



Caraniche Prison-Based Drug and Alcohol Services

Annual Evaluation Report July 2021 – December 2022

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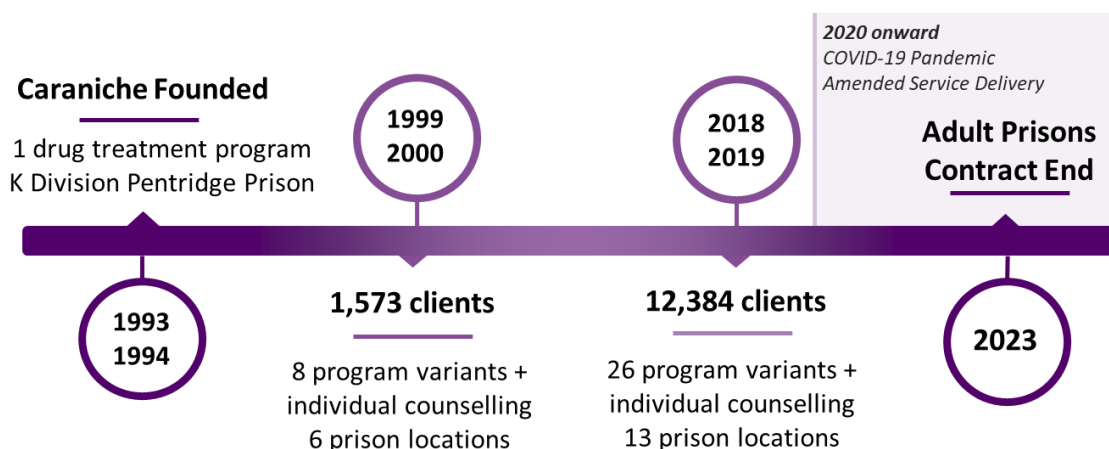
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About Caraniche

Caraniche is currently the state-wide provider for prison-based drug and alcohol (AOD) programs, under contract from Justice Health, with June 2023 marking the 30th year of service delivery as well as the end of the service contract. As a specialist forensic AOD agency, Caraniche provide evidence-based programs delivered by highly qualified clinical staff to help people address their substance use, move out of the justice system and live better lives.

Caraniche started their work in prison-based AOD in 1994, delivering an AOD treatment program for men in K Division of Pentridge Prison - marking the beginning of evidenced based therapeutic drug and alcohol treatment in the Victorian prison system. Over the next 30 years, Caraniche expanded to working across all 13 public prisons in Victoria with a suite of 26 program types tailored to the unique and diverse needs of people in custody. Program offerings range from brief harm reduction to intensive therapeutic programs, with many program types having additional gender- and culturally-specific variants. The growth of Caraniche is reflective of the major reform and transition in Corrections over this 30-year period, a process that is still ongoing, seeing movement towards a more rehabilitative approach for those in custody. Caraniche has been at the forefront of delivering therapeutic AOD treatment in this space and had the opportunity to grow and extend its impact with the changes in the system over that time.



With their expertise and experience in forensic AOD treatment, Caraniche has shaped and influenced the AOD treatment available to all offenders in Victoria by developing new models of care for the Department of Health, implementing Australia's first accredited AOD Therapeutic Community in prison (at DPFC), and providing training and clinical supervision to staff working in the AOD and forensic sector, including development of the gender-responsive and trauma-informed training 'SaferSkills' for all prison officers working in the women's system. Caraniche is also a key provider of AOD treatment to offenders on community orders and delivers the state-wide high risk offender AOD services (HiRoads), Drug Court programs and specialist services to young offenders.

Introduction to Report

The current report presents the evaluation of services delivered by Caraniche across Victoria's 13 public prisons between July 2021 – December 2022. This will be the final evaluation report before the service delivery contract ends on June 30th 2023. This report provides a review of services delivered by Caraniche in the reporting period and considers the factors impacting service activity, within the context of the COVID-19 pandemic. Outcomes for individual counselling will take a focus in this report, reflecting the necessary shift in service delivery approach and data collection over the reporting period. Unlike previous reports, the current report is not intended to provide explicit service delivery recommendations, given that a new model of delivery is being implemented, with the state delivering criminogenic AOD treatment through Forensic Intervention Services (FIS) and the primary health service delivering health AOD programs. Instead, the report concludes with a summary of the findings from this final evaluation as well as key learnings from Caraniche's near 30 years of AOD program delivery in prisons.

Data Scope & Context

As a result of varying factors, the scope of data included in this report varies from the standard approach taken in previous evaluation reports provided to Justice Health by Caraniche.

First, the reporting period extends the typical 12-month period to 18 months. This is reflective of contract changes, with the original July 2021 - June 2022 report initially agreed to be an evaluation of the implementation of a new service delivery model. This was no longer deemed relevant given confirmation that Caraniche's contract would not be renewed beyond June 2023 and the decision not to implement the new service delivery model. Therefore, the reporting period was extended to capture Caraniche's final period of service delivery, noting that the final 6 months (January 2023 – June 2023) of service delivery could not be included given the requirement to submit the report prior to the contract end.

Second, typical outcomes data for group programs are not included in this report. The impact of the COVID-19 pandemic is one reason for this shift in reporting. It is well understood that the arrival of the COVID-19 pandemic in Victoria from March 2020 caused significant disruptions to service delivery. Although service delivery started to return onsite within a 'business-as-usual' model in April 2022, effects of the COVID-19 pandemic continued to be felt throughout 2021 and 2022. The continuation of work-from-home requirements relating to COVID-19 exposure, prisoner quarantine and 'bubble' requirements, have had significant flow on effects, including increased lockdown days and staff shortages (both Caraniche and custodial) and ultimately, reduced prisoner access and motivation to engage in treatment. For example, from August to September 2022, there were approximately 194 business days of disrupted (or cancelled) services across sites, largely due to the impacts of COVID-19.

Service delivery model changes in this time, including commencing work on the new service delivery model, also led to shifts in the way outcomes data is collected and managed. Since confirmation that Caraniche's contract would not be renewed, Caraniche has focused on working collaboratively with Justice Health to monitor service delivery and staffing levels, as well as planning and implementing transition plans for Caraniche staff affected by the contract end. Adjustments to the contract have also been felt by

staff and prisoners alike, affecting staffing levels, resourcing hours, and again, client motivation to engage. Ultimately, these factors - alongside COVID-19 disruptions - resulted in a reduced capacity to administer quantitative measures and run group-based interventions (resulting in insufficient sample sizes) over the entire reporting period.

Finally, whilst individual counselling has always been a crucial component of Caraniche's services, previous evaluations typically focused on group programs and have not reported on individual counselling outcomes. The COVID-19 pandemic saw an increase in one-on-one service delivery as this format was better suited to remote delivery than group programs, and enabled clinicians to provide responsive support and continuity of care during a disrupted and unpredictable period. In recognition of the importance of individual interventions in the current setting, this report presents outcome data from a sample of clients seen for individual counselling between July 2022 and December 2022¹, presented as an "Individual Counselling Outcomes Snapshot".

Data Sources

This report draws on several data sources to evaluate service delivery outcomes during the reporting period. Data sources for the current report can be separated into four categories of data:

1. Service Activity
2. Historical Evaluation Reports
3. Qualitative Data
4. Outcomes Data (Individual Counselling only)

Analysis and interpretation of all data was carried out by the Program Design and Evaluation team in consultation with the Adult Prisons team.

Service Activity

The bulk of service activity data was accessed from CVIMS reports. Given changes in the way that data has been collected over the 18-month reporting period, CVIMS was seen as the most consistent record over this time. KPI reporting data, including yearly KPI spreadsheets, and monthly KPI and narrative reports, were used to corroborate and contextualise CVIMS data, and used in places where CVIMS was unable to provide adequate data or information on service activity.

Historical Evaluation Reports

This evaluation embeds historical evaluation data from previous evaluation reports provided to Justice Health by Caraniche. This includes both quantitative and qualitative data, used to provide context to those programs and services delivered in the current reporting period.

¹ Note, data collection commenced in July 2022, rather than at the beginning of the reporting period due to interruptions in data collection processes, as outlined.

At points throughout the report, service delivery numbers for the current reporting period are compared to service delivery numbers reported in previous Annual Evaluation Reports. In particular, service delivery is compared to ‘pre-pandemic’ rates - typically comparing data reported in Caraniche’s 2018-2019 Annual Evaluation Report - noting that while service delivery is not expected to be at pre-pandemic rates, this reporting period presents an opportunity to better understand the continued impact of COVID-19 as prisons moved toward a ‘business-as-usual’ model. Given that the current reporting period covers 18 months and previous evaluations typically cover a 12-month period, average monthly rates were calculated to allow direct, (approximate) comparisons.

