for male prisoners/offenders
- The HCR-20V3 and PCL-SV for female prisoners/offenders
- The Corrections Victoria Treatment Readiness Questionnaire (CVTRQ)

Violence Risk Scale (VRS)

The VRS is a comprehensive actuarial instrument utilised to assess risk of violence and inform treatment targets, derived from best practice evidence based predictors of violence.

Actuarial instruments involve a mechanical combination of risk factors that place an individual offender into a risk category that can be compared to that of the average violent offender. Research indicates that the intensity of risk management efforts should be matched to this relative level of risk.

The VRS includes six static (historical) and 20 dynamic (changeable) risk factors. As such, it acknowledges the fluctuating nature of risk and the dynamic factors that can serve as intervention and management targets. The VRS has been validated in correctional samples and total scores on the instrument have been found to have a moderate-to-high relationship with subsequent violence, allowing clinicians to identify offenders who fall into a low, moderate or high risk category of future violent offending. Based on the outcomes of this measure and the consideration of other relevant information, the offender will be recommended for OBP interventions. Cut off scores for the VRS are listed in the table below.

Table 5: VRS Risk Rating Categories

Risk Rating	Score
Low	0 – 35
Moderate	36 – 50
High	51 – 78

Note: *Administration of the VRS is restricted to Psychologists or related professionals who have completed specialist training for this instrument.*

The Historical Clinical Risk-20^{V3} (HCR-20^{V3})

The HCR-20^{V3} is a set of structured professional guidelines utilised to assess risk of violence and to inform the identification of treatment targets for the offender. The HCR-20^{V3} has been extensively validated and has been found to be among the most accurate assessment methods for assessing risk for violence. Structured judgements made on the basis of the HCR-20^{V3} results have been found to have a significant relationship with subsequent violence.

The HCR-20^{V3} covers three domains of risk factors related to general violence:

- historical (past)
- clinical (present)
- risk management (future).

The historical scale of the HCR-20^{V3} is static (i.e. based upon historical variables that are not subject to change). It represents the foundation upon which an assessment of risk for future violence is determined. The remaining two scales of the HCR-20^{V3} comprise dynamic (i.e. changeable) risk factors that also constitute treatment and management targets. Five clinical items are concerned with recent problems, while an additional five risk management factors relate to an offender's likely adjustment to future circumstances.

The HCR-20V3 represent a set of professional guidelines and as such do not have cut off scores intended to place offenders in either a low, moderate or high risk category. However, in response to the needs of CV OBP and based on best practice literature with female prisoners, Dr Michael Davis and Prof. Jim Ogloff developed scoring categories for the HCR-20^{V3}. Derived cut off scores for HCR-20^{V3} rating of female offenders are listed in the table below[26].

Table 6: HCR-20^{V3} Risk Rating Categories

Risk Rating	Score
Low	0 –15
Moderate	16 – 25
High	26 – 40

Note: *Administration of the HCR-20^{V3} is restricted to Psychologists or related professionals who have completed specialist training for this instrument.*

Hare Psychopathy Checklist – Screening Version (PCL-SV)

The PCL-SV is an abbreviated and highly correlated version of the Hare Psychopathy Checklist–Revised (PCL–R). It is a standardised rating scale that allows the reliable identification of traits of psychopathy. Psychopathy is a form of personality disorder characterised by difficulties associating with others, limitations in the capacity to experience and express emotions, lifestyle deficits and antisocial behaviour – including, but not limited to criminality. Although not designed to be a risk assessment instrument, the PCL-SV has been reliably associated with general and violent offending behaviour, whereby higher scores on the PCL-SV and PCL-R have been identified as strong predictors of violence, in particular with female offenders[27].

The PCL-SV is comprised of two sections. Section one assesses interpersonal and affective personality characteristics (e.g. superficiality, grandiosity, deceitfulness, lack of remorse, etc). Section two assesses an offender's behavioural features. As per the manual, the PCL-SV total scores can be loosely categorised into the three levels provided in Table 7.

Table 7: PCL-SV Categories of Psychopathy

Category	Score
Low	0 –12
Moderate / possible	13 – 17
Definite / serious	18+

In addition, percentile tables are provided for four North American populations including: forensic non-psychiatric, forensic psychiatric, non-criminal/non psychiatric undergraduates and civil psychiatric. Percentiles provided include total score and for separate sections.

Note: *Administration of the PCL-SV is restricted to Psychologists or related professionals who have completed specialist training for this instrument.*

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26 Score ranges for the full HCR-20V3 were based upon published literature for female offenders. For example, Coid et al (2009) found that the mean score for female prisoners was 20.2 (SD = 7.48), de Vogel et al (2009) found that the mean score for female forensic patients was 24.8 (SD 5.8) and Nicholls et al (2004) found the mean score for female psychiatric patients to be 16.75 (SD = 5.41). to guide clinicians in making their final risk judgement, scores of 16 – 25 were identified as the moderate risk category, as these encompass the average scores for varying female populations with a lower end that is close to one standard deviation below the average for female prisoners. Scores of 26 and higher were deemed the high risk category, as this is almost one standard deviation above the prison mean. However, these scores are also to be treated as a guide and assessing clinicians are encouraged to consider other aspects of the case when making their final risk judgement of low, moderate or high risk.

27 Data on these scores and risk categories (HCR-20 and PCL-SV) will be collected and analysed to determine a Victorian set of norms for female violent offenders.

The Corrections Victoria Treatment Readiness Questionnaire (CVTRQ)

Treatment readiness is a dynamic construct, and as such, requires assessment throughout an offender's sentence. An initial assessment of treatment readiness is to be conducted as part of the SVO Pathway assessment. The treatment readiness assessment process incorporates the administration of the CVTRQ and is intended to gain an understanding of the offender's readiness to engage in treatment and the factors which may impact on this. Therefore, a low score on the treatment readiness measure will not automatically exclude an offender from intensive intervention. Rather, scores on the treatment readiness measure can indicate a variety of options that may enhance readiness prior to intensive intervention. Such options include:

- Talking Change (low scores on the Attitudes and Motivation scale)
- Real Understanding of Self Help (low scores on the Emotional Reactions and Efficacy scales)
- Individual Intervention (presence of a behavioural problem, complex needs, or mental health issue that may impede engagement in treatment)
- External referral (to a medical or psychological service)
- Engagement with other service providers (e.g. education or vocational services)
- Later follow-up (e.g. high level of resistance to treatment, management concerns, long sentence)

Decisions regarding the appropriate intervention with an offender who is low on treatment readiness should be made in consultation with a senior clinician and in the context of the resources available to the offender. Offenders who score high on treatment readiness, may still benefit from the Talking Change intervention in order to gain exposure to the group environment, reinforce their motivation to address their offending behaviour and gain greater awareness of their criminogenic needs.

2.4.2 GO Pathway Assessment

The GO assessment builds on information obtained during the screening and assesses an offender's risk of general re-offending to identify treatment targets and appropriate offence specific and/or offence related interventions[28]. The assessment process consists of:

- Semi-structured interview **AND**
- Psychometric assessment

Semi Structured Interview

The semi structured interview with the offender provides detailed information on their current and historical circumstances, including incidences of offending. Clinicians are required to utilise the Pathway Assessment Interview Schedule to guide their interview with the offender. The aim of the interview is to gather sufficient information to be able to provide a formulation of the offenders' offending behaviour, identify criminogenic and non-criminogenic risks and recommend an appropriate intervention pathway.

The Interview Schedule is available in two forms (male and female) and is divided into the following sections:

- Introduction
- Background
- Self-Regulation and Functioning
- Offending
- Now and Future
- Responsivity
- Formulation

The interview schedule must be uploaded onto CVIMS when complete.

