

The Social Reintegration of Offenders and Crime Prevention

A review prepared for the

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Executive Summary

Comprehensive crime prevention programs must include effective measures to prevent recidivism and to stop the cycle of failed adaptation by repeat offenders. Offenders released from confinement face a variety of challenges that may hinder their ability to become law-abiding citizens. Of particular concern are high-risk offenders with lengthy records of criminality. A key feature of successful crime prevention strategies is their attention to the social reintegration of ex-prisoners into the community and the development of interventions designed to reduce the levels of recidivism. These interventions represent a wide array of efforts sponsored by the justice system, often in collaboration with community agencies and organizations. Offender reintegration programs target the dynamic risk factors associated with recidivism and specific initiatives focus on specific challenges facing offenders, including substance abuse and unemployment, while others target specific offender groups, including sex offenders and high-risk young offenders. Offender reintegration programs can be generally grouped into prison-based programs, surveillance-based transition programs; assistance-based transition programs; and integrated, throughcare programs.

To date there have been few rigorous evaluations that would facilitate the identification of best practices and provide definitive conclusions as to the efficacy of specific interventions. From the limited evaluations that have been conducted, however, it is possible to identify several key features of interventions that appear to be effective in assisting ex-prisoners to reintegrate into the community and to impact the rates of re-offending. These programs provide a continuum of assistance from the incarceration stage to the release stage and beyond and involve close collaboration between justice, social service, health and other agencies, the offender's family, and community-based organizations.

It is important that the development of interventions designed to facilitate the social reintegration of offenders and reduce the rates of re-offending be informed by the efforts and outcomes of programmatic initiatives undertaken to date. This overview of current practices was prepared to set out some of the primary lessons that can inspire and guide practitioners in designing measures and strategies that are adapted to their circumstances. The overview concludes with a number of practical considerations that should be considered in planning future interventions.

INTRODUCTION

Successful crime prevention strategies must address factors contributing to the large number of crimes that are committed by individuals who have served a term of incarceration and failed, upon their release, to integrate the community as law-abiding citizens (Rakis, 2005). In the absence of material, psychological, and social support at the time of their release, offenders may have a very difficult time breaking the cycle of release and re-arrest. Short-term prison terms and extended terms of remand in custody provide limited opportunities for successful treatment and interventions to prevent future recidivism. A majority of convicted offenders have at least one prior conviction, either in youth or adult court and, among recidivists nearly one-third have a prior conviction and nearly 75 percent have multiple prior convictions. Community safety makes it imperative that governments and communities develop effective interventions that will assist ex-prisoners to successfully reintegrate into the community and avoid further criminality. Managed offender reentry processes and programs are gaining acceptance and may offer a cost effective way of preventing crime. There is therefore an increasing focus among policy-makers and practitioners on identifying programs and strategies that will help prisoners successfully reintegrate back into their communities without re-offending.

There is no consensus as to whether ex-offender reentry support programs are effective in assisting reintegration and reducing the rates of recidivism. To date, there have been few evaluations of existing programs (Visher, 2006). Many of the current initiatives were developed on the basis of somewhat conflicting program evaluation findings in related correctional areas (e.g., impact of drug treatment, employment training, counselling, community supervision). While there is an abundance of ideas as to what, in theory, *should* work, the findings of program evaluations are often disconcerting. Further, the majority of reintegration programs have not been subjected to controlled evaluations and successful approaches remain to be identified and articulated. Often, research and practice seem to move on separate tracks (Petersilia, 2004).

As the following review will reveal, there is some evidence that positive reintegration outcomes are attained when factors predisposing a person to criminal behaviour are addressed in a holistic fashion and when the physical and social needs of offenders are supported both within the prison and after the offenders' release (Travis, Solomon, and Waul, 2001). Nevertheless, facilitating offender reintegration is a complex task and the impact of specific interventions is often difficult to measure. The crime prevention goal of these programs is measured in terms of offender recidivism, a measure that is, in itself, problematic. Estimating recidivism rates is influenced by how and when reoffending is measured. As well, recidivism may be measured at different points of a known offender's contacts with the criminal justice system (Lievore, 2004).

This paper presents, in a concise manner, some of the available empirical evidence on the effectiveness of programs and interventions that are designed to reduce recidivism by facilitating the successful reintegration of offenders into the community after a term of incarceration. It identifies practices and programs that appear to hold promise for effective social reintegration of offenders and the reduction of recidivism. **WHAT IS SOCIAL REINTEGRATION?**

Social reintegration is often understood as the support given to offenders during their reentry into society following imprisonment. A broader definition, however, encompasses a number of interventions undertaken following an arrest to divert offenders away from the criminal justice system to an alternative measure, including a restorative justice process or suitable treatment. It includes imposing community-based sanctions rather than imprisonment in an attempt to facilitate the social reintegration of offenders within the community, rather than subjecting them to the marginalizing and harmful effects of imprisonment. For those who are sentenced to imprisonment, it includes correctional programs in prison, and aftercare interventions (United Nations Office on Drugs and Crime, 2006). In recent years, the post-release, community-based component of these interventions has been variously referred to as "aftercare", "transitional care", "reentry" or "reentry support", reintegration, or resettlement. Some post-release

interventions may begin while the offender is still incarcerated with the intent of facilitating post-release adjustment.

In Canada, the expression offender “reintegration” generally refers to “reentry” or “resettlement”. In this review, these terms interchangeably to designate interventions, programs and services designed to assist prisoners to live law-abiding lives in the community following their release. However, the reader is cautioned against using the term “reintegration” too literally, as it should be obvious that, in many instances, the offenders were not prior to their incarceration, successfully integrated into the community, were typically marginalized, and often had failed to acquire the attitudes and behaviours that result in most people functioning productively in society.

In recent years, more emphasis has been placed on designing comprehensive interventions, based on a continuity of care, to provide consistent assistance to offenders within and beyond prison. There is a recognition that preparation for reintegration should commence before the offenders’ release. After their release, interventions should support their immediate transition from the prison to the community and reinforce the gains achieved through in prison treatment and continue until a successful reintegration is completed (Fox, 2002). This approach is often referred to as “throughcare”, a system-wide mode of intervention (Borzycki, 2005: 11; Borzycki and Makkai, 2007). All interventions, regardless of their method, are best delivered as part of an integrated program designed to address an individual offender’s specific issues and challenges. And, renewed attention has been given to “strength-based” approaches to make use of personal and community assets in order to help released offenders face their challenges and successfully reintegrate the community (Maruna and LeBel, 2002).

CHALLENGES CONFRONTING OFFENDERS AT THE TIME OF THEIR RELEASE

Offenders confined in correctional institutions are confronted by a range of social, economic and personal challenges that tend to become obstacles to a crime-free lifestyle (Borzycki and Baldry, 2003; Visser, Winterfield, and Coggeshall, 2005). Some of these challenges are a result of the offenders’ past experiences and others are more directly associated with the consequences of incarceration and the following difficult transition back to the community (Borzycki, 2005). Offenders may have a history of social isolation and marginalization, physical or emotional abuse, poor employment or unemployment, and involvement in a criminal lifestyle that began at an early age. So too may offenders be challenged by physical and mental disabilities and health issues that may be related to substance abuse and drug addiction. Many offenders are challenged by skills deficits that make it difficult for them to compete and succeed in the community: poor inter-personal skills, low levels of formal education, illiteracy or innumeracy, poor cognitive or emotional functioning, and/or a lack of planning and financial management skills. There are also several practical challenges that must be faced by offenders at the time of their release, including finding suitable accommodation with very limited means, managing financially with little or no savings until they begin to earn some lawful remuneration, accessing a range of everyday necessities, and accessing services and support for their specific needs.

