

REHABILITATION PROGRAMS BRANCH

Model of Service

Rehabilitation Programs Branch – Model of Service

Purpose of this Document

This document outlines the endorsed model of service for the Rehabilitation Programs Branch (RPB) – a multidisciplinary team operating within the Offender Development Directorate, Department for Correctional Services South Australia (DCS). This document describes the RPB governance structure, the nature of RPB clinical work, the cohort that we target for RPB services, and the overarching principles of RPB clinical service delivery.

This document outlines a rehabilitation service that is aligned to the strategic priorities and goals of DCS, namely:

- ❖ Reduce reoffending by 10% by 2020
- ❖ Deliver the highest level of safety and security for our community, our people and people who have committed an offence
- ❖ Sustain and strengthen DCS' response to Domestic and Family Violence
- ❖ Target programs and partnerships to support the successful reintegration of people who have committed an offence
- ❖ Provide targeted support and intervention for people with disabilities and complex mental health needs
- ❖ Develop innovative and effective ways to address the specific needs of Aboriginal people in contact with DCS
- ❖ Improve the accountability and cost effectiveness of our system to monitor and review performance to drive improvement and increase competition
- ❖ Ensure the rights and needs of victims of crime are understood, respected and addressed
- ❖ Implement improved and targeted service delivery for Women who have committed an offence

This document is a point in time document and, as such, is intended to be a living document that will be revisited and updated in-line with DCS strategic direction.

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Preliminary

Recidivism is used to refer to re-offending committed by a person that has previously been involved in the criminal justice system.

Program integrity refers to the adherence of a program to its intended procedures, protocols and aims. It is also referred to as program fidelity.

Trauma-informed practice is an approach to working with clients that considers the presence of traumatic events and/or the development of maladaptive responses to past trauma.

Responsivity is one of the key components of the Risk Need Responsivity Model (Bonta and Andrews, 2017) and refers to factors related to the effectiveness of treatment designed to reduce reoffending.

Dynamic criminogenic needs are risk factors or needs that are amenable to change over time and can be used to indicate whether a treatment intervention has had an impact on factors related to offending behaviour.

Feminist theory is a body of research which asserts that there are structural disadvantages that women face when compared with men and that are perpetuated through the social-political environment that we exist in.

Narrative Therapy is an approach to counselling that centres people as the experts in their own lives. This therapy intends to view problems as separate entities to people, assuming that the individual's set of skills, experience and mindset will assist him/her reduce the influence of problems throughout life.

Tailored rehabilitation refers to rehabilitation that is targeted towards an offender's individual risk and protective factors.

One-to-one rehabilitation - Most treatments designed for offenders are delivered in a group setting. One-to-one rehabilitation is delivered to complex offenders for whom group-based approaches would be inappropriate or ineffective.

Clinical / case / criminogenic formulation is a process conducted by clinicians, which aims to identify the underlying causes for an individual's problematic behaviours and how they should be targeted through treatment.

Cognitive-behaviour therapy (CBT) is a type of psychotherapy that helps the person to change unhelpful or unhealthy habits of thinking, feeling and behaving. CBT involves the use of practical self-help strategies, which are designed to affect positive and immediate changes in the person's quality of life.

Qualitative research in the social sciences refers to research which focuses on the "why" and "how" rather than the "what" of the issue under investigation. The research methods typically employed include surveys, interviews, observation and clinical judgments. For example, a qualitative study might involve offenders being asked about which parts of an intervention were more or less effective for them.

Quantitative research is the social sciences refers to research which focuses on investigating observable phenomena and typically involves statistical, mathematical or computational techniques to interrogate data. For example, a quantitative study might involve comparing the reoffending rates of men and women, or of Aboriginal and non-Aboriginal offenders.

Who are the Rehabilitation Programs Branch?

Mission Statement:

The Rehabilitation Programs Branch (RPB) strives to deliver best-practice rehabilitation services to people who have committed offences – both in prison and supervised in the community.

We want to reduce the rate of reoffending in South Australia – we aim to achieve this by providing individuals with the opportunity to address their offending behaviour through engagement in evidence-based rehabilitation programs.

Our Vision:

The RPB strives to provide effective and efficient rehabilitation services to people who have committed an offence. We depend on Community Corrections, Custodial Services and other business units in the Offender Development Directorate as integral partners in the rehabilitation process – we aim to share and gain knowledge and work collaboratively to maximise our diversity and strengths. Together, we can impact positively on DCS culture. We also recognise the importance of establishing and maintaining strategic partnerships and networks with significant community stakeholders.

