

Offender Services & Programs Corrective Services NSW

Policy on Providing Psychology Services in CSNSW

EDRMS	D15/373711
Approval Date	10/11/2020
New Version Number	3.7
New Version Date	10/11/2020
Status	Approved
Contact	Director, State-wide Services Offender Services & Programs Psychology@justice.nsw.gov.au
Review date	10/11/2022

Printed copies of this document may not be up to date.
Ensure you have the latest version from the intranet
before using this document.

Policy on Providing Psychology Services in CSNSW

1	Policy Statement	4
2	Application	4
2.1	Registration requirements for psychologists working in CSNSW	4
2.2	Dual responsibilities	4
2.3	Psychology governance	5
2.4	Broad areas of psychology work	5
2.5	Language competency in the delivery of CSNSW psychological interventions	5
3	Scope	6
4	Purpose	7
4.1	Risk	7
5	Managing Referrals for Psychology Services	7
5.1	Psychology Referral Sources	7
5.2	Triaging referrals	8
5.3	Actioning Referrals	8
6	Determining operational priorities	9
6.1	Prioritising the workload of Psychologists	9
6.2	Immediate Priorities	10
6.3	High Priorities	10
6.4	Time dependent priorities - Reports, Structured Case Notes and Assessment of Criminogenic Risk/need	11
6.5	Routine Priorities	11
6.6	Priorities that are not directly related to Psychology service and program provision	12
6.7	Duties that are not a priority for Psychologists	12
6.8	Limitation on provision of service	13
7	Obtaining Psychology Information	13
7.1	Overview	13
7.2	Sources of Psychological Information	13
7.3	Obtaining and maintaining informed consent	14
7.4	When to obtain written consent	15
7.5	When to re-obtain written consent	15
7.6	When written consent is not possible	16
7.7	Recording status of consent	16
7.7	Capacity to Provide Consent (Inability to Consent)	17
7.8	Exceptions for obtaining informed consent	17
7.9	Limits of confidentiality	18
7.9.1	Immediate risk of self-harm	18
7.9.2	Immediate risk of harm to others	18

7.9.3	Managing self-disclosure	19
8	Recording Psychology information	19
8.1	Requirement to keep records of practice	19
8.1.1	Security of access to psychology information	20
8.1.2	Information subject to suppression	20
8.2	Creating records via the OIMS Programs and Services screen	20
8.3	Case notes guidelines	21
8.3.1	The Client Service Record (OIMS Case notes)	21
8.3.2	Psychologists' Confidential Working Notes (in EDRMS)	22
9	Registering and Releasing Psychology information	22
9.1	Legislative agencies and stakeholders eligible to apply for release of Psychology information	23
9.1.1	Rationale for releasing Psychology information	23
9.1.2	Types of information that may be the subject of suppression	24
10	Managing and Writing Psychology reports	24
10.1	External requests – Psychology Reports	24
10.2	Internal referrals from CSNSW staff – Structured Case Notes	25
10.3	Documentation and Psychological Report Standard Template	26
11	Mobile Services	26
12	External Psychologists and Agencies	26
12.1	Consultations and Information Sharing	27
13	Reporting of Psychology operations	27
14	Management of Provisional Psychologists	29
15	Relevant Acts	29
16	Related Policies, Procedures and Guidelines	31
16.1	Offender Management	31
16.2	Professional Standards	31
17	Relevant Frameworks	32
18	Definition of Terms and Abbreviations	32
19	Document history	35
Appendices		36
	Appendix A: Flowchart of Psychology Policy, Procedures, Annexures and Appendices	36
	Appendix B: Governance of Psychology Practice in CSNSW (Summary)	37
	Appendix C: Table 1: Operational priorities for CSNSW Psychologists	38
	Appendix D: Professional Development and Supervision	39
	Appendix E: Employment of Psychologists in CSNSW	40
	Appendix F: Psychology Student Placement	42
	Appendix G: Psychology Services in Community Corrections (Summary)	43
	Appendix H: Flowchart: How to use the psychology operational priority service lines in OIMS	44

1 Policy Statement

Corrective Services NSW (CSNSW), a Division of the NSW Department of Communities and Justice (DCJ), provides high quality, evidence based psychology services and programs. These are provided in custody, and in the community, to assist in reducing the risk of re-offending and to ensure the safe, secure and humane care of offenders.

Psychologists work as part of a multi-disciplinary team to deliver services and programs in correctional centres, and in the community, guided by CSNSW's Case Management Framework (see Offender Classification and Case Management Policy and Procedures Manual). All CSNSW Psychologists must prioritise their work according to the guidelines set out in Appendix C: Table of Operational Priorities for CSNSW Psychologists.

CSNSW provides relevant professional supervision for Psychologists that includes appropriate and equitable access to professional development opportunities in order to maintain relevant competencies in their areas of practice. Psychologists are required to comply with the continuing professional development standards set by the Psychology Board of Australia (PBA). They are required to participate in regular clinical supervision to support the provision of high quality standardised services across the state. Senior and Chief Psychologists are responsible for the recruitment, supervision and management of Psychologists and must conform to the professional development requirements for Psychologists.

2 Application

2.1 Registration requirements for psychologists working in CSNSW

All Psychologists who deliver services and programs in CSNSW must be registered with the [Psychology Board of Australia \(PBA\)](#). They must uphold the [Australian Psychological Society \(APS\) Code of Ethics](#) (2007) and comply with the Public Service Commission's *Behaving Ethically: A guide for NSW government sector employees* (2014) and the Department of Justice Code of Conduct and Ethics Policy (2015).

CSNSW Psychologists operate according to the provisions outlined in the [Crown Employees \(Psychologists\) Award 2012 \(Award Code 1876\)](#), the [Government Sector Employment Act 2013](#) and the associated capabilities outlined in the role descriptions for Psychologists, Senior Psychologists and Chief Psychologists.

2.2 Dual responsibilities

The work of Psychologists in CSNSW is governed by two distinct (but related) sets of duties, responsibilities and obligations in the conduct of their professional and workplace practice. These are:

- those imposed by various professional regulatory and advisory bodies
- their responsibilities as public servants of NSW, working in a setting that is subject to statutory control under various Acts, regulations, codes and departmental policies and procedures.

2.3 Psychology governance

The Clinical Governance Team (CGT) determines the scope, priority and operations of Psychology Services in CSNSW. The CGT is chaired by the State-wide Director Services and reports to the Group Director, Offender Services and Programs (OS&P) and the Assistant Commissioner, Offender Management and Programs (OMP) See Appendix B: Governance of Psychology Practice in CSNSW).

2.4 Broad areas of psychology work

CSNSW Psychologists work primarily within the following areas:

- **Regional clusters** – Psychologists work in geographic clusters. Cluster psychologists provide a range of assessments (e.g. risk of harm to self / others, re-offending, responsivity, mental health, and coping / adjustment), consultations, reports and services to, or about, offenders, as well as liaison with staff across both Custodial and Community Corrections in relation to offender management and those external to CSNSW.
- **Specific Needs** – Psychologists working in this area provide more intensive and specialised assessment, reports / consultation and management / intervention for offenders who present with marked difficulties coping with / adjusting to custody and have been assessed as having a cognitive impairment, challenging behaviours, serious mental illness, an escalating risk of self-harm / suicide and / or are mothers with babies or young children in custody.
- **Programs** – Psychologists working in this area deliver higher intensity criminogenic programs to higher risk offenders both in custody and in the community. They also provide specialised risk assessment, reports and risk management consultation for higher risk sex and violent offenders, and those with substantial engagement in challenging behaviours, including those offenders subject to Section 3.6: Extreme Threat Inmates Management Policy (CSNSW Custodial Operations Policy and Procedures), and/or the [Crimes \(High Risk Offenders\) Act 2006](#).

2.5 Language competency in the delivery of CSNSW psychological interventions

Many psychologists within the CSNSW Psychology workforce are multilingual. As such, requests are sometimes made for the provision of psychological interventions in languages other than English.

CSNSW Psychologists are instructed to provide interventions only in the English language or through the use of an accredited interpreter as per instructions outlined in 11.1 of the Custodial Operations Policy and Procedure (COPP).

This is to ensure that CSNSW psychologists practice in line with the Australian Health Practitioner Regulation Agency (AHPRA) regulations which prescribe standards relating to English language competency in the provision of psychological constructs.

Adherence to use only of the English language or accredited interpreter services in CSNSW psychological interventions minimises legal and ethical repercussions based on the ambiguity of proficiency of language.

Exemptions to this instruction will only occur where the psychologist can demonstrate

- Formal qualification in an alternative language to English (even if the language is the psychologist's first or predominant language of use outside of the CSNSW environment).

And

- Competency in the delivery of psychological interventions within this language

Requests for exemption must be discussed with your line manager in the first instance and escalated to the Clinical Governance Team (CGT) for review should the request be progressed.

The applicant should take note of the following:

When reviewing applications, CGT will hold applicants to a comparable standard to those who apply for registration with AHPRA and who must demonstrate their proficiency in the English language. That is CSNSW applicants must meet a comparable standard of language proficiency as those meeting the AHPRA English standard guidelines to practice as a psychologist within Australia e.g., proficiency of the English language as well as delivery of psychological constructs using the English language.

In cases of crisis / risk to the safety of self or others / risk to the security of a CSNSW location, duty of care principles apply and where warranted communication may occur via alternative mechanisms such as use of a language skill outside of English.

3 Scope

This Policy on Providing Psychology Services in CSNSW applies to all Provisional Psychologists, Psychologists, Senior Psychologists and Chief Psychologists working in the OMP Branch of CSNSW. They must comply with this policy, and the seven supporting procedures and associated guidelines and annexures, in the conduct of their work with, and relating to, offenders in custody and in the community (see [Appendix A](#) – Flowchart of Psychology Policy, Procedures, Annexures and Appendices D15/584035).

Those NSW Correctional Centres that are subject to Operating / Management Agreements (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 Assistant Commissioner, OMP has oversight for implementing this policy. The Group Director, OS&P through the Director State-wide Services and Director State-wide Programs is responsible for monitoring compliance with the policy.

Governance and Continuous Improvement has responsibility for performance monitoring and reporting against associated Service Specifications and Key Performance Indicators.

4 Purpose

This policy provides the framework and guidelines for supporting procedures in the following areas of Psychology operations:

- Managing and Prioritising Referrals to Psychology Services
- Obtaining Psychology Information
- Recording Psychology Information
- Writing and Managing Psychology Reports.
- Registering and Releasing Psychology Information

See Psychology Services Chart of Policy and Procedures (D15/584035) for an overview of all psychology-related documents.