Qualitative Feedback

Feedback about services run within the reporting period was sought in relation to key programs, where this has not been previously reported. This included qualitative feedback from Peer Educators on the Peer Education program and feedback from Caraniche staff and Treatment Support Officers (TSOs) on the delivery of the 130-Hour AOD program for Women (noting that previous reports have provided detail of client feedback and outcomes). This was seen as an opportunity to provide further context to these programs and was received from:

- 5 x Caraniche clinician’s^ delivering the Women’s 130-Hr AOD Program
- 4 x TSOs^ based in DPFC DTU (Women’s 130-Hr AOD Program)
- 18 x Peer Educators

Qualitative data was also collected from a sample of clients who received individual counselling and a Caraniche clinician^, as part of the “Individual Counselling Outcomes Snapshot”.

Outcomes Data

Outcomes data were collected on a sample of clients who received general AOD individual counselling between July 2022 to December 2022, as part of the “Individual Counselling Outcomes Snapshot”. Individual counselling demographic data came from the semi-structured Treatment Suitability Assessment. Program outcomes were evaluated using the following psychometric tests:

- Depression, Anxiety and Stress Scale – 21-item version (DASS-21)²
- PTSD Check List - version 5 (PCL-5)³

Feedback surveys were also collected from these clients, to understand client-reported service experience.

[^]To provide further insights, select long-form reflections are provided in the Appendix (B, C and D).


² Lovibond, S.H.; Lovibond, P.F. (1995). Manual for the Depression Anxiety Stress Scales (2nd ed.). Sydney: Psychology Foundation (Available from The Psychology Foundation, Room 1005 Mathews Building, University of New South Wales, NSW 2052, Australia)

³ Weathers, F.W., Litz, B.T., Keane, T.M., Palmieri, P.A., Marx, B.P., & Schnurr, P.P. (2013). The PTSD Checklist for DSM-5 (PCL-5). Scale available from the National Center for PTSD at www.ptsd.va.gov.


Service Delivery Evaluation Results


Total Services Delivered

Between July 2021 and December 2022, Caraniche delivered services to at least 16,862 custodial clients, suggesting that number of clients engaged was at 91% of pre-pandemic levels⁴. During the reporting period, Caraniche also met 91% of Flexibility Framework service delivery targets, including delivery of a comprehensive suite of programs, from brief harm reduction through to intensive criminogenic programs, and individual counselling delivered across prison locations (see Appendix A, for a full list of which services were delivered, by location). Additionally, Caraniche provided indirect services and support across the prison system via harm reduction information packs, videos and Peer Educators.

 **16,862**
Custodial clients engaged

 **297**
Program groups delivered
1,633
Clients completed a program

 **22,426**
Client contacts across entry and exit programs

 **1,240**
Clients engaged in individual counselling

These service delivery outcomes show that Caraniche continued to operate effectively and respond to client needs despite the continued impacts of the COVID-19 pandemic, and the subsequent increase in lockdown days, cancelled services, tensions within the prisons, and staffing shortages over this time. Delivery across specific services is investigated further below.

Caraniche Service Delivery and Program Offering



Prison Entry and Exit Preparation Programs

Caraniche provide a range of entry and exit services including Orientation, Harm Reduction and Exit Preparation programs. Entering and leaving the prison system represent transition points that can be high risk for people with a history of substance use – changes in access to drugs can lead to withdrawal, overdose, or unsafe use as well as associated physical and emotional stressors. Thus, the delivery of

⁴ Compared to 2018-2019 reporting period.

tailored entry and exit programs target a significant need and represents an opportunity to engage with a high proportion of those entering the prison system. Particularly vital is the role this plays for remandees, who often have limited access to other programs in a time that is marked by uncertainty and instability.

Provided on entry to prison at most prison locations, Orientation includes information about programs and supports available, the potential risks of substance use in prison and how to reduce the risk of harm.

Caraniche also provide Prison Related Harm Reduction (PRHR) information to clients upon prison entry, and Release Related Harm Reduction (RRHR) information, prior to release. PRHR and RRHR programs include education about risks of substance use and harm reduction strategies. Since March 2020, Caraniche have undertaken a significant initiative to deliver harm reduction information in the context of onsite delivery restrictions, such as amending delivery methods to include pamphlets, videos and increased delivery by Peer Educators⁵. During the current reporting period, many of these strategies continued to be used, particularly information packs to ensure information was provided to individuals entering prison via prisoner quarantine, or where access was otherwise restricted.

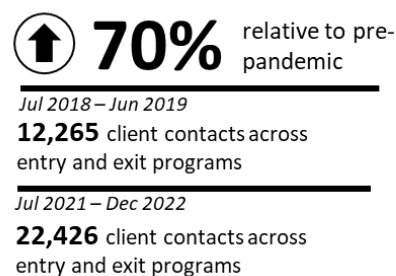
Preparation for release into the community is also supported via a suite of 3-hour “Exit Prep” programs providing education and strategies across a range of areas including anger management, relationships, communication, self-esteem, and stress.

Service Delivery Data

Acknowledging that many individuals will have received multiple contacts during this period, data collected shows that Caraniche provided entry and exit preparation materials to 22,426 contacts during the reporting period.

This included 4,442 clients receiving Orientation, 14,468 receiving PRHR materials, 1,980 receiving RRHR materials and 1,436 clients commencing Exit Prep programs.

Compared to pre-pandemic numbers, the current reporting period represents a 70% increase in the number of clients receiving orientation and harm reduction materials, compared to pre-pandemic levels. This increase is largely reflective of changes in the way that materials are delivered, via pamphlets and information packs rather than face to face.



⁵For further detail, see *Caraniche Annual Evaluation Report 2020 - 2021*

Naloxone Trial

During the reporting period, Caraniche also took part in a Naloxone trial. Exit from prison represents a time of significantly increased risk for substance use, particularly risk of overdose. Naloxone is a relatively safe and simple to use medicine, which reverses the effects of opioid overdose. Access to Naloxone can therefore play a key role in reducing risk of harm. The Naloxone trial aimed to increase Naloxone access for individuals with AOD issues, as they exit the prison. As part of this trial, Caraniche staff were trained to provide information on Naloxone use and refer appropriate clients to receive Naloxone on release. This was done via the RRHR program. As a result of this trial, KPI reporting suggested there was an increase in Naloxone referrals through Caraniche between April 2022 (9 referrals) and June 2022 (34 referrals), however, a lack of Naloxone supply was flagged as an issue impacting the success of the service.

Program Impacts

Pre-pandemic feedback from client's accessing entry and exit preparation services has been positive, with clients reporting that the programs are relevant, easy to understand and support learning of useful and new information⁶. Previous feedback from clients has highlighted harm reduction information is particularly pertinent in the context of the COVID-19 pandemic; a time of increased stress, uncertainty, and ever-changing access to supports⁷.

Although the provision of written materials is useful for reaching a wider population, the ability to meet face-to-face and have discussion has previously been flagged by clients as key to these interventions.

"Well, the fact that we spoke about [harm reduction] first made it useful and helpful, and then the packs were just there if you needed that extra bit of support. So it's got like all these phone numbers and everything you can register on the back of it, it's got the instructions on what to do and how to reduce your dose and everything like that. But the fact that they came in and actually spoke to us for quite some time about it all and gave us all a chance to speak and everything was good too."

PRHR Participant

Access and Brief Interventions

Learnings from Entry and Exit Programs

Time in custody, however brief, represents the chance to provide individuals with the tools, strategies, and knowledge to support positive change. Harm reduction is particularly pertinent to those individuals with substance use issues and is well suited to a brief style of intervention. Brief entry and exit preparation programs, delivered via a range of methods can support a significant number of individuals entering and exiting the prison system. This includes providing education and support to those on remand, a particularly high needs group, with limited access to longer treatment programs.

⁶Data reported in *Caraniche Annual Evaluation Report 2018 – 2019*

⁷Data reported in *Caraniche Annual Evaluation Report 2020 - 2021*

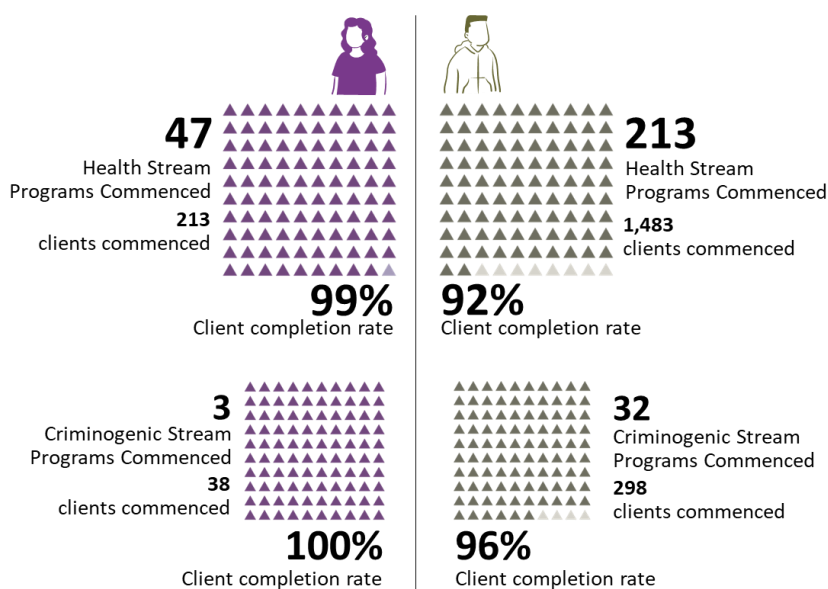
Psychoeducational and Therapeutic Group Programs

Caraniche provides a suite of group programs, classified as either Health Stream or Criminogenic Stream. Health Stream programs are intended for lower risk clients and are available to those sentenced or on remand, and Criminogenic Stream programs are intended for higher risk, sentenced clients. This tiered approach aligns with the “Risk-Need-Responsivity” model⁸ of offender rehabilitation, which suggests that high risk offenders require more intensive treatment that addresses their criminogenic needs.

