



Offender Services & Programs Corrective Services NSW

Policy for Case Management in Correctional Centres

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Case Management Policy for Correctional Centres

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1 Policy statement and purpose

Case management is the collaborative process between staff and inmates where assessment and planning occurs in order to provide appropriate individual interventions. Corrective Services New South Wales (CSNSW) employs specialist case management staff to work with inmates to match, motivate and prioritise inmates for interventions which efficiently maximise opportunities to reduce reoffending. Inmates participate in assessments which inform individualised case plans for the delivery of appropriate interventions.

The purpose of this document is to provide a high level understanding of case management within the CSNSW context. It describes the broad philosophy, function and processes of case management delivered by the agency. The new model of case management introduced in 2017 is also described. In this model, all inmates are required to participate in case management, but only inmates with sentences of three months or more remaining on the day of sentence receive case planning and other services from newly established Case Management Units (CMU).

2 Application

This policy sets out the principles and processes of the CSNSW Case Management model within the custodial environment. Related to this policy is a set of Case Management Procedures (see Appendix A: Case Management Policies and Procedures Framework). Classification and Placement matters are not covered by this policy.

Those NSW Correctional Centres that are subject to Operating/Management Agreements (i.e. a 'contract') and operated or managed either by the State or a private service provider will be required to meet the Service Specifications and Key Performance Indicators as detailed in respective contracts.

The respective contracts will specify in the Service Specifications which CSNSW policies must be adhered to and describe the requirements for interface with CSNSW including corporate data bases.

3 Overview of case management reform

Case Management Reform is a CSNSW initiative to introduce an improved structure and method of managing inmates. The CMUs are the centrepiece of the reform. These Units case manage inmates who are serving sentences greater than three months, ensuring that inmates receive services, programs and other interventions aimed at reducing the likelihood of reoffending on return to the community.

4 Goals of case management

The goals of case management activities are to:

- reduce inmates' risks of reoffending by assessing their risks, needs and responsivity, planning interventions and connecting them to the most appropriate intervention (programs, services, work, education);

- motivate inmates to engage more fully in rehabilitation interventions;
- aid inmates to become more personally responsible and develop positive attitudes, behaviours and skills which they can take back into the community;
- assist inmates with pre-release and reintegration planning.

5 Guiding principles of case management

The following principles guide all custodial case management practice. Case Management is:

- **Purposeful** – Case Management Officers (Custody) arrange interventions that address the specific needs of inmates as documented in the case plan.
- **Collaborative** – Individuals participate in assessment and case plans are developed *with* the inmate, not *for* the inmate.
- **Coordinated** – Case management requires that all CSNSW employees, who have a professional responsibility for an inmate as part of their duties, actively contribute to the management of that inmate according to the case plan.
- **Individualised** – Case plans are developed to address an inmate’s individual risks, needs and responsivity issues, as well as reflecting their protective factors, strengths, life goals, interests, and abilities. This individualised focus aims to increase the likelihood of successful participation and completion.
- **Sequenced** so that interventions are aligned with program schedules, and tailored to the individual in a way that optimises intervention opportunities for each inmate. While it is necessary for dosage of intervention to be related to risk, sequencing assists inmates to attend interventions so that they are more likely to be able to complete all required interventions.
- **Risk management** – Case management targets and prioritises inmates who pose higher risks of reoffending, or risk of harm to themselves or others. It is based on the Risk/Needs/Responsivity model, whereby services and programs resources targeted those who pose the higher risk of reoffending and harm to the community.
- **One case plan** – To ensure intervention consistency, inmates will have only one case plan that all CSNSW staff can contribute to and work from. One case plan reduces repetition in assessments, planning and referrals and ensures clear responsibilities (what is undertaken, by whom and when).

Case plans, within custody, are generally developed by CMU staff and will be updated to reflect changes in the inmate’s circumstances based on a schedule, or after a particular event. For continuity, case plans remain open after each custodial or community episode.

6 Roles and Responsibilities - Custodial Case Management

Following is a general description of the roles and responsibilities of staff responsible for Custodial Case Management.

In the case of privately run correctional centres where classification and case planning are still combined, the CSNSW Classification Manager will continue to approve case plans on the Offender Integrated Management System (OIMS).

6.1 Governor/Manager of Security (MOS)

Governor/MOS of each correctional centre are responsible for the overall operation of the case management system for their location(s). They are responsible for ensuring the work of the CMU/staff aligns with the Key Performance Indicators relating to case management and contributes to the reduction of reoffending.

6.2 Functional Manager (Case Management)

Functional Managers (Case Management) are responsible to the Governor for both the Classification and Placement recommendations in accordance with the CSNSW Classification and Placement Manual 2017, as well as for the operation of the CMU within their correctional centre.

Each Functional Manager (Case Management) manages the Senior Case Management Officers (Custody) and is responsible for CMU staff at each location.

The Functional Manager (Case Management) is responsible for ensuring that all facets of case management within the CMU meet the standards for case management as set out in the CSNSW 'Management of Public Correctional Centres – Service Specifications'.

In locations where there is no Functional Manager (Case Management), the Governor assigns the responsibilities to a Senior Correctional Officer (Case Management).