The period of transition from custody to community can be particularly difficult for offenders and contribute to the stress that is associated with being supervised in the community. The period of incarceration may itself have had several “collateral effects” (Borzycki, 2005: 36; Borzycki and Makkai, 2007:10) upon many offenders: they may have lost their livelihood, their personal belongings, their ability to maintain housing for themselves and their family; they may have lost important personal relationships and incarceration may have damaged their social networks; they may have experienced mental health difficulties or acquired self-defeating habits and attitudes. Homelessness, in particular, may place youth are risk of offending (Arnall, et al., 2007)

The failed reentry of prisoners into society involves some significant costs for society, both financial and in terms of public safety. The costs of programs to support the reintegration of offenders must be assessed against the benefits of avoiding these significant future social and financial costs.

RISK FACTORS

A key factor in the development of effective interventions is the factors that place the ex-offender at risk for re-offending once back in the community.

The primary criminogenic needs that must be addressed by institutional and community-based treatment services are related to: education, employment, accommodation, drugs and alcohol, mental health, social networks, cognitive skills, and attitudes. These risk factors are dynamic - meaning they are amenable to change - whereas other risk factors are not (Harper and Chitty, 2004). Program evaluations in the UK have identified a number of interventions that reduce risk factors. These include pre-school education; family literacy; parenting information and support; reasoning and social skills education; organizational change in schools; and reading schemes" (Stephenson and Jamieson, 2006).

Treatment programs vary in efficacy and none are completely effective. Interventions can fail to achieve their objectives because not all offenders are immediately amenable to treatment: a lack of willingness to accept responsibility or a poor motivation to change can make a big difference. Among the obstacles to youth engagement in education, training, and employment are high levels of non-participation by youth, a lack of knowledge of the issues among professionals and conflicting objectives and target among programs (Stephenson and Jamieson, 2006).

Those offenders who complete treatment programs have higher rates of success in terms of their successful reintegration. Factors associated with treatment completion include:

- More years of education
- Not having a history of sexual victimization
- Fewer previous incarcerations
- Lower levels of minimization or justification of the offending behaviour (Lievore, 2004).

GOALS AND ATTRIBUTES OF OFFENDER REENTRY PROGRAMS

Reentry programs are often based on a case-management approach and cover a range of interventions. These interventions are designed to assist offenders in preparing for their release from confinement by helping them acquire the skill sets required to succeed in the community, address personal challenges and the factors associated with their criminal behaviour, and to establish the necessary contacts and relationships in the community. Many, if not most, of these programs include some form of supervision.

Programs are typically developed on the basis of the current understanding of the dynamic risk factors associated with recidivism, the typical needs of offenders, and the challenges they encounter upon their release from prison. Programs vary according to the recidivism risk factors and the type of social integration challenges they are designed to address. Many programs focus on specific challenges confronting offenders, such as addiction, drug abuse, or unemployment and many offender reintegration programs have been designed to deal with specific categories of offenders, such as chronic offenders, drug addicted offenders, young offenders, mentally ill offenders, or dangerous sexual offenders

Traditionally, one could identify three main types of offender reintegration programs: (1) institution-based programs (some of them offered by community-based agencies); (2) surveillance-based transition programs; (3) assistance based transition programs. We will review each one of these briefly, as none of

these types of interventions, in themselves, seem to produce satisfactory results in terms of reducing future recidivism. This will serve as an introduction to a brief presentation of some of the most promising forms of interventions designed thus far: integrated and throughcare programs for offender reintegration.

1) Institutional Programs

Institutional programs designed to prepare offenders to reenter society can include education, mental health care, substance abuse treatment, job training, counseling, and mentoring. These programs are more effective when they are centered on a full diagnostic and assessment of offenders (Travis, 2000). Some of these programs are offered prior to the release by community-based agencies which are equipped to provide after-care and follow-up with the offenders following their release from confinement.

Effective institutional programs tend to focus on a number of dynamic risk factors and offenders challenges or needs that require attention in order to prepare the offender for release and a successful reintegration. As these programs are voluntary, a large number of offenders do not participate and are subsequently released into the community without any pre-release preparation. Parole and other conditional release decisions are often based on whether an offender has participated in programs designed to address some of his/her criminogenic needs or other challenges. Effective readiness for release, however, is difficult to assess.

Some institutionally-based drug treatment programs delivered by the Correctional Service of Canada appear to have a significant impact on the rate of recidivism following release, particularly those that are followed by assistance and support during the aftercare period. Participants who complete the substance abuse programs have been found have rates of recidivism decreased up by to fifty percent.

Many practitioners in the treatment and social reintegration fields acknowledge that reintegration support interventions should link institutional services with community-based services. There is, however, little evidence that interventions that merely refer offenders to community-based service effectively assist in the reintegration process. Providing referrals rather than substantive aftercare is generally ineffective. Rather, there must be linkages between institutional programming and community-based interventions to ensure continuity of support.

TABLE 1 – Institutional Programs to Prepare Offenders for Reintegration

Title	Intervention	Impact on Recidivism
High Intensity Treatment (HIT) Centre , Thorn Cross Young Offender Institution (YOI) (Warrington, U.K.) (See: Farrington et al., 2002)	The HIT regime basically added military training to a young offender regime designed according to the "what works" literature. The regime included educational, life skills and vocational training, programs designed to address offending behaviour based on developing thinking skills, and a pre-release work placement in the community.	Young offenders were significantly less likely to be reconvicted within one year than were offenders in the control group. This was true for HIT successes and HIT non-completers who spent at least six weeks in the HIT regime. However, HIT young offenders were not less likely to be reconvicted within two years than were members of the control group, but they did avoid reoffending for longer and commit fewer offences during this follow-up period.
Colchester Military Corrective Training Centre (MCTC) (U.K.) (See: Farrington et al., 2002)	An establishment for military offenders run by military staff where young offenders were admitted. There were no offending behaviour programmes but a lot of effort to help YOs with basic education, trade training, job applications, money management and similar practical life problems.	No evidence that the young offenders were less likely to be reconvicted than the control group within either one or two years.
Women Offender Substance Abuse Programming – WOSAP (Interim	The WOSAP is a multi-dimensional, gender-responsive model that incorporates	Preliminary research from the first year has demonstrated strong completion rates,

<p>results) Furlong and Grant (2006)</p>	<p>both the intervention and the environment. The programming offers a continuum of matched interventions supporting the women, from admission to warrant expiry, to make healthy lifestyle choices.</p>	<p>increases in participants' knowledge and skills, and positive participant satisfaction.</p>
<p>New Horizons Chemical Dependency Treatment (Mosher and Phillips, 2002)</p>	<p>The Pine Lodge "New Horizons" Pre-Release Therapeutic Community for Women Offenders in Washington State is a five-phase chemical dependency treatment program. Addiction is considered to be biopsychosocial disease. The program assists women offenders to develop pro-social cognitive, behavioural, and affective skills. Among the treatment approaches used in the program are behaviour modification and therapy; peer encounter groups, social and problem solving skills training; rational emotive, cognitive, and assertiveness training; educational training; and anger and aggression management.</p>	<p>The evaluation revealed that program participants and completers had lower reconviction rates than the control group. Even after controlling for the number of months-at-risk, women who completed the Pine Lodge program were still less likely to be reconvicted than women in the control group. This difference was significant after a two-year follow-up.</p>
<p>Intensive Support Units (ISU) for Federal Offenders with Substance Abuse Problems. Correctional Service Canada (Grant, Varis, and Lefebvre, 2005).</p>	<p>The units are designed to provide offenders: 1) with a supportive environment using specially trained personnel, and 2) reduced presence of drugs and alcohol through increased searching and drug testing, beyond what is specified under Canadian law. Offenders volunteer to live in the ISU and are able to participate in regular institutional activities and have been, or are, currently involved in substance abuse treatment programs.</p>	<p>ISU participants were 36% less likely to be returned to custody than offenders in the matched comparison group (25% vs. 39%). In addition, ISU participants were 40% less likely to be returned to custody for a new offence than the offenders in the matched comparison group (6.5% vs. 10.9%). Other results from questionnaires measuring perceptions of the ISUs indicated that the supportive environment in the ISUs helped offenders to address their substance abuse problem. The environment was created by a number of factors including the professional orientation of ISU staff (more empathetic, rehabilitation oriented, satisfied with their work) and the use of interdiction activities that reduced the presence of drugs and alcohol.</p>
<p>The High Intensity Substance Abuse Program (HISAP). Correctional Service Canada (Grant, Kunic, MacPherson, McKeown, and Hansen, 2003)</p>	<p>Program designed to address the needs of federal offenders with identified substantial to severe substance abuse problems.</p>	<p>Three-quarters (77%) of the HISAP participants were identified as substantially or severely addicted to drugs while one quarter (24%) were substantially or severely addicted to alcohol. Combining alcohol and drug addiction, the results indicated that 90% of program participants were severely or substantially addicted based on the results of standardized tests. The remaining 10% were identified as program participants by parole officers who considered their problems to be severe enough to require HISAP treatment. Pre- and Post-test measures of attitudes, beliefs and thinking indicated positive change as a result of the program. These intermediate measures of outcome suggest that the program was meeting its objectives. The results suggest that the HISAP program had a positive impact on institutional behaviour with both a decline in the overall rate of misconducts (.48 to .15) and a decline in the percentage of participants who had at least one misconduct (27% to 12%). With a fixed-length 6 month follow-up period, the results indicated that HISAP</p>