Health Stream programs focus on treating substance use and related mental health and wellbeing concerns and include 6-, 12- and 24-hour programs. Criminogenic Stream programs have a combined focus on reducing substance use and addressing associated criminal behaviours and include 40-, 44- and 130-hour programs. Program offerings vary depending on location, with programs run at the women’s prisons specifically developed and tailored to meet their needs.

Service delivery data

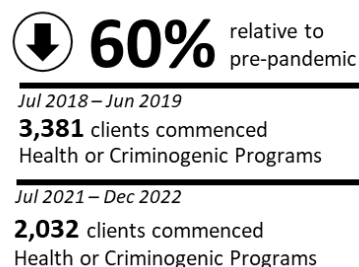
During the reporting period, Caraniche continued to deliver both Health and Criminogenic Streams programs. Overall, 260 group programs were delivered across the Health Stream, with 1,390 clients completing a Health Stream program. Across the Criminogenic Stream, 37⁹ group programs were delivered, with 253 clients completing a program. After adjusting for valid non-completions, client completion rates were high, between 92% and 100% for both Health and Criminogenic Stream programs.



⁸ For original description of model, Andrews, D. A., Bonta, J., & Hoge, R. D. (1990). Classification for effective rehabilitation: Rediscovering psychology. *Criminal justice and Behavior*, 17(1), 19-52.

⁹ Note, group completion rate is higher than commencement due to ‘open programs’ that began prior to the reporting period and were completed within the reporting period.

Delivery of group programs ceased for a period of time during the COVID-19 pandemic, and even after services resumed, COVID-19 continued to impact the number of group programs able to be delivered. While the overall number of clients commencing group programs during the reporting period was lower than pre-pandemic numbers (i.e. down 60% on pre-pandemic levels), service delivery rates do demonstrate a consistent increase in the number of groups run and the number of clients completing these programs since the recommencement of programs in January 2021¹⁰.



Group programs are the only Caraniche service where numbers remain significantly lower than pre-pandemic levels. This speaks to the nature of group programs and the technical, logistical and therapeutic process challenges associated with adapting these programs for remote or offsite delivery. Anecdotal reports from clinical staff suggest that knowledge among custodial clients of Caraniche’s contract ending may have also played a role in lower participation rates – with client’s demonstrating an initial reduced motivation to engage, followed by a shift to an increased demand in 2023 with individuals trying to get the most out of Caraniche services while they were still available.

Program Impacts

Previous program evaluations have demonstrated that all group programs consistently produce strong client outcomes across mental health measures, particularly reductions in depression and trauma symptoms. The longer and more intensive programs tend to demonstrate greater improvements in mental health, trauma symptoms, emotion regulation, and criminal thinking with the strongest results observed in the intensive 130-Hr program for men and women¹¹.

To better understand the responsivity of programs delivered within the reporting period, three key program areas are considered in further detail over-page, including:

- Ice Program Suite
- Koori 44-Hour AOD Program
- 130-Hr Women’s AOD Program

¹⁰ Compared to data reported in *Caraniche Annual Evaluation Report 2020 - 2021*

¹¹ See, for example, data reported in *Caraniche Annual Evaluation Report 2018 – 2019* and *Caraniche Annual Program Outcomes Report 2019 - 2020*

Ice Program Suite

Caraniche provides a suite of ice-specific programs of varying intensities, including a 6-hour program (Ice Effects), a 24-hour program (Managing Ice Addiction), and a 44-hour program (Breaking the Ice). These programs were originally developed by Caraniche and rolled out in 2015, in response to the significant increase in ice use and associated offending behaviour. Initial piloting and rollout received positive client feedback. Strong results were demonstrated in the more intensive programs, with high completion rates, moderate improvements in psychological distress, and marked reductions in all the three major criminal thinking styles and across all eight subscales of criminal thinking¹².

In the current reporting period, 419 clients commenced the 6-Hour Ice Effects program. Notably, commencements for this program made up 41% of clients commencing all 6-hour programs, suggesting that this program continues to address a need for people in custody.

Lower rates were reported for the higher intensity ice programs; with a total of 40 clients commencing the 24-hour 'Managing Ice Addiction' (representing 7% of all 24-Hour program commencements) and 5 clients commencing the 44-hour 'Breaking the Ice' (representing 2% of all 44-hour program commencements).

Feedback from clinical staff suggest this is partly reflective of challenges in filling longer group programs, which means that clients with histories of significant ice use are placed into general AOD programs to reduce wait-list times. In addition, while ice continues to be a significant drug of concern for most of the client cohort¹³, polydrug use tends to be the norm. In these cases, completion of a 6-hour ice-specific program as a precursor to completing a longer general AOD program has been an appropriate treatment pathway.

58

Ice Effects

programs run

6

Managing Ice Addiction

programs run

1

Breaking the Ice

programs run

Service Responsivity

Learnings from the Ice Program Suite

Having access to drug-specific treatment is an important aspect of responsivity, however drug-specific programs can create a challenge for filling programs and providing timely treatment. Modularised program suites that deliver drug-specific content in briefer programs and address general AOD treatment needs in longer programs, improve access and program throughput while meeting specific drug treatment needs. This modularised program model also allows services to remain responsive to emerging drug trends.

¹² Data reported in *Pilot Program Evaluation: Ice Effects and Caraniche Prison-Based Drug and Alcohol Services Annual Report 2015 - 2016*

¹³ See, Australian Institute of Health and Welfare. (2022). *Alcohol, tobacco & other drugs in Australia*. Retrieved April 2023 from <https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia>

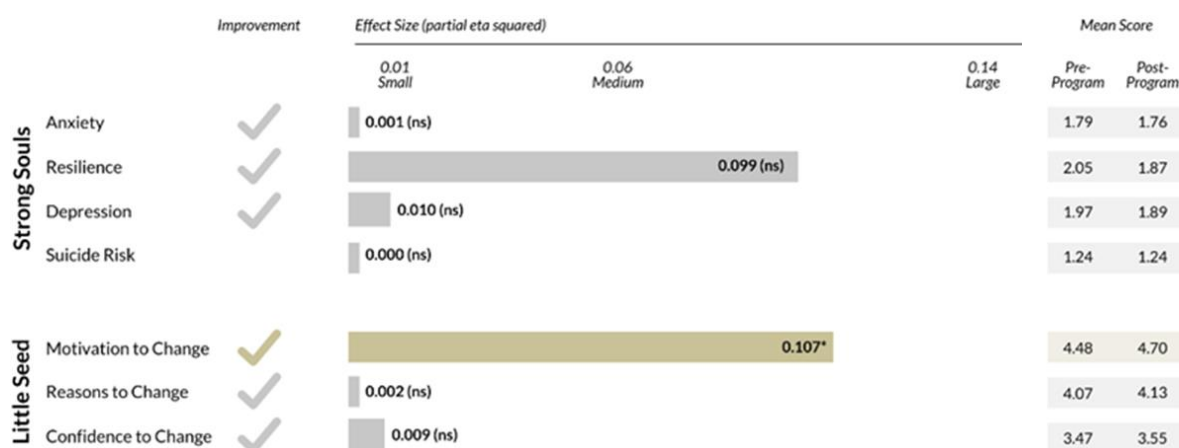
Koori 44-Hour Criminogenic AOD Program

The Koori 44-Hour AOD Program is a culturally secure criminogenic group program for Aboriginal and Torres Strait Islander male prisoners wanting treatment for substance use issues. The development and rollout of the Koori program was designed to meet the culturally specific needs of First Nations people, who are significantly overrepresented in the prison system. The theoretical framework for the program draws on Aboriginal psychological, social and cultural perspectives and evidence-based Western therapies that have been culturally adapted. To build cultural safety, Caraniche worked in partnership with Koori Elders and respected persons, and First Nations people working in justice and mental health to develop and deliver the program. The program uses a model that weaves together cultural and clinical expertise; supporting Aboriginal men in custody to address their substance use and offending through strengthening of cultural connection and trauma-informed therapeutic approaches.

Historically, the program has been offered at Langi Kal Kal, Marngoneet and Loddon however it was not run in the current reporting period (one group with 5 clients commenced at Langi Kal Kal in September 2021 but was not completed), due to COVID-19 pandemic disruptions including lower/insufficient musters as well as the shift to remote delivery.