6.3 Senior Case Management Officer (Custody)

The primary role of the Senior Case Management Officer (Custody) (SCMOs) is to manage and supervise a CMU within a correctional centre or cluster to maximise inmates' opportunities for interventions to reduce reoffending.

SCMOs may approve inmate assessments and are also responsible for the allocation of caseloads within a CMU. They also have the day to day responsibility of ensuring staff resources are allocated appropriately.

SCMOs have a degree of autonomy in their day to day operations and report to the Functional Manager (Case Management), or to the MOS in small centres where there is no Functional Manager (Case Management). There is also a professional relationship to the Regional Coordinator Case Management (Custody) for guidance and support.

6.4 Case Management Officer (Custody)

This role is responsible for applying evidence-based case management practices to a caseload of inmates with varying levels of risks and needs to maximise inmates' opportunities for intervention and to reduce reoffending.

Case Management Officers (Custody) are responsible for conducting risk and needs assessments and developing individualised case plans based on their findings. They explore intervention options and plan relevant interventions in collaboration with the inmate and with staff from other disciplines. They work with the inmate over time toward achieving the goals listed in the case plans and ensure all listed activities are achieved on time. Case Management Officers (Custody) are considered key change agents for inmates. They build a therapeutic relationship and alliance with inmates on their caseload. They engage with them to provide considerable motivational and solution-focused approaches that, at all times, model pro-social behaviours and incorporate cognitive behavioural theory. They schedule their case plan updates, face to face interviews and other casework tasks based on the Case Management Delivery Schedule (D17/297766) approved by the Commissioner in December 2016.

Case Management Officers (Custody) receive administrative instructions, support and guidance from the SCMO, with additional professional support and guidance from the Regional Co-ordinator Case Management.

6.5 Case Officer

Custodial Officers of the rank Senior Correctional Officer and below are involved in the Case Management of sentenced, and in some cases, unsentenced inmates.

(Case Management Procedure 2 - Allocating inmates to Case Management Officers (Custody) and Case Officers – D17/450593).

These officers are known as Case Officers.

Case Officers are allocated a small number of inmates by the Functional Manager (Case Management) according to Procedure 2 Allocating Inmates to Case Managers and Case Officers – D17/450593).

Case Officers provide additional case management support through observations, case work interviews and general duties (see Appendix A - Procedure 5 Case Work with inmates (D17/445552)).

Case Officers record their observations, interviews and other significant interactions using OIMS Case Notes.

6.6 Assessment and Case Management Support Team (ACMST)

The Assessment and Case Management Support Team (ACMST) provide specialist advice, policy and procedural directions, training, support and case management resources. ACMST undertake quality assurance activities to ensure that case management is implemented consistently and to a high standard across CSNSW correctional centres.

ACMST subject matter Coordinators and Quality Assurance Officers are actively involved, in conjunction with the Regional Coordinators Case Management (Custody), in providing audits of the CMUs as part of their continuous improvement role.

6.7 Regional Co-ordinator Case Management (RCCM)

As members of the ACMST, the Regional Co-ordinator Case Management is responsible for the standardised implementation and co-ordination of case management across a region.

The Regional Co-ordinator Case Management provides professional guidance to SCMOs. They provide operational advice to Functional Managers and high level advice to Governors, Regional Support Managers, Senior Managers and Directors.

6.8 Other Internal Stakeholders

6.8.1 Offender Management and Programs

Offender Management and Programs has overarching responsibility for the areas of Offender Services & Programs (OS&P), Corrective Services Industries (CSI), Education and Chaplaincy Services.

OS&P staff deliver services and programs which assist inmates to achieve the goals set through the case planning processes. These are outlined in the Compendium of Services, the Compendium of Programs, Compendium of Assessments and the Psychology Policy. The priorities for OS&P staff have been determined by the Group Director OS&P and directed via the Policy for Prioritising Offender Services and Programs in Custody (D15/179500).

6.8.2 Corrective Services Industries

Corrective Services Industries (CSI) provides work readiness assessments as well as general and specific employment to inmates. Its strategic alignment with Education offers a strengthened approach to vocational education and literacy skills and should be an integral component of the case plan where identified as a need.

6.8.3 Chaplaincy Services

Chaplaincy services provide pastoral care to inmates, offering personal and spiritual direction. Chaplaincy interventions can form part of the case plan and, when completed, are communicated to the relevant Case Management Officer (Custody) (CMO).

6.8.4 Classification

Classification staff, including the Classification and Placement Review Co-ordinator and Classification Manager, work together with CMUs. Case plans take into account security ratings and placement decisions; placement decisions take into account case plan goals and strategies.

6.8.5 Community Corrections

Community Corrections manage offenders before and after custody.

In many cases Community Corrections may be the first point of contact an inmate has with CSNSW. Some inmates will enter custody with either/both a community case plan or a Pre-Sentence Report (PSR) completed prior to the current sentence. These already outline an inmate's risk and needs as well as potential interventions required. The information contained within the PSR or previous plan is extremely useful for assisting in developing and/or updating the case plan.

Inmates with sentences of three months or more to serve from their day of sentence until their Earliest Possible Release Date (EPRD), whether subject to a parole period or a fixed sentence, are case managed by the CMU and their case plan assigned to a CMO. The case plan for inmates being released on parole may be assigned to a Community Corrections Officer (CCO) in the final two weeks prior to release to enable CCOs to prepare a Risk Mitigation Plan.