Psychometric assessment

Core Psychometrics

The core psychometric tool in a GO assessment is:

- The Corrections Victoria Treatment Readiness Questionnaire (CVTRQ) as detailed in the SVO Pathway assessment

28 Refer to Appendix 1 ' Offending Behaviour Programs and Services' for a comprehensive listing of the OBP suite of offender programs

2.4.3 Supplementary Assessments for SVO and GO Assessments

SVO and GO Assessments also include the opportunity to recommend that further psychometric testing be utilised as part of the assessment process. The purpose of these supplementary assessments should be to assist in the assessment and identification of issues relating to the offenders risk, formulation and treatment needs. The two core supplementary assessments are:

- Spousal Assault Risk Assessment Guide (SARA) where family violence is indicated in the screening or assessment
- Cognitive Screen Examination where cognitive impairment is indicated in the screening or assessment

The Spousal Assault Risk Assessment Guide (SARA)

The SARA is a 20-item measure based on both static and dynamic risk factors that have been clinically and empirically identified as those more predictive of spousal abuse. While the SARA was intended for use with offenders who assault their spouse, the risk factors that it assesses are consistent with current literature surrounding risk of family violence in general.

The SARA requires no formal training but should be administered by staff who have attended training that addresses the literature surrounding family violence, including assessment, risk factors, and appropriate intervention. Scoring for each item is based on a semi-structured interview with the offender and file information.

The SARA divides risk factors into four groups:

3) Criminal history
4) Psychosocial adjustment
5) Spousal (family) assault history
6) Most recent offence

Scoring for the SARA is outlined in the User Manual. However, the cut off scores are provided in Table 8.

Table 8: Scoring Categories for the SARA

Category	Score	Risk Factors
Low	0 –15	> 6
Moderate	16 – 20	6
High	21 – 40	8

Cognitive Screen Examination

If the prisoner/offender is suspected of low cognitive functioning the **Cognitive Screening Examination** should be completed to assist in making a determination about the offender's suitability for further OBP intervention. Where a significant cognitive impairment is detected, a referral to SOATS must be generated.

Additional Supplementary Assessments

Additional supplementary psychometric assessments (some of which are utilised as pre/post psychometrics for interventions) can be utilised as part of an SVO or GO assessment to assist with the assessment of risk, development of a formulation and appropriate treatment recommendations. These include:

- Alcohol Related Aggression Questionnaire AA Subscale (ARAQ-AA)
- Barratt Impulsiveness Scale (BIS-11)
- Beck Anxiety Inventory (BAI)
- Beck Depression Inventory (BDI)
- Beck Scale for Suicidal Ideation (BSS)
- Beck Hopelessness Scale (BHS)
- Buss-Perry Aggression Questionnaire (AQ)
- Controlled Drinking Self Efficacy Scale (CDSES)
- Criminal Attitudes to Violence Scale (CAVS)
- Depression Anxiety Stress Scale (DASS)
- Difficulties in Emotion Regulation Scale (DERS)
- Drug Taking Confidence Questionnaire (DTCQ)
- Emotional Control Questionnaire (ECQ)
- General Self Efficacy Scale (GSES)
- Hare Psychopathy Check List – Revised (PCL-R)

- Hayes Ability Screening Index (HASI)
- Interpersonal Competence Questionnaire (ICQ)
- Interpersonal Reactivity Index (IRI)
- Locus of Control Behaviour (LCB)
- Marlow-Crowne Social Desirability Scale Short Form (MCSD-SF)
- Millon Clinical Multiaxial Inventory – Second Addition (MCMI)
- Minnesota Multiphasic Personality Inventory – 2 (MMPI)
- Neo Personality Inventory (NEO PI- R)
- Paulhus Deception Scale (PDS)
- Personality Assessment Inventory (PAI)
- Psychological Inventory of Criminal Thinking Styles (PICTS)
- Social Problem Solving Inventory – Revised (SPSI-R)
- State Trait Anger Expression Inventory – 2 (STAXI-2)
- Structured Clinical Interview for DSM Axis I (SCID-I)
- Structured Clinical Interview for DSM Axis II (SCID-II)
- Symptom Checklist 90- R (SCL-90)
- Texas Revised Inventory of Griief – Present Scale (TRIG)
- Trauma Symptom Inventory (TSI)
- Violence Treatment Readiness Questionnaire (VTRQ)
- University of Rhode Island Change Assessment (URICA)
- Young Schema Questionnaire (YSQ)

Note: *the Senior Clinician is required to approve any additional assessment requirements. This must be case noted.*

2.4.4 Assessment Recommendations

The OBP assessment provides the basis for the identification of specific individual treatment needs and the most appropriate interventions to meet these needs. In determining assessment recommendations, the following guidelines must be considered:

- Assessments should provide a clear formulation of offending behaviour and associated treatment targets, including criminogenic and non-criminogenic needs.
- OBP has a priority to address offending behaviour and subsequently reduce the risk of recidivism. Therefore, access to offence specific interventions to meet an offender's needs are the priority.
- Offence related (non-criminogenic) needs should be included in the determination of treatment recommendations – particularly if they impact on an offender's ability to engage in offence specific interventions. Although the priority is to address criminogenic needs, where possible, OBP also aims to address non-criminogenic needs within its whole of sentence approach to service delivery[29].
- Identification of the OBP and/or external intervention program/s that will best address the identified criminogenic and non-criminogenic needs.
- Sequencing of intervention recommendations and a 'whole of sentence' approach to intervention planning[30].
- Barriers to the completion of the primary recommendation.
- Alternative providers (i.e. Forensicare) if the recommended treatment program to address the identified needs is not available within OBP.
- Whether delivery of interventions should occur in custody, community or across both locations[31].
- Case management strategies that assist in the process of managing or reducing risk.

Possible assessment recommendations are:

- Unsuitable for further OBP interventions
- Suitable for further OBP Interventions
- Referral to other service

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29 An example of addressing non-criminogenic needs within a treatment plan is recommending that an offender participate in treatment for emotion regulation via the RUSH program

30 An example of sequencing for an SVO is: i) Treatment Readiness program, ii) RUSH program, iii) VIP offence specific program – in prison, followed by the Maintaining Change program for maintenance in the community.

31 Risk is assessed as manageable in the community therefore delivery within the community would address treatment needs and aid in reintegration

The assessing clinician should meet with the offender to discuss all recommendations, including the proposed intervention pathway plan that will identify the appropriate sequencing and prioritisation of recommended assessments and interventions. The aim of completing this process in a collaborative way is to enhance the offender's level of ownership over their treatment pathway, increase their motivation to engage in further assessment and treatment, and to work towards a positive therapeutic relationship. It is important for the assessing clinician to highlight to the offender that this pathway outlines the preferred sequencing of assessment and intervention and all recommendations will be subject to available resources.

Unsuitable for further OBP interventions

During the assessment process an offender may present with issues likely to deem them unsuitable for further OBP interventions on the basis of their current functioning. Responsivity issues may be prohibitive to participation in group or individual interventions. These factors may include:

- Significant mental health, medical or alcohol/drug issues which hinder ability to participate in further assessment and or intervention
- Appeal of conviction
- Culturally and Linguistically Diverse (CALD)
- Less than 3 months remaining until EDD

Significant Mental Health, Medical or Alcohol/Drug issues or unresolved offence related issues

When an offender is identified as having significant difficulties with their mental health, physical/medical health or drug and alcohol issues, which would preclude them from participation with OBP, they should be referred to an appropriate provider (e.g. ACSO COATS, Medical Unit, GP, etc.) within their location or region. In these instances, the OBP case should be placed on Idle[32] for 3 months (or an alternate timeframe as discussed with the appropriate provider). After the specified time period, the case should be reviewed and if the identified responsivity factor has stabilised and would no longer prohibit successful participation with OBP, the referral/case can be reactivated. If it is still identified as an ongoing responsivity issue, the case can be placed on Idle for a further specified timeframe for review. However, if the issue is unlikely to resolve, the offender can be placed on Idle until their EDD renders them unsuitable for further assessment. This action must be approved by the Senior Clinician.

Appeal of Conviction

If an offender is appealing their conviction, their case should be placed on Idle and they should not be assessed until after the specified court date. If the appeal is successful, the case can be closed. In the event that the appeal is not successful the case can be reactivated.