		participants were less likely to readmitted (26% vs. 32%) to custody and were less likely to have their conditional release revoked as a result of a new offence (4% vs. 8%), as compared to the matched sample.
<p>The Offender Substance Abuse Pre-Release Program Correctional Service of Canada (Millson, Weekes, and Lightfoot, 1995).</p>	OSAP is a multi-faceted, cognitive-behavioural substance abuse intervention program that was developed specifically to address the substance abuse needs of offenders with intermediate-to-substantial substance abuse problems.	During the follow-up period, a total of 31.4% of the offenders who completed the program and who were released, were re-admitted back into federal custody. 19.9% (57 offenders) were re-admitted for a technical violation and 13.6% (39 offenders) were re-admitted for a new conviction. Additional analyses revealed that, even after participating in the program, offender characteristics such as the severity of their substance abuse problems, criminal risk and need levels, and type of offense that were evident before the program continued to have an impact on offenders' post-program behavior (i.e., re-admission rate). Offenders who performed at above average levels had significantly lower re-admission rates for new offences as well as the overall rate of re-admission that consisted of technical violations and new offences.
<p>Institutional Methadone Maintenance Treatment Correctional Service of Canada (Johnson, van de Ven, and Grant, 2001)</p>	Methadone Maintenance Treatment (MMT) in an institutional setting	Overall, offenders participating in MMT had lower readmission rates and were readmitted at a slower rate than the Non-MMT group. Within a 12-month period, the Non-MMT group were 28% more likely than the MMT group to be returned to custody. Furthermore, the MMT group were less likely to have been unlawfully at large (UAL) or in violation of an abstinence condition due to alcohol use while on conditional release than Non-MMT offenders. While the MMT and Non-MMT groups were similar in terms of time to new offence and the number and type of new offences committed, the trend in the data was towards a lower rate of reoffending for the MMT group. Overall the study found that participation in an institutional MMT program had a beneficial effect on outcome following release. Additional research is needed to address issues such as continuation of treatment in the community and other community safety benefits.
<p>InnerChange Freedom Initiative. A Pre-release faith-based program (Johnson and Larson, 2003)</p>	A Christian-oriented pre-release program that is structured to provide education, work, life skills, values restructuring, and one-on-one monitoring in an environment of religious instruction. InnerChange is anchored in biblical teaching, life-skills education, and group accountability. The program is composed of 16 to 24 months of in-prison biblical programming and six to 12 months of aftercare while the offender is on parole.	InnerChange program graduates had lower re-arrest rates than offenders in the control group who had not participated in the program. Program participants also had a lower re-incarceration rate. The re-arrest rates for those participants who did not complete the program, however, were similar to those for offenders who did not participate in the program
<p>Pre-release Employment Program at Herman Toulson Boot Camp (Maryland, USA). (Truesdale, 2001)</p>	The objectives of the program are to provide staff who can complete educational assessments, employability profiles, and service referral to the target population; develop a support service referral network,	Unknown impact on recidivism. There were no statistical difference in employment rates for offenders who participated in the program and those who did not

	which links with state agencies and services; develop training initiatives to help clients, so they can be trained in occupations which can lead to a career and economic self-sufficiency; and create an entrepreneurial training workshop for individuals who wish to open a small business of their own. The target population for the pre-release employment program are disadvantaged black youth and 'at risk' youth.	
Prison Industry Enhancement Program (Smith, 2002, 2007; Smith, et. al., 2006)	Employment and meeting the financial needs of offenders. Ensuring that inmates are employed and have earnings during their incarceration and have some savings at the time of their release.	An evaluation using control groups and carefully-matched samples found that the program had a noticeable impact (between 5% and 10%), on the rate of arrests, conviction and incarceration after the offenders initial release. Participants in the program did better than other inmates in terms of finding employment upon release, staying employed, and recidivism.

A review of the selected institutional-based interventions that are designed to address the needs and risk factors of prisoners presented in Table 1 reveals that there are programs that are effective in addressing the needs and risk factors of prisoners prior to their release and which subsequently result in lower rates of re-offending. More specifically, evaluations have found that several programs delivered by the Correctional Service of Canada, including the Methadone Maintenance program, the Intensive Supervision Units, the HISAP and OSAP drug programs reduce recidivism rates among ex-offenders with substance abuse issues. As well, the faith-based programs operated in the U.S. have produced positive outcomes. On the other hand, the findings with respect to programs designed to enhance employment and life skills have been mixed. It is likely that effective programs are characterized by high levels of commitment by staff and prisoners and other programmatic dynamics that are difficult to capture in evaluative frameworks.

2) Surveillance-Based Programs

Surveillance-based programs are centered on supervision of offenders in the community following release from confinement. There are four models of parole supervision: 1) risk-based; 2) needs-based; 3) middle-ground; and, 4) strengths-based (Maruna and LeBel, 2002). Risk-based strategies operate on the premise that offenders are dangerous and need to be controlled and closely monitored. This control “suggests the need for an ‘electronic panopticon’ or the ‘pee ‘em and see ‘em’ approach to supervising offenders” (Gordon, 1991; Maruna and LeBel, 2002; p. 164). Needs-based supervision strategies focus on offenders’ criminogenic needs, which means parole supervisors help offenders get appropriate treatment in programs such as cognitive skills training and addictions counseling (Burnett and Maruna, 2006). The body of evidence supporting this parole supervision strategy is stronger than that for the risk-based strategy, as recidivism rates have been found to decrease slightly when offenders and treatment programs are correctly matched (Maruna and LeBel, 2002).

The ‘middle-ground’ position is a combination of the two deficit models. The amalgamation is supposed to appease supporters of both models. However, the problem with this dual approach is that parole officers tend to experience uncertainty about which model should be used and when (Maruna and LeBel, 2002). This problem has been identified by Fogel (1978), who asks, “A parole officer can be seen going off to his/her appointed rounds with Freud in one hand and a .38 Smith and Wesson in the other... Is Freud a backup to the .38? Or is the .38 carried to “support” Freud?” (pp. 10-11).

The final (and least-researched) supervision strategy is the ‘strengths-based’ model which views offenders as “assets to be managed rather than merely liabilities to be supervised” (Maruna and LeBel, 2002:167-68). This approach is based on the assumption that prisoners are stigmatized, and that it is this stigma, rather than any inherent dangerousness, that makes them more likely to commit further crime.