The 2020-2021 evaluation shed light on the issues around remote delivery in this type of culturally specific program. Caraniche Senior Cultural Advisor and Koori program co-facilitator Uncle Ron Briggs explained the cultural importance of non-verbal communication for Aboriginal people means being physically present with clients is critical to cultural and therapeutic engagement.

Prior to COVID-19 disruptions, completion rates were at 96%, with 100% of clients stating they would recommend the program to others¹⁴. Outcomes using the Strong Souls measure of Social and Emotional Wellbeing and the Little Seed measure of motivation showed a statistically significant pre-to-post increase in client motivation to change, as well as notable improvement in resilience scores¹⁵.



¹⁴ Data reported in *Caraniche Annual Evaluation Report 2018 - 2019*

¹⁵ Data reported in *Caraniche Annual Program Outcomes Report 2019 - 2020*

Feedback from clients and facilitators across the rollout of the program have highlighted the importance of the group experience in a culturally safe space, allowing for deeper learning through sharing and hearing from others and the opportunity to explore culture and identity in a positive and reaffirming way.

"You know one guy mentioned, 'I've forgotten all of the stories I inherited from my family. I've lost my memory because of substance use, so I can't pass anything on to my children'. I think the program gets them thinking about how it could be different, how they could be different, what's life going to be like without substance use"

Program Facilitator

"In a normal drug and alcohol course, I would sit in there and do it, but the deeper stuff sort of gets side stepped. Being able to specifically work on those things in the group, and not having to worry about race, colour or any of those other problems, helps you to work on the damage that's been done, and being able to do it with a bit of respect as well. I felt that if we're not in a group like this, we don't get to work on that stuff."

Program Participant

Cultural Safety

Learnings from the Koori AOD Program

Caraniche worked in partnership with Aboriginal and First Nations representatives to develop and deliver the Koori AOD program, including co-facilitation with an Aboriginal Elder. Positive outcomes and strong participant engagement with the program reflects the success of the cultural and clinical partnership and suggests this is a culturally secure approach. The inability to deliver the program remotely during the COVID-19 pandemic provided further insights into the importance of culturally secure program delivery for First Nations people.

It is not ideal for culturally specific programs to be provided by non-Indigenous organisations and Caraniche had commenced discussions with VAHS to deliver the program in partnership and ultimately hand the program to VAHS to deliver. Caraniche continues to hold the view that the Koori AOD program should be delivered by an indigenous

Women's 130-Hour AOD Program (Therapeutic Community)

The Women's 130-Hour AOD program is an intensive therapeutic program delivered within a Therapeutic Community Model in the Drug Treatment Unit (DTU) at DPFC.

The program is designed for women with significant AOD problems, as a safe and contained environment for individuals to examine their substance use and related criminogenic behaviours. The program was initially designed by Caraniche, in recognition of the gender-specific pathways to substance use and offending for women. The program responds to the unique complexities for women and is targeted to address women's treatment needs.

In the reporting period, a total of 34 women commenced and 11 women completed the program. All 23 non-completions were valid exemptions;



2020: Became the first prison program in Australia to receive formal certification as a Therapeutic Community.



34 Women commenced the program in the reporting period

15 of these were related to release, 7 to transfer and 1 to medical issues, representing a 100% completion rate, after adjusting for valid non-completions.

The number of valid non-completions during this time reflects greater movement in and out of the prison. This movement was likely caused in part by the higher rate of remand/delayed sentencing periods during the COVID-19 pandemic, which saw a higher number of women leaving the prison system early or unexpectedly.

Historical evaluation data demonstrate strong client outcomes. Data pooled across 2015 and 2020 indicate statistically significant outcomes across mental health symptoms, including reduced symptoms of PTSD, depression, anxiety and stress, all showing moderate to large effect sizes¹⁶. The program has also shown significant improvements in client's emotion regulation and reduced criminal thinking, indicating that women are questioning their current lifestyle and the thinking that maintains a criminogenic lifestyle. Women in the program have reported on the positive experience of a safe and supportive environment, improved relationship and communication skills, but have identified that increased transitional support and peer support would benefit the program¹⁷.

"In here we get to be our true selves and discover who our true selves is (sic). Because I know for me I didn't know who I was until I started getting into the deep, deep ends of it, I found what I like to do and what I am, and what feelings I have and what emotions I have, and attaching them to certain scenarios in my life and places, and figuring out exactly why I did the things I did, and what I was running from or hiding from."

Program Participant

		Improvement	Mean Score	
			Pre-Program	Post-Program
DASS-21	Depression	✓	7.66	4.34
	Anxiety	✓	4.83	3.01
	Stress	✓	7.91	5.49
PCL	Total trauma	✓	30.95	20.44
DERS	Non-acceptance	✓	13.43	10.52
	Goals	✓	14.50	12.29
	Impulse control	✓	12.83	10.77
	Awareness	✓	18.27	16.51
	Strategies	✓	18.56	14.53
	Clarity	✓	13.03	10.73
PICTS	Current Thinking	✓	32.15	27.34
	General Thinking	✓	136.57	123.88
	Reactive Thinking	✓	111.93	96.38
	Proactive Thinking	✓	90.23	85.28

Feedback from Caraniche staff identified that the setting of the program within a therapeutic community was key to outcome success, with women able to trial and test learnings in a safe and contained space.

"The residential component creates a more 'real life' environment where women are exposed to different experiences and situations. This means that their difficulties and issues appear in this environment and allow the opportunity to address those issues in treatment."

Program Facilitator

¹⁶ Data reported in *Caraniche Annual Program Outcomes Report 2019 - 2020*

¹⁷ Qualitative data reported in *Caraniche Annual Evaluation Report 2018 - 2019*

Reflections from staff consistently spoke to facilitation of the program as a rewarding experience, providing the opportunity to engage with clients, build connections and foster learning and growth. In line with the ethos of the program manual, feedback indicated that the relationship between clients and staff plays a critical role to the program's success, particularly so through the trials of the COVID-19 pandemic.

"The DTU survived the pandemic because everyone (participants, Caraniche staff, TSOs and prisons staff) shared the responsibility for maintaining a culture of safety, at a time when the world was feeling unsafe."

Program Facilitator

Treatment Support Officers (TSOs) are critical to supporting program outcomes. TSOs are custodial officers based in the DTU, responsible for security and custodial management but who also actively engage in program activities. This is a relatively unique role to be held by a custodial officer in the prison environment, requiring a balance of 'security and good order' while supporting and engaging with women in a therapeutic context. TSO feedback emphasised the unique opportunity to learn more about AOD use and treatment, to witness and be a part of a positive change for clients, and to build trust with clients through a mutual shift in perspective 'beyond the uniform' and the 'prison issue clothing' – all elements which are critical to trauma-informed practice and suggest that the therapeutic community at DPFC successfully creates a safe therapeutic space.

"I have found the women open up to me a bit more than in other units and they trust me more. Whilst maintaining security and good order, the women know we have a role as a Prison Officer and respect that. The women look past the uniform as I do to them in their prison issue clothing and see the person who made bad choices and are desperate to change their drug use and links to their offending behaviours."

TSO

"I think the key impacts for the custodial role is the different relationship we build with the women and how they see us not as officer's but as human beings."

TSO

"One highlight from working in the DTU is seeing the women receive their certificates of completion. When the women come together and support each other it is really nice to see. Completing the program is a big achievement and seeing how proud they are that they did it made me realise how important this program really is."

TSO

Further reflections provided by a facilitator and a TSO, both with extensive experience working in the DTU, can be found in Appendix B and C.

Program Intensity and Therapeutic Communities

Learnings from the Women's 130 Hour AOD Program

Program feedback, high completion rates and strong treatment outcomes demonstrate that the Women's 130 Hour intensive program delivered in a Therapeutic Community Model is meeting a significant need for women in custody. The therapeutic community setting, including positive engagement and mutual respect between staff and clients, plays a key role in supporting program outcomes and client engagement. These elements were also critical to successful program rollout in the context of COVID-19 disruptions.

Peer Educator Program

In the Peer Educator Program, Caraniche selects, trains, and supervises suitable prisoners to provide support and deliver information and strategies to their peers on AOD harm minimisation and other public health issues, both in prison and in preparation for release into the community. The Peer Educator program provides all prisoners with the opportunity to benefit from those with lived experience of substance use as well as the adjustment and other challenges associated with prison life. The Peer Educator program commenced in 2012 and has consistently seen new Peers taking part in the program.

Service Delivery Data

Between July 2021 and December 2022, up to 9 Peer Educators were at each location in any given month (typically, 1-3 Peer Educators were reported per site). The data available indicates that at least 27 Peer Educators were trained within in the reporting period¹⁸. A decision to reduce the active recruitment of new Peer Educators as the end of contract neared was noted by some locations, in recognition that Caraniche staff would no longer be able to support Peer Educators beyond June 2023 with new peer educator operating models being introduced by health service providers in July 2023. Across all 13 sites, Caraniche clinicians provided approximately 923 hours of Peer Supervision within the reporting period.

