Good practice principles in reducing reoffending: a review of the literature

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1. Introduction

It was Robert Martinson’s conclusion following an extensive review of offender rehabilitation programmes in 1974 that ‘rehabilitative efforts that have been reported so far have no appreciable effect on recidivism.’\(^1\) For a while, this statement dampened attempts to develop interventions for offenders. The idea that ‘nothing works’ became mainstream. However, this notion was challenged by researchers and psychologists who attempted to identify the factors that did have a positive impact on recidivism. The work of a group of clinical psychologists, primarily from Canada, emphasised the role of social learning and thinking in the development and maintenance of offending, and they identified the kind of interventions that could change this behaviour.\(^2\) Research, and particularly meta-analytical research based on statistical evaluations of correctional programmes, found that correctional programmes can reduce offending.\(^3\) Although there is still some critique of the efficacy of correctional programmes,\(^4\) today there is an extensive body of literature documenting the positive impact of correctional programmes on offenders. Far from the pessimistic view that ‘nothing works’, the literature was able to show that appropriate interventions were able to reduce offending by between 10 and 20 percentage points, and in some cases even more. Although the reduction in offending may be relatively modest, the evidence suggests that it is


more worthwhile to invest in appropriate interventions with offenders than to view sentencing merely as a form of punishment or as an opportunity to remove an offender from the community for a period. As will be argued later in this paper, an investment in rehabilitation of offenders may result in future savings (financial, physical and emotional) to the state, the community, and the victim as a result of a reduction in subsequent offending.

In South Africa, the Department of Correctional Services (DCS) has embraced the goal of rehabilitation. The 1998 Correctional Services Act specifies that one of the purposes of the correctional system is ‘promoting the social responsibility and human development of all prisoners and persons subject to community corrections’. This was later amended to refer only to ‘sentenced offenders’. The 2005 White Paper on Correctional Services placed rehabilitation of offenders at the centre of the Department’s activities, outlining a range of objectives for the achievement of rehabilitation. It was intended that rehabilitation should not only be a crime reduction strategy, but should also promote social responsibility, social justice, active participation in democratic activities, empowerment through life skills and other skills, and contributing to making South Africa a safer place. The DCS has attempted to align its services with the objectives of the White Paper on Corrections in South Africa (the White Paper). Since rehabilitation has become such a central part of the corrections approach in South Africa, it pertinent to revisit the thinking around rehabilitation, and to attempt to draw lessons from the experience of implementing rehabilitation principles elsewhere in the world.

This review outlines the principles of programmatic interventions drawn from the literature that have been found to contribute to the reduction of reoffending. This should serve as a guideline in the development of interventions with offenders. This review is primarily focused on interventions with prisoners and those who are released from prison into the community. It draws on international literature, published mainly in peer reviewed academic journals, as well as several other policy and research publications. Most of this literature focused on evaluations of psychotherapeutic interventions, and thus, some of the other forms of offender interventions, such as restorative justice, have not been fully canvassed. Due to the fact that very little, if any rigorous evaluations have taken place of South African

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5 Section 2(c) of the Correctional Services Act No 111 of 1998.
6 The amendment was introduced by Act 25 of 2008.
8 White Paper Paragraph 4.2.2.
rehabilitation programmes, this review is primarily based on an analysis of the international literature, but distils some implications for South Africa.

The paper starts by outlining the fundamental principles, known as the ‘what works’ principles, and the extension of the risk, need and responsivity principles (RNR). These principles have been developed by academics and practitioners over the years based on analyses of what are effective means of reducing reoffending. The principles have come to form the backbone of effective offender programmes. During the course of this discussion, this paper also outlines what has been identified as ineffective interventions. The paper then looks at the impact of successful treatment programmes and the required ‘dosage’ or duration for an effective programme. In addition to the type of intervention, much has been learned about how these should be implemented in order for them to be effective. The section on programme implementation looks at the importance of maintaining programme integrity through such factors as staff training and supervision, organisational factors and accreditation of programmes to ensure they comply with the ‘what works’ principles.

The RNR principles stress the importance of assessing offenders to ensure an appropriate match between treatment type, duration and style of the intervention. The paper thus looks at offender assessment to determine risk and need, and outlines the South African developments in this regard. This paper argues that prison-based interventions should not end once a prisoner is released, but should continue into the community, and so examines some of the principles of effective throughcare and aftercare.

It is an ongoing concern of the public that so much public funds are spent on imprisoning offenders and the paper discusses the cost effectiveness of treatment programmes, particularly in the light of more punitive sentencing options. The paper stresses the importance of proper monitoring and evaluations of programmes to ensure effective implementation and to be able to assess an offender’s progress while on the programme. Finally, drawing on the principles outlined in the paper, some implications for effective implementation in South Africa are discussed.

1.1 Key definitions

Before proceeding with the review, it is important to clarify some common terms used in this
Cognitive behavioural programmes: Addresses learned patterns of attitudes, thinking and behaviour through a multi-modal and skills-orientated approach in order to learn and reinforce new social skills.

Rehabilitation: Rehabilitation is used in this paper to refer to a range of psychosocial interventions that are designed to address an offender’s multiple needs related to their offending behaviour, and to help them live a more productive and crime free life.

Recidivism: Commonly means reverting to offending behaviour on the completion of a sentencing disposition or correctional programme. Definitions and measurements of recidivism may vary from study to study. It may refer to re-incarceration for any reason; arrest for any violation; conviction for any offence; or even committing an offence for which an offender has had prior treatment. Recidivism measures are time sensitive, for example the significance of re-offending differs depending on whether it was committed six months after release or ten years.

Reintegration: Reintegration refers to the process of preparing an offender for release into the community, and well as providing support and assistance in order to assist a person to live a more productive and crime free life.

Meta-analytical research: This is a statistical approach to research that combines the results of a number of studies by coding them to a common framework, and applying a common measure of ‘effect size’. This is a measure of the extent to which the treatment group differs from a control group. It has greatly enhanced our understanding and ability to draw general conclusions from a comparison of a large number of smaller studies. This method has been criticised in that coding different studies which have used different methodologies to a common framework can introduce some distortions. In addition, because many studies may not use the same variables. The meta-analytical studies are actually based on a small number of comparative studies, although the numbers of those surveyed for the study are fairly large.

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2. Principles of effective programmes

Following from several meta-analyses, studies, and long experience of working with offenders, researchers and practitioners have identified factors associated with successful interventions with offenders, and these have broadly been defined as the ‘what works’ principles. These principles suggest that interventions or programmes with the following characteristics are more effective:

- Programmes are based on an explicit model of the causes of crime, which is drawn from empirically sound data;
- Programmes target high risk offenders who are likely to continue to offend, rather than low risk offenders (risk principle);
- Focus on the criminogenic need of the offender; those characteristics and circumstances which have contributed to offending (need principle);
- Programmes are responsive, so that offenders benefit from interventions which are meaningful to them and are delivered in ways that are appropriate to their learning styles (responsivity principle).
- They provide offenders with the opportunity to practice new skills and attitudes and behaviours;
- They are highly structured, making clear demands and following a logical sequence determined by learning objectives;
- The method used should be skills-orientated, active and designed to improve problem solving in social interaction. Cognitive behavioural techniques should form the basis of the treatment;
- The programme impact is influenced by the manner and setting of the delivery. This implies that the programme should be delivered in a standardised way, with consistent quality of delivery. This refers to programme integrity.\textsuperscript{11}

The following is a more detailed discussion of some of these principles.

2.1 Risk, need and responsivity principles

Andrews, Zinger, Hoge, Bonta, Gendreau and Cullen noted that ‘the effectiveness of correctional treatment is dependent upon what is delivered to whom in particular settings.’ In other words, the results, or outcome of a treatment depends on who delivers the programme, what programme is delivered, how it is delivered, and the individual offender who participates in the programme. Based on meta-analytical studies of correctional programmes, Andrews et al. arrived at three principles that affect outcome, known as the risk, need and responsivity principles (RNR). These principles became mainstreamed in correctional theory and implementation in the subsequent years, and have come to form the backbone for the development of most correctional programmes since then.

2.1.1 The risk principle

The risk principle suggests that higher levels (more intense) of service are best suited to higher risk offenders, and that lower-risk offenders are best assigned to minimal service. The effects of treatment are best found to be among higher risk cases than among lower risk cases. The level of risk is determined by an assessment of the offender’s risk of re-offending. Offender assessment is discussed in more detail further on in this paper (see section 5).