This policy supports consistency, effectiveness and efficiency of psychological operations across all areas of CSNSW. It provides the basis for Psychologists to deliver high quality services and programs according to the standards of the profession. It protects the safety and well-being of Psychologists working in CSNSW.

4.1 Risk

Non-compliance with this policy and its supporting procedures pose a significant risk which may result in:

- inefficient use of resources negatively impacting OS&P targets
- inconsistent service delivery
- risks to the health and safety of staff or clients
- risks to the public by way of notifiable misconduct or substandard performance of a registered health practitioner.
- Reprimand and / or termination from employment with CSNSW

5 Managing Referrals for Psychology Services

5.1 Psychology Referral Sources

Psychologists generally receive referrals requesting psychology service/s, for or about an offender, from the following sources:

- CSNSW staff (e.g. Community Corrections, Custodial Corrections, Offender Services and Programs, Chaplaincy, other psychologists),
- Justice Health staff
- Other external agencies (e.g. judges/magistrates, [State Parole Authority \(SPA\)](#), NSW government tribunals, and other statutory bodies).

All referrals made to Psychology services are to be secondary level referrals.

Psychology referrals from internal sources (within CSNSW and non-psychologists only) are made using the 00Referral Psychologist from the Programs & Services screen within the Offender Integrated Management System (OIMS). Referrals from external sources and paper based referral packages / referrals arrive via email and / or JusticeLink, and in a minority of cases by fax. Referral questions / issues from all sources should relate to CSNSW psychology service / program operational priorities for Regional Clusters, Specific Needs and Program areas (See [Appendix C](#). Table 1 Operational Priorities for CSNSW psychologists).

5.2 Triage referrals

All referrals to CSNSW Psychology must be triaged by a Psychologist and considered within CSNSW's Case Management Framework (D17/447732). Senior Psychologist(s) within each Business Unit are responsible for:

- overseeing the triage process (as outlined below)
- accurate recording of all psychology service provision
- meeting the performance targets set for their Business Unit.

The triage process starts by identifying any new referrals for the Business Unit, from all sources of referral daily (OIMS reports, generic Psychology emails, JusticeLink and fax) (see [Appendix H](#): Flowchart - How to use the psychology operational priority service lines in OIMS).

Once a referral has been identified, there will be one of three outcomes. The psychologist will:

- Triage and accept the referral to an appropriate PSYCH wait list/s for psychological services (keeping in mind Operational Priorities for psychologists) or
- Triage and decline the referral as clearly and obviously inappropriate / erroneous / containing insufficient information and / or outside the scope of CSNSW psychology operational priorities (and where relevant, redirect and / or inform the referrer of the outcome / rationale) or
- Obtain further information from the referrer and / or other sources to assist in appropriate triage of the referral.

A decision can be made to accept or decline a referral based only on the information the referrer has provided in the comment section, or it might require some investigation prior to acceptance / rejection of the referral. The outcome and rationale must be clearly documented when closing the referral (or generating the appropriate PSYCH waitlisting), and, where relevant, the referrer should be informed.

For detailed instructions, refer to the Procedures for Managing Referrals to Psychology Services in CSNSW.

5.3 Actioning Referrals

Referrals that have been triaged into the appropriate service lines are required to be actioned according to the specific priorities as defined under Operational Priorities for CSNSW Psychologists (see [section 6](#)).

Services that require an offender to be actively engaged in the process must adhere to principles of Motivational Interaction and Trauma Informed Practice (TIP) and care. CSNSW psychologists

may refer to the [Motivational Interaction](#) training offered by the Brush Farm Academy and a [Practice Guidelines of Trauma Informed Care and Service Delivery](#) by the Blue Knot Foundation.

The content of interventions for offenders must be informed by appropriate assessment and case formulations. Interventions must be evidence base, which may include but are not exclusive to Cognitive Behavioural Therapy, Dialectical Behaviour Therapy, Schema Therapy and Solution-Focused Brief Therapy. CSNSW psychologists must have adequate knowledge of the evidence based intervention they choose to deliver

Interventions may also be services that do not require an offender to be actively engaged. These may include referrals to other units or services, monitoring of case notes, consultations or providing advice to internal / external stakeholders to enhance the case management of an offender.

Any interventions conducted must be appropriately recorded on CSNSW record keeping platforms. Refer to [section 8](#) for more information regarding requirements of record keeping practice.

6 Determining operational priorities

6.1 Prioritising the workload of Psychologists

Prioritising the workload of Psychologists can be challenging as they work directly with offenders, but also because they have other non-offender specific work interspersed. There are two documents designed to assist Psychologists to determine their work priorities:

- [Appendix C](#): Table 1 - *Operational priorities for CSNSW Psychologists* provides a quick reference guide.
- [Appendix H](#): Flowchart – *How to use the psychology workload priority Service Lines in OIMS*.

These guidelines for determining work priorities are designed to:

- be applied to Psychology operations state-wide,
- be administered according to the business priorities of the BU and
- guide the day-to-day operations of individual Psychologists.

They can assist with:

- triaging referrals, caseloads and resources within each area
- advising the referrer as to the priority of their referral
- formulating case plans when requested by case managers
- allocating resources across the state and across areas

The operational priorities of Psychologists are triaged into the following:

- Immediate Priorities
- High Priorities and Time-Dependent priorities
- Routine Priorities
- Priorities that are not directly related to the provision of Psychology services

- Duties that are not a priority for Psychologists.

There are limitations to the work provisional Psychologists are able to perform. Refer to [section 14](#) Management of Provisional Psychologists and [Appendix E](#): Employment of Psychologists in CSNSW.

6.2 Immediate Priorities

The type of services indicated in the immediate operational priorities for Psychologists relate to duty of care. Services are provided to maintain:

- safe, secure and humane management within the immediate environment of people in custody or under supervision or assessment of CSNSW and
- the safety of staff managing them.

Immediate priorities generally focus on assessment and management of risk related to the safety, security and good order of a correctional centre, risk of harm to self and/or others or acute mental ill-health. Psychologists address immediate priorities through face to face contact within three days of triage and every three days thereafter until the service line is closed. These are often performed in conjunction with other OS&P staff, Custodial and Community Corrections Staff, [Justice Health](#) staff and/or relevant community agencies (e.g. Area Mental Health, [NSW Police](#)).

6.3 High Priorities

The type of services indicated within the high operational priorities for Psychologists also relate to duty of care. Services are provided to maintain:

- safe, secure and humane management within the immediate environment of people in custody or under supervision or assessment of CSNSW and
- the safety of staff managing them.

Under current CSNSW policy, High Priority duties require the specialised skills and knowledge of psychologists. These include:

- assessment and intervention / recommendation regarding Sub-Acute Self-Harm /Suicide, Sub-Acute Mental Health Impairment or Violence / Aggression. These offenders are not assessed as an immediate risk of harm to self and / or others, or an immediate priority, but still require higher levels of monitoring / intervention / management due to additional concerns regarding vulnerability, chronic and / or fluctuating risk issues or other pertinent issues
- thorough clinical and functional assessments of more complex cases, in particular, those that are identified as challenging to manage within the mainstream custodial environment or under community supervision
- assessments of cognitive functioning / impairment and / or brief interventions for cognitive impairments
- functional assessments of behavioural management problems, or other features of complex cases (including mental health impairments) that hinder management within mainstream custodial environment or community supervision.

Some high priority duties may help inform completion of Immediate and Time-Dependent Priorities.

Some high priority duties will be exclusive to particular areas of Psychology operations (e.g. Programs, Specific Needs).

6.4 Time dependent priorities - Reports, Structured Case Notes and Assessment of Criminogenic Risk/need

The type of services indicated within the time dependent operational priorities for Psychologists relate to provision of information by a specified deadline. Services are provided to:

- respond to mandatory reports
- assist with higher level decision making

Time-dependent priorities require planning as some time-lines are very short while others may have a due date further in the future. Psychologists provide mandatory psychological reports, structured case notes and / or advice in a timely and accurate manner in response to:

- Referrals from judges / magistrates, NSW State Parole Authority, or other statutory bodies (e.g. [Serious Offender Review Council \(SORC\)](#), [Mental Health Review Tribunal](#), [NSW Civil & Administrative Tribunal Guardianship Division](#))
- Referrals from Community Corrections and/or Custodial Corrections (e.g. those designated as Extreme Threat Inmates, high risk offenders at the pre-sentence, pre-release or needing risk management etc.)
- clinical and specific criminogenic risk assessments
- delivery of criminogenic programs for higher risk offenders (e.g. sex offenders, violent offenders and those with a substantial history of alcohol or other drug issues related to their offending behaviour).

Psychologists must prioritise reports, consultations and advice by due date and clinical significance, according to the following order of priorities:

1. advice to Ministerial and Parliamentary requests
2. consultations that inform management in custody (including segregation reviews, management in Specific Needs Units, advice concerning High Risk Offenders and Extreme Threat Inmates)
3. reports that inform decisions about diversion from custody or corrections (people with cognitive or mental health impairments)
4. reports / consultations that inform decisions about releasing people from custody (including consultation to Community Corrections for a Pre-Release Report (PRR))
5. reports / consultations that inform decisions about sentencing (including consultation to Community Corrections staff reports e.g. Pre-Sentence Report (PSR))
6. reports / consultations that inform decisions about internal or inter-agency case management (including consultation to other relevant staff reports).

6.5 Routine Priorities

Routine priorities relate to duties that overlap with services provided by other areas of OS&P, and as such are the lowest priority for Psychologists. These include, but are not limited to, providing:

- specific assessment relating to suitability (on the basis of responsivity) and facilitation of referral to, and progression through, criminogenic programs
- assessment and interventions / recommendations to address specific responsivity factors affecting suitability for criminogenic programs
- assessment and interventions / recommendations for adjustment and successful reintegration to custodial or community environment in more complex cases
- assessment and interventions / recommendations to promote long-term functioning and well-being including mental health and social / interpersonal functioning in more complex cases.

Some routine priorities may become time dependent priorities e.g. when an offender is due to be released from custody and transitional adjustment concerns require a greater intensity of intervention.