Program Impacts

Peer Educators played an integral role during the pandemic, disseminating harm reduction information, as well as providing safe injecting equipment, checking on the wellbeing of prisoners and encouraging or facilitating referrals to Caraniche where a treatment need was identified.

Feedback from Peer Educators in the current reporting period suggests that the program is meeting the intended objectives. The number of Peer Educators who voluntarily provided feedback about their experience, gives immediate indication of the importance of this program to Peers and other prisoners. Peer Educators spoke about how their role provided an accessible point of contact for prisoners, particularly those who are new to the system. Peers felt they were seen as advocates for the other prisoners and could facilitate a connection to Caraniche services, as well as custodial staff and general prison processes.

"We're advocates, letter writers, and we try our best to keep an eye out for anyone on their own. Sometimes people simply need some information and at other times people need someone to listen to them, without fear of judgement or fear of getting themselves into trouble... .. I feel our greatest value is along the informal lines of communication which takes place naturally between prisoners, whereby the information is delivered in a candid manner using relevant and customary jargon (prison slang etc.)"

Peer Educator

¹⁸ Number of Peer Educators was not captured systematically across all sites, so is not compared to pre-pandemic levels.

Peer Educators spoke about feeling their own lived experience was critical; making them approachable and able to communicate in an open and accessible way with other prisoners. They saw their lived experience not only as a positive impact for prisoners, but also for themselves, feeling the Peer Educator role gave them an opportunity to use their experience to support positive change in other's lives.

"Helping people helps me. I feel like I've been able to make a difference in people's lives, even if they're just small differences – whether it's pointing out the right form for a particular request, sorting out a disagreement, or spending time with someone just listening, when someone says thank you, it makes it all worthwhile. Being a peer educator has given me a purpose and has made me feel like my time in prison hasn't been for nothing..."

Peer Educator

Qualitative feedback from Peer Educators has also demonstrated the importance of tailored support and supervision to those in the Peer Educator program, recognizing the need to support those who are supporting others. To address this, Peer Educators are provided with regular supervision by Caraniche clinicians. Feedback received from Peer Educators and clinicians demonstrated that this supervision and support has a significant impact on the experience of Peer Educators.

"The best impact for me has been being able to help support young prisoners or friends into making other decisions in their prison experience. A bad impact for me has been seeing certain prisoners repeat the same pattern of behaviour over and over, despite my best attempts to assist them, and even after their own best attempts at the programs available."

Peer Educator

"As I supervise the Caraniche peers I felt that this contact has been vital. In the initial lockdowns we had two peers who felt our absence acutely and it was a harder situation for them. In recent lockdowns, we have had 6 peers to maintain contact with, and this has worked well. They have all reported to me that they are very appreciative of the fact that we maintain contact with them, providing support and supervision for them both in their work and their own coping ability through this difficult time."

Caraniche Clinician

The Importance of Peer Educators

Learnings the Peer Educator Program

Peer Educators provide an invaluable form of support for prisoners with substance use issues to supplement the more formal programs and services offered by AOD service providers. Peers are in a unique position to provide accessible information to other prisoners. Their own lived experience of substance use and prison helps to build trust and rapport. To ensure their own wellbeing, it is critical that Peer Educators are provided with regular supervision and support by appropriately qualified clinicians.

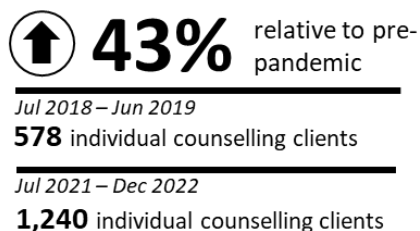
Individual Counselling

Individual counselling is provided by Caraniche to ensure that Caraniche's programs are responsive to the diverse needs and capacities of individual offenders, increasing the likelihood that they will commit to group programs, remain engaged in treatment and obtain the maximum benefit from treatment. Given that individual counselling is a limited resource, typically all individuals identified as suitable for AOD treatment are waitlisted for an appropriate group program with individual counselling only provided under specific circumstances, including:

- Where offenders are deemed unsuitable for group programs due to factors such as severe intellectual impairment or cognitive disability, major mental illness or psychological syndrome that prevents them from engaging, or where engagement in the program would detrimentally impact their psychological functioning.
- As a supplement to group programs. For example, where issues arise during group sessions which need to be addressed to ensure the smooth running of the group, to provide crisis support, or where an offender has missed a session and needs to catch up on material.
- To support release preparation for offenders who do not have time to complete a group program prior to release.
- As an adjunct to intensive criminogenic programs, to support delivery of program materials.
- Instances where systemic issues impact upon a prisoner's ability to engage in a group – for example, being in a segregated unit, having a short sentence and since the COVID-19 pandemic, isolation and quarantine requirements.

Service Delivery Data

Over the 18-month reporting period, Caraniche clinicians provided general AOD individual counselling to 1,240 clients over 7,894 hours of individual counselling¹⁹. This represents a 43% increase in the number of clients seen for individual counselling, compared to pre-pandemic numbers. An *additional* 473 hours of individual counselling were provided as part of criminogenic programs, with a further 124 clients accessing this.



¹⁹ Reported numbers do not include circumstances where group programs have been adapted and delivered in an individual format.



Individual Counselling Outcomes Snapshot

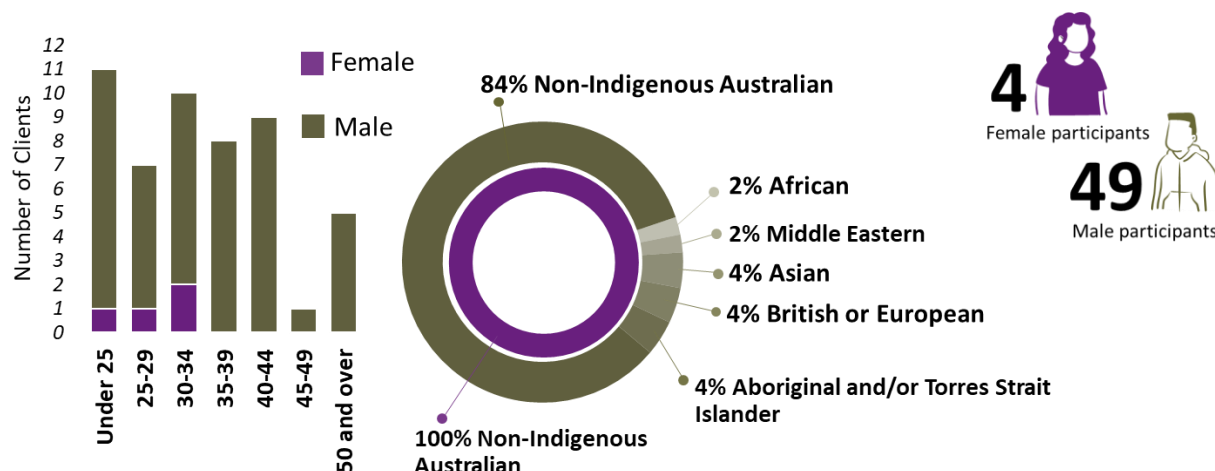
Outcomes data was collected for individual counselling clients, over a 6-month period between July and December 2022. During this period, 217 clients commenced general individual counselling: including 20 female and 197 male clients. Challenges in collecting data - due in part to the change in data storage processes and resourcing pressures associated with COVID-19 and proximity to the contract end - meant that data was collected from only a sample of these clients. This data is reported below.

Client Profile

Profile data was available for 53 clients who received one or more individual counselling sessions between July 2022 and December 2022, including 4 female and 49 male clients. Number of counselling sessions ranged from one to 38 sessions, with a mean of 10 sessions.

Client age ranged between 20 – 74 years old, with a mean age of 34.8 years and approximately 20% of clients under 25 years old. This represents a younger demographic than the general corrections cohort in Victoria (mean age = 35.8 years old as of June 30, 2020²⁰; proportion under 25 years old approximately 11% between July 2022 – Dec 2022²¹).

All female and 84% of male clients identified as Australian (non-Indigenous). Aboriginal and/or Torres Strait Islander men represented 4% of males, suggesting that this cohort was under-represented compared to the proportion of individuals who identify as Aboriginal and/or Torres Strait Islander as reported by Corrections Victoria²².