A number of studies have suggested that placing offenders who are at lower risk of offending in structured programmes can actually increase recidivism. Lowencamp et al suggest that this occurs because placing lower risk individuals with high risk individuals provides an environment where they may learn anti-social behaviour and form new peer associations which reinforce criminal behaviour. It may also disrupt any pro-social network which they do

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belong to. Additionally, increased supervision, particularly among those released into the community, increases the likelihood that violations of release and community-based supervision conditions will occur leading to an increase of recidivism.¹⁶

2.1.2 The need principle

This principle suggests that the programme should be adapted to suit the risk factors of the offender. Risk factors are those factors which place a person at risk of committing an offence. Risks may be static, such as family background factors; or dynamic (education, employment or substance abuse). Some of the static risk factors relate to events that happen in a person’s past – such as the loss of a family member, or being exposed to poverty. Interventions can do little about static risk factors since they are either external to the offender or they have happened in the past. Dynamic factors are known as criminogenic needs, and when targeted through interventions are more associated with changes in offending behaviour. Interventions which focus on dynamic risk factors are more effective than those focused solely on static risk factors.

The criminogenic factors that are most likely to be influenced by programmatic intervention are ‘changing antisocial attitudes, feelings and peer association; promoting familial affection in combination with enhanced monitoring and supervision; promoting identification with anti-criminal role models; increasing self-control and self-management skills; replacing the skills of lying, stealing and aggression with more pro-social skills; reducing chemical dependencies; and shifting the rewards and costs of criminal and non-criminal activities.’¹⁷ McGuire et al., reviewing effective aggression management programmes, found that there is evidence to suggest that ‘emotional self-management, interpersonal skills, social problem-solving and allied training approaches show mainly positive effects with a reasonably high degree of reliability.’¹⁸

Offenders are at a higher risk of reoffending, not because of one factor which makes them

particularly risky, but because of a multitude of risk factors. McGuire’s summary of meta-analytic reviews found that offenders have multiple problems and criminogenic needs. Therefore he argued that programmes which tackle a range of problems will be more effective than those dealing with a single problem. In addition, offenders may need practical support in relation to accommodation, education and employment in order to facilitate their reintegration into the community. Offenders with a higher risk are particularly in need of a range of services and interventions that target their criminogenic needs.

Less effective targets for reducing recidivism are increasing self-esteem without addressing antisocial tendencies; increasing the cohesiveness of anti-social peer groups; or improving neighbourhood living conditions without targeting high risk families.

Again, it is important that interventions are targeted at the appropriate level of risk. Some studies have shown that programmes targeting criminogenic needs with low risk offenders have no benefits for recidivism or show no improved behaviour in prison, and instead, may have adverse effects, such as an increase in anti-social behaviour. These offenders may also be adversely affected by programmes of a non-criminogenic nature. Diverting them away from prison may indeed yield better results.

2.1.3 The responsivity principle

This relates to the type of intervention or service – the style and mode of service. The service should be: capable of influencing the targeted criminogenic risk factor; and should be appropriately matched with the learning styles of offenders.

Interventions which are broadly based on cognitive-behavioural principles have been found

21Ibid.
to be more effective than other forms of intervention.  

2.1.3.1 Cognitive behavioural interventions

Appropriate types of service generally involve the use of cognitive behavioural and social learning principles of interpersonal influence and cognitive change. This may include activities that focus on modelling, graduated practice, rehearsal, role playing, reinforcement, resource provision and detailed verbal guidance. Concrete skills training which focuses on increasing the reward levels of anti-criminal settings is also effective.  

Cognitive behavioural therapies have been found to be effective with adult and youth correctional populations. These commonly emphasise broad human change regarding the way that an individual perceives, reflects on and thinks about their life circumstances.  

According to this approach, the way people think affects their behaviours. People can monitor and change cognitive thought patterns, or the way they think, and these changes can lead to changes in behaviours. Cognitive behavioural therapies can help participants become aware of thought process that lead to maladaptive behavioural responses, and change these in a positive way.

With correctional populations, cognitive behavioural therapies are used in two ways:

- Cognitive restructuring, which sees problems occurring as a result of maladaptive or dysfunctional thought processes, such as cognitive distortions, misperceptions in social settings and faulty logic;
- Coping skills or problem-solving, which focuses on improving deficits in a person’s ability to adapt to stressful situations. This is a deficits approach which focuses on an

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offender’s lack of interpersonal skills, problem solving skills, critical reasoning skills and planning skills.\textsuperscript{27}

Generally, cognitive behavioural treatment offered in a correctional setting consists of highly structured treatments which are set out in manuals. They most commonly consist of group interventions with between 8 to 12 individuals. A quantitative review of studies of cognitive behavioural treatment programmes for adults and juveniles in prison or under correctional supervision found that these techniques are effective in reducing criminal behaviours among convicted offenders. Offenders attending these programmes were between 8 and 16 percent less likely to reoffend than the control groups, depending on the nature of the cognitive behavioural programme.\textsuperscript{28}

The idea of responsivity is that individual personal characteristics may make offenders more or less responsive to treatment. Not all people are alike. Since cognitive behavioural therapy is usually undertaken in groups it targets group attitudes and behaviours. The question is whether an individual will be able to understand and learn from the information and exchanges which occur during the group session. Some individual characteristics that might influence responsivity include gender, depression, low self-esteem, history of sexual abuse, low intelligence, and personality, though few studies have tested the impact of these characteristics.\textsuperscript{29} Participants with low intelligence might struggle with cognitive behavioural programmes as they don’t necessarily understand certain concepts, such as the difference between thoughts and feelings, and learning to act on thoughts rather than on feelings.\textsuperscript{30} As a result, group programmes with offenders with a low intelligence quotient (IQ) might not be as effective. Likewise, group work might not suit those with certain personality types, such as the neurotic offenders who may not be comfortable in group situations.\textsuperscript{31} One study by


Hubbard and Pealer found that individuals with a combination of important responsivity principles, such as low intelligence, low self-esteem, and a history of sexual abuse, were less likely to benefit from a cognitive behavioural programme. Rather, their cognitive distortions might be aggravated.  

Studies have suggested that cognitive behavioural programmes with mentally disordered offenders in psychiatric institutions may be effective. However, a high proportion of these offenders drop out of treatment. Cullen et al. conducted a study with offenders in medium-security forensic hospitals who participated in the United Kingdom-developed cognitive behavioural programme called Reasoning and Rehabilitation (R&R). There was a 50 percent drop-out rate among participants. This had been predicted by an analysis of future and current violent risk, antisocial personality traits and psychopathy, and the offender’s experience of recent violence. Patients with high psychopathy scores were less likely to sustain commitment to a programme which demands adherence to group rules and ‘relies on a willingness to be reflective, to be self-critical, and to work in a constructive and empathetic manner with other group members.’ These findings suggest that the programme may not meet the needs of patients who display high levels of impulsivity, poor behavioural control and anti-social and psychopathic traits. Participation may be improved if patients are prepared before the start of the programme through building a therapeutic alliance with the therapist, if their motivation to change is assessed prior to the start, and if the programmes is developed and delivered in a modularised format.

The more responsivity issues (or problems) an offender has, the less likely they are to benefit

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**Antisocial Attitudes and Cognitive Distortions in Adult Male Offenders.** *The Prison Journal* Vol 89(1) 79 -98.


36 Ibid.
from the programme. Based on an understanding of these factors, a service provider needs to conduct a thorough assessment of an offender to determine their risk, need and responsivity factor and ensure that they are allocated to a programme or style of intervention that best meets their needs. In short, interventions need to be tailored to the participants.

2.1.3.2 Ineffective forms of interventions

Some forms of service interventions have been found to be ineffective. These include: unstructured interventions and peer-orientated group counselling. Permissive, relationship-orientated milieu therapy has also been found not to be very effective. This is where a group of offenders join a therapeutic community for a period of 9 to 18 months during which time they are encouraged to take responsibility for themselves and others within the unit. Traditional psychodynamic and non-directive client-centred therapy should be avoided with general samples of offenders as they are designed to free people from inhibiting controls. In working with groups of offenders, the therapist or facilitator should be cautious about unstructured programmes which open up criminogenic communication among the group members. Facilitators need to maintain control of the group dynamics so that pro-social and anti-criminal, rather than pro-criminal, patterns are exposed.

Deterrence-based programmes have also been shown to be ineffective. Examples in this regard are scared-straight programmes (programmes which aim to scare the participant about the consequences of engaging in crime), programmes which trade on the fear of official punishment, and boot camps for young and adult offenders.

2.2 New directions in correctional programming

40 ‘Boot camp’ refers to the induction training that new recruits undergo when commencing with military service, and similar principles are applied with groups of offenders. The emphasis is on discipline and physical exercise.  
2.2.1. Restorative Justice Programmes

Restorative justice is increasingly becoming an accepted response to crime within the criminal justice system. Numerous countries have adopted restorative justice as part of their criminal justice framework, including in South Africa. Promoting reconciliation through restorative justice is one of the stated objectives of the Child Justice Act (75 of 2008). Restorative justice principles form a central part of the White Paper on Correctional Services of 2005, and more recently, a Restorative Justice National Policy Framework has been developed to guide restorative justice implementation within the justice, crime prevention and security cluster.