6.6 Priorities that are not directly related to Psychology service and program provision

Operational priorities that are not directly related to Psychology service and program provision may vary depending on the local and state-wide demands at any given time. These can include:

- performing specific tasks at the direction of the Director State-wide Services or Director State-wide Programs or delegate (e.g. hard copy file archiving, psychometric test stock-take)
- carrying out operational development activities at the direction of the Director State-wide Services or Director State-wide Programs or delegate (e.g. recruitment, quality assurance projects, workshops, working parties, staff meetings)
- attending peer consultation and supervision meetings (either group or individual, by arrangement)
- maintaining knowledge of CSNSW policy, procedure and practice guidelines
- maintaining academic psychological and related knowledge to support practice
- other continuing professional development activities at direction and / or with approval from Director State-wide Services or Director State-wide Programs or delegate (e.g. attending training, annual CSNSW conference – See Appendix D: Professional Development and Supervision)
- developing and / or providing training at direction of Director State-wide Services or Director State-wide Programs or delegate.

6.7 Duties that are not a priority for Psychologists

Psychologists may, from time to time, be requested to perform duties that fall outside the priorities listed above. Psychologists must seek approval from their manager prior to proceeding with such duties.

At times, low priority work may be difficult to distinguish from immediate or high priority work, particularly where low priority referrals require resolution to prevent an issue from becoming a higher priority. In these instances the Risk, Needs and Responsivity principles, program integrity

and clinical judgement can be used to help prioritise work. In addition, Psychologists and managers must use clinical judgement for each individual case when resolving a conflict of priorities. Clarification regarding appropriate prioritisation of local psychological duties must be sought initially through the relevant Senior Psychologist(s) and escalated to the appropriate Chief Psychologist when required.

Referrals must be considered within CSNSW's Case Management Framework. These must first be assessed for validity, priority and the action required. A referral must then be triaged and acted upon based on the operational priorities for Psychologists. The process of triaging referrals and maintaining referral integrity improves the quality of Psychology services and programs offered and delivered. This also ensures that the skills and training of CSNSW Psychologists are better utilised while simultaneously meeting agency service requirements.

6.8 Limitation on provision of service

Following six occasions of service with the same offender, and before any further service, a psychologist must discuss the offender's case with their Senior Psychologist. This is to limit the possibility of over-servicing to any one offender.

7 Obtaining Psychology Information

7.1 Overview

CSNSW psychologists should be aware that multiple NSW Government Acts, codes and conditions impact on consent and confidentiality within the forensic context. Confidentiality of information obtained in the course of their practice is a general standard of professional conduct for psychologists. This means psychologists are obliged to refrain from discussing information obtained in the course of their practice except under legislation, policy or consent. Psychologists are also obliged to ensure that their practice is transparent and delivered under the conditions of informed consent (as required when interviewing an offender), and to disclose information under conditions of limited confidentiality as required.

CSNSW psychologists are required to provide and collect personal and official information regarding an offender and their offences, for the purpose of informing all aspects of offender management and care.

Personal information collected must be stored in secure locations and is subject to the ethical principles that govern the disclosure release and purpose of the information collected.

The *Procedures for Obtaining Psychology Information in CSNSW* (D15/466225) provides instructions that maximise professional standards and consistency of practice pertaining to the appropriate gathering of psychology information for psychologists working within mandated environments.

7.2 Sources of Psychological Information

Information for use by psychologists is gathered through file review, face to face interviews, and case discussions with internal staff, external government agencies and non-government sources where appropriate.

To maximise safety in practice, psychologists must review pertinent file information prior to making contact with an offender (this should, at a minimum, identify any known safety issues that may impact the conditions under which the psychologist is able to see the offender).

To ensure consistency of practice, CSNSW psychologists must use standard interview / assessment / report / consultation templates including:

- CSNSW Psychology Interview Schedule (D15/481381)
- CSNSW Psychology Report Template (D15/481388)
- Structured Case Note Guideline for CSNSW Psychologists (see D15/517216)
- Standardised psychometric procedures as stipulated in manuals (e.g. Wechsler Adult Intelligence Scale; Violence Risk Scale).

7.3 Obtaining and maintaining informed consent

Informed consent refers to an ethical process where an offender has the ability to voluntarily agree to engage in a particular behaviour, treatment or activity based on comprehensive information provided to them. It is the act of reaching an accord, for example when a patient agrees to a specific treatment offered by a doctor. The act of agreement requires three basic principles:

- that the offender is freely able to give consent (refers to being free of harm, threat, or coercion etc.)
- that the offender has sufficient knowledge (refers to understanding, knowledge and capacity) to do so
- that the process of obtaining consent follows ethical guidelines.

These three principles require psychologists to assess what may be influencing that offender's decision making and their ability to use reason and engage in cognitive processing.

Obtaining informed consent is a dynamic process requiring ongoing attention throughout all contacts with the offender. CSNSW Psychologists are referred to the [APS Code of Ethics \(2007\)](#) – specifically standards A.3, A.4, A.5 and A.7 for guidance – as these refer to legal and forensic contexts and CSNSW Psychologists' responsibilities in obtaining informed consent.

Obtaining consent within a correctional setting raises a number of concerns that need to be considered, such as the offender's capacity and competency, which are particularly relevant to mandated offenders who have mental illnesses or those with diminished cognitive ability.

Capacity involves a number of individual factors that need to be observed and demonstrated at interview. These are:

- **Understanding** (to determine relevant information)
- **Reason** (to be able to rationally manipulate the information - weigh up 'pros and cons')
- **Appreciate** (what is the nature of their own situation – environment, mental illness and benefits of treatment) and
- ability to **Communicate** (to be able to state a choice).

At first point of contact psychologists must consider the offender's capacity for decision-making within three critical areas:

- **Disclosure of information** – which refers to having knowledge and understanding of the work of CSNSW psychologists and how it applies to them.
- **Comprehension of information** – which refers to having adequate cognitive skills and conceptual understanding. Psychologists can help an offender understand how the case management process requires shared information and to clarify how the information they provide will be handled by the psychologists.
- **Voluntary choice** – which refers to the capacity to engage in a process of rational thinking.

When obtaining consent, psychologists should ensure that the offender understands clearly that:

- they are consenting to contact with Psychology Services as a whole and not with just a specific Psychologist, and
- their information is shared within CSNSW Psychology Services.

Psychologists must provide regular and timely feedback to the offender regarding the conditions of contact with CSNSW Psychology Services and be prepared to revisit these principles whenever relevant. Wherever possible, CSNSW psychologists must be transparent about how they are managing offender information within CSNSW Psychology Services and CSNSW in general.

Individuals detained in correctional centres or under community supervision are offered the opportunity to speak to a psychologist should they wish to discuss any questions or concerns relating to consent and the limits to confidentiality.

There are three CSNSW Psychology consent forms which can be downloaded from EDRMS:

- Form 2A: Psychology Participant Information Statement and General Consent Form (D15/467186)
- Form 2B: Psychology Participant Consent for Treatment (D15/467230)
- Form 2C: Psychology Participant Decline/Withdraw Consent (D15/467271)

7.4 When to obtain written consent

Psychologists must obtain formal written consent when

- an inmate /offender is initially establishing contact with psychology services/ programs
- a new practitioner is commencing work with an offender
- when an offender has previously refused or withdrawn consent and consent is being reinstated
- The offender is commencing group work
- The inmate is being offered entry into a treatment program

7.5 When to re-obtain written consent

Psychologists must reobtain formal written consent when

- The inmate is currently being offered entry into a treatment program (if consent has already been obtained by psychology services)
- 12 months has expired since the offender provided consent for psychological services
- Where a psychologist feels that it is in their best practice to reobtain formal written consent

There is no requirement for written consent to be reobtained for the purpose of conducting assessments, Structured Case Notes (SCN) or psychological reports (if the practitioner constructing these documents has previously obtained written consent from the offender within the last 12 months). However, verbal consent must still be obtained with the offender, outlining the current purpose and intent of the contact.

On each occasion that formal written consent is obtained, a corresponding OIMS appointment must be made in the PSYCHConsent service line (one minute administration appointment). The fact consent was obtained should also be outlined in the offenders case note for the contact.

Where verbal consent has been obtained (for continued participation in psychological services) notation must be made in the offender's OIMS case note and progress note (as applicable). This notation must clearly outline the reason for contact and the specific purpose the psychologist has seen the offender for.

Evidence of re-obtained formal written consent is reflected in the use of a new consent form and documentation of this process on the OIMS PsychConsent service line, in addition to recording the signed consent form in the offender's EDRMS psychology file.

If consent has been refused or withdrawn for the specific purpose for which it was obtained, then any further information disclosed after this withdrawal of consent cannot be used. Psychologists should make every effort to discuss reasons for refusal and subsequent courses of action, after which the interview must be terminated if the withdrawal of consent is maintained. The reasons for withdrawal of consent must be documented in OIMS case notes, EDRMs progress notes (as applicable), on the OIMS PsychConsent service line and by the uploading of 2C Psychology Participant Decline / Withdrawal Consent Form. This documentation allows future psychologists to further explore reasons for the offender/inmate not providing consent or reasons for withdrawing from psychological contact.

7.6 When written consent is not possible

There are times when a psychologist may not be able to obtain written consent from a client in the first instance, for example, when providing a telephone service or engaging the client through virtual media (i.e., tele-health). Although it is always preferable to have a signed agreement from the client, when this is not possible and only verbal consent is given, the psychologist should note this in their case notes with a comment such as, '*I have discussed the information in the Information Statement & Participant Consent Form with the client and received verbal consent to proceed with telehealth services*'.

Should the psychologist see the client in person at any time in the future, they are encouraged to re-obtain consent in writing.

7.7 Recording status of consent

While there is no legal requirement to document the provision of consent, the APS Code of Ethics instructs psychologists to document a client's consent prior to providing them a service.

The current status of consent to psychology services is recorded by psychologists on the PSYCHConsent service line on OIMS (see *Practice Guidelines for PSYCHConsent* - Annexure 1.16 - EDRMS D17/464052). Psychologists are to ensure consent is current in order to provide

voluntary services. A record must be maintained on OIMS regarding provision of psychology services where no consent or only verbal consent is obtained, or following withdrawal of consent.

7.7 Capacity to Provide Consent (Inability to Consent)

In some circumstances, an assessment will be required to determine an offender's capacity to provide informed consent and their ability to engage in a decision making process. These circumstances could include cognitive and/or severe mental health impairment, intoxication from alcohol and other drugs, situational distress and/or suicidality. A [Capacity Toolkit](#) is available for use to assist in determining capacity for consent.

