



<b>Operating Procedure</b>	<b>Custodial Case Planning</b>
<b>INSTRUCTION NO.</b>	<b>CM1.3</b>
<b>SCOPE</b>	<b>Case Management</b>

## PURPOSE

To provide instruction to the AMC Case Management Unit (AMC CMU), Reintegration Unit (RU), AMC Case Managers (AMC CMs) and Reintegration Case Managers (RCMs) on how to develop a Case Management Plan (CMP) for a sentenced offender in custody.

The AMC CM or RCM must ensure an offender's criminogenic risks are identified and addressed to reduce both the risk of recidivism and risk to community safety. This will also support the offender to be potentially released from custody at the earliest possible opportunity.

ACT Corrective Services works in line with the Risk-Need-Responsivity (RNR) Model:

- The risk principle identifies **who** should be treated. Offenders should be matched to treatments based on their level of risk for recidivism, with higher-risk offenders receiving more intensive treatment.
- The need principle describes **what** should be treated. Treatments should target specific criminogenic dynamic risk factors (e.g., antisocial attitudes, criminal peers, antisocial behavioural patterns, substance abuse, poor use of free time, along with family/marital and educational/vocational problems).
- The responsivity principle outlines **how** an offender should be treated. Services and interventions should be cognitive-behavioural in nature, and tailored to the learning style, motivation, abilities, and strengths of the offender.

## PROCEDURES

### 1. Case Management Plan (CMP)

- 1.1. An AMC CM or RCM must prepare a CMP for a sentenced offender, as per section 78 of the Corrections Management Act 2007.
- 1.2. The allocated AMC CM must develop an individualised CMP, in consultation with the offender, for offenders who are sentenced to six months or more in custody within six weeks of the offender's sentence commencement date.
- 1.3. The allocated RCM must develop an individualised CMP, in consultation with the offender, for offenders who are sentenced to less than six months in custody within six weeks of the offender's sentence commencement date.
- 1.4. The AMC CM or RCM must complete a Level of Service Inventory – Revised assessment (LSI-R), or utilise a current LSI-R, for the preparation of the CMP. The LSI-R will assist to identify

criminogenic risk factors and will contribute to determining eligibility for targeted intervention programs.

- 1.5. The AMC CM or RCM must ensure, that in line with the *Risk Need Responsivity Principles*, the level of treatment services provided to the offender is proportionate to the offender's level of risk. For example: High risk of Alcohol/Drug use (as identified by the LSI-R), must equate to a high level of intervention.

**2. Rehabilitation: Identified needs to be addressed (within detainee capability).**

- 2.1. The AMC CM or RCM must ensure that the CMP includes details about an offender's rehabilitation plan which are specific to the sentenced offender's time in custody.
- 2.2. In consultation with the offender, the AMC CM or RCM must address all *Identified Needs* in a CMP, with consideration of the following:

IDENTIFIED NEED	CONTENT / CONSIDERATION
Employment / Other recreational activities	<ul style="list-style-type: none"> <li>- Discuss employment options and avenues to explore options</li> <li>- Note any employment the offender engages in, including on the job training requirements</li> <li>- Include any recreational activities</li> </ul>
Education / Vocation / Training	<ul style="list-style-type: none"> <li>- Any education / vocation / training the offender wishes to undertake. i.e. White Card</li> </ul>
Cultural connection	<ul style="list-style-type: none"> <li>- Where an offender identifies as Aboriginal and/or Torres Strait Islander, please include the name of the allocated Aboriginal Liaison Officer</li> <li>- Note any cultural activities the offender plans to engage in i.e. NAIDOC week celebrations, Ramadan</li> </ul>
Health - Emotional and Personal	<ul style="list-style-type: none"> <li>- Liaise with Justice Health / Winnunga Nimmityjah Aboriginal Health Services re any programs, medical regimes the offender is undertaking</li> <li>- Note any risks of self-harm and outline risk and strategies for managing this risk</li> <li>- Disabilities, noting strategies identified for extra assistance to minimise disadvantage</li> <li>- Note any health issues an associated treatment regimes</li> </ul>
Alcohol & Drug	<ul style="list-style-type: none"> <li>- Historic / current AOD use</li> <li>- Identification of appropriate interventions including referral to the AOD Treatment Team</li> </ul>
Family & Marital connections	<ul style="list-style-type: none"> <li>- Identify community connections</li> <li>- Does the offender wish to re-connect with children / family</li> <li>- CYPs involvement</li> </ul>
Attitudes / Orientation	<ul style="list-style-type: none"> <li>- Motivation</li> <li>- Strengths</li> </ul>
Criminogenic Risk / Programs	<ul style="list-style-type: none"> <li>- Refer to the LSIR for areas of risk.</li> </ul>

2.3. The AMC CM or RCM must ensure the CMP includes information about:

- a. the offender’s view about engaging in the Transitional Release Program (TRP) and how they will be supported to reach the eligibility criteria and complete the application to be considered for the program as per the TRP Policy.
- b. where an offender is subject to a Non-Parole Period (NPP), that the AMC CM or RCM has discussed the parole application process and asked the offender if they would like any assistance from their AMC CM, RCM or another support person with preparing their Parole Application seven (7) months prior to their NPP.
- c. the frequency at which the AMC CM or RCM will meet with the offender in accordance with the Best Practice Guidelines.