Prior to release, inmates subject to a State Parole Authority enforced parole period will undergo a Pre Release (Assessment and) Report by a CCO. These reports take into account risk, need, interventions completed in custody and other relevant information from the time in custody, as well as a projection of risk, needs and additional interventions required to be completed in the community. Reports are not completed for NSW Court-based releases (inmates with a total sentence of three years or less).

6.8.6 Inmates with Specific Needs

Additional provision of services and support is available for inmates with a range of needs, including but not limited to disability, gender, culture and language.

Aboriginal

Case Management Unit staff employ an approach to the engagement and treatment of Aboriginal inmates that is culturally informed and adapted to the learning styles of the individual. Additionally, Aboriginal-identified Officers are employed by CSNSW at various locations and have an important role to play in the case management of Aboriginal offenders. Information on Aboriginal Cultural Training and other services offered by the Aboriginal Strategy and Policy Unit is available on the CSNSW intranet.

Disability

Disability includes sensory/physical and/or intellectual disability and should be considered in the case management of such inmates. State-wide Disability Services Unit must be consulted for advice on the inmate's management and access to the National Disability Insurance Scheme (NDIS).

Gender-specific

Case Management Unit staff consider case management strategies that recognise gender-specific requirements related to the inmate's risks, needs, criminal behaviour and histories in line with '*Recognising gender difference - A Strategy for the program and service provision to Women Offenders*' available on the Justice intranet.

Transgender, recognised transgender and intersex inmates are to be addressed by their chosen

name and according to their identified gender. Transgender, recognised transgender and intersex inmates are to have access to services specific to their needs such as peak community services and groups which specialise in the transgender and intersex experience.

Language assistance

Case Management Unit staff must ensure the timely access to language assistance for all inmates for whom English language skills present a barrier to equitable access to CSNSW services and programs. CSNSW documents for inmates have also been translated in number of community languages and must be provided to inmates, if available.

6.9 External Stakeholders

Given the complex nature of the work, there are many other external bodies that have a stake in management, including case management of the offender.

The Serious Offender Review Council (SORC) has legislative oversight of offenders with sentences over 12 years, or where the offence is murder. All Serious Offenders are managed by CMUs who take into account and act on any SORC decisions.

The Mental Health Review Tribunal (MHRT) has legislative oversight of the category of inmate known as Forensic Patients. Forensic patients managed by CMUs take into account the directives and advice of the MHRT and are managed accordingly.

7 Case Management Processes

There are eight phases relating to case management. These phases guide how needs and risks are identified, mitigated and managed and what follow-up support is needed once the sentence is finished. These phases are shown in the flow chart below:



7.1 First step: Community Case Management – Pre-Sentence Reports



The first step in the case management process for some convicted inmates is an assessment and report prior to sentencing. On request from the court, Community Corrections conduct a pre-sentence assessment on the inmate and write a Pre-Sentence Report to inform the court's sentencing decision.

The risk/needs assessment, using the Level of Service Inventory-Revised, is often conducted at this stage, and is based on a structured interview and analysis of an inmate's criminal history to determine the likelihood of reoffending and their criminogenic needs.

The content of the report and the sentence recommendation is discussed with the inmate, and information gathered at this stage forms the foundation of their case plan and case management.

7.2 Second step - Intake Screening and Service Plans



Inmates received at court and transferred to a Reception Centre are screened for immediate needs as well as risks of self-harm or harm to others. At court, or in the reception room, officers complete a personal description assessment to gather information. Questions relating to immediate needs such as drug withdrawal, care of children and property and self-harm risk are asked and recorded on the Offender Identification and Observation Form.

Once received into the correctional centre, inmates are screened for additional risks and needs. A Justice Health & Forensic Mental Health Network (JH&FMN) nurse conducts a medical screening which includes an assessment of public health risks, drug usage and mental health. This is followed by an Intake Screening conducted by a Services and Programs Officer (SAPO) (see Appendix A - Case Management Procedure 1 – Reception Screening Induction and Orientation – D17/445319).

At Intake Screening, an inmate's immediate needs are assessed and appropriate referrals are made to SAPOs, State-wide Disability Services and/or Risk Intervention Teams (RITs). As a

significant number of inmates leave the custodial environment within a few days of arrival, an 'Exit on Entry' assessment is also completed to determine immediate reintegration needs.

At the end of the screening, inmates are given a 'Service Plan' which provides them with a summary of findings and the services they are required to attend in the short term. Some of these services are general in nature, such as Induction, and other services are specific to the individual inmate and a direct result of the screening outcomes. These services are prioritised based on the inmate's immediate and reintegration needs.

Quality assurance systems (procedures, training, guidelines, reviews, auditing and feedback) are used to review and continuously improve the quality of the intake screening provided by correctional centre staff.

7.3 Third step - Induction and Orientation



All inmates commencing their incarceration go through an induction process. When an inmate first arrives at a reception centre, they are provided with a range of information including handbooks, brochures, induction talks and DVDs.

Inmates are given information at each stage of the screening process; this includes rules of the centre and their responsibilities, as well as information about the services and programs available to them. All new inmates are given health and hygiene information.