There are various definitions and understandings of restorative justice, but it essentially is a process which focuses on the harms and consequent needs of victims and well as on communities and offenders. It seeks to address the obligations and responsibilities of these harms through a collaborative process which brings people together, especially the victim and offender, to find solutions to these problems, and to put right the wrongs that have been committed.

Restorative Justice has been shown to have positive impact on both victims and offenders. For example, victim offender mediation, the most well-known form of restorative justice, provides victims with an opportunity to express how they were affected by the crime, to seek answers from the perpetrator. For the offender, the face to face encounter may result in feelings of empathy, increased awareness of the impacts of their act, increasing self-awareness, and may encourage an offender to take personal responsibility and accountability for what he or she has done. Though restorative justice is most often practiced in the case of more minor offences, with youth offenders and in community based responses, restorative justice has proven to have impact in cases of more serious and violent offending. There are

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various entry points where offenders can be referred to a restorative justice programme: at the police level, pre-charge; post-charge and through diversion; after conviction but pre-sentence; in corrections phase, post sentence; and during the parole phase, post-release.\(^{48}\)

Though restorative justice has been practiced in various guises in many parts of the world for more than 25 years, it is only relatively recently that meta-analytical studies have sought to determine the impact of restorative justice on reoffending. A meta-analytical study of Victim Offender Mediation (VOM) restorative justice programmes implemented over the previous 25 years conducted by Latimer et al. found that restorative justice programmes are a more effective method of improving victim/offender satisfaction, increasing offender compliance with restitution, and decreasing recidivism of offenders when compared to more traditional criminal justice responses. Restorative justice programmes yielded greater reductions in recidivism and the treatment groups were more successful in follow up periods.\(^{49}\) A similar study with youth offenders suggested that VOM participants were as much as 30 percent less likely to reoffend as non-participants, though the effect appeared to decrease over time.\(^{50}\)

These positive results may be affected by the fact that restorative justice programmes, are, by their very nature voluntary. This means that offenders may be more willing to participate, more willing to change their behaviour than other offenders, and that this factor may account for the treatment effect.\(^{51}\) These meta-analytical studies concentrate mainly on VOM programmes implemented outside of the prison context and largely with non-serious offending, so the effect of reoffending in prison populations in not so well established. It has also been argued, that taking into account the self selection bias of participants that the effect size may not be as great as the impact of correctional programming based on psychologically informed treatment.\(^{52}\) It would therefore be appropriate to see restorative justice and treatment approaches based on the ‘what works’ principles to be seen as complimentary rather than as competing or stand alone practices. This would seem to be particularly


important in the prison context where offenders may be serving long sentences. Participation in treatment programmes prior to, or simultaneously with, restorative justice programmes might enhance the impact of the programme.

2.2.2. Programmes based on positive psychology

The RNR principles are based on a deficit-approach to offending, which has been criticised as failing to identify and work with the factors which prevent offenders from offending in the first place, and from re-offending. Some new rehabilitation programmes have been developed based on the concept of positive psychology. This concept ‘promotes the ideas and principles that facilitate optimal mental and physical health and militate against mental illness and dysfunctional thoughts, feelings, and behaviours.’

Positive psychology is based on an understanding of the strengths and characteristics of happy people, and aims to facilitate the development of a more satisfying life. The Good Lives Model (GLM), developed in New Zealand, is one example of this approach. The GLM builds on the RNR principles, but sees their application as limited in a number of respects: the RNR model fails to give sufficient guidelines and conceptual framework to therapists; it views offenders as disembodied bearers or risk, with each risk factor acting as a site for treatment, rather than viewing the offender as an integrated whole; it fails to address the issue of human agency and personal identity; it disregards the issue of human need and the influence this has on human behaviour; and similarly, it doesn’t address the issue of human motivation, and approaches rehabilitation from avoidance of bad behaviour rather than positive motivation for good behaviour. The RNR model has also been criticised as being a mechanistic one-size fits all approach.

Developed primarily for sexual offenders, the GLM also has application for violent offenders. The GLM assumes that sexual offenders (or all offenders) are goal directed and are predisposed to seek a number of primary goods or goals. These are goals which are states of mind, of affairs, personal characteristics or experiences sought for their own sake and are likely to increase psychological well-being if they are realised.

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56Ward, T., Mann, R.E., Gannon, T.A. (2007). ‘The good lives model of offender rehabilitation: Clinical Implications’, Aggression and Violent Behaviour, 12, pp. 87-107, at p. 89. Ten groups of primary goals were
goods (or goals) are the means of securing these primary goods. Sexual offenders use socially unacceptable and frustrating ways of attaining primary goods – for example, the achievement of sexual satisfaction though sex with an underage minor. The GLM does not have a moral or ethical value approach, and does not assume that individuals are naturally good, but that they are more likely to function if they have access to the type of goods outlined. Criminogenic needs (the dynamic risk factors) are seen as the internal and external risk factors which block the acquisition of primary goods. The GLM aims to help therapists to provide offenders with the competencies and opportunities to develop the knowledge, skills and competencies to lead a satisfying life, and to implement treatment plans based on these primary goods, while managing the risk of future offending. Treatment plans need to be specifically tailored to suit the aspirations and needs of individual offenders.

Proponents of the RNR principles feel that the GLM adds little to the RNR approach, though it may inspire practitioners through its positive, strengths-based approach.

3. Impact of programmes

Studies conducted by Andrews and his colleagues have examined the application of the risk, need and responsively principles and their impact on recidivism. Andrews, Zinger et al. categorised treatment programmes as ‘appropriate’ (those adhering to the risk, need and responsively principles) and inappropriate (those not adhering to the principles).

Andrews and his colleagues have found that treatment can reduce recidivism by as much as

identified: life; knowledge; excellence in play and work; excellence in agency; inner peace; friendship; community; spirituality; happiness and creativity.


between 30 and 50 percent.\textsuperscript{61} On the other hand, inappropriate treatment can lead to an increase in recidivism by as much as 6 percent.\textsuperscript{62} The presence of each of the principles in a programme contributes to the effect (impact) of the programme on recidivism. The greater the number of risk factors targeted, the greater the reduction in recidivism.

Sexual offender programmes which adhere to the risk, need and responsivity principles (RNR) have also demonstrated a positive reduction in recidivism when compared with a control group (10.9 percent compared with 19.2 percent for sexual recidivism, and 31.8 percent compared with the control group’s 48.3 percent for recidivism of any crime).\textsuperscript{63}

\section*{3.1 Programme duration or ‘dosage’}

There is little guidance on what would be the appropriate ‘dosage’ or duration of treatment programme in order to meet the correctional treatment guidelines. Lipsey suggested that 100 hours would be appropriate.\textsuperscript{64} A study revealed that the length of treatment was significantly related to reduction in recidivism, with each week of treatment (approximately 20 hours) leading to a significant reduction in recidivism of between 1.2 to 1.7 percent. The longer treatment periods allowed for a greater opportunity to learn and to reinforce new cognitive behavioural skills.\textsuperscript{65}

There is a relationship between the treatment dosage and the risk and need principles. With moderate risk offenders with low needs, Bourgan and Armstrong found that a five-week programme run in prison of 100 hours duration was sufficient to reduce recidivism. Likewise, high risk offenders with multiple needs who attended the 15-week programme demonstrated

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significantly lower recidivism rates than their peers who had not attended the programme. These studies suggest that treatment programmes need to provide for different programme durations and dosage, and should not just to provide a ‘one-size-fits all’ approach. Offenders must be fully assessed to determine risk and need, and to ensure that there is a match with treatment length. The Lowencamp et al. study found that even when a form of cognitive behavioural therapy was provided, offenders with higher risk needed to be given more services and kept in programmes for longer periods in order to have an effect on outcome.

Accordingly, offenders need to be assessed prior to their involvement in a programme in order to determine their risks and needs, and to develop an appropriate treatment plan.