Cultural and Linguistic Diversity (CALD)

An offender identified with CALD needs is not automatically excluded from participating in OBP services and a Screening via file review should be completed.

If an interview is required within the screening process, an OBP clinician will determine the availability of a specialist provider to assist or complete the interview. In the absence of a specialist provider, where the barrier is language, the services of an interpreter should be procured.

The screening of the offender should be utilised to develop case management recommendations for the management of the offender in the prison or community and where appropriate, treatment recommendations with appropriate service providers. To facilitate these actions, the case manager must complete a referral to the recommended agency.

Less than 3 months remaining until EDD

Offenders with less than 3 months remaining until their EDD are not recommended for further assessment or intervention due to insufficient time on their sentence to implement these recommendations. Case management recommendations should be provided in the Assessment Report to help inform case management of the offender prior to their EDD/OED.

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32 CVIMS term: offender's clinical status suspended

Suitable for further OBP interventions

Offenders found to be suitable for OBP interventions should be recommended for the appropriate offence specific and/or offence related interventions giving due consideration to:

- **Risk** – the intensity of the intervention recommended should be proportionate to the risk and needs of the offender
- **Sentence length** – the time remaining on the prisoner's sentence prior to parole eligibility (where applicable), or the time remaining on their CCO.
- **Whole of Sentence Planning and Sequencing of interventions** – OBP interventions are aimed at addressing both offence specific and offence related treatment needs for moderate and high risk offenders with the ultimate aim of reducing the risk of reoffending on release and supporting the effective reintegration of the offender into the community. For this reason, whilst the model adheres to a front end service approach of the identification of intervention needs, it is recognised that a single intervention cannot achieve this and that OBP should incorporate whole of sentence planning in recommending and sequencing interventions. Where relevant and where time permits, an offender who meets the eligibility criteria for multiple OBP services may access a combination of offence specific and offence related programs throughout their sentence.

2.4.5 Assessment Completion

The assessment KPI is 8 weeks from the screening completion date and includes the completion of the Assessment Report.

An OBP assessment is completed when the following has occurred:

- The Assessment Report has been completed and endorsed as required[33]
- The Assessment Report has been uploaded to the CVIMS
- The Assessment workflow has been completed in CVIMS

Refusals at assessment stage

If an offender declines to participate in an OBP assessment, the reasons for such should be discussed and the offender should be directed to sign the 'Decline to Participate Form'. All offenders should be given a total of three opportunities to reconsider consent. If they continue to decline, they should be directed to sign the 'Decline to Participate Form' on each occasion. Their decision to decline to participate in OBP services should be recorded in CVIMS, the 'Decline to Participate Form' should be uploaded onto CVIMS and their OBP case should be placed on Idle until their EDD/OED.

A case note should be completed and indicate why the offender has declined to participate in OBP services[34]. In addition, the 'Decline to Participate Form' must be uploaded onto CVIMS.

Failure to attend

If an offender fails to attend a scheduled appointment, they should be provided with a further opportunity to attend. If they fail to attend on three occasions they should be requested to sign a 'Decline to Participate Form' and the refusal process be implemented.

If the offender has legitimate reasoning for their failure to attend, or refuses to sign the 'Decline to Participate Form' as they would like a further opportunity to participate, clinicians should explore the associated issues and make a decision about how best to respond/proceed. For instance, there may be a responsivity issue preventing the offender's attendance and the case may need to be idled for a period of time before they can participate.

In all instances of 'failure to attend'[35] a comprehensive case note must be completed and added to the offender's OBP file and uploaded to CVIMS. The case note must include details of the failure to attend, follow-up actions and recommendations[36].

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33 All screening outcomes reports completed by a clinician must be endorsed by their senior

34 Refer to *Offending Behaviour Programs: Report Writing Guidelines,* OBP, 2015

35 Failure to attend episodes include Screening, Assessment and Intervention phases.

36 Refer to Local Operating Instructions for varying practices / definitions of 'Failure to Attend'

2.4.6 Assessment Documentation

Minimum documentation required for the completion of an OBP assessment are:

- Assessment Report

All assessments are required to include a comprehensive Assessment Report to be completed and endorsed within the eight week KPI. Supplementary assessments conducted in addition to the SVO or GO assessment processes described in Section 2.5.3, are allocated an additional timeframe of four weeks. Any psychometric scoring information must be recorded in the Psychometrics Summary and overall interpretation and relevant information must be incorporated in the overall Assessment Report.

Please refer to the OBP Report Writing Guidelines for more detailed information regarding OBP report writing standards.

2.4.7 Next Steps

Offenders found suitable for further OBP intervention are placed on the 'Priority List' in CVIMS for those interventions. Recommended Interventions are to commence within 6 months of the assessment date.

Offenders found unsuitable for an OBP intervention are advised in writing along with the Prison or CCS Case Worker. The case management recommendations provided in the Assessment Report should guide the future case management of the offender.

2.5 Intervention Pathway Review (IPR)

The purpose of an IPR is to gather information about the circumstances that have led to the review and discuss any changes since the offender's/prisoner's last contact with OBP. In particular it includes the identification of key themes associated with the offender's/prisoner's offending behaviour, changes in circumstances, risks or treatment needs since the last OBP contact, and any issues impacting on their ability to participate in recommended interventions. There are three key circumstances for conducting an IPR and the questions asked should be tailored to meet the needs of the specified reason.

An IPR should be conducted in each of the following circumstances:

- Where the treatment recommendations have not commenced in the required timeframe
- Where the offender has breached their Community Corrections or Parole Order
- For continuity of OBP service across prison and community corrections
- Determining suitability for maintaining change

2.5.1 Where Treatment Recommendations have not commenced

In line with the research literature, an offender assessment is considered to be valid for approximately 6 months if issues remain stable[37]. Based on this direction, if a recommended intervention has not commenced within 6 months of the OBP assessment date, the assessment is reviewed to confirm its ongoing relevance. In these instances, the IPR should focus on:

- Changes in personal circumstances
- Treatment readiness
- Personal goals for their sentence
- Changes in identified risk factors / treatment needs
- Any other identified changes / issues since last assessment

2.5.2 Where the offender has breached their Parole or CCO

An offender who has previously been assessed or completed an intervention with OBP and has returned on a breach due to non-compliance with Order conditions is eligible for an IPR rather than a new screening and assessment. In these instances, the IPR should focus on review of:

- Factors relating to the breach of Order conditions
- Was the offender able to utilise skills learned from previous programs? Why/why not?
- What have they learned from this experience? What would/could they do differently next time?
- Any similarities between this breach and past offending e.g. regarding presence of risk factors
- Changes in identified risk factors / treatment needs
- Changes in personal circumstances
- Treatment readiness
- Personal goals for their sentence
- Any other identified changes / issues since last assessment

If an offender has:

a) completed an assessment and the recommended treatment with OBP prior to breaching their Order for non-compliance and
b) no further treatment needs are evident,

then no further OBP assessment or intervention is required.

If an offender has breached their Order via further offending, they are required to proceed to the full GO Pathway or SVO Pathway screening and assessment process to ensure that new offences are addressed.

37 Note: The time period identified by the literature is intended as a guide. In circumstances where significant changes in an offender's circumstances / behaviour are identified, the assessment should be reviewed at an earlier date.

2.5.3 For continuity of OBP service

The OBP model of service provision is based on a 'whole of sentence' approach to program planning. Therefore, where relevant and where time permits, an offender who meets the eligibility criteria for OBP services may access a combination of offence specific and offence related programs in prison and in the community throughout their sentence. OBP interventions in the community may include:

- Offence related programs to assist with treatment readiness
- Offence specific or offence related programs to address their index offence and treatment needs
- Offence related programs to assist with maintenance
- Offence related programs to assist skill development.