Proponents of the ‘strengths-based’ approach believe that the process of rehabilitation is facilitated by having offenders make amends with the community by demonstrating their value and potential. These interventions provide ex-prisoners with the opportunity to experience success in support and leadership roles. The aim of this approach is to transform the ex-prisoner from being a consumer of assistance to a provider of assistance which, in turn, results in the offender’s de-stigmatization by the community, as the offender is perceived as having something to offer (Maruna and LeBel, 2002). The ‘strengths-based’ approach is the least researched of the four models, although the limited research that has been conducted supports the underlying principles of this approach (Maruna, 2001; Sampson and Laub, 2001).

What Works in Offender Supervision?

The available empirical evidence suggests that intensive supervision programs have not reduced the rates of re-offending (Paparozzi and Gendreau, 2005). This has been due, in part, to the fact that these programs tend to target low-risk offender populations, contrary to the research literature which suggests that high-risk offenders are most likely to benefit from intensive institutional and community-based correctional interventions (Andrews and Bonta, 2003; Paparozzi and Gendreau, 2005). Paparozzi and Gendreau (2005) found, for example, that the New Jersey Intensive Surveillance and Supervision Program (ISSP) for high-risk offenders reduced the rates of recidivism by approximately 30 percent as compared to high-risk offenders who were subjected to traditional parole supervision. This despite the fact that the ISSP sample was higher-risk than the comparison group. As well, the ISSP offender group also had seven percent more technical violations than the comparison group, 28 percent fewer reconvictions, and a 21 percent lower revocation rate. These differences held even after controlling for the influence of confounding variables through logistic regression analyses.

It was also found that probation officer supervisory orientation was related to offender recidivism, the regression analyses indicating a relationship between supervision styles and recidivism. Probation officers with a ‘balanced orientation’ experienced less offender recidivism in comparison to probation officers who possessed a strict ‘social work’ or ‘law-enforcement orientation’. The level of organizational support for the program and found that both were important in reducing rates of recidivism (Paparozzi and Gendreau, 2005).

These findings led the investigators to conclude that ISSP can be an effective means of producing positive outcomes with respect to decreased offender recidivism. There were three main factors that were related to positive outcomes, which were defined by decreases in overall recidivism rates, technical violations, revocations, and new convictions: 1) the provision of more treatment services to ISSP offenders; 2) the implementation of the ISSP in a positive organizational environment where staff supported the program; and, 3) the use of probation officers who exercised a “balanced supervisory” approach as opposed to a law-enforcement or casework-oriented approach.

In Canada, an evaluation of the application of Intensive Supervision Practices (ISP) to high-risk offenders found that the ISP group had lower rates of readmission to incarceration for revocation of conditional release and were in the community for a longer period of time before a suspension order was issued (Serin, Vong, and Briggs, 2003).

Supervision Interventions for Young Offenders

During the 1990s, there was an increased focus on developing aftercare interventions for young offenders and to seeking more effective ways to reintegrate youth and to reduce rates of reoffending (Altschuler and Armstrong, 1994; Loeber and Farrington, 2000). The results of the interventions over the past decade or

so have been mixed. The UK, in particular, has been very active in developing a wide range of interventions for at-risk youth which have been implemented under the auspices of the Youth Justice Board of England and Wales. To date, however, as the following discussion will reveal, these interventions have been generally unsuccessful in promoting successful reintegration and reducing the rates of recidivism.

Electronic Monitoring

Electronic monitoring (EM) is often used as a component of intensive supervision (Bonta, Wallace-Capretta and Rooney, 1999). The outcome variables typically evaluated to assess the effectiveness of EM are revocations, recorded infractions, and recidivism. Concern with the results of past evaluations that have shown EM to reduce rates of recidivism have centered on the selection of low-risk offenders for participation in EM programs (Gable and Gable, 2005). A meta-analysis of studies examining the impact of EM on the criminal behaviour of moderate to high-risk offenders did not find any evidence demonstrating the effectiveness of EM in reducing recidivism (Renzema and Mayo-Wilson, 2005). There is no empirical evidence that demonstrates the effectiveness of EM and its use over other diversion strategies and it has been recommended that EM be used in conjunction with treatment interventions that have been shown to be effective (Renzema and Mayo-Wilson, 2005).

The Learning Resources Program (LRP) provides probationers on EM with access to individual and group counseling and skill set development. An evaluation of the LRP, utilizing a quasi-experimental design in which participants who received cognitive-behavioral treatment while on EM were matched on risk and needs factors with treated probationers and released inmate, indicated that high-risk offenders who were given EM and intensive treatment had lower recidivism rates than those high-risk offenders who were not treated (31.6 percent and 51.1 percent respectively). The findings also provided support for previous research that low-risk offenders do not benefit from intensive treatment initiatives and that treatment may actually increase the recidivism rates of low-risk offenders. Bonta et al. (2000b) found that low-risk offenders who received intensive treatment in their study exhibited higher recidivism rates (32.3 percent) than the non-treated low-risk offenders (14.5 percent) (see Gendreau, 1996).

These findings do not support the use of EM as a way to decrease recidivism, as there was not a statistically significant difference between the overall recidivism rates of those on EM (31.5 percent) versus those not on EM (35.3 percent). The importance of this evaluation is that it demonstrated the effectiveness of intensive rehabilitation services that involve a combination of supervision and treatment of offenders, as the LRP treatment program was found to be effective in reducing the recidivism rates of high-risk offenders. This lends support to the risk principle, in addition to providing support for the future use of intensive treatment services in conjunction with intensive community supervision as a strategy for successfully managing high-risk offender populations (see also Finn and Muirhead-Steves, 2002).

TABLE 2 – Surveillance Based Reintegration Programs

Title	Intervention	Impact on Recidivism
HotSpot Community Initiative - Maryland (Piquero, 2003)	Intensive community supervision in HotSpot communities. Communities participating in the program were willing to mobilize resources and had community policing, community probation, community maintenance efforts, youth prevention activities, and local coordination. HotSpot teams were created in each community and are composed of parole and probation officers, youth councilors, and community policing officers. The members of the HotSpot teams are responsible for the supervision of probationers in their communities; they perform	The recidivism rate of offenders who were under intensive community supervision were compared to that of offenders who participated in “normal” probation. The study did not find that participation in intensive supervision increased the participants’ likelihood of technical violations. Rather, re-arrests were more prevalent than technical violations for the HotSpot participants. It was also found that offenders who underwent HotSpot supervision were likely to re-offend if

	activities such as curfew checks and home visits.	supervised for long enough period of time.
The Anchorage (Alaska) Coordinated Agency Network (CAN). (Giblin, 2002; O'Rourke, et al., 1998)	The objective of the CAN program is to reduce recidivism by 1) increasing and enhancing the intensive and systematic supervision of youth probationers, and 2) providing youth with positive role models in their community. The first objective is accomplished by having a police officer - who has volunteered to participate in the CAN program - visit the youth probationer at least twice per month to ensure the youth is complying with the terms of their probation order. The officer may question the youth and his/her parents and/or guardians, provide advice for the youth, and answer any questions the youth and/or his/her parents and/or guardians may have. Essentially, the first objective is to supplement the probation officer's contacts with the youth probationer, as the police officer's visits increase the number of in-person contacts the youth has with criminal justice personnel.	Youths who participated in CAN were more than three times more likely than non-CAN participants to incur new technical violations. This was likely not due to the fact that CAN probationers committed more technical violations, but rather due to the fact that CAN probationers had a greater opportunity of being detected due to more visits from probation and police officers.
The Learning Resources Program (LRP). Electronic monitoring. (Bonta, Wallace-Capretta, and Rooney, 2000a)	The LRP provides probationers, on electronic monitoring, with individual anger management counseling and critical thinking skills, along with substance abuse groups with relapse prevention plans that are developed in each of the groups. These groups are highly structured and are based on the cognitive-behavioural approach and are offered four days a week for a total of 9 hours per week.	High-risk offenders who were given EM and intensive treatment had lower recidivism rates than those high-risk offenders who were not treated (31.6 percent and 51.1 percent respectively). These findings do not support the use of EM as a way to decrease recidivism, as there was not a statistically significant difference between the overall recidivism rates of those on EM (31.5 percent) versus those not on EM (35.3 percent).
Intensive Supervision and Surveillance Program (ISSP). U.K. Youth Justice Board. (Grey, et al, 2005)	Multiple components designed to address the multi-faceted needs of young offenders. Intensive and combines supervision with surveillance in an attempt to create structure in youth's lives in order to manage risk and reduce reoffending. Specific objectives include reducing reoffending among the target group by five percent and the seriousness of re-offending; to address the problems of youth, particularly with respect to education and to provide supervision and surveillance in a consistent and rigorous manner.	The frequency of re-offending in the ISSP sample decreased by 40% over one year and 39% over two years. The seriousness of re-offending in the ISSP sample decreased by 13%, one and two years after ISSP. However, the proportion of offenders reconvicted at least once during the two year follow-up period was very high: 91% in the ISSP sample, a not unexpected result given that "the young people in the sample had committed an average of 11.6 offences in the previous two years." Statistically significant results at 12 months disappeared at 24 months in many instances, suggesting that the impact of the ISSP may fade over time. This is consistent with the findings of other evaluations. Young offenders with the fewest needs were more likely to complete the ISSP. Youth with the highest risk scores performed significantly worse than other youths