4. Programme implementation

Studies have shown that that programmes implemented as part of a controlled experimental project show higher impact levels than programmes implemented in the ‘real world’ prison setting. There are many reasons why programmes are not as successful in a real setting. Analyses of this problem has revealed some important information on what does and does not contribute towards the successful implementation of a programme – factors such as staff training, supervision, communication and feedback systems and referral and resource allocation. The quality of the intervention is associated with the programme lasting for a period beyond its initial inception, and for a reduced recidivism rate. Based on reviews of meta-analytical studies of programme implementation in correctional settings, and on their

70For example, if staff are not as well trained or as highly motivated by those at study sites, Pearson, F. S., Lipton, D.S., Cleland, C.M., and Yee, D.S. (2002). ‘The Effects of Behavioral/Cognitive-Behavioral Programs on Recidivism’, Crime and Delinquency 48, p. 491.
own experience, Gendreau, Goggin and Smith compiled a list of guiding principles for successful implementation of programmes. These fall into four categories: general organisational factors; programme factors; the importance of a change agent; and staffing activities. Andrews, a pioneer of meta-analytical studies on programmes to prevent re-offending, puts forward 18 principles to reduce offending. While some of these principles have been discussed under the risk, need and responsivity principles and what works principles, others are discussed below, together with Grendeau et al’s implementation guidelines below.

4.1 Organisational factors

These factors concern the host agency where the programme is to be implemented. These refer to whether the host agency (for example a prison or community corrections officer) has a history of adopting new initiatives, and whether it is able to put these into place efficiently. The bureaucratic structure should be slightly decentralized to allow for a flexible response to problematic areas, and issues should be resolved in a timely and non-confrontational manner. Programmes are more likely to succeed where there is little task or emotional conflict within the organisation, particularly at inter-departmental, staff, management and management-staff levels. The staff turnover should be relatively limited – suggesting less than 25 percent over a period of two years. Programmes are less likely to be successful where there is substantial turnover of staff.

To ensure that the organisation continues to grow and develop its skills and theoretical basis, the organisation should also offer a formal programme of instruction in the assessment and treatment of offenders at least every two years. It should also have formal links with educational institutions or consultants for the purpose of seeking guidelines and training on clinical or service matters.

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75 Ibid, p. 182.
4.2 Programme factors

The programme should be based on credible scientific evidence that the methods and approach used is likely to be effective in a particular correctional setting. There should also be a thorough understanding of the theory underpinning the intervention.\textsuperscript{76} Andrews asserts that it is preferable for such theory to be based on psychological theories of criminal behaviour rather than on behavioural, psycho-logical, sociological, humanistic or judicial theories of justice. He recommends that the psychological perspective be a broad band general personality approach to understanding criminal behaviour and should address the major risk factors for criminal behaviour.\textsuperscript{77} Normative standards of justice may vary from place to place, and country to country, so while service interventions may introduce concepts of justice or restorative justice and retribution, they should not rely on them. Andrews suggests that reductions of offending ‘are to be found in the design and delivery of clinically relevant and psychologically appropriate human service under conditions and settings considered just, ethical, legal, decent, efficient, and otherwise normative.’\textsuperscript{78}

The programme should not overstate its objectives, and should be clear on what it is intended to achieve, such as the reduction in recidivism. The programme should be empirically documented in order to record how the programme is implemented.\textsuperscript{79} This becomes important when programme delivery integrity is assessed.

It is important that the various stakeholders buy into the programme, and agree that it is timely, addresses an important matter and is congruent with existing institutional or community values and practices. The stakeholders include the community, management and staff. Stakeholders should also agree that the programme matches the needs of the clients to


\textsuperscript{78} Ibid.

be served. In this context, the views of offenders could be sought.

Gendreau et al. recommend that the funding for the programme should originate from the host agency, such as the prison service. This could be funds that are paid directly by the host agency, or funds raised by it. This might ensure greater accountability by the host agency towards the programme. Programmes should be cost effective, should not jeopardize continued funding of existing agency programmes, and should be sustainable for the future. The programme should also be designed to maintain current staffing levels, support professional autonomy, enhance professional credentials and save staff time and effort.

It is also important that the programme is introduced in incremental phases, with a pilot or transitional phase, and that it focuses on achieving intermediate goals.

4.3 Change agent

A programme is more effective if it is championed by a ‘change agent’ who is primarily responsible for initiating the programme. Such a person could be an external consultant or someone internal to the organisation. The change agent should have intimate knowledge of the organisation and its staff, and have the support of senior agency staff as well as of line staff members. The change agent should be compatible with the agency’s mandate and goals, and should have professional credibility and a history of successful implementation in the agency programme area.

The change agent should continue in this role until the programme has established clear performance indicators so that management and staff are able to maintain the delivery of the programme with a reasonable degree of competence.

4.4 Staff factors

These factors apply to the staff directly implementing the service, as well as to their managers and supervisors. Staff should understand the theoretical basis of the programme, and should have the technical and professional skills to implement the programme. They should have

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80 Ibid, p. 182.
81 Ibid.
83 Ibid, p. 183.
completed courses in how to assess and treat offenders. These skills should include general social learning and responsively principles. In addition, Andrews suggests that staff skills and cognition should also include relationship and interaction skills – the ability to be open and warm, caring, mature and enthusiastic and empathetic. They should have structuring and contingency skills – which refers to the ability to reformulate learning and cognitive behavioural strategies with reference to effective practices. This includes the use of modelling, cognitive restructuring and other methodologies. Staff need to have the personal beliefs and thinking that supports these initiatives, for example, they should believe that offenders are capable of change; and have faith that core correctional practices do work.

The way that service deliverers interact with offenders has an impact on recidivism levels. Service deliverers should be warm, flexible and enthusiastic. They must clearly be supportive of anti-criminal attitudes and behaviours.

Staff should feel that they have the confidence and capacity to run the programme effectively. In order to be effective, staff must be given the necessary time, adequate resources, and be provided with feedback mechanisms on how the programme is being implemented. They should participate in designing the programme. Staff should also have unimpeded access to the change agent so that they can discuss how the programme is being implemented, as well as any problems which they may have encountered.

4.5 Programme integrity

Programme integrity has often been identified as an important factor in ensuring successful programme implementation, and ensuring a positive reduction of recidivism. This is essentially about whether the human service activities (i.e., a therapeutic programme) were introduced and delivered in accordance with how the programme was designed. Many

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84Ibid, p. 183.
aspects of programme integrity are captured already in the above discussion on programme implementation. This includes the adoption of a rational and empirically sound theoretical basis for the programme. One way of maintaining programme integrity over a number of interventions is to ensure that there is a programme manual which guides the service deliverers in the implementation of the programme. Staff should be trained in the use of such manuals, and should follow the activities as set out in the manuals.

Integrity is enhanced when programme staff are trained and supervised bearing in mind the specific attitudes and skills required for the service being offered. Integrity is also enhanced when there is an understanding of when the specific treatment has come to an end and when the dosage requirements have been met. This means that service deliverers and supervisors know when treatment has been delivered successfully in the appropriate dosage. Integrity thus requires that the programme is monitored to ascertain whether intermediate objectives have been achieved. If problems arise in the delivery of the programme then actions steps must be taken to rectify any problems which may have been identified. These may need the involvement of those at the highest level of supervision, as well as the direct service implementers.

4.6 Professional Discretion

While it is generally expected that practitioners should adhere to the programme guidelines and processes, deviations may be required from time to time and the service deliverer may be required to adapt or change the programme to suit the needs of an individual offender. Clinical discretion can also play a role in the treatment planning of an individual offender, where a decision is made to target a ‘non-criminogenic’ need or concern, such as helping the offender to find a new apartment which is the cause of immediate distress for the offender.


Clinical discretion is often applied when a clinician has a different opinion from that derived from a standardized risk assessment where an offender is measured against an ‘objective’ assessment of risk, and instead makes a decision or recommendations based on their own assessment. This may compromise the predictive accuracy of the instrument, but on the other hand, it allows for creative flexibility to suit the needs of individual offenders and could result in an improvement on standard approaches to offender assessment and intervention.\textsuperscript{94}

4.7 Programme Accreditation

In order to ensure that programmes are delivered as they are intended, and that offenders are receiving the benefits as planned, some correctional agencies require the accreditation of programmes. This aims to ensure that ‘programs are designed to maximise effectiveness and embrace state-of-the-art treatment techniques and delivery standards’.\textsuperscript{95} The correctional agency may adopt accreditation standards, and require that programmes are presented to a review panel of experts. Criteria for accreditation are usually based on the principles of effective programmes.

This section has argued that a programme should be implemented in keeping with its designed intentions and methodologies. It also highlights the need for organisational and staff factors to be aligned to programme objectives.

5. Offender Need and Risk Assessment

Correctional facilities usually conduct an assessment of offenders for a number of different purposes: to determine security risk, which is the offender’s security classification in an institution; a risk/needs assessment prior to and during the time the offender is serving his or her sentence in order to determine and develop an appropriate intervention plan; and a risk assessment to determine the offender’s risk of reoffending after release.