The RPB team are:

Skilled staff who deliver evidence-based rehabilitation services:

The work we do is evidence-based and supported by research. We regularly evaluate our work and we are always striving to improve on what we do.

Specialist staff who contribute to community safety:

We do this work because we want to reduce the rate of reoffending in South Australia and contribute to community safety. This includes making people who have committed an offence accountable for their past actions.

Respectful staff who strive to understand the needs of people who have committed offences:

The work we do is focussed on and tailored for the rehabilitation needs of all groups within DCS, including consideration given to;

- Cultural groups
- Gender
- Disability

Furthermore, we deliver Rehabilitation services which are tailored to the complexities of behaviour change with people who have committed an offence – we understand that behaviour change happens over time and is not always linear.

Professional staff who model pro-social behaviour:

We understand that an important part of the behaviour change is role-modelling and learning from others, and we recognise the importance of modelling professional pro-social behaviour at all times.

Supportive staff who promote and support organisational change for improved rehabilitation outcomes:

RPB staff work across the system to promote the importance of rehabilitation and evidence-based approaches, provide training to other staff groups, and advocate for changes to the system where appropriate.

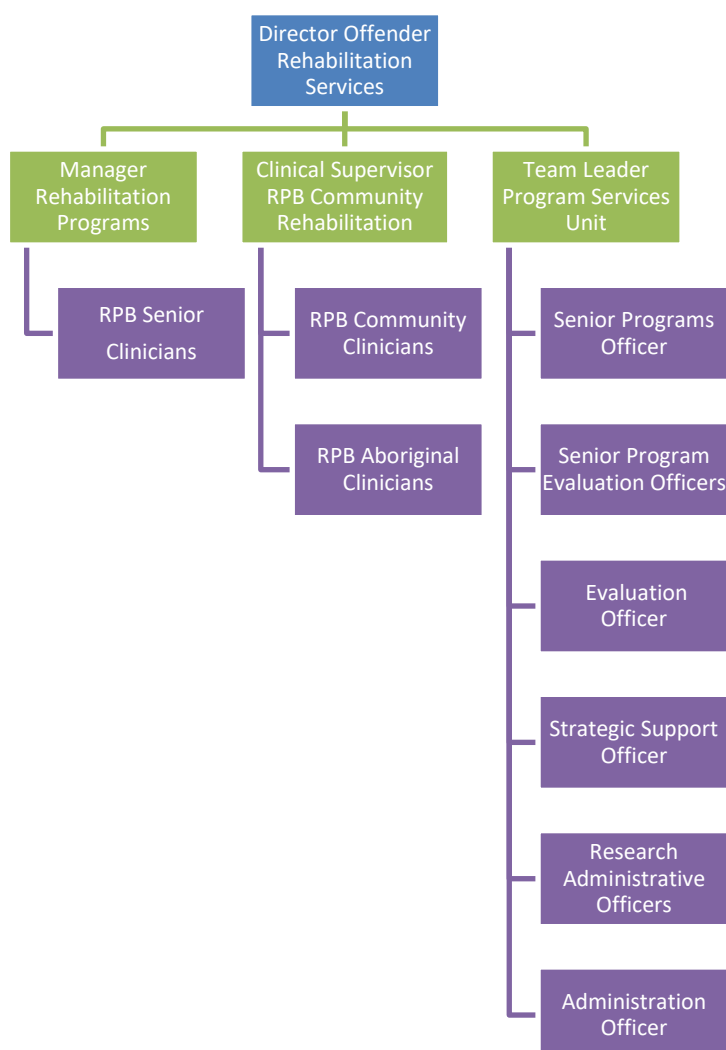
RPB Governance Structure

The RPB is based within the Offender Development Directorate (ODD) and is responsible to the Executive Director of Offender Development (Darian Shephard-Bayly).

The Director of Offender Rehabilitation Services (Tim Jarrad) has managerial oversight of the RPB management team. The Director ORS reports to the ED ODD.

The following diagram outlines the organisational structure of the RPB.

Figure 1 – Organisational Structure of the Rehabilitation Programs Branch



Who do the RPB work with?