Consideration should be given to the fact that incapacity can be either temporary or relatively enduring, and where appropriate, informed consent should be revisited at a later time with the offender or their legal guardian. An offender may also have the capacity to consent to some aspects of their life (e.g. accommodation) but not to other aspects (e.g. finances). In some circumstances such as when consenting to interviews that have an impact on charges, an appropriate support person may be required to ensure the offender understands the consequences of consent.

Consideration should be given to the offender's capacity for expressive and receptive communication when considering capacity to consent. The psychologist must keep in mind and ensure that the rights and dignity of offenders who have an identified impairment are protected and promoted when making case management decisions to proceed with services.

Psychologists can contact the NSW Civil and Administrative Tribunal (NCAT) [Guardianship Tribunal](#) for advice regarding consent in the event capacity is in question without formal referral to the Tribunal. Contact the Guardianship Division and speak to an Enquiry Officer regarding complex consent to treatment issues (Telephone: 1 300 006 228 then follow the prompts).

Motivational interviewing may be employed to explore and promote an offender's capacity to consent. However, caution must be used to avoid voluntary elicitation of any relevant information from the offender prior to the provision of fully informed (and capable) consent.

7.8 Exceptions for obtaining informed consent

There are certain circumstances which may inhibit an individual's ability to provide informed consent. In these cases, effort should still be made to provide information to the individual regarding the purpose of contact with a psychologist and the way the information will be used. Transparency should be maintained regarding any assessments that are being undertaken. As a guide, consent is NOT required:

- for risk of harm to self or others
- for risk assessments including duty to warn about serious and imminent risk to the safety, security and good order of a correctional centre
- in cases where no voluntary information is elicited from the individual, such as when undergoing a case file review, observation or consultation with other CSNSW staff without interviewing the individual (e.g. for criminogenic risk assessments for High Risk Offender assessments, pre-sentence consultations, STATIC-99R administration etc.)

- when a CSNSW Psychologist is performing general duties as a CSNSW staff member that are not specific to their employment as a CSNSW Psychologist, such as being part of a Risk Intervention Team
- for Mandatory notification of suicide / self-harm
- for Mandatory notification of significant risk of harm to a child (See Section 21.10 - Custodial Operations Policy and Procedures)
- for Mandatory notification of reportable conduct by a practitioner.

7.9 Limits of confidentiality

Confidentiality of information obtained in the course of psychological practice is a general standard of professional conduct. This means Psychologists are obliged not to discuss information obtained in the course of their practice except when covered by legislation, policy or informed consent.

A psychologist may be required to disclose information to other CSNSW staff under circumstances involving risk related to the safety, security, and the good order of a correctional centre. When an offender discloses information related to such circumstances, psychologists should consider the risks to the individual making the disclosure but also the context and ramification for others who may in turn be placed at risk.

A psychologist can discuss a case in general terms, with other CSNSW staff to inform a case plan, placement or classification of an offender. Psychologists may not make requests or recommendations regarding the placement, classification or security rating of an offender. Psychologists may discuss a case in general terms in supervision with other psychologists.

7.9.1 Immediate risk of self-harm

If an offender reports they are, or they have been assessed as, an immediate risk of harm to themselves this must be immediately reported and appropriately documented.

If in custody:

A Mandatory Notification Form and procedure is to be completed/followed, the Officer In Charge informed, a case note entered and an Incident Report Module completed as appropriate (See section 13.1 *Serious Incident Reporting, Custodial Operations Policy and Procedures*, as well as *Guidelines for Suicide / Self-harm D15/245187*).

If in the community:

The community/area mental health team, Hospital Emergency Department and/or police should be contacted to help manage the immediate situation/risk. It should also be immediately reported to the supervising officer and/or unit leader/manager, the alert screen updated, case note entered and an Incident Reporting Module completed as appropriate, within 2 hours of the incident (See the [Community Corrections Policy and Procedures Manual](#)).

7.9.2 Immediate risk of harm to others

If an offender reports they are going to harm someone, or they are assessed as an immediate risk of harming someone, this must be immediately reported and appropriately documented.

If in custody:

The Officer in Charge should be informed and/or CIG and/or police as necessary, to assist in managing the immediate risk. The alert screen should be updated, case note entered and an Incident Report Module completed as appropriate (See *Custodial Operations Policy and Procedures* [section 13.1 Serious Incident Reporting](#)).

If in the community:

The situation/risk should be reported immediately to the supervising officer/unit leader/manager and/or CIG and/or police. (Case notes should be entered and an Incident Reporting Module completed as appropriate (See the *Community Corrections Policy and Procedures Manual*; and *Guidelines for Situational Aggression / Immediate Harm D15/245190*).

7.9.3 Managing self-disclosure

If an offender provides details of an offence the police are not aware of, then the psychologist is obliged to report the information as per [Section 316 of the Crimes Act 1900](#). The psychologist should also provide the information to CIG.

If an offender provides information related to the safety, security or good order of a correctional centre (e.g., inciting riot, unrest within the placement, possession of contraband, transaction of illicit substances, etc.), the psychologist is required to report the information to relevant custodial correction management staff and CIG to ensure the risk situation can be managed appropriately. Refer to [Custodial Operations Policy and Procedures 16.2](#) for detail on information likely to affect the security of a correctional centre and intelligence reporting.

The psychologist must offer offenders the opportunity to discuss any questions or concerns relating to consent and the limits to confidentiality. Offenders must be informed that all contact information will be placed in a psychology file or case management note in OIMS.

Information contained on psychology files will only be released under conditions of lawful request or informed consent. The Psychology CGT governs recommendations for the release of information contained in psychology files.

For a more detailed discussion, review the *Procedures for Registering and Releasing Psychology Information in CSNSW*.

8 Recording Psychology information

8.1 Requirement to keep records of practice

CSNSW Psychologists are required to keep records of their practice and are accountable for information contained in records they have created. Psychology records, regardless of the manner in which these have been created and stored in CSNSW become part of State Records.

As such, these are subject to the:

- Records Management Policy (D07/42418)
- [DCJ Digital Imaging of Records Procedure](#)
- Records Management Policy of the NSW Government

- ethical standards of the Psychology profession.

Current and future Psychologists working in CSNSW can use information contained in records created by Psychologists (with the exception of Special Purpose Centre records) for:

- file review to inform an assessment or report to be provided within CSNSW or external to CSNSW (e.g. court, [SPA](#), [MHRT](#))
- hypothesis generation and case formulation
- treatment or intervention planning
- treatment or intervention continuity or maintenance.

Current and future non-psychologists working in CSNSW (e.g. OS&P, custodial, community corrections staff) can use information contained in records created by Psychologists to inform decision making for:

- safe, secure and humane management of risk to self, risk to others, risk from others
- case management strategies (including risk assessment and service and program planning) to reduce risk of re-offending
- case management strategies (including service and program planning and throughcare recommendations) to enhance community support and successful reintegration.

8.1.1 Security of access to psychology information

Psychologists must keep in mind these possible uses and means of disclosure when recording information and making decisions about where, and if, to store information. Information stored by Psychologists in any screen of OIMS is accessible to all CSNSW staff (similar to hard copy material on custodial case file and community corrections case file). Information in OIMS is subject to legal disclosure outside of CSNSW by staff who are not psychologists. This disclosure can occur without consultation with CSNSW Psychology and without any individual Psychologist being aware that this disclosure has occurred.

8.1.2 Information subject to suppression

Any record that is identified by a Psychologist as containing information that could be subject to suppression of information release (see [Types of Information Subject to Suppression](#)) should be clearly marked and identified as such to enable a future informed decision to be made about the release of this information.

8.2 Creating records via the OIMS Programs and Services screen

CSNSW Psychologists must record all services and programs provided under one of psychology service lines in the OIMS Programs and Services screen. The OIMS Programs and Services screens provide Psychologists the means to:

- provide a singular, consistent and accessible repository for referrals to the CSNSW Psychology service
- record data for every service provided by a psychologist to every offender, which can then be used for corporate reporting purposes

- provide a 'snapshot' of programs and services activities, in conjunction with other OS&P staff.

Psychologists should note that the OIMS Programs and Services screen is the primary source of data and information about psychology services delivered to offenders for corporate reporting purposes. As such, information entered should be accurate and focused on the services and programs provided to each offender. The OIMS Programs and Services screens are NOT to be used to account for Psychologists' time. There will be activities performed by psychologists that will not be able to be accounted for in the OIMS Programs and Services module. For example, consultation with another OS&P staff member should only be recorded once in the OIMS Programs and Services module; staff involved should negotiate who will record the type and time of consultation. While the service lines 'count' core business for quantitative statistical and inquiry purposes, the comments provide the qualitative aspects of the data. Any comments in the Appointment section of the Programs and Services screen should only include information about the logistics of the appointment itself; case specific information should be recorded in either an OIMS case note and / or a psychology file progress note. Drop down menus in the Programs and Services module allow reflection regarding the offenders level of engagement and understanding.

The Update Status Comment populates an OIMS case note when a service or program is completed. Therefore the final comment entered prior to changing status to Completed should be of a summary nature.

8.3 Case notes guidelines

Psychologists are ethically bound to make and keep full and accurate records of their activities with clients, including creating and maintaining case notes in OIMS. CSNSW Psychologists must adhere to the Psychologists' Case Notes Guidelines: Privacy and Access (see D15/427106) endorsed by the Public Sector Senior Psychologists' Forum (PSSPF). These guidelines ensure consistent practice by psychologists across different NSW government agencies, such as the DCJ (including CSNSW, Juvenile Justice and NSW Police Force), [NSW Health](#), [Department of Family and Community Services \(FACS\)](#), [Education and Communities](#).

The PSSPF developed and endorsed a 'Two Part Client File System' which distinguishes between information in (1) 'Client Service Records' that needs to be shared and information in (2) 'Psychologists' Confidential Working Notes' which require limited access and are restricted from non-psychologist colleagues.

8.3.1 The Client Service Record (OIMS Case notes)

The Client Service Record holds client information that CSNSW is entitled to know, and which can be shared with current and future non-psychologist staff also responsible for these clients (PSSPF Guidelines). It may include:

- demographics and contact details
- consent form
- significant activities affecting the organisation's management of the person:

- referral
- assessment outcome
- treatment plan/ management recommendations
- treatment attendance (date, service provided, treatment compliance and progress)
- risk factors and psychological response (e.g., suicide ideation, mental and physical health crises, risk of harm to others, escape plans, serious indictable offence information, risk of significant harm to children, etc.)
- contact with external organisations, significant others (family, etc.), including formal correspondence and reports back to the referrer, discharge summaries, etc.
- information requests (Government Information Public Access ([GIPA](#)), subpoenas, [Chapter 16A requests, Children and Young Persons \(Care and Protection\) Act 1998](#), etc.)
- formal reports to external agencies.