A review of evaluations of surveillance-based intervention programs suggests that this approach is not effective in assisting offender reintegration and reducing rates of re-offending. In those programs where initial improvements were demonstrated, these impacts tended to fade over time. This finding suggests that a surveillance approach, in absence of treatment and skill set development, is not an effective intervention strategy.

3) Programs designed to offer support and assistance

Mentally Ill Offenders

Offenders afflicted by mental illness encounter particular problems upon release into the community. These offenders may experience extreme social isolation and, as well, are often at risk for a co-occurring substance abuse disorder. As well, these offenders may encounter particularly difficulties in finding suitable accommodation and securing employment. And, it is likely that most of these offenders will require further medical and therapeutic services and assistance with money management. These factors, in combination with noncompliance of treatment orders, may make these individuals a risk not only to themselves, but to others as well (Hartwell and Orr, 1999).

The unique challenges faced by mentally ill offenders upon release require the development of a community-based treatment model of continuing care to address the risks, needs, and vulnerabilities of this offender group. Community-based treatment models of continuing care may reduce the risk to the public, for the individual offenders and reduce future correctional system involvement for these individuals, in addition to providing a diversion program from the traditional justice system (Griffiths, 2004; Hartwell and Orr, 2004). Research has identified continuity of care as an essential component of effective mental health treatment for mentally ill persons who are involved in the criminal justice system. This includes multidisciplinary case management for psychiatric treatment and social services, e.g. housing, food, help with disability benefits, and vocational training.

Forensic mental health professionals have identified the core components of any intervention designed to assist mentally ill offenders to successfully re-enter the community. These include:

- 1) a focus on stabilizing the offender's illness;
- 2) enhancing their independent functioning;
- 3) maintaining their internal and external controls so as to minimize the likelihood they will act violently and commit new offences;
- 4) establishing a liaison between treatment staff and the justice system;
- 5) providing structure in the offender's daily life;
- 6) using authority comfortably;
- 7) managing the offender's violence and impulses;
- 8) integrating treatment and case management;
- 9) obtaining therapeutic living arrangements; and,
- 10) working with the offender's family to determine if they are a reliable source of social support

A study of the mental health needs and effectiveness of provision for young offenders in custody and in the community in England examined the effectiveness of interventions to reduce offending behaviour and address mental health needs of youth (Harrington and Bailey, 2005). Youth reported high levels of satisfaction with the services offered although continuity of care was a frequent problem. Young offenders in the community were found to have significantly more needs than those in secure care and the needs increased for those youth discharged from secure facilities back into the community. Future offending was not predicted by mental health needs or alcohol and drug abuse problems. The study also found that continuity of care was highly variable and that the needs of young offenders were often not met, due to a lack of recognition of those needs by program staff. These findings suggest that continuity of care is important and that young offenders with moderate to severe mental health needs should be identified by a structured screening process. There should be tailored interventions using a cognitive

behavioural and problem-solving skills approach based on assessment of risk, needs and learning abilities. In short, a multi-modal approach focusing on the individual, family, and peer group is required.

An evaluation of the San Francisco Mentally Ill Offender Crime Reduction Grant (MIOCRG) Program found that the enhanced treatment group had fewer bookings, convictions, and days in jail than individuals in the treatment-as-usual group. These findings were all statistically significant, indicating that there is a high probability that the program approach was successful (The Center on Juvenile and Criminal Justice, 2003).

Among the lessons learned from this evaluation:

- A “one-size-fits-all” approach does not work. This project required that projects be collaborative and that they address locally-identified gaps in jail and community-based services for persons with a serious mental illness.
- Mental health treatment often lessens mentally ill offenders' dependence on illicit drugs and provides the skills necessary to build a life free from drug dependence
- Harm reduction, a philosophy of reducing harm in drug use but still holding drug abstinence as a long-term goal, has been found to be more realistic and effective with the severely mentally ill population than a strict abstinence model
- Clients under increased supervision have been found to violate parole more often than those in less intensive treatment programs, however higher rates of recidivism can likely be explained by the higher degree of interaction with clients in an intensive case management and the strict abstinence model probation officers are used to insisting parolees follow
- The decision to treat or incarcerate for technical violations has grave consequences for the client, such that if he or she is sent back to prison, he or she may be later released without treatment
- A close working relationship between probation and mental health and the sharing of treatment methods can lead to a decrease in probation violations for mentally ill offender clients

Employment / Job Market Reentry Assistance

“Employment provides more than the income necessary to support adequate material conditions. It also provides structure and routine, while filling time. It provides opportunities to expand one’s social network to include other productive members of society. In addition to all this, employment can contribute to enhanced self-esteem and other psychological health” (Graffam et al., 2004: 1).

In Canada, approximately 75 percent of offenders who enter the federal correctional institutions in Canada are identified as having employment needs (Motiuk, 1997; Gillis and Andrews, 2005). Offenders released from confinement encounter a myriad of challenges with respect to securing employment. These include personal factors such as low self-esteem, low motivation, skills deficit, lack of training, mental illness, and substance abuse; a lack of stable accommodation; social factors such as negative peer influence, an absence of family support) and a poor employment record (Visher, et al., 2005; Rakis, 2005; Graffam, et al., 2004). Obtaining legal employment is one of the best predictors of the post-release success of ex-prisoners (Visher, Winterfield, and Coggeshall, 2005). Importantly, offenders have identified employment as a key factor in post-release success (Burke, 1997).

Research has found that ex-prisoners who are able to secure a legitimate job, particularly higher-quality positions with higher wages are less likely to recidivate than those ex-prisoners without legitimate job opportunities. The utility of holding legitimate jobs has been explained with the application of social control theory, which posits that work operates as an informal mechanism of social control (Sampson and

Laub, 1997). The utility of legal employment in reducing the risk of re-offending is supported by research conducted in the UK where an analysis of data gathered in the 2001 Resettlement Survey found that offenders nearing release who had secured paying, post-release jobs, believed that they were less likely to re-offend than offenders nearing release without post-incarceration secured jobs (Niven and Olagundoye, 2002). Similar results have been achieved in the U.S. with employment programs sponsored by the Safer Foundation (Finn, 1999).

One analysis of the impact of community-based employment interventions that used random assignment of participants to the programs on re-offending, however, found no statistically significant effect on the likelihood that program participants would be re-arrested. (Visher, Winterfield and Coggeshall, 2005). Similarly, quasi-experimental studies of community employment programs have also failed to find significant reductions in recidivism for participants in employment service interventions (Finn and Willoughby, 1996; Turner and Petersilia, 1996).