The RPB facilitates group-based rehabilitation programs for people in prison and in the community who are under the supervision of DCS. RPB clients are identified through the nature of their offending (index or previous offence) at the commencement of their sentence; this applies to prison-based or community-based sentences. People are referred to the RPB by the Sentence Management Unit (SMU), or Community Corrections case managers.

The RPB provides specialist rehabilitation services to the following cohorts:

People who have committed a violent offence – *People assessed as a moderate to high risk of violent re-offending*

People who have committed a sexual offence – *People assessed as a moderate to high risk of sexual re-offending*

People who have committed a domestic violence offence – *Males assessed as a moderate to high risk of domestic violence re-offending, and who have a demonstrated pattern of domestic violence against a female intimate partner.*

People who have committed a generalist offence – *People assessed as a moderate to high risk of generalist re-offending, and who present with treatment targets related to substance abuse, poor problem solving, impulsivity, and empathy.*

What services do the RPB provide?

1. Provision of Rehabilitation Programs and Services

Guiding Principles of RPB Rehabilitation services

Wherever possible, the RPB endeavours to deliver rehabilitation services which adhere to the following principles:

1. We deliver rehabilitation services which are based on robust evidence about what works in reducing recidivism.
2. We deliver rehabilitation services that are in-line with the principles of program integrity.
3. We deliver rehabilitation services which are subject to rigorous evaluation and monitoring.
4. Treatment plans for the people we work with are informed by reliable, valid, and comprehensive risk assessments.
5. We deliver rehabilitation services that focus on addressing dynamic criminogenic needs, and modifying unhelpful/unacceptable patterns of thinking.
6. We deliver rehabilitation services that account for our clients' responsivity factors.
7. We deliver rehabilitation services that are focused on employing behavioural, social learning, and cognitive behavioural influence and skill building strategies.

8. We deliver rehabilitation services that are also informed by other clinical frameworks namely: feminist, narrative and trauma-informed practices. We adopt a holistic approach that takes into consideration a person's employment, education, health and wellbeing.
9. For clients based in prison, we target participation in programs towards the end of the individual's prison sentence. This is based on the principle that we teach people skills which they can then apply to their transition and eventual release into the community.
10. We deliver rehabilitation services tailored to suit specific populations, including specific consideration to females, and specific consideration to the unique cultural needs of Aboriginal people, including the role of family and other supports.
11. We recognise that different cohorts require specialised approaches - we strive to deliver tailored rehabilitation services to people who have committed violent offences; sexual offences; domestic violence offences; and general offences.
12. Wherever possible, we promote and foster a rehabilitation environment where people are motivated to develop a prosocial identity, engage in meaningful activities, and practice the skills they are learning.
13. All staff delivering programs and other rehabilitation services are suitably trained and supervised by clinical supervisors.

Group-based Rehabilitation Programs

A core function of the RPB is to deliver group-based rehabilitation programs to people who have committed an offence; this is a strategic decision that has been reached in close consultation with DCS senior executive. This decision is based on research which has identified group programs as the most effective and efficient way to provide rehabilitation services in a corrections environment.

The below table outlines the rehabilitation programs facilitated by the RPB¹:

Table 1. Table of programs offered by the RPB

Program Name	Approximate Length	Setting	Target Group	Core treatment areas
Violence Prevention Program	250 hours	Prison only	High risk violent offenders	Substance misuse, impulsivity, antisocial attitudes, emotional management, cognitive distortions
Violence Prevention Program – Aboriginal Men	250 hours	Prison only	High risk violent offenders	Substance misuse, impulsivity, antisocial attitudes, emotional management, cognitive distortions