Release onto Parole

If an offender has already completed a GO or SVO Screening and Assessment during their custodial sentence they are not required to go through this process again once they are released onto Parole. These offenders are required to receive an IPR within the **first four weeks** of their release to determine any further treatment needs pending their release into the community (e.g. Maintaining Change). The focus of this IPR should be on the following:

- Current personal circumstances / functioning / coping with release on Parole
- Treatment readiness
- Personal goals for the remainder of their sentence
- Any other identified changes / issues since last assessment
- Review understanding of risk factors/situations and skills and strategies covered in past treatment (where relevant)
- Current treatment needs
- Current copy of a Self Management Plan (or additional sessions to complete a new Self Management Plan where relevant)

Offenders released on Parole prior to receiving an OBP service in prison must commence the OBP pathway at the Screening stage. CIT will stream offenders into the required workflow on CVIMS (e.g. either an IPR or a Screening workflow will be commenced).

Determining suitability for Maintaining Change

As part of the whole of sentence planning approach, offenders that have completed an offence specific or offence related intervention (with a focus on criminogenic needs / offence mapping process) may be recommended for participation in the Maintaining Change Program. This recommendation can be implemented when the offender is transferred to an appropriate prison location or when the offender is released onto Parole (note: the Maintaining Change Program can also be offered to offenders who have completed offence specific or offence related interventions in the community with sufficient time remaining on their CCO). Given that it can be some time before this recommendation is implemented (e.g. offender needs to wait until they are released on Parole), it is important to conduct an IPR to determine if there have been any significant changes to the offenders circumstances, which would effect or preclude their participation in the Maintaining Change Program. Thus, the focus of this IPR should be on the following:

- Changes in personal circumstances
- Treatment readiness
- Personal goals for their sentence
- Changes in identified risk factors / treatment needs
- Any current commitments that would prevent them from attending the program
- Past group experiences
- Any other identified changes / issues since last assessment
- Current copy of a Self Management Plan (or additional sessions to complete a new Self Management Plan)

2.5.4 IPR Completion

The IPR is completed when the following has occurred:

- The IPR File review has been completed
- The IPR Outcome has been completed and endorsed as required[38], and
- The IPR Outcome has been uploaded to the CVIMS.
- The IPR workflow has been completed in CVIMS

Refusals at IPR stage

If an offender declines to participate in an IPR, the reasons for such should be discussed and the offender should be directed to sign the 'Decline to Participate Form'. All offenders should be given a total of three opportunities to reconsider consent. If they continue to decline, they should be directed to sign the 'Decline to Participate Form' on each occasion. Their decision to decline to participate in OBP services should be recorded in CVIMS, the 'Decline to Participate Form' should be uploaded onto CVIMS and their OBP case should be placed on Idle until their EDD/OED.

A case note should be completed and indicate why the offender has declined to participate in OBP services[39]. In addition, the 'Decline to Participate Form' must be uploaded onto CVIMS.

Failure to attend

If an offender fails to attend a scheduled appointment, they should be provided with a further opportunity to attend. If they fail to attend on three occasions they should be requested to sign a 'Decline to Participate Form' and the refusal process be implemented[40].

If the offender has legitimate reasoning for their failure to attend, or refuses to sign the 'Decline to Participate Form' as they would like a further opportunity to participate, clinicians should explore the associated issues and make a decision about how best to respond/proceed. For instance, there may be a responsivity issue preventing the offender's attendance and the case may need to be idled for a period of time before they can participate.

In all instances of 'failure to attend'[41] a comprehensive case note must be completed and added to the offender's OBP file and uploaded to CVIMS. The case note must include details of the failure to attend, follow-up actions and recommendations[42].

2.5.5 IPR Documentation

Minimum documentation required for the completion of an IPR is:

- IPR File review
- IPR Outcome

All IPR's are required to include a comprehensive IPR Outcome to be completed and endorsed within four weeks of the IPR interview. *Please refer to the OBP Report Writing Guidelines for more detailed information regarding OBP report writing standards.*

2.5.6 Next Steps

Offenders found suitable for further OBP assessment or intervention are placed on the relevant 'Priority List' in CVIMS. Assessments are to be completed **within 8 weeks** of the IPR completion date and recommended interventions are to commence within 6 months of the assessment date.

Offenders found unsuitable for an OBP assessment or intervention are advised in writing along with the Prison or CCS Case Worker. The case management recommendations provided in the IPR Outcome should guide the future case management of the offender.

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38 All screening outcomes reports completed by a clinician must be endorsed by their senior

39 Refer to *Offending Behaviour Programs: Report Writing Guidelines,* OBP, 2015

40 Refer to refusal at assessment stage process

41 Failure to attend episodes include Screening, Assessment and Intervention phases.

42 Refer to Local Operating Instructions for varying practices / definitions of 'Failure to Attend'

2.6 OBP Interventions

The primary focus for OBP is delivering group based interventions in line with the RNR Model of offender rehabilitation. Group-based interventions enable CV to respond to demand within allocated resources, meet organisational service targets and provide the opportunity for peer influenced positive behaviour change[43]. Individual intervention is available but only by exception to those deemed unsuitable for group interventions or for those that require additional support to participate in group-based interventions.

OBP provides four intervention types:[44]

- **Offence Specific Interventions** – Offence specific programs aim to directly address criminogenic need and reduce risk of re-offending
- **Offence Related Interventions** – Offence related programs aim to facilitate change relevant to managing risk of reoffending
- **Personal Development Interventions** – Personal Development programs focus on enhancing self-awareness, and improving personal skills
- **Individual Interventions** – Individual intervention may be provided to those offenders who are unsuitable or unable to participate in group-based interventions, or who require individual support for a period of time in order to engage in, or remain engaged in, group interventions. Although the aim of individual intervention may vary, an overall goal includes the facilitation of change relevant to managing risk of reoffending.[45]

2.6.1 Intervention Structure

The content of a program addresses criminogenic needs identified within the literature as contributing to the risk of re-offending. The program design enables clinicians to address responsivity issues that may impede treatment. Responding to these issues may include utilising a variety of delivery methods such as verbal, written, diagrams and role-plays. The program design also enables the use of professional discretion where required, whilst providing guidelines to ensure adherence to program integrity.

Within the framework of RNR principles, programs identified as Offence Specific interventions are expected to not only assist offenders with skills development, but also demonstrate a reduction in recidivism rates.

Offence Specific programs may be delivered through the SVO or GO Pathways.

Measures of Change

Specific measures of change have been developed for each of the sentenced programs delivered by OBP to assist in identifying offender specific change within programs and with the evaluation of the efficacy of programs. Please refer to the OBP Program Change Manual for further information.

Pre and post program psychometrics

Pre and Post program psychometrics are utilised for all programs delivered by OBP. The purpose of pre/post psychometrics is as follows:

- To assist in the identification of treatment targets and subsequent tailoring of the program to meet individual treatment targets
- To assist in measuring an offender's change after participation in a program
- To assist in the evaluation of the overall effectiveness of the program

Given the significant contribution of pre/post psychometrics to the treatment of offenders and the evaluation of program effectiveness, it is mandatory for all core psychometrics to be completed. If an offender refuses to complete the relevant pre/post psychometrics this should be recorded in CVIMS and their Treatment Completion Report. Completion of psychometrics it does not preclude participation in the program. To assist with efficiency, all pre and post psychometrics can be completed as a group session during the first and last session of the program respectively. All pre psychometrics must be scored and interpreted within one week of their administration to ensure that results can be utilised to assist clinicians to plan how they might address associated treatment targets. Results from the pre/post psychometrics must also be entered into CVIMS before the intervention can be completed and closed.

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43 Marshall, Anderson & Fernandez, 2006; ATSA, 2005; Jennings & Sawyer, 2003; Sawyer, 2002; Berenson & Underwood, 2000; Marshall et al, 1999; Schwartz, 1995; NAPN, 1993

44 Please refer to the OBP Program Suite

45 Please refer to the Individual Intervention Service Delivery Model.

All pre/post psychometrics should be scored, interpreted and written up utilising the Psychometrics Summary and Treatment Completion Report. Refer to the OBP Program Change Manual for specific assistance with calculating whether differences in pre/post scores are clinically significant and the OBP Report Writing Guidelines for assist with writing the Treatment Completion Report. The Treatment Completion Report must be completed **within 4 weeks** of the program completion date. The Psychometric Summary must be completed within one week of the administration of the psychometrics.