Although *in theory* it is believed that employment will decrease the likelihood that an offender will re-offend, the link between employment and re-offending is unclear (Webster et al., 2001). It has been suggested however, that the gains of employment with respect to reducing re-offending may be linked to the quality of the job, rather than merely being employed (Uggen, 1999). Furthermore, the relationship between legal employment and reduced recidivism may be heavily influenced by the interaction of the following factors: stable accommodation, having employment-related qualifications, not having substance abuse-related problems, and being proactive in asking for help with job searches (Niven and Olagundoye, 2002). Researchers have noted that it is vital that the individual needs of ex-prisoners be identified and matched with specific services. Among the more important employment interventions are job readiness classes, vocational education, GED certification, job training, job placement, and job monitoring by a case manager (Visher, Winterfield, and Coggeshall, 2005).

Although the empirical evidence does not demonstrate significant decreases in recidivism rates for offenders participating in employment service interventions, there is little doubt that legitimate employment is vitally important in the seamless reintegration of offenders back into their communities (Rakis, 2005; Seiter, 2002). It is important that employment-related services be provided on a continuum from the time an offender enters prison until their release into the community. Vocational assessment should occur early in an offender's sentence and should guide the future employment-related services that are offered to the offender. The vocational assessment would provide a series of benchmarks to assess the progress of an offender's employment-readiness plan.

The success of this continuum may be contingent upon the development of policies and procedures that are developed among institutional corrections, parole agencies, community corrections, the private sector, and community organizations. Of further importance is that parole agencies and community corrections agencies be given the opportunity to provide input to institutional corrections officials with respect to vocational and pre-employment services that are offered to prisoners. This would be beneficial as it is a means of ensuring that pre-release measures will address the prisoner's post-release needs (Gendreau, Little and Goggin, 1996; Gillis and Andrews, 2005; Rakis, 2005).

Lodging and Financial Assistance

Offenders released from prison generally received little pre-release support in securing accommodation and are often unable to find suitable living arrangements. Social isolation is a core experience of many ex-prisoners who may end up homeless or with unstable, unsuitable housing. Offenders who are reconvicted often point to lack of suitable housing as a key factor in their unsuccessful transition to life in the community (Baldry et al., 2002; Lewis, et al., 2003). The absence of suitable accommodation for released offenders in the community can result in ex-prisoners being concentrated in the most problematic parts of the community where there are high rates of crime and disorder and an absence of support services.

There is a paucity of reliable information on ex-prisoners' experiences in securing accommodation in the community or on the relationship between housing and recidivism (Baldry et al., 2002). An indirect link has been found between accommodation and recidivism; interrelated risk factors include unemployment, and substance abuse and, therefore, it is very difficult to address deficiencies in only one area of the ex-prisoner's life. Offenders who experienced difficulties with respect to accommodation appear to be more likely to be reconvicted than offenders who did not have accommodation problems (Nilsson, 2003). Analysis of data gathered in the 2003 Resettlement Survey in the UK demonstrated the indirect link between accommodation and recidivism, as it was found that the likelihood of having training or education, or employment arranged on release were over four times higher for prisoners with arranged accommodation than those without accommodation (Harper and Chitty, 2004).

Family Support

The families of offenders are a potential source of support and assistance upon reentry into the community. It should be acknowledged, however, that a common attribute of persons in conflict with the law is the absence of family support. There is an absence of evaluation studies on the role, and impact, of offender's families as a source of support and assistance in the reintegration process and, therefore, it is not possible to reach any conclusions about the factors that facilitate, or hinder, an offender's family in playing a supportive role.

Substance Abuse Interventions

"Drug dependent offenders are caught in a vicious circle. Unless the treatment they receive in prison for their addiction is maintained on their return to the community, the chances are that they will relapse and begin offending again to support their drug use. Failure to access appropriate support services in the community can result in offenders returning to prison time and time again, as the cycle of offending is perpetuated."
(Burrows, et al., 2001: 1).

Offenders in correctional institutions often share the common attributes of high rates of drug use both prior to, and during, incarceration. Approximately 80% of offenders admitted to Canadian federal penitentiaries are identified as having a substance abuse problem that is associated with their criminal behaviour on admission to prison (Grant, Kunic, MacPherson, McKeown, and Hansen, 2004). In a study conducted in the UK, data gathered through the Prison Criminality Survey of self-reported drug and alcohol use found one-half of the offenders surveyed reported that they had used heroin, crack, or cocaine in the year prior to their incarceration. Further, over one-half of the offenders reported that their criminal behaviour was linked to their drug use, in particular, to finance their habit (Harper and Chitty, 2004). In comparison, a quarter of offenders who experienced alcohol abuse problems reported a link between their drinking and criminal behavior, which, they reported, resulted from lapses in judgment as a consequence of drinking.

While numerous studies have found that substance abuse is associated with criminal offending, less is known about the patterns of drug and alcohol use by offenders following release into the community (Boyum and Kleiman, 1995). There does appear to be high rates of alcohol and drug use among ex-prisoners and this may hinder their ability to secure legal employment and stable accommodation (Kinner, 2006; Niven and Olagundoye, 2002). There is some evidence to suggest that severely addicted persons are often prolific offenders and this has led policy-makers to focus on drug-related rather than alcohol-related offending (Harper and Chitty, 2004). This attention is also supported by evidence which suggests that drug offenders are the most likely to recidivate and that they also present the greatest risk to fail on parole and probation (Belenko, 1998; Chanhatisilpa et al., 2000; Lipton, 1996).

Community-based substance abuse treatment interventions are delivered to offenders through residential programs, including therapeutic communities (TCs), outpatient treatment programs, residential programs, outpatient treatment, residential under a therapeutic community (TC) model, or detoxification services. Strategies utilized in these programs range from social-work oriented approaches that provide social skills training and/or counseling to address substance abuse to law enforcement-oriented approaches that include drug-testing, case-management, and supervision (Chanhatisilpa et al., 2000). Drug “throughcare” refers to the treatment and support offered to prisoners making the transition from prison to the community.

Research studies have found that the most successful approach in reducing recidivism among offenders, both immediately upon release into the community and over the long-term, are prison-based and community-based TC models (MacKenzie, 1997). One of the most important recommendations from the literature describing the link between substance abuse and criminal behaviour is that the gains made during in-prison treatment programs can only be maintained if an offender is provided with sufficient aftercare support upon release (Harper and Chitty, 2004; Lattimore et al., 2005). Further, recidivism outcomes are most favourable for offenders who participate in both in-prison treatment programming as well as aftercare programming (Wexler et al., 1999; Banks and Gottfredson, 2003).

One study found that prisoners who participated in in-prison and community aftercare programming had a three-year re-incarceration rate of 27 percent. In comparison, prisoners who had failed to participate in aftercare treatment services, and prisoners in the “no treatment” control group, had three-year re-incarceration rates of 82, 79, and 75 percent respectively. The findings from the five-year follow-up of these same offenders indicated that prisoners who participated in aftercare programming had lower rates of re-imprisonment, had higher levels of post-release employment, and were in the community for longer periods of time before re-imprisonment (Wexler, et al, 1999; Prendergast, et al, 2004).

Similar findings have been reported for programs that target probationers. A study of 134,000 ‘drug-involved’ probationers sentenced in Florida which examined the effects of non-residential substance abuse treatment on arrest found a positive impact on recidivism rates. The number of individuals expected to recidivate and the number of expected arrests was reduced for those involved in non-residential treatment programming, as evaluated at the 24-month follow-up (Lattimore et al., 2005).

The most promising treatment interventions in terms of reducing recidivism rates for chemically-dependent offenders appears to be programs that combine both in-prison TCs with post-release community treatment (Chanhatisilpa, MacKenzie, and Hickman, 2000). Methodologically-rigorous studies have demonstrated how offenders who participated in both in-prison and community treatment had lower recidivism rates than offenders in all or most of the comparison groups (Martin, Butzin, and Inciardi, 1995; Prendergast, Wellish, and Wong, 1996; Chanhatisilpa et al., 2000).