Some information is general, especially on intake, whereas other information is about their reception centre routine. If the inmate is transferred to another centre, they are provided with additional local information by staff. These may include WHS information if the inmate is sentenced and is required to work.

Quality assurance systems (procedures, training, resources, reviews, auditing and feedback) are used to review and continuously improve the compliance and quality of inmate induction provided by centre staff.

7.4 Fourth step - Offender Assessment



In addition to the initial screening, inmates participate in further accredited and approved assessments before or after case plans are developed; including, but not limited to, assessment for self-harm, disability, literacy, numeracy and risk of reoffending.

Inmates with sentences of three months or more to serve from their day of sentence until their EPRD, participate in an assessment unless there is a current and valid assessment in existence. The LSI-R assists with decisions concerning the risk of reoffending and criminogenic needs. Offence mapping is conducted as part of the overall assessment, to further assist with the determination of risk and needs.

LSI-R assessments are prioritised based on the Triage Risk Assessment Scale (TRAS) which provides an indication of the probability of reoffending for an inmate – based on static factors.

New LSI-R assessments are administered and approved by CMU staff within the first 28 days after sentencing. Community Corrections conduct LSI-Rs within 12 weeks of sentencing for inmates with a supervised parole period.

An additional 'functional needs' assessment is conducted by the Case Management Officer (Custody) after a risk/needs assessment and prior to case planning. The functional needs assessment is known as the *Planning for Adjustment, Responsivity, Reintegration, Criminogenic Needs and Communication* (the PARRCC) and is an in-depth post-sentence assessment which gathers longer-term information to aid case planning and categorisation of inmates according to risk/needs.

Quality assurance systems (procedures, training, scoring guides, reviews, auditing and feedback) are used to review and continuously improve the compliance and quality of assessments provided by CMUs and centre staff.

7.4.1 Risk/Need Matrix Categories

The LSI-R (or other risk of reoffending assessment) and PARRCC assessment provide information to indicate into which risk/need category an inmate fits, and therefore the frequency and type of services, casework and programs to be provided.

Risk is classified into three levels - low, medium and high. Functional needs are classified in the same way using the terms Level 1 (low needs), Level 2 (moderate needs) and Level 3 (high needs) – based on the result of the PARRCC. The result is that inmates will fit into one of nine categories indicating their particular mix of risk and needs (for example 'Level 2/High' or 'Level 3/Low').

The following table indicates the risk and needs matrix and the names of each category.

It is acknowledged there may be no distinct linear progression through the risk and needs matrix. This is because there are situations where direction and focus change as a result of evolving functional needs.

Level of Functional Needs (PARRCC)	Low Probability High needs L3-Low	Mod Probability High Needs L3-Medium	High Probability High Needs L3-High
	Low Probability Mod Needs L2-Low	Mod Probability Mod Needs L2-Medium	High Probability Mod Needs L2-High
	Low Probability Low Needs L1-Low	Mod Probability Low Needs L1-Medium	High Probability Low Needs L1-High
RISK/Probability of reoffending (LSI-R or Static99R/STABLE)			

An approved copy of the Case Management Delivery Schedule is located at D17/297766.

7.5 Fifth step - Case Planning



All inmates, including remanded inmates and those sentenced to less than 3 months until their EPRD, are given a Service Plan on completion of their screening.

Inmates with sentences of three months or more to serve from their day of sentence until their EPRD are eligible for a case plan. These case plans are developed by staff from CMUs within 35 days of being sentenced and approved by a SCMO or delegated approver within 42 days of sentencing.

Case plans draw from an analysis of the inmate’s records including Pre-Sentence Reports, post-sentence assessments of risk and needs, responsivity, core-skills, vocational and protective factors, as well as input from the inmate and other stakeholders such as custodial officers, classification, CSI/Education and Chaplains. The case plan is never closed, and reflects changes in the inmate’s circumstances throughout their lifetime through all contacts with community and custodial CSNSW environments.

Case plans include a range of rehabilitative programs and activities such as motivational casework interviews and interventions and intensive treatment, all of which target each inmate’s criminogenic needs and responsivity. Special placements, including locations where Aboriginal specific programs are held, are also included as part of the range of rehabilitation options.

Case Plans also take into account the security classification and length of sentence, to ensure that activities are sequenced allowing the inmate maximum opportunity to complete required interventions within the timeframe.

Case plans are developed and updated by CMU staff based on the frequency set out in the Case Management Delivery Schedule (D17/297766) and in Procedure 4 - Case Planning with Inmates (D17/445424).

Case plans for inmates managed by SORC take into account the Assessment Committee's recommendations and include goals and steps it has determined. Only the Commissioner is able to approve case plans for SORC inmates.

Non-scheduled case plan updates occur as a result of certain events such as admission to a Mental Health Screening Unit or towards the end of a sentence (see Procedure 4 - Case Planning for Inmates (D17/445424)).

In cases where there is conflict between the requirements of a case plan and an inmate's case management, the security and safety of the inmate is the predominant, overriding feature. Case plans require review in such circumstances.

Case plans are reviewed and updated at least three months prior to the inmate's EPRD. Once an inmate commences supervised parole, a CCO manages the case plan. CCOs may be assigned a case plan 2 weeks prior to an inmates release on parole to prepare a Risk Mitigation Plan

Quality assurance systems (procedures, training, guide to case plans, reviews, auditing and feedback) are used to review and continuously improve the compliance and quality of case planning provided by CMUs.