8.3.2 **Psychologists' Confidential Working Notes (in EDRMS)**

'Psychologists' Confidential Working Notes' contain professional, technical or detailed personal confidential information that the psychologist needs to maintain for professional service provision, but which non-psychologists in the service do not 'need to know' (as defined by privacy and health records legislation) (PSSPF Guidelines). These may include:

- provisional diagnoses, hypotheses, etc.
- assessment and report preparation materials (interview notes, phone interviews, drawings, diaries)
- detailed psychological treatment plans and reviews
- session notes, including sensitive material relevant to the psychological assessment, but irrelevant to the ongoing management of the person for which other non-psychologist staff share responsibility.
- test protocols, homework sheets
- collateral information from external professionals, family, etc.

NB: This section on recording Psychology information should be read in conjunction with sections on

- Obtaining Psychology Information (above) and
- Releasing Psychology Information_(below).

For more details, refer to the *Procedures for Recording Psychology Information in CSNSW*.

9 **Registering and Releasing Psychology information**

Information contained in psychology files will only be released under conditions of lawful request or informed consent. The Psychology CGT governs decisions to release information contained in psychology files.

9.1 Legislative agencies and stakeholders eligible to apply for release of Psychology information

Information on Psychology files may be requested in relation to

- Subpoenas
- the [Government Information \(Public Access\) Act 2009 No 52](#) via Information Access and Privacy Unit (GIPA)
- [S25\(1\) Crimes \(High Risk Offenders\) Act 2006](#)
- [S16 Child Protection \(Offender Prohibition Order\) 2004](#)
- [Ch16A and S248 Children and Young Persons \(Child Protection\) 1998](#)
- [S34A Health Care Complaints Act 1993](#)
- [S31 Child Protection \(Working with Children\)](#)
- [Crown Solicitor's Office action](#) (on behalf of CSNSW)
- Internal inquiry(e.g. Death in Custody Committee; Investigations Branch)
- The provision of consent to disclose by the offender

9.1.1 Rationale for releasing Psychology information

The purpose of such requests would be to assist in matters being dealt with by:

- The courts (e.g. coroners, local, district, supreme, children's, family, federal)
- Tribunals (e.g. Administrative appeals, victims and workers compensation)
- The Health Care Complaints Commission
- The Commission for Children & Young People
- Those conducting Working with Children checks
- Other agencies such as NDIS (National Disability Insurance Scheme), FACS (Family and Community Services), ISP (Integrated Services Program), Justice Health and/or interstate corrections etc.

Information contained in OIMS (both in the OIMS Programs and Services screen and in case notes) is available to all current and future CSNSW staff. There are restrictions on the release of OIMS information outside CSNSW. However, a number of legislative and other procedures allow for information to be released without consulting CSNSW Psychologists. Therefore all Psychologists should be mindful that everything they write or document is subject to being read and used for a purpose for which it was not originally intended.

Confidentiality is as relevant to information shared within CSNSW as it is to information shared outside CSNSW. The purpose of the report or other release of information, and to whom it is available must be considered while applying the 'need to know' principle. The relevance of information to the matter in question is to be given most careful consideration when deciding what information to include in the report.

9.1.2 Types of information that may be the subject of suppression

Types of information that can be the subject of suppression of information release include, but are not restricted to:

- Sexual assault disclosure
- Third party information
- Public interest to withhold
- Psychometric tool integrity
- Threat to life or health of a person
- Identity of a notifier of child risk of harm to FACS helpline
- Non-relevant to request
- Juvenile material
- Copy of CIG / security material (As per Corrections Intelligence Group (CIG) policy, any CIG information (e.g. criminal history, corrections intelligence reports) should not be saved/transferred to any other location.
- Second hand confidential information

NB: This section should be read in conjunction with sections on:

- Obtaining Psychology Information and
- Recording Psychology Information.

For more details, refer to the *Procedures for Releasing Psychology Information in CSNSW*.

10 Managing and Writing Psychology reports

CSNSW Psychology plays an important role within the criminal justice system by providing specialised psychological assessments that can be applied in a number of different ways. An assessment can occur at any or all of four critical stages: at pre-sentence, treatment completion, pre-release, or at post release. An offender may also be assessed while under a community supervision order. Each stage assists with the application of Therapeutic Jurisprudence in the humane treatment and management of offenders to reduce re-offending.

Offender consent is not necessarily required for a psychology report to be requested or provided. However, Psychologists must be aware of and consider the conditions under which previous and current information has been collected when determining the type of information that can be written in a report, such as information that conflicts with privacy legislation, or may pose serious threat to life or health (physical or mental) of an individual.

10.1 External requests – Psychology Reports

CSNSW Psychologists may write reports at the request of external bodies, including:

- District and Supreme Courts in NSW
- [NSW State Parole Authority](#)

- [Serious Offender Review Council](#)
- [Mental Health Review Tribunal](#)
- Other agencies and statutory bodies.

Written Psychology reports can provide:

- pre-sentence advice about Psychology services and program options in CSNSW
- post-sentence advice about risk, treatment and risk management to a judicial officer determining sentence extension such as in the [Crimes \(High Risk Offenders\) Act 2006 No 7](#)
- pre-release advice to releasing authorities about risk, treatment, and risk management (including conditions and case management strategies for community supervision)
- case management advice to external case management or shared treatment providers of serious offenders or forensic patients (e.g. [Justice Health](#), [NDIA](#) or Disability Service providers)

Psychologists must carefully consider the reason/s for the requested report and must assess its relevance and feasibility. In response, Psychologists can either:

- provide a report by the due date specified
- request for an extension to the due date to provide a report
- advise the requesting body that the request is either outside the scope of CSNSW Psychology or
- that the report cannot be provided for other reasons.

10.2 Internal referrals from CSNSW staff – Structured Case Notes

Other CSNSW staff can request a psychological consultation (i.e. an internal referral). Psychological consultation is provided to assist other staff in preparing their reports or in effectively managing inmate behaviours / issues that are proving a challenge. These psychological consultations result in a Structured Case Note Format (see *Procedures for Recording Psychology Information in CSNSW* D15/512389 and *Structured Case Notes Guidelines for CSNSW Psychologists* D15/517216). The principles of confidentiality must be applied in considering the feedback given to the person making the referral. It may not be necessary to obtain consent to complete an assessment (e.g. sex offender's PSCs) or consent may be declined for an ETI but the service is still provided.

Such internal referrals can come from:

- Custodial Corrections or other OS&P staff for case management assessment and recommendations regarding serious institutional behaviours (e.g. violence / aggression, challenging behaviours, suicide / self-harm, mental health impairment, cognitive impairment) or suitability / responsivity factors that are significantly impacting the ability of staff to manage the offender
- Custodial Corrections for segregation extension, escape or attempted escape or serious incident reporting

- Community Corrections for pre-sentence reports (including pre-sentence risk assessment, risk management recommendations and suitability for Home Detention, Intensive Corrections Order, etc.)
- Community Corrections for pre-release assessment and recommendations
- Community Corrections for supervision case planning or hand-over advice to external agencies or service providers

10.3 Documentation and Psychological Report Standard Template

To ensure consistency of practice, all CSNSW Psychologists use standard templates for report writing (e.g. Psychology General Report Template).

For more details, refer to *Procedure for Managing and Writing Psychology Reports in CSNSW* (D15/244834).

11 Mobile Services

Offenders have a variety of psychological needs that may require specialised assessment and / or intervention. As such, CSNSW Psychology has established various state-wide services and teams to meet the needs and demands of offenders, the organisation and state / federal priorities. These services and teams include the Proactive Integrated Support Model (PRISM) psychology team, Mobile Psychology Team (MPT), and the Personality and Behavioural Disorder Services (PBDS).

PRISM, MPT and PBDS deliver mobile-based services and travel across the state to deliver services where required. They work collaboratively with all centre-based staff to address high or specific needs. PRISM, MPT and PBDS are locally managed by a Chief Psychologist or a Manager, and have a specific operating procedure manual related to the services they provide.

CSNSW Psychologists are required to consult with their supervising psychologist when enlisting support from the above mentioned mobile services. Refer to *Procedure for CSNSW Psychology Mobile Services* (D18/942066) for information regarding the type of services, eligibility and referral process for each of the above mentioned mobile-based services.

12 External Psychologists and Agencies

CSNSW Psychology is committed to maintaining alliances with agencies and external psychologists for effective and ethical management of offenders. Refer to *Procedure for CSNSW Psychology and External Psychologists* (D20/0719653).

There are four main categories of external psychologists providing services within CSNSW.

- External private psychologists: An inmate or an external private psychologist may make request for support to establish contact between the two parties for therapeutic reasons. CSNSW psychologists are to follow *Practice Guideline for Managing External Psychologist Applications* (see D19/0880963) when managing these requests. These requests should follow operational priorities of a high priority duty (see [Appendix C](#)).
- External agencies: An external psychologist may be associated with a non-government or government agency with funding to provide services at a CSNSW location/s. CSNSW

psychologist are to follow *Policy for Assessing Applications from External Agencies* (D14/444787) when managing these requests.

- iii. Legal requirements: An external psychologist may be requested by a legal representative to attend a CSNSW custodial location to engage in assessment with an inmate for the purpose of providing a psychological report to court. CSNSW psychologists do not provide assistance for this type of request. It is the responsibility of the legal representative and the external psychologist to contact the centre where they wish to conduct a professional visit.
- iv. Contractual obligations: CSNSW Psychology may engage an agency to provide psychological services for specific reasons, usually for a limited period of time. CSNSW psychologists should consult with their supervising psychologists if requests are made by external psychologists under this category for support.

12.1 Consultations and Information Sharing

External psychologists providing services within CSNSW are bound by codes and legal requirements related to consent and confidentiality. CSNSW Psychologists must adhere to relevant procedures in regard to information sharing between CSNSW and other agencies / external psychologists.