Conversely, research has also found that high-intensity supervision, case-management, monitoring, and the increased use of referrals are ineffective in reducing the recidivism rates of chemically-dependent offenders (Petersilia and Turner, 1992; Anglin et al., 1996; Rhodes and Gross, 1997). However, a preliminary evaluation of the Kentucky Reentry Courts, an intervention strategy for drug-involved offenders, indicated that the program did reduce re-offending among the small sample of offenders studied (Hiller, et al., 2002).

Treatment Alternatives to Street Crime (TASC) is one of the original models for community-based treatment interventions for chemically-dependent offenders. Essentially the objective of TASC and similarly-modeled programs is to provide drug-addicted offenders in the criminal justice system with referrals to treatment interventions in the community upon their release. The research assessing the effectiveness of TASC and similarly-modeled programs has produced inconsistent results as to their effectiveness in reducing recidivism (Rhodes and Gross, 1997). This may be explained by the fact that not all of the programs that offenders are referred to have the same program intensity and integrity. The

evaluations could not control for the quality or quantity of the treatment programs offenders were referred to, which makes evaluation of their effectiveness difficult to determine.

An evaluation of drug courts, with a particular reference to the impact of supervision and treatment, found that treatment is more effective than supervision when offenders are at risk of re-offending. However, individuals who received both treatment and supervision recorded the longest time in the community until failure. The most important, and consistent, finding to date with respect to substance abuse interventions is the need for “throughcare” in the prison to aftercare in the community.

Verbrugge et al. (2002)¹ conducted a study of the predictors of revocation of conditional release among substance abusing women offenders. The purpose of the study was to identify predictors of conditional release failure amongst substance abusing women offenders. The sample consisted of federally-sentenced women who were granted a conditional release between 1995 and 2000, and identified at intake as having a substance abuse problem. Conditional release included day parole, full parole, and statutory release. Several independent variables were examined: age, admission offence type, substance abuse treatment, and the Community Intervention Scale (CIS; Motiuk Porporino, 1989b). Three types of conditional release failure were considered (a) general revocation, (b) revocation with a new offence, and (c) revocation with a new violent offence. Revocation was defined as returning to federal custody after release and before warrant expiry.

The base rate of general revocation was high (48%), revocation with a new offence was moderate (16%); revocation with a new violent offence was low (4%). Age was significantly, and negatively, associated with revocation. Several admission offence types were positively associated with revocation including theft, miscellaneous non-violent offences, and robbery. Five of the seven CIS domains demonstrated a significant association with revocation: employment, associates, substance abuse, community, and attitude. The overall CIS Need and Risk ratings also demonstrated a moderate association with revocation failure. Having completed substance abuse treatment was not associated with conditional release outcome.

A backwards logistic regression reduced the list of predictive variables to six unique predictors: age, overall CIS Need rating, employment, substance abuse domain, attitude, and having and admission offence of theft, fraud, or break and enter. The results suggest that the prediction of post-release outcome for substance abusing women can be improved by attending to the noted risk and need factors.

A study by Dowden and Blanchette (1999)² compared women offenders who were substance abusers to those who were not on a number of different criteria: risk and need variables, demographic characteristics, and recidivism data. To obtain the required information for the present study, CSC’s automated data base, the Offender Management System (OMS) was accessed in conjunction with the Canadian Police Information Centre (CPIC) records. The final sample comprised 251 women offenders for whom institutional program participation information was available. Almost 60% of those had successfully completed a substance abuse treatment program at some point during their incarceration. There was a trend for substance abusers to recidivate at a higher rate than non-abusers; however, this was not statistically significant. Next, the released substance abusers that completed relevant institutional programming were compared to their untreated counterparts on post-release outcome. Although the recidivism rates for both groups were relatively low, those who had participated in substance abuse programming were significantly less likely to return to custody than their untreated counterparts.

¹ http://www.csc-scc.gc.ca/text/rsrch/reports/r133/r133_e.shtml

² http://www.csc-scc.gc.ca/text/rsrch/reports/r81/r81e_e.shtml

Programs for Sexual Offenders

The following principles have been proposed for the management of sex offenders:

- 1) interventions should be based on the assessment and reassessment of offender risk;
- 2) the factors that are targeted for intervention should be those specifically related to criminal behaviour;
- 3) there should be appropriate monitoring of activities in the community; and,
- 4) it is vital that there be adequate sharing of information among collaterals and treatment and supervisory staff.

(Motiuk, Belcourt, and Bonta, 1995; Wilson, et al., 2000)

Within this approach, the most ‘dangerous’ and high-risk sex offenders should have the most stringent and longest-term supervision period.

Research has demonstrated that the two most important factors associated with sexual recidivism are sexual deviancy (dynamic factors) and lifestyle instability/criminality (static, historical factors) (Hanson and Morton-Bourgon, 2004). Additionally, criminal lifestyle characteristics have also been found to be strongly related to violent and general recidivism among sexual offenders (Hanson and Morton-Bourgon, 2004), general offenders (Gendreau, Little and Goggin, 1996) and mentally-disordered offenders (Bonta, Law and Hanson, 1998).

The Correctional Service of Canada operates a ‘high risk offender program’ and a ‘maintenance program’ for managing sex offenders on release in the community. The former is cognitive-behavior oriented and offers individual and group counseling, in addition to using group therapy structured around addressing the four “F’s” related to sex offending, which are feelings, fantasy, future, and follow through. The program is multi-disciplinary with monthly case conference meetings that are organized with the participation of supervising parole staff, the treatment staff at the psychiatric hospital, and the program director from the maintenance program. The goal of this monthly case conference is to address any concerns regarding supervision- such as employment, no-contact orders, family relationships, and the offender’s attitude towards supervision. Treatment staff participates in the case conference in order to assess the offender’s progress in treatment and make any necessary changes (Wilson et al., 2000).³

The ‘maintenance program’ is offered to sex offenders who have admitted committing their offences and who need weekly, lower intensity relapse prevention intervention than those individuals in the ‘high risk offender program’. Offenders receive individual and/or group therapy, which is focused on maintaining institutional treatment gains. Two further phases of the ‘maintenance program’ exist; the first is “a bi-monthly group for offenders who have completed two 12-week cycles of the primary group (with positive reports)”; and the second phase is “a monthly group for long-term maintenance of sexual offenders with substantial treatment experience and gains” (Wilson et al., 2000; p. 182).

Wilson et al. (2000) examined the recidivism rates of 107 sex offenders under community supervision- 75 who were in the ‘maintenance program’ and 32 in the ‘high risk offender program’- and found that the sexual recidivism rates were lower than rates reported in previous studies. The mean follow-up period was three years and seven months and the recidivism rates were reported as follows: 3.7 percent for sexual reoffending, 21.0 for general reoffending, and 10.3 percent for violent reoffending (Wilson et al., 2000). One of the major limitations of the evaluation was that the researchers were unable to use a control group, which made it difficult to ascertain whether the reported results were a result of the

³ See Wilson et al. (2000) for a more thorough program description.

integration of treatment and parole supervision for sexual offenders, or whether the results were due to other factors or interventions. Regardless, the authors propose that the low rates of recidivism reported in this study provide empirical evidence of the effectiveness of case management for sexual offenders under community supervision who are offered individualized treatment services in combination with appropriate parole supervision.

Balancing Surveillance and Support

Intensive monitoring and surveillance alone may not have produced demonstrable crime reduction effects, but there is some evidence that supervision accompanied with assistance and treatment in the community may decrease the risk of recidivism (MacKenzie, 1997; 2000). The level of supervision and control must be commensurate with the risk of recidivism, but the rapid and consistent enforcement of supervision conditions may reduce recidivism (May and Wadwell, 2001).