The ‘what works’ principles require that an offender be properly assessed prior to beginning a treatment programme in order to determine the risk of reoffending and his or her needs in

\textsuperscript{94}Ibid.

order to decide which programme or programmes would be most appropriate and what dosage is required. The assessment is usually designed to ascertain dynamic risk factors and the needs of the offender. The assessment is informed by a particular theory of criminal behaviour that certain types of attitudes or behaviours are related to re-offending, or can be changed through targeted treatment programmes. The assessment aims to predict the criminal behaviour of the person based on an understanding of this theory.

Assessment tools and methods have developed over time. The first generation of risk assessment consists of the unstructured judgement of professionals based on knowledge, experience and intuition, or clinical assessment. The second generation consists of structured, actuarial risk assessment instruments based mainly on static risk factors. The third generation of instruments are structured risk assessment instruments containing both static and dynamic risk factors, and which can provide insight into the possibilities of lowering risk. Fourth-generation instruments also refer to protective factors (or those factors which can mitigate the risk factors present in a person’s life), and they link the information garnered from the results with a case management plan.

Structured risk assessments tend to be more accurate than clinical assessments. Third and fourth-generation instruments have higher predictive value. Several studies have questioned the reliability of risk assessments leading Auerhahn to caution that assessment tools frequently result in a false positive rate of up to 48 percent.

Overall predictive accuracy may be enhanced when a combination of methods are used to reduce the potential for error, for example, a structured interview, combined with a pen and


pencil text, or the combination of a number of different assessment tools. In addition, a number of individual risk factors should be combined in the assessment to form a more comprehensive assessment. For instance, according to Bonta, if the practitioner bases the intervention on the general personality and social psychological theory that a number of factors lead to criminal behaviour, then a behavioural history assessment should include a number of factors related to this theory. This should focus on all the domains related to offending derived from that theory, such as antisocial behaviour, family functioning, criminal companions, anti-social attitudes, substance abuse, and anti-social behaviour, rather than focus on only one or two of them. Multi-method and multi-domain assessments can significantly improve prediction validity.

Offenders should also be assessed to determine their responsivity to efforts to change their behaviours. Knowing that individuals have different learning abilities and styles helps the service provider find the treatment programme or approach that is relevant for a particular offender. For example, for a client that is highly verbal, a programme that requires abstract reasoning skills may be effective, but would not be appropriate for someone who is less cognitively sophisticated. Anxiety is also important. Although anxiety levels is a poor predictor of recidivism, high levels of anxiety may affect the way that a person interacts in a particular programme, and a group programme may not be effective for such a person.

Age also affects risk prediction. The age-crime curve demonstrates that there is a strong correlation between age and commission of crime. Crime rates rise as children grow older, peak during adolescence and diminish in adolescence and early adulthood. People are

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exposed to different risk factors as they age and develop, with individual and family factors playing a role in early childhood; friends and school during late childhood; and neighbourhood and jobs become relevant in adolescence. Risk factors change in both nature and impact on the developing person.\textsuperscript{107} Van der Put et al. found that dynamic risk factors declined in relevance as an adolescent matured; while some static risk factors became more important (these factors included race, sex and prior contact with the criminal justice system). Consequently, it is important that accurate assessment instruments are used which have a proven predictive validity for each age group.\textsuperscript{108}

Offender treatment affects the prediction of risk. With regard to sex-offenders, it was found that risk is dynamic. A study by Olver and Wong found that there were different recidivism and survival rates (ability to stay away from crime) for those offenders in the high-risk group who had shown a high level of change post-treatment, and those who were high-risk but demonstrated a low level of change. The levels of recidivism and survival among the high-change group were similar to those of the low-risk category. Such risk-related changes are best captured by tools containing dynamic predictors. The predictive validity of static risk assessment tools diminished with increases in treatment improvement, as these tools fail to detect risk-related changes.\textsuperscript{109} The study confirmed the risk principle that screening sex offenders prior to treatment and selecting high-to-medium risk offenders was key to ensuring maximum impact and cost-effective treatment.\textsuperscript{110}

A number of assessment tools have been developed. For instance, Canada uses the Level of Service Inventory – Ontario Revised (LSR-OR) and the Community Risk/Needs Management Scale (CRNMS). These tools have been correlated with recidivism levels.\textsuperscript{111} The LSR-OR looks at criminal history, employment and education, peers, leisure and recreation, family or marital status and history, criminal orientation, attitude, substance abused and anti-social patterns. This determines risk of reoffending and criminogenic needs.

Offenders may also be subject to additional screening to determine additional needs and responsibility to treatment. These may be obtained through self-reporting questionnaires, interviews or the completion of existing scales and questionnaires. It is important to obtain information on the offender’s criminal history, substance abuse history, interpersonal relationships, psychiatric disability, literacy defects, intellectual disability, and language and cultural barriers. Other specific instruments may screen for anti-social attitudes, social desirability, attitudes towards correctional treatment, and depression and anxiety. Instruments to measure anti-social personality and intelligence may also be used.

Provision needs to be made for adjustments to an offender’s correctional programme. There needs to be a regular review of the offender’s progress through an analysis of observations, case work, programme reports and specialist assessments. The programme activities can be adjusted in light of these, including a re-evaluation of the intervention level required for the offender.

In South Africa, there is still a long way to go in regard to assessments. The current ‘needs and risk assessment tool’ in use in correctional centres has been adapted from international instruments, but has been shortened and simplified to become a short ‘questionnaire’. The instrument has never been tested and its reliability is unknown. Due to a shortage in social workers and psychologists in the Department of Correctional Services, Criminology Honour’s students are responsible for administering the instrument. The DCS is now working together with academics from UNISA and the University of Pretoria to pilot offender assessment instruments. The instrument that is being piloted is the Self Appraisal Questionnaire (SAQ), which is an actuarial assessment of violent and non-violent offending.

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116 Email correspondence with Professor Anni Hesselink, Department of Criminology, UNISA, 16 February 2011. Correspondence on file with author.
based on dynamic risk factors, and based on the RNR principles.\textsuperscript{118}

The SAQ has scales focusing on criminal tendencies; anti-social personality problems; conduct problems; alcohol and drug abuse; antisocial associates; and anger. The SAQ scores indicate whether an individual is low, low-moderate, or high-moderate, or high-risk level. Based on these scores, management professionals are provided with indicators that can be used in following up cognitive behavioural sessions.\textsuperscript{119} The effectiveness of this instrument in the South African context requires further investigation.

6. Release of prisoners – aftercare

Almost every prisoner is released from prison at some point. Some are released through a phased process where they are supervised or monitored in the community, such as parole. Others are released after completing their sentences, and are not subject to any supervision requirements. Prisoners may serve different periods in prison, from a few days, to almost a lifetime. However, internationally, and in South Africa, a greater proportion of prisoners are serving longer and longer sentences. During this period, their social ties are broken or damaged, and they need help to re-establish their lives in society. Some of the greatest challenges for rehabilitation lie in the few months after a prisoner is released into the community, and this is the period when an offender may commit another offence. For this reason, work with offenders should not end with a prison-based intervention, but needs to emphasise preparation for release and support following release.

One of the criticisms of the ‘what works’ and risk/need principles is that they have a narrow individualistic approach to rehabilitation that is primarily concerned with changing individual thinking and behaviour patterns. From this perspective, these principles fail to take into account the social context in which the offender finds himself and the relationships he or she has with others around him or herself. This notion can also be referred to as ‘social capital’, meaning the social interactions between people and between groups and individuals. It

\textsuperscript{118}Email correspondence with Professor Anni Hesselink, Department of Criminology, UNISA, 16 February 2011, and Prinsloo, J. (2008). ‘Actuarial Based Offender Assessment: An Evaluation of the Reliability of the Self-Appraisal Questionnaire (SAQ)’, \textit{Acta Criminologica} 21(1).

includes social connectedness and social ties, and participation in civil society.\textsuperscript{120} Family and the work environment are two of the domains related to social capital. Thus, in order for reintegration to be successful, engagement must occur both at the individual psychosocial level, and also at the level of social capital and social relationships. The importance of social capital is stressed by, for example, that most employment opportunities are secured through social connections, rather than by a person responding to a job advertisement.\textsuperscript{121} The twin needs of developing human capital and social capital play an especially important role in the reintegration of offenders into the community on release from prison.