¹ Note: this list does not represent the entire suite of DCS programs

Violence Prevention Program - me	250 hours	Prison only	High risk violent offenders with low cognitive functioning	Substance misuse, impulsivity, antisocial attitudes, emotional management, cognitive distortions
Living Without Violence	130 hours	Prison and Community	Moderate risk violent offenders	Substance misuse, impulsivity, antisocial attitudes, emotional management, cognitive distortions
Sexual Behaviours Clinic	250 hours	Prison only	Moderate/high risk sex offenders	Substance misuse, relationships, sexual deviance, cognitive distortions, victim empathy
Sexual Behaviours Clinic - me	300 hours	Prison only	Moderate/high risk sex offenders with low cognitive functioning	Substance misuse, relationships, sexual deviance, cognitive distortions, victim empathy
Sexual Behaviours Clinic – moderate intensity	145 hours	Prison only	Low-moderate risk sex offenders	Substance misuse, relationships, sexual deviance, cognitive distortions, victim empathy
Making Changes	120 hours	Prison and Community	Moderate/high risk general offenders	Substance misuse, problem solving, impulsivity, empathy, emotion management, pro-criminal attitudes, acceptance of/identification with criminal peers, number of criminal peers
Making Changes - Modified	70 hours	Community	Moderate/high risk general offenders in regional SA	Substance misuse, problem solving, impulsivity, empathy, emotion management, pro-criminal attitudes, acceptance of/identification with criminal peers, number of criminal peers
Domestic & Family Violence Intervention Program	120 hours	Prison and Community	Moderate/high risk DV offenders	Attitudes supportive of violence against women and children (gender & power), responsibility taking, impact on children and

				young people, cycle of violence, cognitive distortions
Family Violence Program for Aboriginal Men	120 hours	Prison and Community	Moderate/high risk DV offenders	Attitudes supportive of violence against women and children (gender & power), responsibility taking, impact on children and young people, cycle of violence, cognitive distortions

Program Scheduling

Programs are scheduled according to need; prisoners assessed as eligible for program involvement by the SMU are referred to the RPB and added to a waitlist. The waitlist is prioritised according to conditional release dates and sentence end dates. Program scheduling also takes into account availability of prison/community group room locations and staff availability. Prisoners may be required to move location in order to participate in a program; prisoner movements are overseen by the SMU and, for relevant prisoners, the Serious Offender Committee.

RPB Community programs are scheduled by the community team according to demand for people who are the subject of a Parole Order, Bond with supervision, Home Detention Order or Pre-Parole Order, and are assessed as suitable. Making Changes programs are run 11 months of the year in the CBD and at other Community Corrections locations according to need. The DFVIP program is also run 11 months of the year depending on need and in other Community Corrections and metropolitan prison locations as required.

Non metropolitan community and prison locations are responsible for scheduling programs in accordance with the Department's overall Key Performance Indicators for program delivery. The scheduling of these programs is the responsibility of the Manager Offender Develop positions in the prisons and the Area Managers/Team Supervisors in community correctional centres.

One-to-one Rehabilitation Services

People engaged in high-intensity rehabilitation programs (VPP, VPP-me, SBC, and SBC-me) participate in individualised therapy sessions throughout the course of the program; that is, the high-intensity programs consist of both group-based and one-to-one sessions.

With the exception of the above, the RPB does not facilitate one-to-one rehabilitation services as a matter of course; one-to-one therapy is facilitated only under exceptional circumstances. There is a significant resourcing pressure regarding the provision of one-to-one services and, therefore, the RPB management team, and ultimately the Director ORS, make decisions about whether to engage an individual in a one-to-one rehabilitation service on a case-by-case basis. Examples of the types of cases which may be considered for a one-to-one service include:

- An individual detained under s57 of the *Criminal Law (Sentencing Act)* with an identified rehabilitation need which cannot be addressed through a group-based rehabilitation program.
- An individual detained under a Continuing Detention Order with an identified rehabilitation need which cannot be addressed through a group-based rehabilitation program.
- People in the correctional system who have exhausted all group-based treatment options and who present with an identified rehabilitation need that could be addressed through time-limited individual treatment.

Evidence-based practice

The RPB recognises the importance of delivering evidence-based practice, and therefore all of the rehabilitation services delivered by RPB clinicians are informed by the available scientific evidence, and informed by internal evaluation processes through the Program Services Unit (see part 5 'Evaluation' for further detail about PSU evaluation).

2. Assessment:

The RPB conducts assessments on all our clients prior to and following completion of a rehabilitation service.

Pre-treatment assessment:

The RPB conducts structured pre-treatment assessments on all our clients prior to commencing a rehabilitation service. Pre-treatment assessments are conducted using a combination of structured clinical interview and evidence-based actuarial assessment tools. The purpose of the pre-treatment assessments is two-fold:

- Suitability: A final determination is made regarding an individual's suitability for participation in a group program – this decision is based on their assessed level of risk; responsivity factors (such as literacy, language, cognitive deficit, neuropsychological issues, active mental illness, and physical disability); their willingness to participate in therapy; and logistical factors.
- Treatment plan: The pre-treatment assessment serves a critical role in identifying an individual's specific criminogenic needs/treatment targets. RPB clinicians use this process to develop a working formulation of the individual's offending behaviour, and to develop a treatment plan for that individual – an individual's progress throughout the program is then monitored against the formulation and treatment targets.