13 Reporting of Psychology operations

Psychology targets are in place to assess achievement of the identified indicators and benchmarks. Targets provide information to key stakeholders about levels of psychology services and program activity and assist psychologists in understanding where their efforts are most required to align with the overarching strategic focus of CSNSW and DCJ. Chief Psychologists and Senior Psychologists must monitor progress against monthly targets and provide information to all other psychologists especially where remediation is required.

Psychology operations information informs the following:

- The CSNSW Annual Report
- Budgeting, resource allocation and public accountability of public monies
- Development of a clinical picture of the service-receiving population to target and develop service areas.

Psychologists are required to collect data for the following fourteen focus areas:

- All psychologists fill in the current status of consent (see Practice guideline for PSYCHConsent D17/464052)
- Immediate priority service lines which include:

- Suicide / Self-harm (D15/245187) – where there is an immediate need to assess or intervene due to acute risk of self-harm and the offender is not on RIT
- Mental Health Impairment (D15/245195) - where there is an immediate need to assess or intervene due to acute risk of mental health impairment
- Situational Aggression / Immediate Harm (D15/245190) - where there is an immediate need to assess or intervene due to acute risk of aggression
- High priority service lines include:
 - Sub-Acute Suicide / Self-harm (D16/604284) - where there is a high need to assess or intervene due to sub-acute risk of self-harm
 - Sub-Acute Mental Health Impairment (D16/775308) - where there is a high need to assess or intervene due to sub-acute risk of mental health impairment
 - Aggression / Violence (D16/604291) - where there is a high need to assess or intervene due to sub-acute risk of historic violence or aggression
 - Cognitive impairments (D15/245604) - where there is a high need to assess or intervene due to cognitive impairment
 - Challenging Behaviours (D15/245851) - where there is a high need to assess or intervene due to challenging behaviours related to institutional management
- Time dependent priority service lines include:
 - Psychology Reports - PSYCHREP (D15/706136) – time dependent reports generally requested by Courts
 - Psychology Structured Case Notes – PSYCHSCN (D17/102861) – time dependent SCNs are generally requested by ComCor or relate to admission or discharge from a range of Specific Needs Units or Treatment Program Residential Units
 - Criminogenic Risk Need – PSYCHCriminogenic Risk / Need (D15/246362) – time dependent assessments or interventions related to criminogenic risk or need
- Routine priority service lines include:
 - Suitability, Readiness and Responsivity (D15/246366) – routine assessments and interventions for a range of criminogenic and other programs
 - Transition, Coping and Adjustment (D15/246369) - routine assessments and interventions for difficulties with transitions, coping and adjustment in various environments

Most of the service lines have the following options to describe the nature of the psychology service

- Consultation
- File Review
- Assessment/Intervention
- Record-keeping

There are duplicates of these values for specific locations that cannot be easily identified on OIMS. These operational priorities are reflected in the OIMS Programs and Services and Case Management screens. These screens must be used for both case management and reporting purposes.

These include:

- Acute Crisis Management Units and step down areas (ACMU)
- Additional Support Units (ASU)
- Aged and Frail Units (AFU)
- Custody Based Intensive Treatment (CUBIT)
- High Intensity Program Units (HIPU)
- Intensive Drug and Alcohol Treatment Program (IDATP)
- Institutional Violence Intervention Unit (IVIU)
- Mental Health Screening Units and other step-down mental health areas (MHSU)
- Mothers and Children (M&C)
- Mum Shirl Unit (MSU)
- Rapid Builds (RB) and
- Violent Offender Therapeutic Programs (VOTP)

14 Management of Provisional Psychologists

CSNSW psychologists must be familiar with the limitations of psychological work conducted by provisional psychologists whilst they are in CSNSW employ or on CSNSW student placements. Supervising psychologists need to monitor the progression of provisional psychologists' workloads and comply with policy and procedures relating to the provisional psychologist's professional development. Guidelines for the provisional psychologist's professional development are clearly outlined in *Managing Referrals to Psychologists* Annexures 1.1 – 1.16.

There are several documents available in Appendix F that provide clarification around the eligibility criteria for student placements, identification of eligible supervisors, student application processes and recording of provisional psychologists' placements within CSNSW.

Responsibilities of eligible supervisors

Eligible supervisors are required to keep the student activity sheet (see D17/464072) information current so as to streamline provisional psychologist, student and intern placements. The information may also be utilised by CSNSW for training purposes.

15 Relevant Acts

The policy on providing psychology services reflects the following NSW Acts and associated regulations:

- [Bail Act 2013 No 26](#)
- [Children and Young Persons \(Care and Protection\) Act 1998 No 157](#)
- [Child Protection \(Offenders Prohibition Orders\) Act 2004 No 46](#)
- [Coroners Act 2009 No 41](#)

- [Coroners Amendment Act 2012 No 24](#)
- [Crimes Act 1900 No 40](#)
- [Crimes \(Administration of Sentences\) Act 1999 No 93](#)
- [Crimes \(Domestic and Personal Violence\) Act 2007 No 80](#)
- [Crimes \(High Risk Offenders\) Act 2006 No 7](#)
- [Crimes \(Serious Sex Offenders\) Amendment Act 2013 No 4](#)
- [Crimes \(Sentencing Procedures\) Act 1999 No 92](#)
- [Criminal Procedure Act 1986 No 209](#)
- [Criminal Procedure Regulation 2010](#)
- [Crown Employees \(Psychologists\) Award 2012 \(Award Code 1876\)](#)
- [Crown Employees \(Public Sector - Salaries 2017\) Award](#)
- [Disability Inclusion Act 2014](#)
- [District Court Rules 1973](#)
- [Employment conditions of Section 130 \(1\) Determination no: 963 of 2008 \(Psychologists, Community Offender Services – Department of Corrective Services\)](#)
- [Government Information \(Public Access\) Act 2009 No 52](#)
- [Government Sector Employment Act 2013 No 40](#)
- [Health Practitioner Regulation National Law \(NSW\) No 86a](#)
- [Health Records and Information Privacy Act 2002 No 71](#)
- [Health Records and Information Privacy Code of Practice 2005](#)
- [Guardianship Act 1987](#)
- [Health Care Complaints Act 1993 No 105](#)
- [Health Practitioner Regulation \(Adoption of National Law\) Act 2009 No 86](#)
- [Health Records and Information Privacy Regulation 2012](#)
- [Local Court Rules 2009](#)
- [Mental Health Act 2007 No 8](#)
- [Amendment to the Mental Health Act 2007 Information Bulletin \(July 2015\)](#)
- [Mental Health Commission Act 2012 No 13](#)
- [Mental Health \(Forensic Provisions\) Act 1990 No 10](#)
- [Mental Health \(Forensic Provisions\) Regulation 2009](#)
- [Ombudsman's Act 1974 No 68](#)
- [Privacy and Personal Information Protection Act 1998 No 133](#)
- [Privacy Code of Practice \(General\) 2003](#)
- [Public Interest Disclosures Act 1994 No 92](#)
- [Public Interest Disclosures Amendment Act 2011 No 37](#)

- [Records Management Policy, NSW State Records](#)
- [State Records Act 1998 No 17](#)
- [Summary Offences Act 1988 No 25](#)
- [Supreme Court Rules 1970](#)
- [Uniform Civil Procedure Rules 2005 \(NSW\) Division 2 – Provisions applicable to expert evidence generally including 31.23 Code of Conduct](#)

The following Commonwealth Acts are also relevant.

- [Crimes Act 1914 \(Commonwealth of Australia\)](#)
- [Privacy Act 1988 \(Commonwealth of Australia\)](#)

In implementing and complying with this policy, the practice of Psychologists is guided by these Acts and regulations.

16 Related Policies, Procedures and Guidelines

Psychologists must be familiar with the policies, procedures and guidelines of both the DCJ and CSNSW that relate to their practice and employment. Most of these can be accessed through the Justice Directory of Policy, Procedures and Guidelines on the intranet and / or in EDRMS. These include (but are not limited to) the following:

16.1 Offender Management

- CSNSW Community Corrections Policy and Procedures Manual
- CSNSW Custodial Operations Policy and Procedure (COPP)
- CSNSW Offender Classification, Placement and Case Management Procedures Manual
- CSNSW Compendium of Offender Assessments 4th Edition (D16/628870)
- CSNSW Compendium of Offender Behaviour Change Programs (D16/378421)
- CSNSW Compendium of Services
- CSNSW Offender Program and Facilitation Standards (D14/404041)
- Offender Services and Programs Strategic Plan 2017-18

16.2 Professional Standards

- CSNSW Conflicts of Interest Policy
- CSNSW Contact with Offender Policy
- Public Service Commission's [Behaving Ethically: A guide for NSW government sector employees](#) (2014)
- [Department of Justice Code of Conduct and Ethics Policy](#) (2015)

17 Relevant Frameworks

- [Aboriginal Mental Health and Well Being Policy 2006-2010](#), Policy Directive, NSW Health
- [Association for the Treatment of Sexual Abusers \(ATSA\) Practice Guidelines](#)
- [Australian Health Practitioner Regulation Agency \(AHPRA\)](#)
- [Australian Psychological Society \(APS\) Code of Ethics](#)
- [Clinical Guidelines for the care of persons with comorbid mental illness](#), NSW Health (2009)
- [Fourth National Mental Health Plan: An agenda for collaborative government action in mental health 2009-2014](#), Commonwealth of Australia (2009)
- [Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery](#)
- [Guidelines on the Use and Disclosure of Inmate/Patient Medical Records and other Health Information](#), Justice Health & Forensic Mental Health Network (August 2012)
- [Living Is For Everyone \(LIFE\) Framework](#)
- [Living Well: A Strategic Plan for Mental Health in NSW 2014 - 2024](#)
- [National Disability Insurance Scheme](#)
- [NSW State Health Plan Towards 2021](#)
- [NSW Department of Health Suicide Prevention Program](#)
- [Preventing Suicide A Resource For Police, Fire fighters and other First Line Responders](#), World Health Organization (2009)
- [Preventing Suicide in Jails and Prisons](#) World Health Organization (2007)
- Psychologists' Case Notes Guidelines: Privacy and Access endorsed by the Public Sector Senior Psychologists' Forum (PSSPF) in February 2015 (D15/427106)
- [Specialist Mental Health Services for Older People \(SMHSOP\) - NSW Service Plan - 2005-2015](#) (Published August 2006)
- Standard Guidelines for Corrections in Australia Revised 2012
- [United Nations Standard Minimum Rules for the Treatment of Prisoners](#), Office of the High Commissioner for Human Rights (May 1977)