7.6 Sixth step - Ongoing Case Work with inmates



All sentenced inmates, and some long-term remand inmates, are allocated a Custodial Case Officer. Inmates with sentences of three months or more to serve from their day of sentence until their EPRD are also allocated a Case Management Officer (custody) from the CMU.

7.6.1 Ongoing casework by Case Management Officers (Custody)

Case Management Officers (Custody) are responsible for developing inmates' case plans as well as moving them towards acknowledging their responsibility for their offending, and developing motivation for change. The frequency of ongoing one-to-one casework by a CMO is determined by the Case Management Delivery Schedule (see Procedure 5 – Case Work with inmates D17/445552).

A key aspect of the regular CMO case interviews is a structured, evidence-based approach, using principles and similar methodologies to the CSNSW Practice Guide for Interventions, stages of change model and Cognitive-Behavioural techniques. Focus is placed on engaging inmates and developing a therapeutic alliance to develop a sense of agency in order for them to take responsibility for their thoughts, feelings and actions.

7.6.2 Ongoing casework by Case Officers

Case Officers are required to meet with each inmate on their caseload at least monthly, and record their interactions in case notes on OIMS. In their monthly meetings, Case Officers also assess progress on goals and monitor inmates' progress, attitudes and behaviour. (See 12.2 Custodial case work - COPP)

7.6.3 Ongoing casework by other stakeholders

Other staff working closely with inmates also provide a record of their work, interactions and observations in order for CMU staff to ascertain an inmate's progress. Details outlining the procedures for ongoing casework are located in Procedure 5 – Case Work with inmates (D17/445552).

7.6.4 Recording casework

The central point for information about an inmate is OIMS. Information regarding his/her case management may also be scanned and stored on the EDRMS. All ongoing case work is noted in OIMS which, along with the EDRMS 'Case File - Case Management File', are the central sources of case management information and documents. Physical case management files also contain additional information on inmates not contained in their electronic versions.

Quality assurance systems (procedures, training, guidelines, reviews, auditing and feedback) are used to review and continuously improve the compliance and quality of the case work provided by CMUs and Case Officers.

7.7 Seventh step - Reintegration Planning



Reintegration planning commences on entry into custody during the intake screening. This 'exit on entry' process ensures that the many incarcerated inmates who return to the community within a short time have prepared for their release.

Preparation for release of inmates serving longer sentences is shared by CMUs and SAPOs. Interviews will take place to assess their likely needs for successfully reintegrating or managing themselves in the community on completion of their custodial sentence. Areas that are explored include: accommodation, employment, financial circumstances, relationships, victim issues, post-release service needs and healthcare. CMU staff provide advice, but inmates are encouraged to practise self-regulation – sourcing information and making their own arrangements.

As part of their transition, inmates participate in the NEXUS program and are offered information, advice and direction to prepare them for re-entry to the community.

Inmates with parole supervision administered by the State Parole Authority (SPA) will, in the last 12 months prior to their EPRD, be interviewed and have a Pre-Release Parole Report completed by a CCO. During this time the case management of the inmate remains the responsibility of the CMU staff. Case plans are updated three months prior to release and case notes updated two weeks prior to release following the final interview. CCOs may be assigned a case plan 2 weeks

prior to an inmates release on parole to prepare a Risk Mitigation Plan. After release, CCOs manage the case plan.

7.8 Eighth step - Community Case Management



Once released, inmates eligible for parole or other community orders are case managed by Community Corrections. CCOs continue the case management with post-release assessment to ascertain reoffending risks and needs, and community impact. Case plans are then updated, based on the most recent community assessments, and case management will continue according to Community Corrections Policies and Procedures, including the Service Delivery Standards for Supervised Offenders.

Parolees may be required to meet certain conditions as part of their release. These may include employment, living arrangements and attending rehabilitative programs. To help monitor these conditions, inmates may report regularly to a Community Corrections Office, based on the Community Correction's Service Delivery Schedule.

8 Glossary of Case Management Terms

Terms	Definition
<p>2017 Case Management Reform</p>	<p>A CSNSW initiative to introduce an improved structure and method of managing inmates. Case Management Units are the centrepiece of the reform. They case manage inmates serving sentences greater than three months to provide assessment, planning, monitoring and motivate them to participate and remain engaged in interventions. The aim of the reform is to improve continuity of inmate access to the services and programs which reduce reoffending.</p>
<p>Assessment</p>	<p>Assessment of offenders to determine risks, criminogenic needs and responsivity issues.</p> <p>Assessments are needed to match the level of offender risk, determine offender needs, and maximise specific intervention to the offender.</p> <p>Assessments validate risk-needs-responsivity principles when developing intervention through case plans.</p> <p>Assessments reduce reoffending by demonstrating effective offender intervention through selecting the most relevant service and programs to the offender.</p> <p>Commonly used assessment tools include:</p> <ul style="list-style-type: none"> • Level of Service Inventory- Revised (LSIR) • STATIC99R, STABLE • Violence Risk Scale • Planning for Adjustment, Responsivity, Reintegration, Criminogenic Needs and Communication (PARRCC) • Treatment Readiness Questionnaire • Offence mapping
<p>Case</p>	<p>An inmate eligible for management by a Case Management Unit (CMU), namely those serving a sentence of three months or more from the time of sentencing until their earliest possible date of release.</p> <ul style="list-style-type: none"> • A case is an incident or set of circumstances under investigation. • Case Management constructs individualised service plans specific to the offender. • Case Planning involves the identification of factors and strategies to reduce the risks of re-offending with the offender.