2.6.2 Offence Specific Group Interventions

Offence Specific Interventions are programs that adhere to all RNR principles to address criminogenic needs and reduce the risk of re-offending.

Intervention Intensity

The intensity of the program must appropriately match the assessment of risk. As such, moderate intensity programs are delivered to moderate risk offenders and high intensity programs are delivered to high risk offenders.

Although there is a paucity of research regarding 'optimal' dosage or intensity of programs[46], minimum recommended requirements for moderate treatment are 100 hours or 3 – 4 months treatment duration and daily contact, and high intensity treatment for 3 – 9 months treatment duration or 40 – 70% of the offender's time[47]. Australian National Standards guidelines for classifying the intensity (dosage) of interventions[48] are provided in Table 9.

Offence Specific Interventions

Offence specific programs delivered by OBP include the[49]:

- Violence Intervention Program for Men (moderate and high)
- Making Choices Program for Women
- Making Choices Program for Men

Please refer to the OBP Program Suite and specific program manuals for further information

Table 9: Australian National Standards Intervention Intensity Guidelines

Dosage	Treatment hours	Program focus
High Intensity	100 + hours	CBT & group work to develop offence-related insights and address complex psychological problems that underlie offending
Medium Intensity	50 – 100 hours	Information, skills and insights relevant to a particular type of offending behaviour.

46 Sadler & Powell,2008

47 Gendreau, Cullen & Bonta, 1994

48 CSAC, 2013

49 See OBP Program Suite document for further details on each program.

2.6.3 Offence Related Group Interventions

Offence Related Interventions are programs that do not adhere to all of the RNR principles, as they do not meet the requirements of the risk and/or need principles. Programs that do not adhere to RNR principles are not directly correlated with reduced recidivism. Their aim is to facilitate change relevant to the risk of reoffending. Offence related interventions include:

- Programs that address criminogenic needs but intensity or dosage level is not sufficiently matched to the risk principle
- Programs that address non-criminogenic needs and focus on skill development.

Offence related Interventions

Offence related programs delivered by OBP include[50]:

- See Change for Men
- See Change for Women
- Changeabout
- Substance Use and Violence
- Interpersonal Relationships
- Uturn
- Talking Change
- Psych-Ed for Men
- Psych-Ed for Women

Please refer to the Program Suite and specific program manuals for further information

2.6.4 Personal Development Interventions[51]

In addition to the delivery of services by OBP staff, a range of personal development interventions are made available solely through contracted providers. These interventions include:

- Out of the Dark
- Women's Mentoring
- Cultural programs
- Bridge Employment Support and Training (BEST)
- Men's Behaviour Change

Eligibility

Eligibility for PDIs depends on program type. Please refer to the OBP Program Suite and specific program manuals for further information.

Referral Instructions

Referral to Personal Development Interventions (EP) may be made via:

- OBP Assessment recommendation
- Prison Case Worker
- CCS Case Worker

Referrals made by case workers to Personal Development Interventions (EP) are made via the OBP referral form[52]. Referral forms are located in the OBP Template Menu in Microsoft Word. Referrals should be emailed to **DOJ-CV-OBPB Central Intake@DOJ** and must clearly indicate which program the offender is being referred to.

Personal Development Intervention recommendations which are made following an OBP assessment will generate an EP case on CVIMS, which will assign an action to CIT to review and complete the referral.

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50 See OBP Program Suite document for further details on each program.

51 Referred to as EP in CVIMS

52 OBP referral forms are located in OBP Template via the OBP Menu in Microsoft 'Word'

Step 1.	The Central Intake Team (CIT) will **receive** referrals for EP
Step 2.	The CIT will **confirm** the eligibility of the referral
Step 3.	The referral is **created** by CIT in CVIMS. Referrals received that do not meet the EP eligibility criteria will NOT be accepted. A notification to this effect will be returned to the referrer
Step 4.	On acceptance of the referral, a referral outcome is sent to the referrer confirming acceptance
Step 5.	The referral is assigned to the relevant EP service queue on CVIMS
Step 6.	CIT will monitor the EP assessment priority lists on CVIMS and liaise with the relevant contracted provider to arrange for offender assessments to occur
Step 7.	On completion of the assessment, the contracted provider is to notify CIT of the offender's suitability and this information will by uploaded to CVIMS by CIT. If the offender is deemed suitable for further EP, CIT will place the offender on the relevant intervention priority list and notify the referrer of the outcome
Step 8.	CIT place the offender on the recommended intervention priority list/s based on the assessment outcome. The contracted provider is required to proceed to scheduling of the program in consultation with CIT, the relevant Unit of the OBP Branch and prison or CCS locations. The contracted provider is responsible for advising CIT of the scheduled program at least two weeks prior to the commencement date. Details relating to the intervention are entered in CVIMS by CIT.
Step 9.	Upon completion of the program, it is the responsibility of the contracted provider to notify CIT and provide a completion report via the template: *External Pathways Group Intervention Data.*

Note: *More detailed information regarding service and operational obligations of providers will be outlined in each of their respective contractual agreements.*

2.6.5 Individual Intervention

The Individual Intervention Service Delivery Model details the circumstances in which OBP deliver individual services to offenders. This section documents the operational procedure which must be followed when implementing the Individual Intervention Service Delivery Model.

Step 1.	Completion of the OBP assessment (GO or SVO Pathway) should occur as per the requirements detailed in Section 2.5 (OBP Assessments) The assessment should identify any responsivity issues which may interfere with the offender's ability to engage in group based intervention and include the use of supplementary psychometric tools as required to assist decision making about the offender's suitability for group based interventions (e.g. treatment readiness assessment, personality, cognitive ability, etc)
Step 2.	The Assessment Report should make a recommendation for the type of individual intervention required and clearly document the reasons for the individual intervention recommendation. Types of individual intervention[53] include: • Preparatory • Promotional • Prophylactic • Alternative pathway
Step 4.	An individualised treatment plan must be completed
Step 5.	The senior clinician and RM must endorse the recommendation for individual intervention and the individualised treatment plan
Step 6.	Once approval is confirmed, the Assessment Report and individualised treatment plan must be uploaded onto CVIMS
Step 7.	Action assessment recommendations
Step 8.	Upon completion of treatment, Treatment Completion Report to be finalised and uploaded to CVIMS

OBP Remote Support Package

CV manages more than 50 CCS locations across Victoria. To enable access to specialist services across the state, OBP has developed a 'package' of service for eligible offenders completing Community Corrections Orders or Parole Orders, who are unable to access OBP services. The OBP Remote Support Package is responsive to the management of these offenders by considering the offender's criminogenic needs, level of risk, protective factors, proximity to a serviceable location and proximity to an experienced clinician.

The OBP Remote Support Package consists of:

- Clinical Assessment to clarify the offender's risk of re-offending
- Development of a management plan of risk variables between the clinician and the offender
- Intensive case consultation between clinicians and Community Corrections Officers (CCO's) based on the offender's personalised risk variables to facilitate targeted and individualised risk management of the offender.

All offenders recommended for the Remote Support Package must have completed an OBP Screening and Assessment, which identified their risk of reoffending and criminogenic needs. Based on this assessment, clinicians are required to use their clinical expertise and a collaborative approach with the offender, to develop an individually relevant and effective self-management plan, which directly addresses the personalised risk factors identified in their assessment. Where some time has lapsed (or there have been changes to the offender's circumstances) since the OBP assessment, clinicians can review the assessment to ensure that all relevant information regarding risk and criminogenic needs is captured.

Neither the assessment nor intervention components of the package are case management responses; they are always driven by clinical expertise and practice. Similarly, the Remote Support Package paperwork (i.e. the templates) does not drive the assessment or intervention, rather, the templates are merely the required format for recording the outcomes of the content of the reviewed clinical assessment and intervention provided.