Studies have identified best practice principles regarding release of offenders from prison into the community. Walsh distils this into four main principles:

\textbf{6.1 Through care}

Through care is an approach to corrections which begins the moment someone is arrested and brought into the system, continues during their incarceration, prepares for the offender’s release, and continues to provide support and monitoring for some time after the person is released from prison and establishes an independent life in the community. The backbone of through care is the case management of offenders through the system. This involves allocating case managers to the offenders when they enter the system, who continue to work with them throughout and who help to assess their risks and needs, and who outline the services that offenders should receive.\textsuperscript{122}

The bulk of this paper has dealt with the importance of assessment, and the delivery of treatment based on the ‘what works’ principles. But other aspects of case management involve identifying those additional needs which would help prepare the offender for life in the community, such as educational opportunities and vocational and job skills training in prison.\textsuperscript{123} Vocational training and work release programmes have demonstrated effectiveness


in reducing recidivism as well as helping prepare offenders for job readiness.\textsuperscript{124} There is evidence to suggest that education programmes alone do not decrease recidivism, although prison re-entry programmes that create a transition between prison-based and community-based educational programmes are needed.\textsuperscript{125}

Pre-release programmes which prepare prisoners for release into the community can be effective in reducing recidivism.\textsuperscript{126} Such programmes often focus on job seeking skills-banking and other skills needed to negotiate life in society. However, pre-release programmes need to be supported by broader interventions as outlined above.

Social support is a crucial aspect of offender rehabilitation, re-entry and through care and can help build social capital. Social support, from family, friends can protect offenders from deviant behaviour, and assist with the reintegration process, but many family and social relationships have been disrupted through the offending history and during incarceration. An important aspect of through care is to ensure that offenders maintain relationships with their families when they are imprisoned. Supportive family relationships greatly enhance a prisoner’s chance of successful reintegration.\textsuperscript{127}

A study by Hochstelter, DeLisi and Pratt examined the relationship between prisoners’ feelings of hostility on release from prison and their successful re-entry.\textsuperscript{128} Some of the negative impacts of the harsh prison environment linger on re-entry, leaving prisoners hostile to the community and their families. This mitigates against the attitudinal change that is necessary for prisoners to build positive social relations which are the precondition for desistance against offending on release. Conversely, when prisoners benefit from social support their feelings of hostility are positively impacted on.\textsuperscript{129}

\section*{6.2 Holistic Aftercare Services}

For many prisoners, the period after release from prison can be a source of stress and distress. Because family relationships have been disrupted, jobs may have been lost, and many prisoners do not have ready access to cash, the challenges of resettlement are immense. Coupled with the stigma associated with a prison record, ex-prisoners often have a difficult time in locating housing, finding employment, and reconnecting with their families. The time after release is critical for a reintegrating offender, and is a period when prisoners are most at risk of recidivism, suicide or reverting to substance abusing habits.

The success of a prison-based intervention can be enhanced with effective aftercare support once a person has been released from prison, and some authors have argued that that continuity of service and ongoing monitoring are essential components of a successful intervention.

This highlights the need to see to the immediate welfare needs of prisoners. Prisoners should be provided with sufficient money on release to enable them to buy food, clothing, transport to home and to cover telephone communication costs.

Many prisoners struggle to find housing on release. A study with released inmates in Australia found that there was an association between prisoners who moved often on their release and their re-entry into prison within a nine month period. Ex-prisoners who were moving often were also moving in and out of homelessness. Other factors such as having been incarcerated before, a lack of family support, lack of professional support, lack of employment or study opportunities, and being concentrated in a disadvantaged community, and worsening drug use were also associated with poor housing and returning to prison. The findings make clear that it is inadequate to just address one of these issues, such as drug addiction, without addressing the housing needs.

Alternatively, prisoners could be provided with supported in a more stable environment such

as a half-way house. One of the problems regarding housing is the poor structural support provided both pre-release and during post-release from correctional authorities and social development authorities. Ex-prisoners with mental illness, intellectual disability, young unattached males on short sentences, and women with children, experience particular difficulty in finding housing.\textsuperscript{135} Half-way houses ease the transition between prison and community and have a positive impact on recidivism.\textsuperscript{136} Greater coordination between authorities, and a variety of housing types of support, would facilitate prisoners’ finding suitable housing.

Newly released prisoners often require ongoing support and assistance. This may be provided through a drop-in centre, consultations with their community corrections officer, or through the establishment of toll-free assistance telephone numbers.\textsuperscript{137} Mentoring programmes provided by volunteer organisations for released offenders has been found to have a positive impact on recidivism.\textsuperscript{138} A mentoring programme can help to prolong the treatment ‘dosage’ of an in-prison programme by continuing with support post-release. It provides needed emotional support, social connection and someone for the offender to talk to.\textsuperscript{139}

Some authors argue that one cannot build social capital only at the level of the local community and the family. It must be linked to and in ideological concert with state infrastructure and participatory government.\textsuperscript{140} These institutional supports, such as state housing support, can only be maintained by a well functioning and adequately funded state that provides the framework for social agency and family support in which prisoners can work to reintegrate themselves into the community.\textsuperscript{141}

6.3 Gradual release based on accurate security classification

Best practice suggests that prisoners are more effectively integrated if their release occurs gradually with less and less supervision taking place over a period of time. Forms of gradual release include parole, temporary release and home detention.\textsuperscript{142} Temporary release can allow for an offender to spend periods of time at home, usually in the period leading up to their release. Work release allows an offender to spend time in a paid work activity, while perhaps spending nights in a custodial facility. Temporary release is intended to ameliorate the harmful effects of imprisonment (such as isolation, and low-self esteem), and to prepare an offender for life on the outside (re-establishment of social relationships, job placement, etc.). Both home leave and work-release programmes can be effective in enhancing employment prospects and in reducing recidivism.\textsuperscript{143} An Irish study found that those prisoners who, during their sentences, were occasionally allowed out of prison for vocational or family-related purposes, were less-likely to be re-imprisoned, even after four years after release.\textsuperscript{144}

Best practice suggests that offenders should be held according to the least restrictions necessary, which requires that decisions around release and community-based supervision are based on accurate and ongoing assessment of need and risk.\textsuperscript{145}

There is an ever-increasing pressure on the justice system and correctional authorities to impose tighter control and supervision on parolees and people on community corrections, often at the expense of support and treatment approaches, despite studies showing that mere supervision will not contribute to reduced recidivism without structured support. In the United States, for example, there has been a growth in the number of probationers serving sentences in the community, but an increase in parole and community supervision failure and violation, and revocation of parole.\textsuperscript{146} Consequently, some states have focused attention on increasing compliance with community supervision requirements. Deterrent based strategies


(such as punitive measures for non-compliance) have largely failed to have any impact in this regard.\textsuperscript{147} There are some studies which suggest that intensive supervision of parolees in the community has at best a marginal impact on recidivism,\textsuperscript{148} while MacKenzie found after extensive meta-analysis that intensive supervision does not work.\textsuperscript{149} Intensive supervision approaches involved stringent conditions of release and rigorous supervision. One of the unintended consequences of this supervision is a higher percentage of community supervision being revoked, and re-incarceration, which has led to the perverse effect of further increases in prison numbers and overcrowding. After an extensive review of intensive supervision, Petersilia and Turner concluded that the only optimistic finding was that re-offending was reduced 10 – 20 percent when intensive supervision in the community was coupled with the delivery of treatment programmes.\textsuperscript{150} On the other hand, a study by Wodahl et al. concluded that the imposition of sanctions for violations increased the prospects of supervision success. But, they also found a positive correlation between positive reinforcement for supervision compliance, and the frequency of the reinforcements, and compliance with release conditions. Thus, they argued that rewards must be used in tandem with sanctions for non-compliance. A wide variety of rewards could be considered including verbal praise, allowing offenders to participate in a specific activity, the removal of electronic monitoring or reducing the level of supervision.\textsuperscript{151}

6.4 Addressing the needs of special groups


Most prisoners experience a number of disadvantages, including alcohol and drug dependence, behavioural disorders, illiteracy and poor education levels, socio-economic marginalisation and language barriers, physical and mental health needs, and debt and financial problems. However, some prisoners experience particular disadvantage and may have the need for special support on release. These include young prisoners, women, disabled prisoners and indigenous groups. A multi-systemic approach is needed to address the needs of young prisoners, which may require working with families, peers and friends.

A large percentage of the prison population suffer from mental illness or incapacity, which may be exacerbated by their experience of incarceration. The needs of this group of prisoners needs to be identified as soon as they enter prison, and a treatment and care plan put in place which much continue once they are released into the community. The problems of this group of prisoners are often exacerbated by substance use and abuse. Planning for the transition from prison must be facilitated through the joint planning and cooperation of the different sectors of mental health, justice, corrections and substance abuse treatment centres. An important aspect of this planning is ensuring that offenders have access to, and can pay for mental health or substance abuse treatment in the community.

Female offenders are significantly more likely than men to be unemployed at the time of their arrest, and many of them have greater educational needs than men. Women who are employed, have stable living arrangements, who have been assessed, and who have received alcohol or drug treatment, are more likely to succeed on parole. Post-release mentoring programmes can be of value to some women offenders, as it helps them to re-establish a sense of community and relationships and helps to build social capital.