18 Definition of Terms and Abbreviations

For simplicity, this policy and all Psychology-related procedures and annexures use the following definitions:

Terms	Definitions
Business Unit	Business Units include Regional Clusters (Metro, North, South), Specific Needs (Acute Crisis Management Units, Mental Health Screening Units, Mum Shirl Unit, Mothers, Children's Program and Statewide Disability Services,) and Programs (Custody-Based Intensive Treatment (CUBIT), CUBIT Outreach (CORE),

Terms	Definitions
	Forensic Psychology Services, Violent Offender Therapeutic Program, Intensive Drug and Alcohol Treatment Program, Compulsory Drug Treatment Program, Individual Violent Intervention Unit, High Risk Management Unit, Proactive Integrated Support Model (PRISM), Intensive Program Units, Personality and Behavioural Disorders Service, Sex Offender Assessment Unit)
Business Unit Manager	Chief Psychologist or State-wide Manager Specific Needs
Daily	Each business day, Monday to Friday (i.e. excluding Weekends and Public Holidays)
Offender	A person in the custody of, or under supervision of, or for assessment by CSNSW; who may include people on bail, remand, serving community or custodial sentences
Prioritise	The process by which Psychology waitlists are reviewed, in the context of the Operational Priorities for CSNSW Psychologists, which guides the day to day focus of a psychologist's time.
Psychological Structured Case Note (SCN)	A formal structured written consultation (utilising the SCN format and included in a case note in the OIMS) requested (or generated) where managing staff require psychological assessment and behavioural support / management recommendations to efficiently address / manage an offenders offending or institutional behaviour. This SCN is used as an internal case management tool to assist in advising Community Corrections Pre-sentence Reports or Pre-release Reports or Risk Management Recommendations or Custodial Corrections Management of an offender
Psychologist	A person employed by CSNSW in a role titled Psychologist / Specialist Psychologist, Senior Psychologist / Specialist Psychologist or Chief Psychologist
Triage	The process by which a psychologist (or their representative) identifies and processes each new referral to psychology. This process ultimately results in either the decline / rejection of a referral, or acceptance onto a CSNSW psychology waitlist.

This policy and all Psychology-related procedures and annexures use the following abbreviations:

Abbreviation	Definition
AHPRA	Australian Health Practitioner Regulation Agency
APS	Australian Psychological Society
BU	Business Unit
CGT	Psychology Clinical Governance Team
CIG	Corrections Intelligence Group
CJP	Criminal Justice Program
ComCor	Community Corrections

Abbreviation	Definition
COPP	Custodial Operations Policy and Procedures
CSNSW	Corrective Services NSW – a Division of the NSW Department of Justice
EDRMS	Electronic Document & Records Management System – CSNSW’s central repository of electronic versions of official documents
ETI	Extreme Threat Inmate
FACS	Family and Community Services
ISP	Integrated Services Program, Family and Community Services
Justice Health	Justice Health & Forensic Mental Health Network
Communities and Justice or DCJ	NSW Department of Communities and Justice
MHRT	Mental Health Review Tribunal
MPT	Mobile Psychology Team
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
OIMS	Offender Integrated Management System - CSNSW's offender database
OMP	Offender Management & Programs Branch, CSNSW
OS&P	Offender Services and Programs
PBA	Psychology Board of Australia
PBDS	Personality and Behavioural Disorder Service
PRISM	Proactive Integrated Support Model
SAPO	Services and Programs Officer (includes Alcohol and Other Drug and Welfare staff)
SORC	Serious Offenders Review Council
SPA	NSW State Parole Authority
SPC	Special Purpose Centre

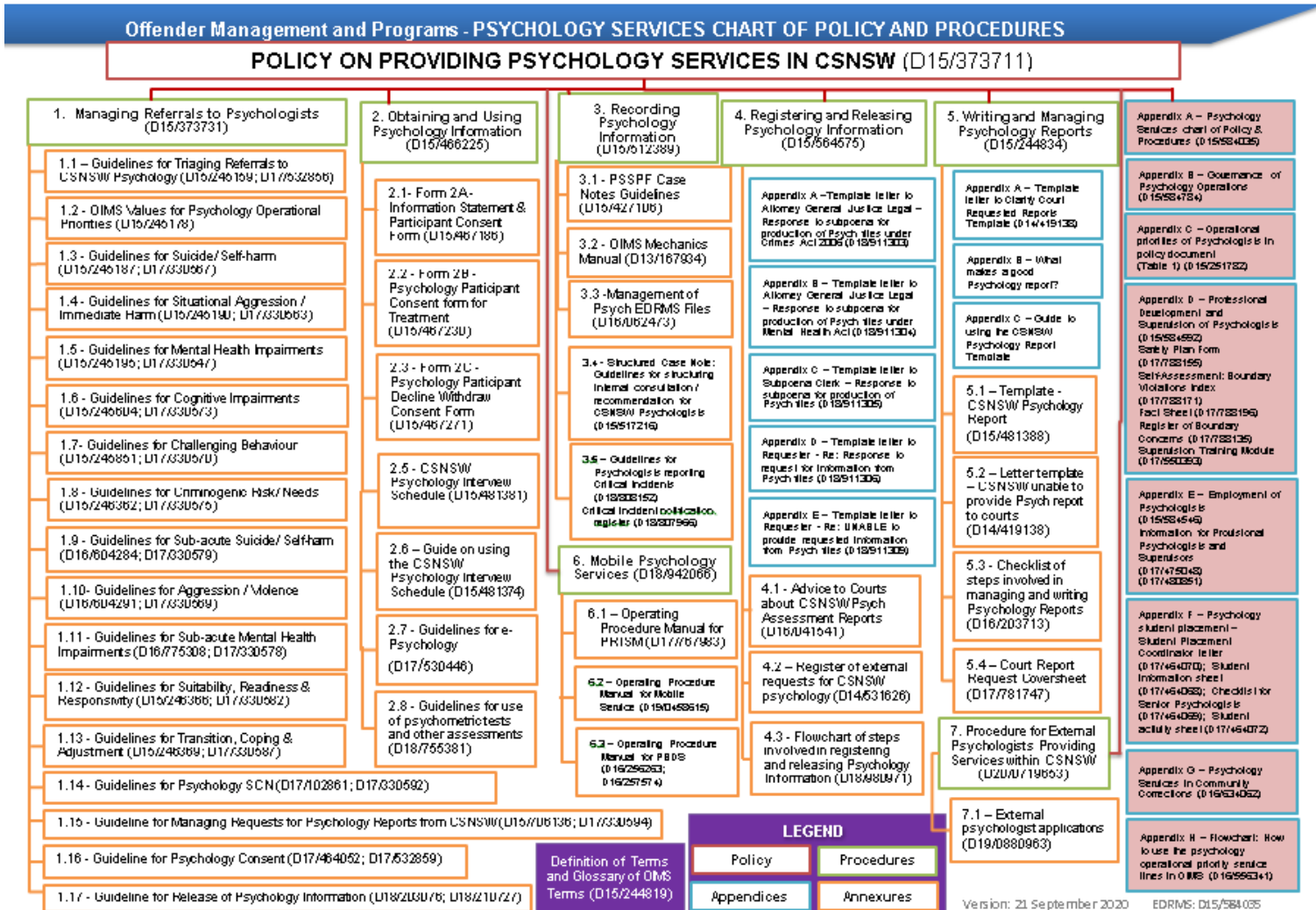
A full list of Psychology-related acronyms, definitions and a Glossary of terms for OIMS can be downloaded from D15/244819.

19 Document history

Version	Date	Reason for Amendment
1.0	22/02/2016	Addition of step-down / review section and information about psychologists managing extreme threat
2.0	22/10/2016	New Psychology line introduced in Procedure – Managing Referrals to Psychologists
3.0	02/11/2017	Update procedures
3.1	04/10/2018	Minor update of Appendix A and D
3.2	August 2019	Update to consent practices reflected in document
3.3	13/04/2020	Update to include verbal consent
3.4	05/05/2020	Update to employment of pre-provisional psychologists
3.5	20/07/2020	Amendments made to 6.2, 7.8, 7.9 and 7.9.3 regarding disclosing information related to the safety, security and good order of a correctional centre.
3.6	22/10/2020	Added section 5.3 related to Actioning Referrals. Added section 11 Mobile Services and section 12 CSNSW Psychology and External Psychologist. Made minor wording changes to 8.1 to include information regarding SPC records. Replaced Appendix A with current version. Changed “DJ” to “DCJ”.
3.7	10/11/2020	Added section relating to CSNSW providing interventions in the English language unless otherwise approved by CGT.

Appendices

Appendix A: Flowchart of Psychology Policy, Procedures, Annexures and Appendices



Appendix B: Governance of Psychology Practice in CSNSW (Summary)

The Psychology CGT determines the scope, priority and operations of Psychology services within CSNSW. The CGT reports to the Group Director OS&P and the Assistant Commissioner, OMP.

The Psychology Clinical Governance Team is composed of:

- Group Director, OS&P
- Director State-wide Services (Chair)
- Director State-wide Programs or delegate
- State-wide Manager, Specific Needs or delegate
- Chief Psychologists or delegate
- Manager, OS&P Business Process Support

The team is responsible for:

- defining the scope and priorities of Psychology services
- operational oversight
- policy development
- accountability for corporate reporting of psychology operations
- accountability for psychology resource and asset allocation (human resources, travel resources, test materials)
- auditing (record keeping compliance; professional development plans; registration status including supervisor status)
- establishment of core skills requirements
- professional development structure and match to organisational needs
- decisions regarding psychological information release
- accountability for response to external report requests
- re-classification of individual psychology award decisions.