**3. Reintegration**

- 3.1. The AMC CM or RCM must also address the Reintegration Pillars within an offender’s CMP at least three months prior to the offender’s earliest relate date.
- 3.2. The Reintegration plan must consider the needs of the offender upon release from custody.
- 3.3. When addressing the Reintegration Pillars within an CMP, the AMC CM or RCM must consider the following:

REINTEGRATION PILLAR	CONTENT / CONSIDERATION
Accommodation	<ul style="list-style-type: none"> <li>- Where does the offender plan to reside upon release? (Note: address, contact details of co-resident(s) etc)</li> <li>- If uncertain, what are the offender’s other accommodation options?</li> </ul>
Basic Needs	<ul style="list-style-type: none"> <li>- What does the offender need upon release i.e. clothing, transport, identification?</li> <li>- Is the offender Throughcare eligible?</li> </ul>
Health	<ul style="list-style-type: none"> <li>- Will identified health issues/concerns be appropriately managed upon release? By whom?</li> </ul>
Connections / Companions	<ul style="list-style-type: none"> <li>- Does the offender have established connections / family / companions in the community?</li> </ul>
Financial Wellbeing	<ul style="list-style-type: none"> <li>- Has Centrelink been arranged?</li> <li>- Banking?</li> </ul>
Leisure / Recreation	<ul style="list-style-type: none"> <li>- How will the offender be spending their free time when released from custody?</li> </ul>

- 3.4. The AMC CM or RCM must ensure all identified rehabilitation and reintegration needs are addressed in the CMP, with the inclusion of:
  - a. goals – what the offender and/or AMC CM or RCM would like to achieve
  - b. tasks - an appropriate intervention or activity that will assist the offender to reach the identified goal
  - c. a timeframe for completion
  - d. status and status date
- 3.5. The AMC CM or RCM must liaise with the following stakeholders (where applicable) during the development of the CMP:

- a. allocated Custodial Case Manager
- b. Forensic Mental Health Service
- c. ACT Health
- d. Aboriginal Liaison Office
- e. Corrections Program Unit
- f. Supports and Interventions Unit, including the Disability Liaison Officer
- g. Alcohol and Drug Team
- h. AMC Education
- i. AMC Employment
- j. Community Corrections
- k. TRP staff
- l. ACT Child and Youth Protection Services
- m. family and other significant people

This liaison may occur in the form of a case conference with all identified stakeholders.

- 3.6. The AMC CM or RCM must draft the CMP within CORIS.
- 3.7. Offenders must be given the opportunity to provide feedback on the drafted CMP by the AMC CM or RCM before final sign off by the relevant Team Leader (TL). The AMC or RCM must print off the draft CMP from CORIS to provide to the offender for their review.
- 3.8. Once a CMP has been drafted and includes the views of the offender, it must be submitted to the relevant TL for their review and approval. The AMC CM or RCM must initiate an Investigation on CORIS to advise the relevant TL the CMP is ready to be vetted.
- 3.9. The relevant TL must complete the vetting within CORIS and provide any feedback/changes within the Investigation in CORIS.
- 3.10. The AMC CM or RCM must print a copy of the final CMP from CORIS and provide it to the offender and all relevant stakeholders within five (5) working days. The AMC CM or RCM must upload a signed copy of the plan to External Documents on CORIS.
- 3.11. As the CMP is a dynamic plan that may change as the offender's needs change, the AMC CM or RCM must coordinate regular reviews in accordance with the Custodial Case Management Supervision and Case Plan Review Operating Procedure.
- 3.12. The CMP must be reviewed in accordance with the *Best Practice Guidelines*. As part of the CMP Review, the AMC CM or RCM must liaise with any relevant stakeholders as identified above.

#### RELATED DOCUMENTS AND FORMS

- LSI-R
- Transitional Release Program Policy
- Case Management Policy
- Best Practice Guidelines
- CORIS Manage Detainee via case Plan User Guide

- Custodial Case Management Supervision and Case Plan Review Operating Procedure



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**Document details**

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V1	December-20	First Issued	T Graham
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