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6.5 Re-entry in South Africa

The Correctional Services Act provides for community corrections for people who are sentenced to corrections in the community (correctional supervision), as well as for people released on parole, and temporary release from prison. A person serving community corrections may be subject to certain conditions, imposed by a court or correctional supervision and parole board, which may include: placement under house detention; performing community service; seeking employment or remaining in employment; paying compensation to the victim/s; remaining at a fixed residential address; and refraining from using alcohol or drugs. The Act also provides that an offender may be required to take part in treatment, development and support programmes, or in any mediation between victim and offender. The DCS promotes the use of community corrections as a strategy to reduce prison numbers and overcrowding. Although there were over 20,000 probationers (those serving community corrections) and 44,000 parolees in 2010, the Department is still concerned that there are insufficient people serving sentences in the community. Notwithstanding that one of the goals of the DCS is to facilitate the social reintegration of prisoners into the community, regrettably, its largest concern appears to be with ensuring adherence to probation and parole conditions and expanding the number of offenders under community corrections. There is some attempt to involve civil society organisations in community programming, but it is not clear from the DCS annual report what services they offer in this regard. The DCS is in the process of piloting its first half-way house, situated in Fourways in Gauteng.

A small-scale study with ex-prisoners in the Western Cape found that offenders struggle with much of the same challenges as released prisoners elsewhere in the world, that is, they

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160Chapter VI of the Correctional Services Act, No. 111 of 1998.
163No doubt there is a large amount of public pressure to ensure adherence to parole conditions and preventing re-offending while on parole. The recent murders of people by parolees led the Parliamentary Portfolio Committee on Correctional Services to call upon the DCS to show what measures it is taking to prevent the release of incorrect people on parole. Discussion on 14 February 2012, available on http://www.pmg.org.za/report/20120215-committees-researcher-judicial-inspectorate-correctional-services-201, accessed on 21 February 2012.
struggle to find employment, battle to re-establish family relationships and to reconnect to the community. Many of them also appear to hanker after the safety and familiarity of the prison environment. Particularly for those prisoners who were members of a prison gang, there is a longing to be part of a group which gives them identity and meaning.  

The same study reported that ex-prisoners were highly critical of the kind of preparation for release they received in prison and found it inadequate for their needs. They also criticised the overly policing function of the community-based supervision by the DCS at the expense of providing support and guidance. While some respondents had good relationships with their case officer or parole officer, others found them arrogant and unhelpful. Several of the ex-prisoners had managed to receive assistance, and even job placement through assistance from civil society organisations.

7. Cost effectiveness of correctional programming

Since the literature so overwhelmingly points to the effectiveness of well implemented treatment programmes in reducing recidivism, it also becomes important to examine whether these treatment programmes are cost effective from an economic perspective. This is necessary to determine whether resources are allocated optimally. Cost-benefit analyses are concerned with determining the monetary savings generated by every dollar spent on treatment programmes, while cost-effective analyses are more concerned with evaluating the substantive benefits of a programme. For example, it aims to conclude that a programme costs X amount per potential victim saved. Cost-effective analysis looks at what it costs to save a human life, or to prevent the victim’s emotional pain and suffering associated with an assault, as well as any costs related to medical expenses, loss of employment, and the costs of engagement with the criminal justice system.

There are a few studies which have sought to determine the economic benefits of correctional

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treatment programmes.\textsuperscript{169} One such study was conducted by the Washington State Institute of Public Policy to determine which policy and programmes were likely to yield better economic returns than others.\textsuperscript{170} The Institute reviewed over 400 North American evaluation research studies that had been conducted in the previous 25 years, which measured whether the programme reduced criminality compared with a control group. They reviewed programmes targeted at offenders already in the system, as well as programmes designed as crime prevention initiatives for youth and people at risk of becoming involved in crime.

The information was analysed from a tax-payer perspective – that is, for every dollar of money spent now, they looked at whether rates of future criminal activity could be reduced to avoid further tax expenditure in future years (a cost-benefit analysis). It also looked at expenditure from a crime victim’s perspective – whether a programme would reduce future rates of offending, with the result that there would be a reduction in future crime victims (cost-effective analysis).

The Institute found that some programmes produced benefit-to-cost ratios that exceeded twenty dollars of benefits for each dollar of taxpayer costs. But there were other programmes which did not demonstrate such a good return. There were some programmes, which, while they showed a marginal success at reducing subsequent criminality, the cost of running the programmes were greater than the savings made. The study found that while the best programmes could be expected to reduce re-offending by 20 to 30 percent, more typically, programmes could only demonstrate a five to ten percent reduction in recidivism. But, even those resulting in minimal reductions of recidivism could be attractive to tax payers if they have reasonable programme costs.\textsuperscript{171}

The Institute assessed various types of offender treatment programmes for juveniles and adult populations, taking into account the recidivism rate for each programme, the cost of running the programme, and the anticipated subsequent cost or savings to victims and tax payers. In


respect of juvenile programmes, they found a positive cost-to-benefit ratio of between $4 and $45 for every dollar spent. In respect of adult offenders, the study found a small average cost-benefit for adult drug offender treatment of about $3, though this varied slightly according to treatment type. Cost benefit ratios for sex offender programmes were $4, but increased for cognitive behavioural programmes, adult basic education ($5.65) and in-prison vocational training ($7).

Programmes which were shown to have negative cost ratios included boot camps and scared-straight programmes, which had very little effect, if any, on recidivism, and ended up costing the taxpayer and the potential victim more than in-prison treatment programmes. Boot camps could only be considered a saving when compared with the cost of incarceration. Similarly, intensive supervision in the community had marginal cost-benefit of 88 cents per dollar spent, though there was a higher effect size when intensive supervision was accompanied by treatment.

The literature suggests that evidence-based correctional treatment is cost effective. However, this can only be determined if a programme is well-documented and has carried out thorough monitoring and evaluation. In addition, the financial costs need to be carefully recorded in order to determine the costs of the programme over and above any institutional or indirect costs incurred.

8. Monitoring and Evaluation

Policy makers and practitioners have an interest in reducing offending, and in understanding whether an intervention does make an impact or not, and what that impact is likely to be. It is only through rigorous monitoring and evaluation of programmes that we have been able to understand the impact of treatment programmes on re-offending, and to identify the ingredients of effective correctional programming. Evaluations are also able to indicate whether an intervention is cost effective or not, and whether it is worthwhile to continue to

172 Ibid, pp. 17 – 23. The programmes evaluated include: Multi Systemic Therapy; Functional Family Therapy; Aggression Replacement Therapy; Multidimensional Treatment Foster Care; and intensive community supervision.
173 Ibid, pp 22 – 32.
174 Ibid, pp 17 – 32.
pour funds into an initiative or not. There is thus a keen interest in monitoring and evaluating correctional interventions in order to adopt and develop evidence-based practice.

Programme evaluations may serve different purposes and take different forms. *Formative* evaluations aim to strengthen plans for service provision, and shape the nature or the service or improve their efficiency. *Summative* evaluations are focused on outcomes, and inform decisions on whether to continue with a service or not. *Monitoring* is a form of feedback to ensure that the quality of service is maintained or improved.\(^{176}\) In order to conduct an evaluation, it is important to have an understanding of why the evaluation should be conducted, what it is intended to achieve, what data should be collected, and the use to which the data may eventually be put.\(^{177}\)

### 8.1 Assessing post-release outcomes

Traditionally, evaluations within the correctional environment are used to establish correctional outcomes, such as institutional adjustment (such as behaviour, rule breaking, self-mutilation, etc.), and post-release discharge or outcome. Post-release outcomes attempt to measure recidivism, and do so through measuring statistics on arrest, reconviction, parole violation and return to prison.\(^{178}\)

In order to assess the impact of a treatment programme, one must measure the outcome of a treatment group against that of a comparison group. This could be with another group of offenders with similar characteristics as the treatment group that has not participated in the treatment, or by comparing the outcome of the treatment group with a general base rate of recidivism for a similarly situated correctional population.\(^{179}\) The measure of recidivism itself may be a difficult one to measure and determine. Does one count those offenders who are


released from all forms of correctional supervision or control, or those released on supervised release? Does one include only those apprehended on criminal charges, or on criminal convictions? Or should one include parole violations as well? If one considers offenders who are readmitted to prison, does one look at admissions for new offences, or for all categories of offences? Another tricky consideration is the time period after release that should be considered. Crucially, the evaluator must be able to obtain information on people who have been released from correctional programmes, and information on arrest or re-admission must also be readily available.

8.2 Assessing intermediate goals

While a reduction in recidivism may be considered the ultimate goal of correctional programmes, it may also be important to assess intermediate treatment goals and outcomes. Assessments of these interventions should be multi-method and multi-modal, and should not just rely on self-reporting by the offender. Alternative forms of assessment may include structured interviews, mini assessments, behavioural observations, and staff ratings.