The intensive case consultation component of the package involves provision of expert advice, based on the individual risk factors and management needs of the offender, to case managers. The consultation will be provided at minimum monthly, more frequently depending on risk and complexities of the case. The consultation will commence within two weeks of completion of the assessment component and will continue for at least six months, if not longer (i.e. may continue until expiration of Order).

53 Refer to individual Service Delivery Model for more details.

Eligibility

Eligibility criteria for a Remote Support Package includes:

- Eligible for OBP interventions,
- Unable to access local OBP services due to geographic proximity[54].

OBP Remote Support Delivery Instructions

Requirements for the delivery of the Remote Support Package are outlined below.

Step 1.	The clinician should review the OBP file and determine if the OBP assessment needs to be reviewed with the offender to ensure that any changes to the offender's circumstances, risk and criminogenic needs are identified. If so, the clinician should schedule the assessment review appointment with the offender.
Step 2.	Once the assessment review is completed, the clinician should meet with the offender to develop the 'self management plan'. This should be developed in collaboration with the offender using offence patterns, high risk situations and relapse prevention strategies identified during the assessment (or assessment review).
Step 3.	The clinician should complete the Remote Support Package Outcome and send a copy of the Outcome and the self management plan to the case manager, detailing any case management recommendations and recommendations for external programs (if applicable).
Step 4.	The clinician should commence provision of Intensive Case Consultation, supporting the case manager to appropriately monitor the offender's adherence to the self management plan.
Step 5.	Where it has been recommended, the clinician should assist the case manager to facilitate referrals to appropriate services in the community.
Step 6.	The clinician should review the treatment pathway (i.e. case consultation and self management plan) at regular intervals and in response to changes in the offender's risk or needs.

54 A geographically remote offender is defined as any offender on a court or parole order in the community who is eligible for OBP intervention, however would have to travel for two or more hours from their home to the location where the OBP program is delivered.

Failure to attend

If an offender fails to attend a scheduled appointment, they should be provided with a further opportunity to attend. If they fail to attend on three occasions they should be requested to sign a 'Decline to Participate Form' and the refusal process be implemented.

If the offender has legitimate reasoning for their failure to attend, or refuses to sign the 'Decline to Participate Form' as they would like a further opportunity to participate, clinicians should explore the associated issues and make a decision about how best to respond/proceed. For instance, there may be a responsivity issue preventing the offender's attendance and the case may need to be idled for a period of time before they can participate.

In all instances of 'failure to attend' a comprehensive case note must be completed and added to the offender's OBP file and uploaded to CVIMS. The case note must include details of the failure to attend, follow-up actions and recommendations.

2.6.6 Refusals at the intervention stage

If an offender declines to participate in an intervention, the reasons for such should be discussed and the offender should be directed to sign the 'Decline to Participate Form'. All offenders should be given a total of three opportunities to reconsider consent. If they continue to decline, they should be directed to sign the 'Decline to Participate Form' on each occasion. Their decision to decline to participate in OBP services should be recorded in CVIMS, the 'Decline to Participate Form' should be uploaded onto CVIMS and their OBP case should be placed on Idle until their EDD/OED.

A case note should be completed and indicate why the offender has declined to participate in OBP services[55]. In addition, the 'Decline to Participate Form' must be uploaded onto CVIMS.

2.6.7 Intervention Completion

An intervention is deemed completed when the following has occurred:

- pre/post psychometrics have been completed and entered into CVIMS (where required)
- Psychometrics Summary for the pre/post psychometrics has been completed and endorsed as required[56], and uploaded to the CVIMS (where required)
- Treatment Completion Report has been completed and endorsed as required[57], and uploaded to the CVIMS
- Intervention workflow has been completed in CVIMS

55 Refer to *Offending Behaviour Programs: Report Writing Guidelines,* OBP, 2015

56 All psychometric summary reports completed by a clinician must be endorsed by their senior

57 All treatment completion reports completed by a clinician must be endorsed by their senior

3 Remand Service Delivery Model

3.1 Remand Prisons

Corrections Victoria accommodates remanded prisoners at several locations. Melbourne Assessment Prison (MAP) and the Metropolitan Remand Centre (MRC) are dedicated male prisons. Female remand prisoners are accommodated at the Dame Phyllis Frost Centre (DPFC).

In addition to the above locations, remand prisoners may also be accommodated at Port Phillip Prison, a privately run prison within the Victorian correctional system, and Barwon Prison.

3.2 The Remand Service Delivery Model

All remand prisoners are eligible for referral to OBP to participate in remand specific programs.

Remand prisoners are not eligible for offence specific treatment programs due to their legal status. The primary focus of remand programs is on skill development, distress management and harm minimisation.

3.2.1 Service Streams

The Remand Service Delivery Model consists of a streamed approach to service delivery such that differentiated service responses are provided based on the identified needs of unsentenced prisoners in addition to being responsive to the variable length of time spent on remand (e.g. days, weeks or months). Two service streams available within the Model; the Adjustment Stream and the Skills Development Stream.

Adjustment Stream

Adapting to prison life (adjustment) has been identified as a key area of need for the unsentenced prison population, particularly for those remandees experiencing prison for the first time. As such, the Model includes an Adjustment stream, comprised of four short programs, which aim to assist remandees with adjusting to the prison environment. Each program is delivered over one session to ensure that, where possible, they are easily accessible by newly recepted remandees and that time spent on remand does not preclude participation.

All remandees are eligible for participation in the programs offered within the Adjustment Stream. These programs are short (2 hour), single session psycho-education based programs, which do not require prior screening

One of the primary issues identified for prisoners on remand is adapting to prison life, particularly among those experiencing imprisonment for the first time. Thus, the primary aim of the Adjustment stream is to assist remandees with their transition into the prison environment. As such, all programs within this stream are single session programs to ensure that they are easily accessible by remandees, in particular those with a short period of time on remand. In particular, the focus of the programs within this stream is to assist with basic psychoeducation and skills practice around:

- Coping with change (e.g. new rules, systems, being away from family/loved ones, etc)
- Managing difficulties with sleep
- Managing feelings of loss (e.g. limited access to family/friends in community)
- Managing increased levels of anxiety (e.g. worrying about family/friends, uncertainty of court outcome)
- Managing various emotions such as anger, sadness, etc (Managing emotions).

The Adjustment stream is illustrated in Figure 3.

Skill Development Stream

The Skills development stream is comprised of four programs (between three to five sessions each), which aim to assist remandees to develop skills in various areas (e.g. relationships, emotions), which will assist them with behaviour change within the prison environment and upon their release into the community. Targeted remand screenings will ensure that interventions are appropriately targeted to meet the specific interventions needs of remandees.