Appendix C: Table 1: Operational priorities for CSNSW Psychologists

Priority Type	Type of duty, Linked to State-wide Operational Priorities	Cluster Services (Prisons) & (Comcor)*	Specific Needs Areas	Programs Areas
Immediate Priorities (IP) PSYCH 1	Duties that relate to duty of care			
IP 1	Acute Suicide/ Deliberate self-harm assessment	Likely	Likely	Possible
IP 2	Acute Violence / harm assessment	Possible	Possible	Possible
IP 3	Acute Mental Health impairment assessment	Likely	Likely	Possible
High Priorities (HP) PSYCH 2	Duties that require the specialised skills and knowledge of CSNSW Psychologists			
HP 1	Cognitive ability assessment for remand or bail	Likely	Likely	Unlikely
HP 2	Responsivity assessment - Cognitive ability / neuropsychological functioning for sentenced	Likely	Likely	Unlikely
HP 3	Responsivity assessment- Challenging behaviours	Likely	Likely	Unlikely
HP 4	Specific intervention for cognitive impairment	Unlikely	Likely	Unlikely
HP 5	Specific intervention for challenging behaviours	Likely	Likely	Possible
HP 6	Specific criminogenic risk and need assessment for serious offenders	Likely	Possible	Likely
HP 7	Specific program intervention for reducing re-offending for serious offenders	Unlikely	Possible	Likely
HP 8	Sub-Acute Suicide / Deliberate self-harm prevention assessment and intervention	Likely	Likely	Possible
HP 9	Sub-Acute Violence / harm prevention assessment and intervention	Likely	Likely	Possible
HP 10	Sub-Acute mental health impairment	Likely	Likely	Possible
Time Dependent Priorities (TDP1)	Duties relating to providing mandated timely and accurate psychological reports, Structured Case Notes for Pre-Sentence Reports, Criminogenic Risk Assessments and advice to external agencies (Priorities by due date and clinical significance)			
TDP 1	Responses to Ministerial and parliamentary requests channelled from and to the Ministerial and Parliamentary Services	Unlikely	Possible	Possible
TDP 2	Reports that inform decisions about diversion from custody or corrections	Possible	Likely	Unlikely
TDP 3	Reports that inform decisions about releasing people from custody (Pre Release report)	Likely	Likely	Possible
TDP 4	Reports that inform decisions about sentencing (Pre-Sentencing Report)	Likely	Unlikely	Unlikely
TDP 5	Reports that inform decisions about internal and inter- agency case management	Likely	Likely	Likely
TPD 6	Criminogenic risk or needs assessments that inform decision making processes	Likely	Likely	Likely
Routine Priorities (MP) PSYCH 3	Duties that relate to wellbeing, suitability, adjustment and reintegration			
MP 1	Responsivity assessment- transition, adjustment, reintegration or suitability	Likely	Possible	Likely
MP 2	Intervention for transition, adjustment, reintegration or suitability	Likely	Possible	Likely
MP 3	Preventative intervention for complex case	Likely	Unlikely	Likely
Other	Tasks that are not directly related to psychology service and program provision			

*ComCor – Community Corrections

Appendix D: Professional Development and Supervision

All CSNSW Psychologists are required to comply with continuing professional development standards set by the [Psychology Board of Australia](#), including those standards adopted from the [APS Code of Ethics](#) pertaining to supervision, professional development and ethical practice.

The supervision standards within Appendix D – Professional Development and Supervision of Psychologists ([D15/584592](#)) provide a framework for establishing minimum best practice methodology in a correctional setting.

List of Resources:

- a) [Safety Plan - EDRMS D17/788155](#)
- b) [Self-Assessment: Boundary Violations Index - EDRMS D17/788171](#)
- c) [Supervision Training Module in 'Supervision Practice: Training for Psychology CSNSW - EDRMS: D17/550393](#)
- d) [FACT SHEET - Development and Maintenance of Personal and Professional Boundaries - Psychology Services, Corrective Services New South Wales - EDRMS D17/788196.](#) (Reference list: Dr Abilio Neto, Corrections Research and Development, CSNSW is acknowledged for providing the literature review on which this Fact Sheet is based).
- e) A full version of Dr Neto's research can be accessed at <http://www.hpca.nsw.gov.au/Psychology-Council/Education-and-Research/default.aspx>

Appendix E: Employment of Psychologists in CSNSW

Overview

Psychologists are employed as part of a multi-disciplinary team within Offender Services and Programs to provide services and programs to offenders across custody and community.

Psychologists, Senior Psychologists and Chief Psychologists are employed in CSNSW according to:

- the [Psychology Board of Australia \(PBA\)](#)
- the [Australian Health Practitioner Regulation Agency \(AHPRA\)](#)
- the [Government Sector Employment Act 2013](#) (see Role Descriptions for Psychologists, Senior Psychologists or Chief Psychologists)
- the [Crown Employees \(Psychologists\) Award 2012 \(Award Code 1876\)](#).

Recruitment panels selecting candidates for Psychologist roles must adhere to these principles when recommending applicants to Psychologist roles.

Conditions of Employment

- The Australian Health Practitioner Agency (AHPRA)
Psychologists must be registered with the [Australian Health Practitioner Regulation Agency \(AHPRA\)](#) to be employed by CSNSW. AHPRA is the registration body for all health practitioners in Australia. AHPRA has an advisory board for each of the professions that it regulates. For psychologists, this is the Psychology Board of Australia (PBA). The PBA provides advice about ethical, academic continuing professional development and training expectations for psychologists, including supervision. The PBA keeps a register of approved supervisors and sets the guidelines for training and supervision of provisional psychologists. Psychologists are required to maintain registration with AHPRA and pay their own registration fees. Should registration lapse due to non-payment of fees, the person may no longer perform any duties as a psychologist within CSNSW. Provisionally registered psychologists are eligible to apply for temporary employment in Psychologist roles in CSNSW and will be employed, pending identification of a suitable and available CSNSW supervisor, on a temporary basis until confirmation of general registration. Applicants must demonstrate proof of provisional registration prior to entry on duty to a Psychologist role in CSNSW. The CSNSW supervisor must be registered with the Psychology Board of Australia as the primary supervisor.

If an otherwise successful applicant for a vacancy is not yet provisionally registered, and a suitable and available CSNSW supervisor can be identified, the applicant may be offered a four-month unpaid placement. This will assist the applicant and supervisor to develop an AHPRA approved supervision plan; to commence an unpaid internship with CSNSW and to obtain provisional registration from AHPRA. At the completion of a four-month internship, if a psychologist role is available and provisional registration has been obtained, the provisional psychologist may be offered paid employment. If at completion of the four-month internship, there is no psychologist role available the internship can be extended providing an accredited supervisor is available. If a pre-provisionally registered applicant has taken part in an assessment centre (or approved recruitment interview) and is found suitable (as per the capability framework), and a role is available, a paid role can only be offered after completion of a four-month placement.

Furthermore, provisionally registered psychologists can only be employed in roles where they can be co-located with a primary or secondary supervising senior psychologist or AHPRA accredited supervisor. Senior psychologists or AHPRA accredited supervisors may only provide primary supervision for a maximum of two provisionally registered psychologists at the same time. This is because senior psychologists provide front-line services in addition to supervisory functions. [Information for Provisional Psychologists and Supervisors Employed by Corrective Services NSW](#) summarises the expectations and obligations for provisional psychologists and supervising senior psychologists.

- The Government Sector Employment Act 2013
To be employed as a Psychologist in CSNSW, applicants are required to meet the focus capabilities of the role descriptions for Psychologists, Senior Psychologists and Chief Psychologists.

Senior and Chief Psychologists are employed as managers within CSNSW. As such, these roles are expected to perform relevant management tasks in addition to clinical tasks, such as:

- staff recruitment
- team management
- staff performance management
- asset management.

- The Crown Employees (Psychologists) Award 2012

The relevant pay scale for a Psychologist employed by CSNSW is determined with reference to the [Crown Employees \(Psychologists\) Award 2012 \(Award Code 1876\)](#). Pay scale for new applicants must be determined at the time of recommendation by the hiring manager.

To be employed or re-classified as a Specialist Psychologist or Senior Specialist Psychologist under the *Crown Employees (Psychologists) Award 2012 (Award Code 1876)*, applicants must demonstrate all 5 characteristics of the Award according to the relevant grade.

- Section 130 (1) Determination No: 963 of 2008

Senior Psychologists employed under Section 130 (1) Determination no: 963 of 2008 (Psychologists, Community Offender Services – Department of Corrective Services) have specific conditions of employment relating to:

- working on weekends
- working on public holidays
- on-call.

Appendix F: Psychology Student Placement

Student placement Coordinator letter (D17/464070)

A letter formulated to provide Student Placement Coordinators with an outline of Student eligibility criteria, the scope of placements provided by CSNSW and the level of competency expected of students who are applying for psychological placement with CSNSW.

This letter further outlines the application processes and requirements of all applications submitted to CSNSW. A table of possible CSNSW placements is also included to assist the applicant in the preparation of their application.

Student Information Sheet (D17/464068)

An information sheet written for potential applicants that outlines eligibility criteria, the application process and need for consultation with their Student Placement Coordinator.

Checklist for Senior Psychologists processing a Psychology Student for placement (D17/464069)

This form is a quick reference guide to facilitate processing of CSNSW student placements by Senior Psychologists or approved delegate. It briefly outlines processes surrounding the use of the Student Activity Spread sheet (D17/464072) and storage of relevant student documents.

Student Activity Spread sheet (D17/464072)

An excel document that records provisional psychologist's placements within CSNSW, Student applications, supervisor availability and a supervisor's current willingness to supervise a provisional psychologist.

Appendix G: Psychology Services in Community Corrections (Summary)

CSNSW Psychology Services provides psychological services to offenders who are either on a supervised order or being supervised while on parole.

Psychologists working in the community provide advice to Community Corrections staff, conduct risk assessments and interventions for high risk offenders, and provide structured case notes for pre-sentence reports. Psychological services may be provided through direct contact with an offender, or through consultation and file review only. Psychologists providing services in the community are mobile and are also required to provide services in custodial settings.

The focus of service delivery in community psychology practice is on reducing reoffending through assessment and case management recommendations regarding an offender's risk factors and the identification of risk scenarios, while building pro social behaviour, including social and environmental influences that will serve as long term protective factors.

Psychological services in the community are largely consultative and priority is given to offenders at higher risk of reoffending. Psychologists in the community do not provide treatment and only provide interventions in selected cases e.g. Forensic Psychology Services. The parameters of psychological community consultation are outlined in Psychology Services in Community Corrections.

Types of referrals

Offenders who are supervised in the community have access to a full range of community mental health and private psychology services. The majority of referrals to psychologists in the community are primarily for risk of re-offending assessment and management purposes. In rural areas and in complex cases, however, the areas of focus may include:

- Mental health (Mental Status Examinations)
- Cognitive functioning (e.g. Wechsler IQ assessments)
- Risk intervention for high risk offenders

Referrals are made predominantly by Community Correction Officers and are triaged in line with Managing referrals to Psychologists and Annexures.

Appendix H: Flowchart: How to use the psychology operational priority service lines in OIMS