The RPB documents all pre-treatment assessments in a formal report which is shared with relevant internal and external stakeholders (see part 3 'Collaboration and Stakeholder Liaison' for further detail).

Post-treatment assessment:

The RPB conducts structured assessments on all our clients at the completion of a rehabilitation service. Post-treatment assessments are conducted using a combination of

structured clinical interview and evidence-based actuarial assessment tools. The purpose of the post-treatment assessment is three-fold:

- Treatment progress: RPB clinicians use the post-treatment assessment to measure an individual's progress through the program and to assess any change on the treatment targets that were identified in the pre-treatment assessment.
- Formulation: RPB clinicians use the post-treatment assessment to develop and present an updated formulation of an individual's offending behaviour
- Post-treatment Recommendations: RPB clinicians use the post-treatment assessment to inform post-treatment recommendations for the ongoing management and rehabilitation of an individual during the remainder of their sentence including further case management, further treatment where applicable, and relevant legislative considerations.

The RPB documents all post-treatment assessments in a formal report which is shared with relevant internal and external stakeholders (see part 3 'Collaboration and Stakeholder Liaison' for further detail).

Specialist Individualised assessments:

The RPB also conduct specialist individualised assessments in addition to the pre- and post-treatment assessments described above. The types of assessments that RPB staff may complete are:

- Assessments of responsivity factors such as cognitive functioning, motivation and/or malingering, and Mental Health
- Risk assessments related to Countering Violent Extremism
- Dynamic safety assessments of community members who may be at risk of domestic violence (e.g. partners/victims of domestic violence for the people participating in a DFVIP, or being supervised by community corrections). This type of assessment work requires a high level of collaboration between the RPB and community corrections, and is conducted in partnership with Women's Safety Services SA.

3. Collaboration and Stakeholder Liaison

The RPB is a specialised rehabilitation team within DCS and recognises the importance of providing expert clinical opinion and sharing knowledge with other stakeholders – both internal and external. The RPB also values the importance of a collaborative system-wide approach to rehabilitation and, therefore, is actively involved in collaborating with other areas of DCS and other government departments in order to promote and improve rehabilitation services for people who have committed an offence.

The RPB understands the importance of adopting a client-centred approach to rehabilitation services and will, where appropriate, advocate for rehabilitation services within DCS.

The RPB also understands the importance of adopting a victim-centred perspective in all rehabilitation services and, at all times, considers the needs of victims in our work.

Collaboration with internal stakeholders

The RPB regularly provides professional advice and recommendations regarding the rehabilitation and case management of individuals who have participated in RPB services. Internal stakeholders with whom the RPB regularly liaises include:

- Community corrections case managers (CCOs)
- Prison case managers (CMCs)
- Prison-based Offender Development teams
- The Home Detention Committee
- The Serious Offender Committee
- The Office for Correctional Services Review
- DCS Executive
- The Sentence Management Unit
- The Aboriginal Services Directorate
- DCS Courts Unit
- Governance and Executive Services

Collaboration with external stakeholders

The RPB regularly provides professional advice and recommendations regarding the post-treatment recommendations for individuals who have participated in RPB services. This includes providing formal copies of post-treatment reports, but can also involve ad hoc advice, as well as acting as expert witnesses in court proceedings. External stakeholders with whom the RPB regularly liaises include:

- Women's Safety Services South Australia
- The South Australian Parole Board
- The Attorney-General's Department
- The Crown Solicitor's Office
- The South Australia Police (SAPOL)
- Australian National Child Offender Register (ANCOR)
- The Multi-Agency Protection Service (MAPS)
- The National Disability Insurance Agency (NDIA)

Strategic Projects:

Being a specialised rehabilitation team within DCS, the RPB are regularly invited to contribute to/participate in strategic projects and strategic working groups. These requests can be facilitated through the RPB management team. The RPB values collaboration and involvement in strategic projects and strives to contribute to better rehabilitation outcomes for people who have committed offences.

4. Throughcare and Community Reintegration

The RPB recognises the importance of throughcare and supported community reintegration as a critical part of an individual's rehabilitation process and desistance from crime. For all individuals who have completed an RPB service, recommendations are made regarding their prison-based case management and community supervision.