Terms	Definition
Case Allocation	The allocation of multiple cases (a caseload) to a staff member, e.g., the Functional Managers allocates inmates to Custodial Case Officers; the Senior Case Management Officers (Custody) allocate inmates to Case Management Officer (Custody).
Case Discussions	Discussions about an inmate related to his/her case management. Includes internal and external stakeholders: <ul style="list-style-type: none"> • Service and Programs Officer (SAPOs), Custodial Officers (COs), Education Officers, Corrective Services Industries Officers, Psychologists, Justice Health & Forensic Mental Health Network (JH&FMHN), Chaplains, Community Corrections Officers (CCOs) • Family, employers, partners, ex-partners, service providers, Serious Offenders Review Council (SORC), State Parole Authority (SPA), Mental Health Review Tribunal (MHRT).
Case Management	Case management is the service delivery approach adopted by Corrective Services NSW (CSNSW) in order to assess and develop individualised service delivery plans for offenders. The ultimate aim of developing case management plans for offenders is to reduce the risks of re-offending.
Case Management Delivery Schedule (CMDS)	The CMDS determines the frequency for monitoring the delivery of case management processes in accordance with an inmate's needs in custody. The three levels of risk and three levels of functional needs provide nine case management levels. Inmates sentenced to over three months are assigned to one of the nine categories. This schedule, to be provided by a CMU or a custodial case officer, sets at each category: <ul style="list-style-type: none"> • minimum face-to-face case interventions and third party contacts • the priority of services and program interventions and, • the frequency of case plan reviews.
Case Management Officer (Custody) (CMO)	Case Management Officers (Custody) work Case Management Units (see below) in a correctional centre. The CMO is responsible for assessing, monitoring, planning, advocacy and linking inmates on their caseloads with available services and programs to maximise inmate opportunities for intervention and reduce reoffending.
Case	Dedicated units located in CSNSW correctional centres consisting of

Terms	Definition
Management Unit (CMU)	Case Management Officers (Custody) and Senior Case Management Officers (Custody), who are responsible for the assessment, case planning, ongoing casework and support for inmates to assist reduce reoffending.
Case note	An accurate and succinct account of an interaction, observation or action taken entered in OIMS
Case note writing structure	Recommended structure for case notes within CSNSW correctional centres. The structure used follows the IDAAP elements: <i>Introduce, Describe, Assess Action Taken, Plan for the future.</i>
Case Plan	<p>A clear plan of action for the management of an inmate, with the aim of reducing the risk of reoffending and its consequences. Case Plans identify factors contributing to reoffending, goals and strategies to reduce reoffending. Case Management Unit staff work with the inmate to develop or update these plans.</p> <p>The Case Plan is not closed after an episode of the inmate's contact with CSNSW and continues to be updated on any future instances of contact.</p>
Case Plan Assignment	Case Plans are assigned to a member of the Case Management Unit in OIMS
Caseload	The collection of inmates assigned to a senior/case management officer/case officer for their case management
Casework Interviews	Face to face interviews carried out to support and monitor the inmate. Casework Interviews will generally use Motivational Interactions (MI) that seek to engage, explore, motivate and encourage the inmate to follow his/her case plan goals on their journey of change as well as take responsibility for their offending.
Classification & Placement Coordinator	A staff member responsible for providing administrative support to SAS Functional Managers (Case Management) for the classification and placement process. Classification Coordinators will also sit in on Classification & Placement Reviews alongside the SAS Functional Manager (Case Management)
Court based release	<p>When a NSW court sentences an offender to a period of full time imprisonment comprising of a non-parole and parole period that is 3 years or less in total, the parole order is made by the court at the time of sentencing.</p> <p>The offender's release to parole is automatic at the expiration of the non-parole period as the sentencing court has determined the</p>

Terms	Definition
	<p>offender's eligibility and suitability for parole on that date.</p> <p>Court based parole may be either supervised or unsupervised.</p>
<p>Criminogenic Need</p>	<p>Criminogenic needs are both static and dynamic factors which underpin offending behaviour, and which may contribute to increasing the likelihood of further offences.</p> <ul style="list-style-type: none"> • Static needs: historical factors that will not change. • Dynamic needs: factors that may be changed through intervention, and will generally be the focus of case plan strategies.
<p>Custodial Case Officer</p>	<p>A custodial correctional officer allocated to an inmate for the purpose of co-managing the case. Case Officers interview inmates on their caseload once a month (at a minimum) to encourage and motivate the inmate to comply with the case plan goals. The case officer provides a pro-social role model to the inmate, supporting the inmate with issues related to prison accommodation, family and access to services. Custodial case officers record their interactions as case notes which aid with the dynamic security of the centre.</p>
<p>Dosage</p>	<p>The level and intensity of intervention, including programs and services required to reduce an inmate's risk of reoffending. Dosage includes the length and frequency of contact.</p>
<p>Functional Needs</p>	<p>Functional needs are the identified physical, cognitive and psychosocial requirements for an individual. These need to be considered when addressing responsivity issues.</p>
<p>Functional Manager (Case Management)</p>	<p>A Senior Assistant Superintendent responsible for the:</p> <ul style="list-style-type: none"> • Operation of the Case Management Unit within the correctional centre • the recommendations on an inmate's Classification and Placement.
<p>Inmate Management Contact</p>	<p>The Inmate Management Contract is a strategy used to assist an inmate to address their behaviour which is considered to be negative or unacceptable within a correctional centre environment. Management contracts can also provide guidance for staff in interacting with the inmate.</p> <p>A Management Contract can be utilised to address issues which have resulted in the breach of correctional centre rules and discipline.</p>