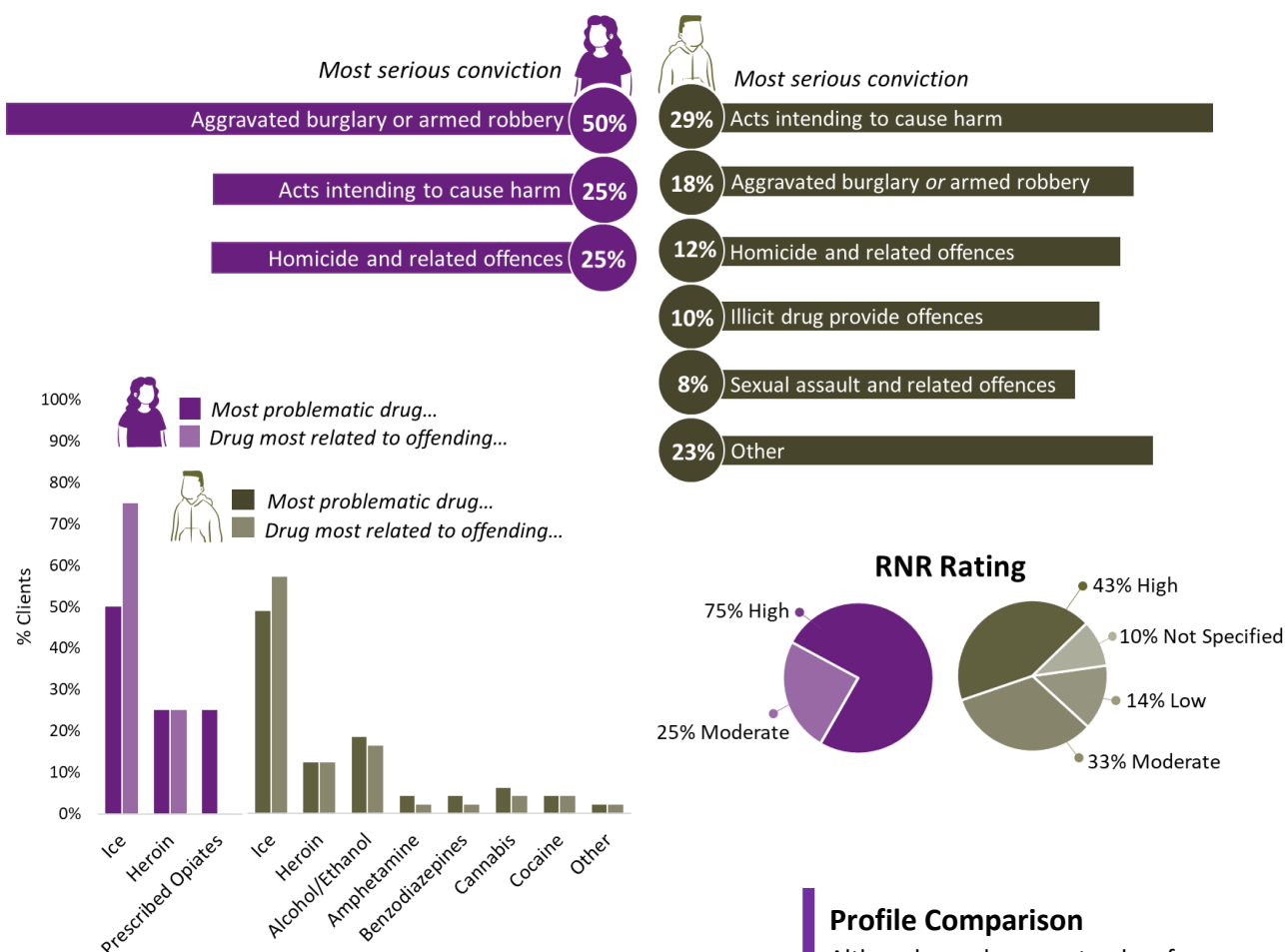
²⁰ Department of Justice and Community Safety – Corrections Victoria. Annual Prisons Statistical Profile 2009-10 to 2019-20. Excel datasheet. Accessed online April 2023 <https://www.corrections.vic.gov.au/annual-prisoner-statistical-profile-2009-10-to-2019-20>

²¹ Department of Justice and Community Safety – Corrections Victoria. Monthly prison and community corrections statistics January 2023. Excel datasheet. Accessed online April 2023 <https://www.corrections.vic.gov.au/monthly-prisoner-and-offender-statistics-2022-23>

²² Ibid.

Offence and substance use history

All female clients and 82% of male clients were sentenced. The majority of reported offences were violent in nature and most clients had RNR risk ratings of moderate or high. Both females and males reported crystal methamphetamine (ice) as the most problematic drug and the drug most related to their offending.



Reasons unsuitable for group programs

For female clients, reasons for unsuitability for group included placement issues and behaviour or group dynamic concerns. For male clients, the most common reason related to trauma or mental health concerns and behaviour or group dynamic concerns. Fifty percent of female clients had a diagnosed cognitive condition, 14% of male clients fit criteria for a confirmed or suspected cognitive condition.

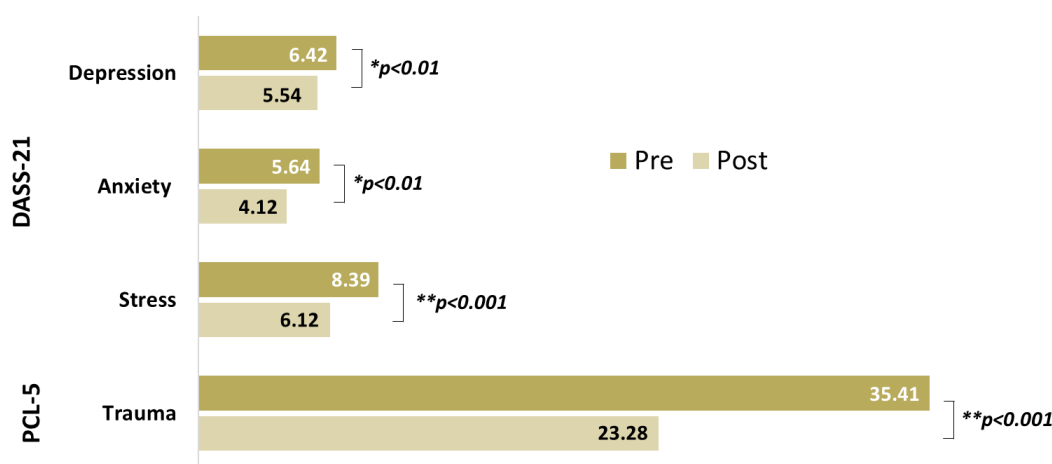
Profile Comparison

Although numbers are too low for a robust comparison, this individual counselling client profile largely aligns with the profile of group program clients previously reported by Caraniche (2019-2020 evaluation report) - including a similar age, predominant ethnicity (although populations other than non-Indigenous Australian are underrepresented) and drug trends - but show a greater percentage of violent offending.

Client Outcomes

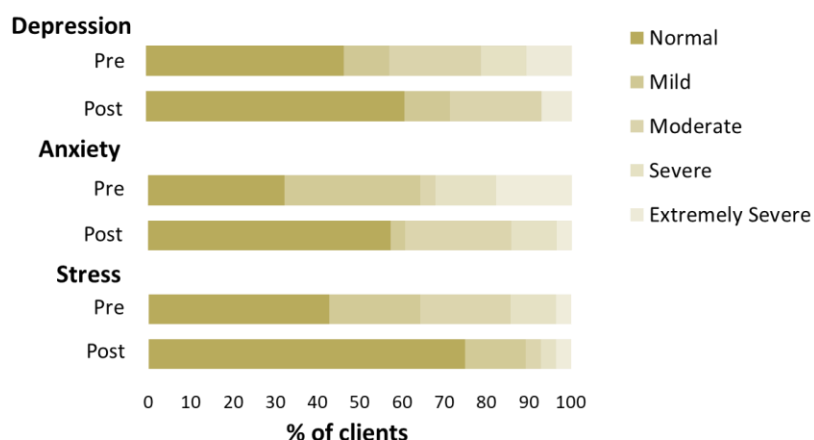
Of those who completed 5 or more counselling sessions, pre and post psychometric data was available for 28 clients. Due to the small sample size, analyses were conducted across the sample and were not broken down by gender. Paired sample t-tests were used to assess change from pre to post.

Results showed statistically significant improvements across all psychometric outcomes following completion of 5 or more sessions of individual counselling. On the DASS, data demonstrated a reduction in the subscales for symptoms of depression ($t(27) = 2.86, p < 0.01$), anxiety ($t(27) = 2.98, p < 0.01$) and stress ($t(27) = 4.14, p < 0.001$). These results were the strongest for symptoms of stress. Large reductions were also seen on the PCL-5 ($t(27) = 3.91, p < 0.001$), indicating that PTSD/trauma symptoms were significantly reduced for this cohort after completing at least 5 individual counselling sessions.



While not tested for statistical significance, a review of the 'clinical cut-offs' for DASS-21 sub-items also showed promising results, with many clients moving into the clinically "normal" threshold and fewer clients sitting within the "extremely severe" cut-off after engaging in at least 5 sessions of individual counselling.

DASS-21 clinical cut off scores

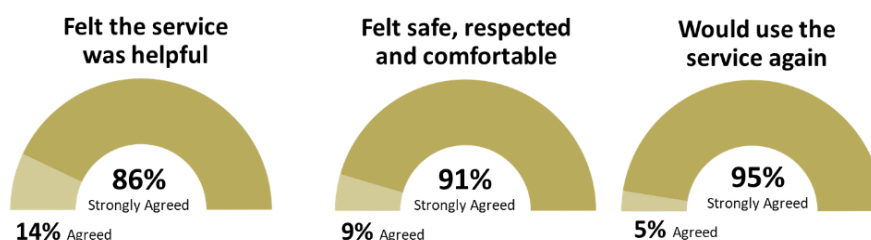


Outcomes Comparison

Average pre and post psychometric scores reported for individual counselling clients were generally higher than for those clients completing group programs (of all lengths), as compared to data reported in Caraniche's 2019-2020 evaluation report.