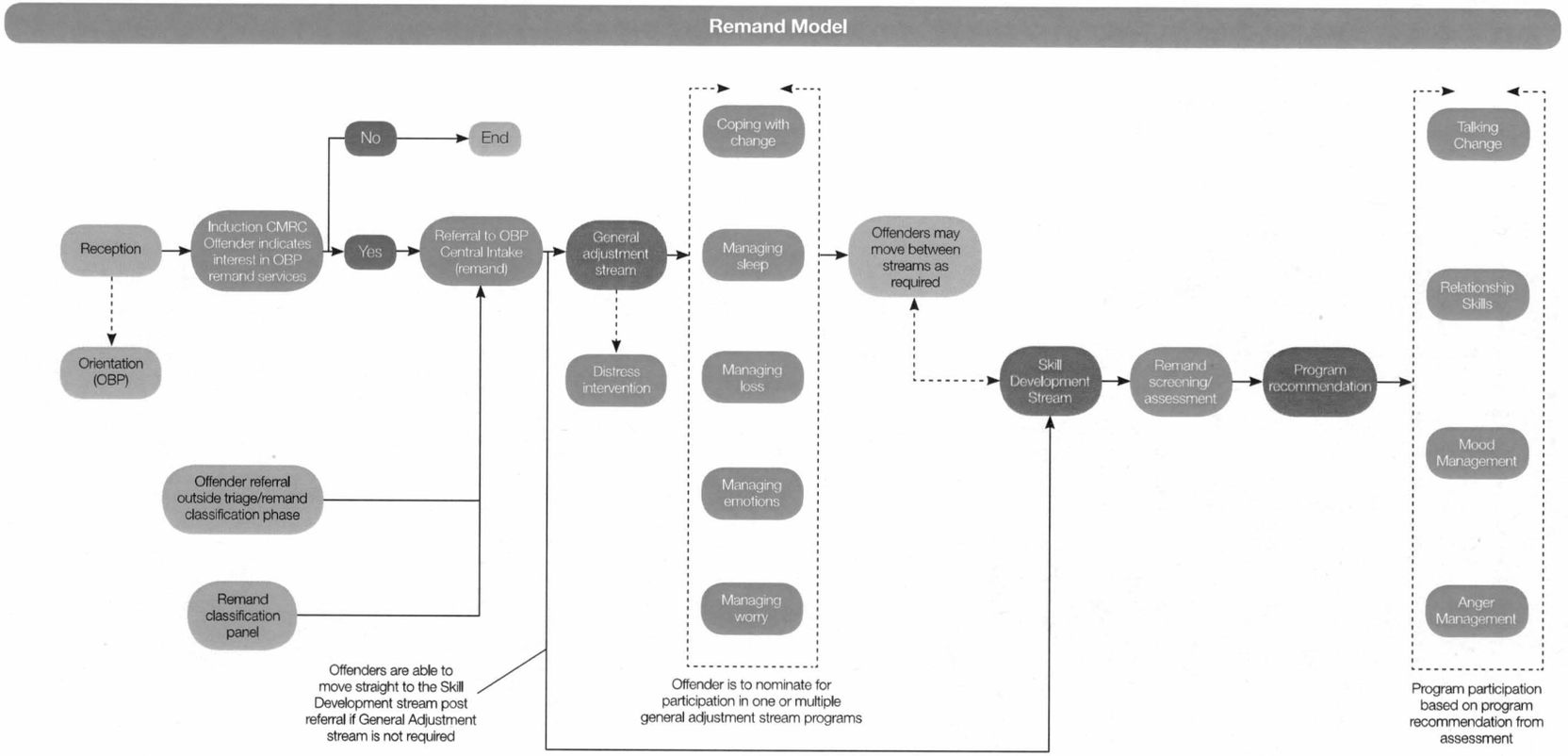
All remandees are eligible for a remand screening to determine the most appropriate program recommendations within the Skills development stream. Program recommendations will be based on the Remand screening.

The primary aim of the Skills development stream is to assist remandees to develop skills which will assist them with behaviour change and enhance their ability to cope with their incarceration. The Skills development stream builds upon the Adjustment stream, offering programs between three and five sessions in length, which subsequently provide a greater opportunity for skills practice and development. In particular, the focus of the programs within this stream is to assist with skills practice around:

- Development of relationship skills, including conflict resolution, communication and problem solving skills, which will assist remandees to manage their relationships with other prisoners, staff and their family and friends in the community
- Managing their mood (e.g. low mood, anxiety, etc)
- Managing their anger
- Increasing motivation around behaviour change.

The Skills development stream is illustrated in Figure 3.

Figure 3: Remand Service Delivery Model



3.2.2 Remand Service Eligibility

This section will describe the eligibility criteria for OBP Remand services, which underpins all subsequent operational guidelines.

3.2.3 Eligibility Criteria

Eligibility for OBP Remand services are as follows:

- All remandees are eligible for participation in the programs offered within the Adjustment Stream
- All remandees are eligible for a remand screening to determine the most appropriate program recommendations within the Skills development stream

3.2.4 Remand Screenings

The Remand screening is conducted with all remandees who have voluntarily referred themselves to participate in any of the programs on offer in the Skills Development stream. The aim of the assessment is to gather information to identify clients' suitability/need to participate in the programs on offer. Clients' previous treatment experiences and responsivity factors are assessed. Clinicians are required to utilise the remand Assessment Interview Schedule in order to guide their clinical interview with the client. The Remand screening consists of a file review and a semi-structured interview with the offender. The purpose of the remand screening interview is to:

- Investigate what is important to the client;
- Gather information to assess suitability for remand programs;
- Assess the client's responsivity needs;
- Gather information about clients previous treatment experience

The Remand screening interview incorporates the following areas:

- Consent
- Goods
- Responsivity
- Previous treatment
- Program needs assessment

Remand Screening Outcomes

- Unsuitable for remand programs
- Suitable for remand programs

Unsuitable for remand programs

Remand Screenings may deem a remandee unsuitable for remand interventions. Potential reasons for remandees being found unsuitable for remand interventions include:

- Acute mental illness
- English as a second language
- Behavioural issues
- Protection/Management classifications

Suitable for remand programs

Flexibility is incorporated in the screening process to allow for varied outcomes depending on an individual's intervention needs and time remaining on remand. For instance, remandees may be recommended for one or all of the available programs within the Adjustment or Skills development streams.

Remand Screening completion

The Remand Screening is completed when the following has occurred:

- The Remand Screening Outcome has been completed, endorsed by the senior as required and uploaded onto CVIMS.

3.2.5 Remand Programs

Remand locations offer a range of short, skill-based interventions that address common deficits in general functioning associated with this cohort.

In addition to addressing skill deficits, remand interventions may function as treatment readiness and treatment preparation in the event of subsequent sentencing and transfer to a mainstream prison environment and contribute towards successful bail outcomes.

Adjustment Stream Programs

Programs delivered in the Adjustment Stream include:

- Coping with Change
- Managing Emotions
- Managing Sleep
- Managing Loss
- Managing Worries

Skills Development Stream Programs

Programs delivered in the Skills Development Stream include:

- Relationship Skills
- Anger Management
- Mood Management
- Talking Change

4 Other OBP Services

Detailed information regarding the Clinical Advice Role and its functions will be entered following endorsement of the position. Contents listed below are indicative of the intent of this section of the manual.

- Restricted Access prisoners
- Residential visits applications
- Clinical over-ride for offenders
- Case Management Review Committee / Case Management Review Meeting

4.1 Distress interventions

Prisoners tend to experience significant adjustment difficulties, anxiety and distress in custody, particularly while on remand. Court appearances, pending trials, sudden separation from family and loved ones, difficult phone calls and letters, and first time incarceration experiences are all likely to result in distress for prisoners.

Clinicians provide brief intervention to prisoners experiencing significant distress, but who are not assessed as being "At Risk" of suicide or self-harm. Distress intervention should be provided within two working days of referral due to risk of escalation to self-harming behaviour, institutional violence and/or other dysfunctional coping methods. Distress interventions should be solution focused, practical and increase the offender's capacity for self-soothing and future coping. Distress interventions generally range from one to three sessions.

Clinicians only provide distress intervention to prisoners in custody as distressed offenders reporting to CCS are referred to appropriate community services.

4.2 Peer Listeners

Peer Listeners are a trained group of prisoners who provide support and advice to other prisoners on issues related to living in prison as well as issues they may face upon release. There are a number of peer roles within the Victorian prison system, including Peer Listeners, Alcohol and other Drug Peer Educators and Infection Control Peers. Whilst there is some overlap in these peer roles, each role has a different training program and different core responsibilities. The core focus of the peer listener role is to support other prisoners, orient them to the prison environment, hear their concerns and provide appropriate support and advice. OBP staff are responsible for the Peer Listener roles, including the following functionality:

- Recruitment of Peer Listeners
- Delivery of the training program to Peer Listeners
- Supervision and support for Peer Listeners (individual and group support)

4.3 Clinical Advice Functions

Detailed information regarding the Clinical Advice Role and its functions will be entered following endorsement of the position. Contents listed below are indicative of the intent of this section of the manual.

- Restricted Access prisoners
- Residential visits applications
- Clinical over-ride for offenders
- Case Management Review Committee / Case Management Review Meeting

4.4 Continuity of Service

To support this, where an offender is transferring between locations and there are issues identified in relation to that offender, the allocated clinician is responsible for completing a case note for the next clinician to advise them of potential concerns and issues that are relevant to the delivery of OBP services.