Terms	Definition
Intervention	Accredited programs or other intervention strategies to reduce an inmate's risk of reoffending and address his/her criminogenic factors
IDAAP	Structure of writing custodial case notes in CSNSW. <i>Introduce, Describe, Assess, Action Taken, Plan for the Future.</i>
Key Performance Indicators (KPIs)	Markers to measure the performance standards of correctional centres against the service specifications for public (or private) prisons.
Level of Service Inventory – Revised (LSI-R)	<p>The Level of Service Inventory - Revised (LSI-R) is a 54-item actuarial assessment used to measure the likelihood of general reoffending and underlying criminogenic needs which contribute to reoffending. Provides a risk of reoffending raw score, a group risk level (from low to high risk), profile of needs and their severity and protective factors. The LSI-R is the standard tool used by CSNSW to measure risk and needs for all offenders and is based on the Risk/Needs/Responsivity principles.</p> <p>Research conducted by CSNSW in 2011 also revealed the LSI-R was twice as predictive as other assessments for Domestic Violence. The LSI-R has also been shown to be highly predictive of violent reoffending.</p>
Motivational Interactions (MI)	Motivational Interactions uses the principles and practices of a person-centred approach to encourage the offender, in the usual day to day interactions, to move through the stages of change and to make more appropriate personal choices.
Motivational Interviewing	Motivational Interviewing is a face to face interview designed to encourage the inmate to move through the stages of change and make personal choices.
OARS	Open Questions, Affirmations, Reflective Listening, Summaries, - the structure used to conduct interviews
Offence Mapping	<p>Offence Mapping is a tool based on cognitive behavioural theory that helps offenders identify and recognise their individual pathways to offending. This structured, step by step approach explores the <i>who, when, where, what</i> and <i>why</i> of offending behaviour. Offenders visually map out their thoughts, feelings and behaviours in the lead up to, during and after their offence.</p> <p>Offence Mapping provides a solid foundation on which to build a case plan and identify targets for intervention.</p>

Terms	Definition
<p>PARRCC</p>	<p>Planning for Adjustment, Responsivity, Reintegration, Criminogenic Needs and Communication (PARRCC), is an assessment in OIMS that identifies various functional needs an offender may have at any given time. It is used at the time of case planning reviews to inform the Case Management Delivery Schedule (CDMS).</p> <ul style="list-style-type: none"> • Needs that can affect the inmate’s ability to successfully adjust to being incarcerated and progress on the case plan e.g. mental health, recent self-harm, language, vulnerability and risk of harm to others • Responsivity reflects the offender’s ability to effectively learn from a rehabilitative intervention, and tailoring the intervention to the learning style, motivation, abilities and strengths of the offender. Barriers to intervention may include non-English speaking backgrounds, low literacy levels, disability and mental health. • Reintegration is defined as an inmate’s exit from a correctional centre and ability to integrate back into society. Reintegration needs include financial independence, accommodation and employment.
<p>Regional Co-ordinator Case Management (Custody)</p>	<p>The CSNSW staff member responsible for the overall implementation of custodial case management across a geographic region. Their role is to ensure compliance with CSNSW case management legislation, standards, policies and procedures to achieve the goal of breaking the cycle of reoffending.</p>
<p>Senior Case Management Officer (Custody)</p>	<p>Senior Case Management Officer (SCMO) will manage and supervise a Case Management Unit within a Correctional Centre or Cluster to maximise inmates’ opportunities for interventions to reduce reoffending.</p> <p>Case Management Officer(s) may report to this position depending on the structure of the unit. Senior Case Management Officers (Custody) may also supervise a caseload of high risk/needs (L3/High) inmates.</p>
<p>Sequencing of interventions</p>	<p>The sequencing or scheduling of interventions in an inmate’s case plan to create the opportunity for the individual needs of the inmate to be met in the available time. Sequencing prioritises the right time for each intervention.</p>
<p>Service Plan</p>	<p>A Service Plan is a suggested list of essential services (i.e., Health Survival Tips, NEXUS) and any referrals to be made to services/programs. All inmates receive a Service Plan, which will contain screening referrals following completion of the Intake Screening Questionnaire (ISQ6). For inmates sentenced to more</p>