Offender participants should be subject to a battery of pre-and post assessments that attempt to assess the domains related to the targeted intervention. This would allow for the determination of individual treatment needs, as well as an assessment of how much a person has gained by the treatment at the end of the programme. Process measures can also be used to help determine which aspects of the programme are responsible for contributing to the change. Process measures should be specific to each aspect of a programme, and may be delivered before and after each module of a programme. Customer satisfaction measures may also be used to determine intermediate goals, however, caution should be exercised as

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offenders may use this as a means of lobbying for one or another favoured programmes. They should thus be used in combination with other measures.  

It is a prerequisite of programme evaluations that there is a clear objective against which the programme can be evaluated. The programme should be founded on an explicit model of change. The programme developer should provide clear descriptions of treatment targets and programme objectives. Serin argues that measurements of success can be concerned with three questions: ‘Does change occur in the areas targeted by the correctional intervention? Is this change in the predicted or hypothesized direction? Are the changes related to other indices of treatment performance?’ Recidivism may be predicted by investigating whether these findings can be generalized to other situations. Intermediate objectives in respect of an anger management programme, can for example be measured by determining whether successful participation results in reductions in prison fights or conflict; in substance abuse programmes, the focus may be on determining whether there are infringements of institutional rules regarding possession of illegal substances.

8.3 Assessing programme integrity

Another aspect of a programme that requires evaluation is ‘how the programme was implemented’. As seen from the discussion above, no matter how well designed and conceptualized a programme is, its impact and effectiveness will be affected by the way that it is implemented. This is best measured through qualitative methods, with questions designed to ask how the clients and staff experienced the programme. This can be supplemented with tests to ascertain what the client has learned.

In order to monitor programme and treatment integrity, a number of monitoring mechanisms need to be established at the outset of the programme. Data should, for instance, be collected on staff selection process, and training; offender attendance and completion rates; reliable availability of resources; frequency of programme planning sessions, and review sessions; frequency of staff supervision sessions and staff meetings. Data should also be collected on non-attendance, attrition, session cancellations. The absence of review documents or reports may be an indicator of deteriorating or non-achievement of programme integrity.  

Arrangements also need to be made for monitoring treatment integrity, which is often a more subtle aspect of implementation, and which refers to the mode of delivery – the direct and indirect face-to-face interaction between client and practitioner. This could be accessed through video or tape recordings.

The presence of treatment integrity is assessed in terms of whether there is adherence to the programme model as described in the manual, and the style of delivery. Questions related to the programme model relate to whether the objectives are clearly stated for the programme, session or exercise; whether the contents are being covered; whether exercises and information is being appropriately used; and whether programme tasks are being accomplished. In order to ascertain the style of delivery, the evaluator must look at whether the tasks are clearly explained; whether participants’ understanding is checked; the liveliness and warmth of the programme staff; and whether an appropriate learning environment has been created.

9. Implications for South Africa

The meta-analytical studies have found that in many instances it is difficult to ensure successful implementation of the ‘what works principles’, and that these programmes often fail on the ground. The principles outlined are technical and require a high level of skills, commitment and dedication. Staff need to be trained, mentored and the programmes need to be properly monitored and evaluated. Correctional policies need to be evaluated on their

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191 Ibid.
contribution to preventing recidivism and individual staff appraised in terms of their work in this regard. All this requires dedicated resources and funding. However, the South African Department of Correctional Services continues to experience serious challenges in all of these aspects, but in particular in respect of staff skills, staff retention and the availability of professional staff such as social workers and psychologists.

At the policy level, though the DCS embraces the concept of rehabilitation, there is little coherent policy that indicates how this is to be achieved, what the intended outcomes are, and how this is to be measured. The DCS’s Corrections programme aims to provide ‘needs-based correctional sentence plans and interventions, based on an assessment of the security risk and criminal profile of individuals, targeting all elements associated with offending behaviour and focusing on the offence for which a person is sentenced.’

Targets established by DCS relate to reduction in overcrowding, and percentage of prisoners having assessments, sentence plans and participating in corrections and pre-release programmes, rather than to targets associated with the impact of these activities on offenders. Given the shortage of resources and numbers of offenders, the DCS focuses these activities on offenders receiving imprisonment sentences of more than 24 months. This may take the DCS a step closer to complying with the RNR principle of targeting higher intensity programmes for higher risk offender groups, but it does not appear that programmes are so specifically targeted. In addition, as indicated earlier, a comprehensive assessment tool has not yet been developed or implemented in South African correctional centres, and thus no rigorous assessment or selection of programme participants does takes place.

In line with the rehabilitative goals of the White Paper on Correctional Services, the DCS developed the Offender Rehabilitation Path (ORP). However, according to the latest annual report, this initiative appears to have been suspended, without stipulating the reason. The treatment, or correctional, programmes offered in correctional services by the DCS staff focus on Anger Management, Substance Abuse, Preparatory Programme for Sexual


Offenders, and the Pre-release programme, while others are offered by staff and civil society partners. Some of the community-based partners have started to write up their programmes and have conducted process evaluations, but none have conducted comprehensive outcome evaluations. Their programmes are enormously varied, and are based on a broad understanding of the causes of offending behaviour; many of them lack a thorough theoretical grounding, in respect of causes of offending, the selection of the type of intervention, and the mode of delivery. There also appears to be little evidence-based practice.

Similarly, there is very little evidence that the DCS programmes have been piloted in prisons or fully evaluated. While these programmes focus on specific risk behaviours, it is important that they be properly integrated to respond to the criminogenic needs and risks of specific offenders. The DCS does offer education and development programmes and social work services to offenders, also in partnership with civil society organisations. These services go some way to targeting the risk and need factors of offenders, and to prepare for their reintegration into society. Though, again it is not clear whether offenders are targeted for inclusion in these programmes based on a full assessment of their needs.

The ‘what works principles’ are based on a psycho-therapeutic approach to rehabilitation which requires a high level of staff capacity, and is heavily reliant on qualified and trained psychologists or social workers. South Africa is facing a national shortage of professionals in these critical areas, which is only further exacerbated in the DCS. Though overall, there is a vacancy rate of 15 percent across the DCS, this increases significantly in the professional groups. Of the 113 approved posts for psychologists, only 55 are filled. Likewise, of the 788 approved social worker posts, only 488 are filled. This is woefully inadequate to serve the rehabilitation needs of the 112,467 sentenced prisoners scattered through the 241 correctional centres throughout the country.

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An important aspect of rehabilitation is the supported reintegration of offenders into the community, but this is another aspect of the South African correctional approach that is inadequately catered for. In 2010/2011, only 3.8 percent of the DCS budget was allocated to the programme Social Reintegration. The annual report and the budget allocations appear to indicate that the DCS’s primary objectives with social reintegration are to increase the number of offenders supervised in the community and decrease parole violations, without a corresponding increase in allocation of services or support to offenders.199

If corrections in South Africa is to have any success in reducing re-offending then a critical review of the strategy meant to achieve this goal is required. International literature has proven that effective rehabilitation programmes can reduce reoffending, and can be more cost-effective than other forms of sanctions. It is imperative that in South Africa some of the resources allocated to the Department need to become more closely aligned to achieving the objective of rehabilitation. The strategy also needs to involve the development and use of appropriate assessment instruments to determine the needs and risks of offenders. Programmes need to be developed and implemented to meet these identified needs, and offenders should be assigned on the basis of an assessment, rather than on a random assignment in order to increase the number of participants in programmes. Programmes need more rigorous monitoring and evaluation to ensure that they are implemented as intended, and that they have the intended outcome on offenders. It would be important that these evaluations, both by the DCS and civil society organisations, are published so that practitioners can learn and develop more effective interventions. Furthermore, effective tracking mechanisms need to be developed and put in place so that the levels of recidivism can be ascertained.

The DCS is reliant on its partners with civil society organisations to fulfil its obligations to offenders and to society. The relationship and cooperation is crucial to effective implementation of programmes. It is also important that the same rigorous standards of implementation apply equally to state authorities as it does to civil society actors.

10. Conclusion

The literature demonstrates evidence on what works, what doesn’t, and how to improve implementation of programmes for offenders in order to maximise its impact and to ensure treatment integrity. In particular, the risk, need and responsively principles constitute the central core of effective, evidence-based programming. Consequently, these should serve as a guideline to correctional authorities and civil society partners providing programmes to offenders both inside and outside of prison. However, the literature also illustrates the technical nature of these interventions and the extent to which they should be guided and assisted by careful planning, staff capacity, monitoring and evaluation. It is hoped that this review outlines some of the central tenets of effective interventions, and that these can serve as a guideline for those who are developing and implementing interventions for offenders.
References


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