Client Feedback

Feedback was received from 22 clients and strongly endorsed a positive experience of individual counselling. All agreed or strongly agreed that the service was helpful, safe and respectful and that they would use this again.



Key themes from client's qualitative responses indicated that counselling provided a safe space, where they could gain insight into their substance use, offending behaviour, and related past experiences to support prosocial behaviour change. Clients also reflected that they felt counselling supported their learning from group programs and was a positive use of their time in prison.

"I felt very safe talking about things and found I learnt a lot about myself and felt I've dealt with a few issues that I needed to"

Individual Counselling Participant

"Carrying over to one on one [after completing a group program] helped having someone that understood my needs and help further develop my strengths so I don't make the same mistakes."

Individual Counselling Participant

"This has been very helpful and is making my time in prison feel like I'm getting the right help."

Individual Counselling Participant

Clinician feedback echoed client feedback, emphasising the importance of individual counselling as a unique space for supporting prosocial outcomes in a more focused format than group, particularly for those more challenging or higher risk clients (the full clinician reflection piece is included in Appendix D).

"[Individual Counselling] allows for positive role modelling in a space characterised by healthy communication, consistency, reliability, and trust.... [For example, one client] presented to treatment thinking it would be easy. He had a narrative for his life, his drug use, and his offences that kept him emotionally safe and nobody ever dared to challenge it. He is a perfect example of a client who would have breezed through group treatment, hide behind others, and used his manipulation and survival skills to do what he needed to do to 'tick the box'... [Since individual counselling] This client has dropped his 'tough guy act' and is now using language such as 'vulnerability, feelings, trust, safety, connection'."

Individual Counselling Clinician

Individual delivery

Learnings from individual counselling and COVID-19 impacts on group programs.

Individual counselling supports positive client outcomes when delivered in combination with group programs and is integral to supporting clients who are not able to access or engage in group-based treatment. The ability to offer individualised support has been particularly important in supporting the wellbeing and recovery of people in custody during a time when group programs were not able to be delivered face-to-face.

Conclusion & Key Learnings

Best practice approaches for working with clients in the justice system highlight the need for responsive, safe and therapeutically oriented services²³. These have been the pillars of Caraniche's approach to providing AOD treatment and support services to their clients in Victorian prisons for the past 30 years. Caraniche prides itself on delivering high-quality professional services that are evidence-based, and responsive to the dynamic changes in population, demographics and needs of clients within the Victorian corrections system. It is this recognition of best-practice approaches, in combination with a long-term presence in the forensic AOD space, which has afforded Caraniche the opportunity to continually respond to the needs of their clients and to support people in custody to make positive changes, within an environment that is complex and nuanced.

The current report demonstrates that despite significant challenges and disruptions during the reporting period, Caraniche successfully delivered a suite of individual and group-based services - from brief harm reduction to intensive programs - to a large number of custodial clients. This was achieved in part by creating innovative delivery solutions which allowed clients to continue to access services – in some cases at even higher rates than pre-pandemic (e.g., PRHR). Across services, high completion rates demonstrate the success of this approach.

This evaluation report, along with Caraniche's broader service history, has highlighted some of the most important components of effective and responsive drug treatment in prisons, as summarised below:

Brief Interventions

During the evaluation period the greatest number of clients were reached through harm reduction and short health programs. These 'light touch' programs are particularly important when people are at greatest risk of substance use harms - when they enter and prepare to leave prisons. The programs provide critical safety information, simple strategies to manage withdrawal and the emotional impacts of adjusting to prison and help to prepare individuals for their release. The short programs act as a first step in a client's treatment journey and a pathway to the longer therapeutic programs.

Individual Counselling

The evaluation highlighted the importance of offering individual counselling for clients with complex mental health or immediate support needs, or those who have barriers to engaging with group programs - including younger offenders, those with high rates of trauma, a history of violent offending, those with cognitive impairment and women in protection and management units. The results demonstrate that individual counselling can achieve clinically significant improvements in mental health symptoms for these

²³ State of Victoria, Royal Commission into Victoria's Mental Health System, Final Report, Summary and recommendations, Parl Paper No. 202, Session 2018–21 (document 1 of 6).; Cultural Review of the Adult Custodial Corrections System, report delivered by the Expert Panel to the Department of Justice & Community Safety on March 2023.

clients. These outcomes are particularly promising in the context of the increased need for individualised services with the continued impacts of COVID-19 pandemic on group delivery.

Intensive Therapeutic Programs

Evaluations over time have consistently demonstrated that the more intensive criminogenic programs achieve the most significant treatment outcomes for clients.

The Therapeutic Community model provides intensive therapy and allows people in prison to develop skills for living in a prosocial community supported by experienced clinical staff and specially trained custodial staff. The strong outcomes of the 130-Hour Intensive Program for women consistently highlight the value of a Therapeutic Community approach to working with complex offenders with substance use histories.

Peer Support

It is well-established that people with lived experience play an important role in effective drug and alcohol treatment. They are in a unique position to build rapport and establish trusting relationships with other people in prison with substance use issues.

As demonstrated in this evaluation, Caraniche's Peer Educator program provides a critical supplement to the clinical program offerings, increasing accessibility of information and support to prisoners as well as providing a positive experience for the Peers. The importance of offering regular supervision and support delivered by suitably qualified clinical staff was further highlighted in this and previous evaluations.

Cultural Safety

The responsiveness principle requires that all treatment programs are culturally-safe to meet the needs of the diverse cultural groups in prison. Further, given the over-representation of First Nations peoples in Australian prisons, along with the unique experiences and treatment needs of this cohort, it is critical that culturally specific programs are informed by consultation and partnership with First Nations peoples and/or organisations and delivered (or co-delivered) by First Nations facilitator, to ensure that program design and delivery is culturally safe.

Gender Responsivity

Effective program delivery is supported by providing gender-responsive programs, which reflect the different pathways to offending and the different treatment needs of men and women.

Qualified Workforce

The therapeutic alliance between the clinician and client is one of the most important aspects of effective treatment programs. Feedback from Caraniche clients over the years has consistently highlighted how much they value the relationship with their clinicians and how integral this has been to their satisfaction with the programs.

Given the complex needs of people in prison, including high rates of mental illness, trauma and cognitive impairments, effective service delivery is underpinned by ensuring clinical staff delivering such programs are suitably qualified, trained and supported through clinical supervision.

Flexible Approach

The 18-month period of this evaluation highlighted the need to be flexible enough to respond to the dynamic and challenging nature of correctional environments. This includes an ability to offer both group and individual programs and services, as well as a variety of delivery methodologies including face-to-face, telehealth, peer supports, distributed information (e.g., information booklets and videos) and self-directed learning packages.

This final evaluation report demonstrates that Caraniche has continued its long tradition of delivering high-quality, responsive care to a large number of people in prison, whilst also working constructively with the Department and other stakeholders to assist a smooth transition to the next phase of AOD service delivery in Victorian prisons.

Appendix A

Caraniche service delivery offerings, by location for July 2021 – December 2022.

Program	Program Name	Barwon	Beechworth	DPFC	Dhurringile	Hopkins	Karreenga	Langi Kal Kal	Loddon	Margoneet	MAP	MRC	Middleton	Tarragower
Entry & Exit	Harm Reduction	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Release Related	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Anger		✓		✓	✓		✓		✓		✓		
	Communication		✓		✓	✓		✓		✓		✓		✓
	Mind Matters		✓											
	Exit Programs			✓										
	General													
	Relationships		✓		✓	✓		✓		✓		✓		
	Self Esteem		✓		✓	✓		✓		✓		✓		✓
	Stress		✓		✓	✓		✓		✓		✓		
Health Stream	AOD & Adjustment to Prison		✓									✓		
	AOD & Depression		✓	✓		✓	✓			✓		✓		
	AOD & Loss		✓			✓	✓	✓		✓		✓	✓	
	AOD & Stress					✓	✓			✓		✓		✓
	Management													
	Ice Effects		✓	✓		✓	✓	✓		✓		✓	✓	
	Managing Cravings		✓	✓		✓	✓	✓				✓	✓	
	Relapse Prevention			✓										
	Drug Treatment Program				✓		✓			✓				
	Alcohol Treatment					✓		✓						
	Drug Treatment	✓	✓		✓	✓	✓		✓	✓		✓	✓	
	Relapse Prevention			✓		✓		✓				✓		
	Managing Ice Addiction	✓					✓					✓		
	Skills-Based Drug Treatment													✓
Criminogenic Stream	Closed AOD	✓	✓		✓	✓	✓	✓	✓	✓			✓	
	Ice Criminogenic							✓						
	Koori Criminogenic							✓♦						
	Sustaining Change						✓		✓				✓	
	Open AOD													✓
130 Hour	Open AOD			✓						✓				
	Individual Counselling	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

♦ Group Commenced but not completed

Appendix B

Reflections on the Women's 130-Hr AOD Program from a Caraniche Clinician

The DTU is an accommodation Unit in the middle of the prison compound, which presents unique challenges to the program participants residing in it. Along with having to make the decision to participate in an intensive program, they also have to find ways to set some clear boundaries in their relationships with their peers. This “push and pull” is often the same process that they will experience and have to reconcile when they are not in prison. **Unlike other group programs where they are just “visiting” or (hopefully) “trying out” their commitment to change, the DTU demands a more serious and long-term commitment.** Their ability to navigate those pressures (with the assistance of staff and other participants) will determine their chances of making significant changes and more importantly, allow them to realise that they may have more influence over what happens in their lives than what they believe.