Terms	Definition
	than three months, the Service Plan is an 'interim case plan' and a full case plan will be developed within the first 8 weeks of sentence.
Service Specifications	<p>Service Specifications detail outcomes aligned to best practice in correctional services that service providers (State or private) will be expected to achieve. The Services Specifications relate to the following key operational areas:</p> <ul style="list-style-type: none"> • Rehabilitation and Reintegration • Safety and security • Decency and Respect • Professionalism and Accountability • Health Services <p>There are some minor differences in the Service Specifications applicable to privately operated or managed and State operated NSW Correctional Centres.</p>
Services and Program Officer (SAPO)	<p>Services and Programs Officers (SAPO's) are employed within the CSNSW to deliver services and behaviour change programs to offenders. SAPOs complete a range of assessments and contribute to case planning so that the right services and programs are provided to offenders. This assists in the reintegration of offenders into the community and reducing the risk of re-offending, keeping the people of NSW safe.</p>
Significant interactions	<p>Interactions between staff and an inmate that may impact, the inmate's case management, good order and discipline of the correctional centre, safety and security of other inmates or visitors and contractors to the correctional centre.</p> <p>Such interactions must be recorded as a case note in OIMS.</p>
STABLE-2007	<p>The STABLE 2007 was designed to track changes in risk status over time by assessing changeable 'dynamic' risk factors. This comprehensive level of information allows the assessor to measure the impact of interventions and effectively manage changes to the offender's personal interpersonal and contextual environment that may impact on his risk of sexual recidivism.</p> <p>The STABLE-2007 can be used to adjust the actuarial score derived from the Static99-R, however, this is not the common practice of sex offender programs CSNSW.</p>
Stages of Change Model	<p>A useful framework to conceptualise the incremental processes offenders pass through as they change a particular behaviour. The</p>

Terms	Definition
(Transtheoretical Model)	six stages include <i>Pre contemplation, Contemplation, Preparation, Action, Maintenance, and Relapse.</i>
STATIC99-R	<p>The STATIC99-R is a ten-item static actuarial assessment instrument created by R. Karl Hanson, Ph.D. and David Thornton, PhD. for use with adult male sexual offenders who are at least 18 year of age at time of release to the community. It is the most widely used sex offender risk assessment instrument in the world, and is extensively used in the United States, Canada, the United Kingdom, Australia, and many European nations.</p> <p>The tool was specifically envisaged to be able to predict long term potential (up to 15 years) for sexual and violent recidivism for sexual offenders based on objective, easily obtainable information such as official criminal record, victim characteristics and age.</p>
Strategy to Reduce Reoffending	<p>A set of strategies by the NSW Government to reduce criminal reoffending rates.</p> <p>This system-wide approach focuses on the high-risk offenders who are responsible for a disproportionate amount of crime. The implementation plan includes initiatives to target persistent reoffenders, more emphasis on improving reintegration outcomes, improving program participation and establishing dedication teams of case management specialists.</p>
Treatment Readiness Questionnaire (TRQ)	The Corrections Victoria Treatment Readiness Questionnaire (TRQ) is a 20 item self-report assessment based upon the theoretical model of offender treatment readiness to measure likelihood of successful intervention responses. The higher the score, the higher degrees of readiness to participate and engage in treatment. The TRQ is the tool used by CSNSW to estimate the level of program and other treatment readiness of individual offenders and to predict treatment engagement and successful outcome in terms of positive attitude and behavioural change.
Triage Risk Assessment Scale (TRAS)	Actuarial screening tool developed by CSNSW which reliably estimates the probability of re-imprisonment of inmates, within 2 years of release. The primary purpose of the TRAS is to prioritise in-depth assessments such as the LSIR.
Violence Risk Scale (VRS)	The VRS assesses the client's level of violent risk, identifies treatment targets linked to violence, and assesses the client's readiness for change, their post-treatment improvements on the treatment targets and post- treatment violence risk.

Terms	Definition
	Developed on the theoretical basis of psychology of criminal conduct and the RNR principles using a high risk correctional sample, the VRS was specifically developed to assess the risk of violence for forensic clients, in particular those who are undertaking treatment/offence specific programming and those who are being considered for release from custody to the community after a period of treatment.

9 Related policies, procedures and guidelines

- CSNSW Custodial Operations Policy & Procedure (COPP)
- CSNSW Community Corrections Policy and Procedures Manual
- CSNSW Offender Classification and Placement Procedures Manual
- CSNSW Compendium of Offender Assessments 4th Edition (September 2016) (D17/100547)
- CSNSW Compendium of Programs (D16/378421)
- CSNSW Compendium of Services (D13/494841)
- Assessment of Offenders and Inmates (D16/630343)

CSNSW Case Management Procedures attached to this policy (see Appendix A):

- Reception, Screening, Induction and Orientation of Inmates (D17/445319)
- Using the Level of Service Inventory in Correctional Centres (D17/445337)
- Allocating inmates to Case Management Officers (Custody) and Case Officers (D17/450593)
- Case planning with inmates (D17/445424)
- Case work with inmates (D17/445552)
- Transferring a case between locations from one centre to another (D17/445567)
- Reintegration Planning (D17/445427)
- Case Management Information and Technology (D17/445580)
- Quality Assurance in Case Management (D17/445584)

Appendix A: Case Management Policy Framework

The Case Management Policies and Procedures, and their annexures (D17/445328), will be added when finalised. The following provides a snapshot of the framework as at October 2017.