If an offender has been transferred to another location and is about to commence an OBP service, any outstanding reports from the prior location should aim to be completed as soon as possible in order to support the delivery of the clinical file to the new location in a timely manner

4.5 Transfer of offenders

To support this, where an offender is transferring between locations and there are issues identified in relation to that offender, the allocated clinician is responsible for completing a case note for the next clinician to advise them of potential concerns and issues that are relevant to the delivery of OBP services.

If an offender has been transferred to another location and is about to commence an OBP service, any outstanding reports from the prior location should aim to be completed as soon as possible in order to support the delivery of the clinical file to the new location in a timely manner.

5 Service Integrity and Quality Assurance

5.1 Corrections Victoria Intervention Accreditation Model

The CV Intervention Accreditation Model was developed to establish minimum standards for all interventions delivered across the Victorian justice system, thereby ensuring the ongoing integrity of programs by certifying their alignment with standards that represent best practice in the forensic environment. The objective of intervention accreditation is to ensure that all programs delivered by CV:

- Inspire confidence in the CV rehabilitation effort
- Maximise opportunities for offenders to achieve positive behaviour change and reduce their risk of reoffending as part of their successful transition and reintegration into the community
- Adhere to a minimum standard of service integrity and ongoing quality assurance process
- Respond to the special needs of prisoners and offenders.

All programs reviewed must meet intervention accreditation criteria, a series of standards against which each program is assessed. In line with National standards endorsed by the Corrective Services Administrator's Council (CSAC), Corrections Victoria adheres to nine criteria for programs delivered to reduce the risk of reoffending, covering:

i) Model of change backed by research evidence
ii) Identification of the suitable offender group
iii) Risk factors targeted by the program and how change will be measured
iv) Methodology used in the delivery
v) Length and intensity of the program
vi) Engagement and motivation strategies
vii) Whole of sentence program planning
viii) Quality assurance processes for maintaining program integrity
ix) Evaluation strategy for monitoring short, medium and long term intervention outcomes.

There are four possible outcomes from review of a program for accreditation:

i. Full Accreditation
   Full Accreditation is only applied to a program that has achieved a 'full endorsement' rating for each of the 9 assessment criteria and has undergone program evaluation resulting in findings that support the program aims and objectives

ii. Accredited – Monitored
   This rating applies to a program that achieves 'full endorsement' ratings for each of the 9 assessment criteria but has yet to undergo program evaluation

iii. Accredited – Provisional
   The 'Provisional' rating is applied to a program that rates 'partial' or 'full endorsement' across the nine assessment criteria. Delivery of a program that is rated 'Provisional' is at the discretion of the 'Panel' as the Intervention Accreditation Panel (the 'Panel') has identified critical elements of the program requiring amendment. All programs awarded this rating must present program amendments to the Panel within the recommended period in order to progress the status of their accreditation.

iv. Not Accredited
   The 'Not Accredited' rating applies to a program that has been assessed as 'not endorsed' or 'partial endorsement' across the assessment criteria. The Panel has identified that critical elements of the program do not meet minimum standards for evidence based best practice as articulated in the assessment criteria, and on this basis the program is determined not suitable for delivery within the correctional environment. Further review of the program is at the discretion of the Panel. Where additional review is indicated, the panel will recommend significant developmental amendments to the program and provide a timeline for this review to occur.

5.2 CVIMS

The Corrections Victoria Intervention Management System (CVIMS) was released on 12 August 2013. CVIMS is the central port of information regarding prisoner/offender participation in OBP and SOATS. CVIMS incorporates business processes for central intake and regional clinicians to ensure the system is used to support day-to-day service delivery. CVIMS aims to:

- Improve knowledge sharing across CV
- Reduce the risks associated with managing information via paper based files
- Provide immediate access to all offender treatment notes, assessment and treatment data (subject to appropriate security levels)
- Manage priority lists for offenders awaiting screenings, assessments and interventions
- Provide real time knowledge of the OBP Status of offenders/prisoners across the system
- Manages flags on offenders such as High Profile Offender, Major Offender and the placement of Suppression Orders
- Utilises a strong security model with clearly defined approval processes for new users
- Provide accessible, transparent and real time reporting functionality of OBP activity statewide and regionally
- Allows managers to access and monitor staff workloads more readily.
- CVIMS is used by all OBP and SOATS staff as well as being accessible in read only view to:
- Relevant Prison and CCS staff
- Adult Parole Board Secretariat
- Select Head Office Operational staff
- Access to CVIMS is approved by the OBP or SOATS Managers.

5.3 Reporting

Monthly and Quarterly Regional OBP Activity reports are prepared by the CV OBP Branch and Forecasting and Statistical Analysis Unit. Reports are distributed to all OBP Regional Managers, Regional Directors, Regional Executive Directors as well as the Deputy Commissioner Offender Management and Director, Business Services.

Appendix 1: Schedule 1, Sentencing Act 1991 and Schedule 3, Corrections Act 1986

Serious Violent Offender

An offender is classified as a Serious Violent Offender when their existing offences include or name the following[58]:

- Murder
- Manslaughter
- Child homicide
- Defensive homicide
- Causing serious injury intentionally
- Causing serious injury recklessly
- Intentionally causing a very serious disease
- Threats to kill
- Threats to inflict serious injury
- Kidnapping
- Intentionally causing grievous bodily harm or shooting, with the intention to do grievous bodily harm or to resist or prevent arrest
- Inflicting grievous bodily harm
- Attempting to choke etc, in order to commit an indictable offence
- Making demand with threat to kill or injure or endanger life
- The common law offence of kidnapping
- Causing serious injury intentionally in circumstances of gross violence
- Causing serious injury recklessly in circumstances of gross violence
- Armed robbery
- Aggravated burglary
- Arson causing death
- False imprisonment (common law)

For all of the above offences it also includes:

- Conspiracy to commit, incitement to commit and attempt to commit any of these offences
- Any other offence whether committed in Victoria or elsewhere, the necessary elements of which consist of elements that constitute any of these offences.

Violent offences addressed by the SVO Pathway

- Murder[59]
- Manslaughter
- Child homicide
- Causing serious injury intentionally in circumstances of gross violence
- Causing serious injury intentionally
- Causing serious injury recklessly
- Intentionally causing a very serious disease
- Threats to kill
- Threats to inflict serious injury
- Kidnapping

58 As defined in Section 77 (9) of the *Corrections Act* 1986.

59 As per Schedule 1, *Sentencing Act* 1991

- Intentionally causing grievous bodily harm or shooting, etc. with intention to do grievous bodily harm or prevent arrest
- Inflicting grievous bodily harm
- Attempting to choke, etc. in order to commit an indictable offence
- Making demand with threat to kill or injure or endanger life
- The common law offence of kidnapping
- An offence of conspiracy to commit, incitement to commit or attempting to commit an offence referred to above[60]
- Causing injury intentionally or recklessly
- Administering certain substances
- Stalking
- Conduct endangering life
- Conduct endangering persons
- Negligently causing serious injury
- Extortion with threat to kill
- Extortion with threat to destroy property, etc
- Using firearm to resist arrest, etc
- Threatening injury to prevent arrest
- Assaults
- Use of firearms in commission of offences
- Being armed with criminal intent
- Performing female genital mutilation
- Taking person from Victoria with intention of having prohibited female genital mutilation performed
- Robbery
- Burglary in circumstances where the offender entered the building or part of the building as a trespasser with intent to commit an offence involving an assault to a person in the building or part I question
- Destroying or damaging property in circumstances where the offender intends by the destruction or damage to endanger the life of another
- Threats to destroy or damage property
- Possessing anything with intent to destroy or damage property
- Offences connected with explosive substances
- Bomb hoaxes
- Conspiracy to commit, incitement to commit or attempting to commit any of the offences above
- Contravention of family violence safety notice
- Contravention of family violence safety notice with intention to cause harm or fear for safety
- Contravention of family violence intervention order
- Contravention of family violence intervention order intending to cause harm or fear for safety

60 As per Schedule 1, *Sentencing Act* 1991