The DTU uses the community as a key agent of change (“community as a method” approach).

Given the importance of community, it is often viewed as if it is a living organism that constantly changes and adapts – it needs to be nourished and cared for, just like each individual participant. As such, the women and staff are required to maintain this community dynamic to facilitate progress and change. The women are required to learn, try out, and / or adjust their skills and approach with others, quite often doing things in ways they have never done before or been motivated to do. This often presents as a challenge within the prison population, because although relationships are integral to the female offender population, they have often witnessed and experienced dysfunction, destruction, and damage within their relationships, and learned maladaptive ways of engaging with others.

From clinical experience, the women often use substances in the context of relationships. Substance use can begin because of social connections such as peers, family members and romantic relationships. Perhaps this is about fitting in or not disrupting the status quo. There can be a difference between commencing use as a result of that pressure versus maintaining habits in the context of family violence/intimate partner violence and the trauma associated with that. Within relationships characterised by intimate partner violence, substance use can be used to manage the impact of being traumatised (pain, lack of sleep, diminished sense of safety). And because of their substance affected state they are less connected to what is safe and what is not safe. Therefore they often remain in unsafe relationships. Substance use can be used in violent relationships in order to become the aggressor (power struggle). Using substances to facilitate/increase power so as not to identify with being a victim.

All of these dynamics are recreated when they come into custody. The **DTU allows them to have a place where they can work with others to create a sense of safety. Learning new methods and approaches, and dealing with others in healthy, positive ways while being constantly challenged in many other aspects of their current and historical experiences, presents as a significant task in itself in (and outside) the DTU.** In addition to treatment sessions, peer influence is used (and is often the main, critical driver) to help individuals learn and integrate new (and hopefully adaptive and healthy) social norms and more effective social skills. Without developing insight, behavioural change is not permanent and without practicing some of these newly developed skills/strategies, insight will not be enough.

The end of the prisons contract has left the women and custodial and non-custodial staff with a general sense of uncertainty which has been deeply unsettling. Wherever possible and if relevant, these issues have been explored in treatment. Most of our DTU participants (and the participants in some of our other groups) have expressed concerns about their circumstances, but also about the possibility of other women being unable to access the same programs in the future. In particular, existing and past DTU participants have reflected on the benefits of having an intensive residential program where participants can explore their substance use and offending behaviour in a safe and non-judgemental environment. It has also been important to recognise that our team has been a consistent fixture for nearly three decades and therefore a source of stability for the women as they have moved through the criminal justice system. Staff have made every effort to acknowledge, listen and reassure the women.

Being involved in the delivery of the DTU program has been challenging, frustrating, rewarding, demanding, gratifying, exhausting, fulfilling...and everything in between. In the same way that the program demands a stronger commitment from participants, it also compels staff to “show up” (in every sense). Staff’s expectations to assist participants to examine personal accountability will have little impact unless staff are willing to model the behaviour and hold themselves to the same standards.

The most gratifying and (at the same time) challenging moments in the DTU have involved participants coming to terms with the damage done to them and the damage that they have inflicted on others. Their ability to be that vulnerable and show that level of courage is what has inspired others to do the same. To witness participants’ and staff’s growth and to have had the privilege to contribute to it in some small way has been extremely rewarding and humbling. The fact that the program’s uniqueness was recognised through the ATCA accreditation, was a welcome acknowledgement of every participant’s and staff’s efforts to make a difference...and fight the good fight.

Appendix C

Reflections on the Women's 130-Hr AOD Program from a Treatment Support Officer

What do you see as the key aspects of your role as a TSO in the DTU at DPFC? How is this unique from other custodial roles?

Working with Caraniche so closely on a therapeutic level and how important it is to share information. Having shared downfalls and success with the participants is very rewarding knowing we all play a role in women achieving their goals. **I have found the women open up to me a bit more than in other units and they trust me more. Whilst maintaining security and good order, the women know we have a role as a Prison Officer and respect that. The women look past the uniform as I do to them in their prison issue clothing and see the person who made bad choices and are desperate to change their drug use and links to their offending behaviours.**

What do you see as the key impacts of the 130-Hr Women's program for the prisoners at DPFC? What do you see as the key impact of your role for these women?

It's interesting how important the right mix of women chosen to participate by Caraniche is. The women have to really open up with their inner most personal stories to other women which can be very challenging and confronting. **The women get excited to tell you what they have been working on and I motivated and encourage them on their achievements.**

What has been the impact of this role for you?

I have seen many women successfully complete the 130 hr program and have attended completion certificate presentations. I feel proud that they have volunteered themselves into this program knowing how Intensive it is and how motivated they are to start making changes. **I love seeing the changes in the women from start to finish and feel very proud that I perhaps played a part in this.** Regular staff is important as I believe consistency assists the women in having trust and being comfortable, especially around the women producing 2 random urine samples a week which is very uncomfortable for them due to past trauma. Bad impacts is not getting supported by Management and HR regarding staffing with regular DTU backfill and just placing any bum on seat.

What is one highlight from the last 18 months from being a TSO at the DTU at DPFC?

I can't just name one. I love my Job as a TSO and I will miss Caraniche as I know how much work they do in their counselling sessions and often get feedback from the women. One Woman who had completed the program moved to the R & T precinct and became a Peer Listener. She often visited me in my Unit just to say hi and let me know what she was up to. **I was so proud to see the changes in her and how far she had come**

Appendix D

Reflections on Individual Counselling from a Caraniche Clinician

Clients regularly reflect on the benefits of individual counselling (IC) experiences in comparison to their group treatment; *“Individual counselling is a lot more personal and direct”, “Sitting one-on-one every question is for me”, “It (IC) provided me with a safe space to open up and be comfortable sharing stories from the past that have been traumatic without feeling judged or looked down upon”.*

As a clinician a big focus of our initial work with clients is to build a robust therapeutic alliance that allows for the creation of a safe space for people who have been deemed by society to be deserved of ostracization. This can be difficult, often clients are sceptical and have been disconnected from themselves and others for years, most often decades. Despite this, IC is powerful, we have witnessed endless attitude changes towards IC and most importantly seeking future support *“Having been incarcerated for many years, professional help was not an option, but taking this opportunity has been worth it! Totally changed my attitude”, “My attitude towards IC has change. I didn’t believe in the process and didn’t give it time. I gave it no value. But now I have taken measures to engage in IC post release. I have made big changes and look forward to making more”, “Being a tradie or man, in the past I have frowned upon any sort of counselling, believing it to be a weakness. But my eyes have been completely opened to a new world of being able to express how I am feeling in a positive manner, I would seek it again”.* As a clinician to hear reflections like these are heart-warming.

IC further allows for positive role modelling in a space characterised by healthy communication, consistency, reliability, and trust. It provides an opportunity for clients to have their world view challenged in a non-threatening manner, and this can be a lasting impact following their exposure to this healthy dynamic. Many clients have reflected on the change their families and friends have also seen *“My relationships have improved drastically it has helped me to communicate with my partner and helped us understand each other better”, “My connections with my loved ones have been stronger than ever because I am able to be vulnerable with them”, “My family are proud of me”.*

Case Example

I have been working with a 46-year-old man for just over 6 months on an individual basis. He was charged with murder, attempted murders, and serious assaults offences. Initially, he presented to treatment thinking it would be easy. He had a narrative for his life, his drug use, and his offences that kept him emotionally safe and nobody ever dared to challenge it. He is a perfect example of a client who would have breezed through group treatment, hide behind others, and used his manipulation and survival skills to do what he needed to do to ‘tick the box’. I knew this and therefore IC was the only option for him at this time in his treatment journey. For this client IC has shocked him to his core (in a safe and healthy way I must add) because his narrative has changed. Despite this he remains motivated as ever to continue to explore and understand his new narrative and work on himself in a deep and meaningful way. This client has dropped his ‘tough guy act’ and is now using language such as ‘vulnerability, feelings, trust, safety, connection’. **To watch such growth in this client has been beyond rewarding.** To have the opportunity to help show him how to have a healthy connection, to be given his trust and to support him to see and connect with his authentic vulnerable self is invaluable, it’s what I love about my job.