For individuals who complete an RPB service, clinicians meet with the Community Correctional Officer to provide a comprehensive handover of information and relevant

reports to support the individual's community supervision. Where a need is assessed, RPB Clinicians may provide time-limited individual sessions to assist an individual in their engagement with community-based supervision.

RPB Clinicians are available as a consultative resource, or for negotiated further face-to-face contact with the Community Correctional Officer and/or person who has committed an offence.

5. Evaluation

The RPB recognises the importance of delivering evidence-based practice, and therefore in addition to being informed by the available scientific research, all of the rehabilitation services delivered by the RPB are subject to rigorous internal evaluation processes led by the Program Services Unit (PSU).

The PSU conducts both process and outcome evaluations of RPB services. Process evaluation is used to provide information about how a service is operating, whether it is working as intended, and if improvements can be made. In this respect it serves a performance monitoring purpose and, based on the research findings, modifications can be made to enhance a service's operation. Key components within a process evaluation include a review of service implementation and operation, integrity, responsiveness, staffing and accountability.

Outcome evaluation is used to assess the effectiveness of a service or initiative and whether it is achieving its objectives. This type of evaluation is usually carried out at the completion of a project or a service, in order to judge how well it has achieved its intended aims. This may involve the measurement of the immediate impact or longer-term effects of a service. It may also include an assessment of the economic impact of a service and whether it represents value for money.

An evaluation framework is used to guide the evaluation process and sets out the purpose and scope of the evaluation including what measures will be used to address the key research questions. The PSU uses a mix of qualitative and quantitative research measures when conducting evaluations of the RPB service. Examples of qualitative measures include a review of program documentation, case files, observation of group therapy sessions, focus groups, and interviews with participants and stakeholders. Quantitative measures are also used to provide an objective assessment of program outcomes including attendance and completion rates, changes in attitudes and cognitions (measured through pre and post-psychometric testing) and changes in behaviour (re-integration, re-offending, education/ employment).

In relation to measuring behavioural change, the PSU has developed a comprehensive recidivism methodology to determine the impact of RPB services on offending behaviour. This involves a comparison of the re-conviction rate of people who completed an RPB service with a matched sample of untreated individuals. In addition, the crime-related costs and benefits are quantified and used to determine the economic value of each service.

Program evaluation is integral to the development of effective rehabilitation practice. The findings not only provide answers as to the effectiveness of a service, but can broaden our

understanding of offending behaviour, the desistance process, and help contribute to the evidence-base for successful intervention with different DCS client cohorts.

6. Supporting and training of DCS staff

DCS Staff Training

As a specialised rehabilitation team within DCS, the RPB are involved in developing and delivering training programs to other DCS staffing groups related to rehabilitation and case management of complex client cohorts. Examples of the types of training services facilitated by the RPB includes:

- 'Introduction to Offender Rehabilitation' delivered through the DCS electronic learning management system
- Facilitating sessions as part of the Correctional Officer Training schools
- Rehabilitation and case-management focussed training sessions for Community Correctional Officers
- Rehabilitation and case-management focussed training sessions for prison Case Management Coordinators
- Facilitating training sessions for professional staff in the use of the department's approved suite of criminogenic risk assessment tools (these training sessions are typically organised in partnership with the SMU).
- Ad hoc presentations about RPB services to various staffing groups as required

Clinical Supervision within the Offender Development Directorate

The RPB is a specialist clinical team. The provision of clinical supervision to staff and students working in the unit is therefore an important component of the RPB service model.

Clinical supervision is the process of two or more clinicians formally meeting to reflect and review clinical situations with the aim of supporting the clinician in their professional environment. The clinical supervision process enables staff to reflect on their work, to develop knowledge and competence, assume responsibility for their own practice, and enhance clinical service delivery.

All clinical staff working within the RPB participate in regular clinical supervision sessions with a supervisor to discuss the individuals they are currently working with, and to formulate treatment plans. RPB staff must be familiar with the following supervision guideline documents/templates:

1. [RPB Supervision Guidelines](#)
2. [Supervision Plan \(template\)](#)
3. [Group and Individual Supervision Record \(template\)](#)

The RPB also facilitates professional development of the Allied Health professional sector through supporting student placements and providing professional supervision to provisional psychologists working within the branch.