TABLE 3 – Assistance and Support Based Reintegration Programs

Title	Intervention	Impact on Recidivism
<p>The Male Adolescent Program for Positive Sexuality (MAPPS). Royal Children’s Hospital, Melbourne, Australia</p>	<p>This program is an alternative to incarceration focused on the rehabilitation of convicted youth sex offenders (aged 14-17) and the reduction of violence in the community. The program emphasizes the importance youth sex offenders taking responsibility and making the necessary changes for controlling their behaviour with the goal of building an offence-free future. Participation is voluntary, but most offenders are required to attend as a condition of their court order. Those who are unable to function in a group setting, or to participate in interventions due to severe psychiatric illnesses or disability are referred to agencies that are equipped to meet their needs.</p> <p>MAPPS is based on a relapse prevention model. Participation is usually for the duration of the court order, averaging around 11 months of weekly attendance. Group therapy is the preferred treatment mode, although individual and family sessions are conducted when appropriate. To account for adolescents’ developmental needs and deficits, interventions tend to be multi-systemic and holistic. Attempts are made to establish a support network with good communication channels between MAPPS staff, caseworkers and families or caregivers, who can provide support and supervision when the offender re-enters the community. Services for parents and caregivers include information nights, seminars, support groups and result attendance at the group therapy program.</p>	<p>Treatment was associated with a reduction in sexual recidivism. More specifically:</p> <ul style="list-style-type: none"> ▪ Only five percent of the 138 offenders committed further sexual offences ▪ Treatment completers were over eight times less likely than non-completers to re-offend sexually (0.7 percent versus four percent); ▪ Treatment completers were six times less likely to recidivate non-sexually (32 percent versus five percent); ▪ Treatment completers were twice as likely not to reoffend at all (27 percent versus 14 percent); and, ▪ Over half (53 percent) of all clients had no recorded offences
<p>The Allegheny County (PA) Mental Health Court. (Ridgely et al., 2007).</p>	<p>The Mental Health Court (MHC) is designed to divert individuals with mental illness who have committed non-violent crimes from the criminal justice system to the mental health treatment system, while preserving public safety.</p>	<p>An evaluation of this intervention found that entry into the MHC program led to an increased use of mental health treatment services in the first year after MHC entry, as well as a decrease in jail time for MHC participants. The decrease in jail expenditures mostly offset the costs of the treatment services. An analysis that followed a sub-sample of MHC</p>

		participants for a longer period of time showed a dramatic decrease in the second year of MHC participation. MHC participation was found to be associated with lower levels of criminal recidivism.
The Massachusetts Department of Mental Health Forensic Transition Program. (Hartwell and Orr, 2004)	This program is designed to ease the transition of offenders with mental illness back into their communities from correctional facilities. There is a specific focus on coordinating services and assisting offenders to reintegrate into the community during the three months immediately following their release.	During the first year, the program provided 233 mentally ill offenders with services. As of the start date for the evaluation, 1 April 1999, 74 clients had been discharged; 42 of the 74 were living in the community and receiving mental health services. Another 20 percent were immediately hospitalized after release, 10 percent were re-incarcerated, 3 percent were hospitalized after briefly spending time in the community, and eleven percent were 'lost' and could not be followed up. Despite some operational limitations, this initial analysis indicated that offenders with mental illness were being provided with the services they need to successfully re-integrate into their communities.
Youth Justice Board's Mentoring Projects, UK. (Tarling, Davison, and Clarke, 2004)	Adult mentors work one-on-one with young persons, providing support, guidance and advice. The intent of the program is to reduce or prevent offending and the risk of reoffending. Specific attention given to risk factors, including poor educational achievement and the lack of interpersonal skills. Sixty-five percent of the youths referred to the program had no prior record.	The one-year reconviction rate was 55%, much higher than the reconviction rate of 26% found in follow-up studies of national cohorts of young offenders, despite the fact that a majority of the youths in the mentoring program had no prior record.
Youth Justice Board's Education, Training and Development Projects. (U.K.) (Hurry and Moriarty. 2004).	Three broad types of programs: education, training or work experience; matching students to suitable training establishments or employers; and, diversionary activities.	Youth who made advancements in literacy, qualifications or further employment and training had lower levels of reoffending than their less successful peers. However, 60% of youth enrolled in the program re-offended in the year after enrollment, suggesting that "it may be unrealistic to expect either dramatic reductions in offending or results to be achieved immediately young people are enrolled."
Circles of Support and Accountability (Cesaroni, 2001; Wilson, Picheca, and Prinzo, 2005).	Developed to assist in the reintegration of high-risk sex offenders who have reached warrant expiry. Any offender who participates in the program does so on a voluntary basis because there is no legal mechanism that can compel him to be subject to monitoring. Community members play an active role in providing assistance and a measure of control over persons who present a risk to the community. A circle of support is a team of five or six volunteers assigned to an offender to assist him as he takes up residence in their community. They assist in all facets of reintegration, including housing, employment, budgeting and financial management, spiritual development, and moral support.	Offenders find the circles to be very beneficial in their efforts to avoid re-offending and relapsing into drug and alcohol use that is associated with sex offending. CoSA can have a profound effect on offenders, community volunteers, professionals, and the community. Offenders who participated in CoSA had significantly lower rates of any type of reoffending than did the offenders who did not participate in CoSA. Offenders who participated in CoSA had a 70% reduction in sexual recidivism in contrast to the matched comparison group (5% vs. 16.7%), a 57% reduction in all types of violent recidivism (including sexual-15% vs. 35%), and an overall reduction of 35% in all types of recidivism (including violent and sexual – 28.3% vs. 43.4%). As well, the re-offending among the CoSA participants was less severe than prior offences by the same individual.

The evaluation findings presented in Table 3 indicate that there are assistance and support-based reintegration programs that are successful in assisting offenders to reintegrate into the community and to avoid further offending. These programs have been developed for a variety of client groups, including youth sex offenders, individuals with mental illnesses and adult sex offenders on release in the community. Efforts to provide mentoring, education, and training to youth offenders, on the other hand, has produced less positive results, suggesting that additional research is required on the program dynamics and individual offenders participating in these schemes.

INTEGRATED, MULTI-AGENCY, THROUGH-CARE PROGRAMS

The absence of resources and the lack of coordination between agencies in the criminal justice and social service systems results in people who have been incarcerated leaving prison or jail without any connection to support services and assistance from government agencies and community organizations:

“While law enforcement, criminal justice and corrections officials increasingly recognize the need to work closely with mental health, substance abuse, and social service practitioners to address the special needs of people with mental illnesses and co-occurring disorders, the necessary resources are generally not available. As a result, large numbers of people with mental illnesses and substance abuse disorders are repeatedly cycled through jails and prisons, providing little if any benefit to the individual or the community” (The Sentencing Project, 2002, p 12).

This requires that increased attention be given to developing a seamless structure of support and assistance from the institution to the community.

Engaging Communities

“[C]ommunity involvement has become an essential ingredient of crime prevention in all kinds of partnerships involving municipalities, the police, schools, health and social services, and the private sector” (Shaw, 2006)

Communities have a key role to play in the successful reintegration of ex-prisoners. However, specific strategies are required to mobilize, and sustain, community interest and involvement in assistance and supervision programs. There is a tendency for the community to over-rely on the criminal justice system to provide supervision. Aboriginal communities can also play an active role in the social reintegration of offenders. Community-based services and programs for offenders on conditional release have been developing in Aboriginal communities across the country. These programs reflect traditional Aboriginal culture and spirituality and are typically rooted in restorative/community justice ideals (Griffiths, 2004).

Offender Reentry Mapping is a strategy that is designed to facilitate community engagement in assisting ex-prisoners who are returning to the community. It is focused on the needs of the offender, their family, and neighbourhoods (Brazzell, 2007). The key elements of this approach are:

- 1) enlisting the support and involvement of community stakeholders;
- 2) developing a diverse and complementary set of dissemination methods; and,
- 3) presenting research findings strategically to create a foundation for positive community action.

(Brazzell, 2007:1; LaVigne, Cowan, and Brazzell, 2006)

Community-based Crime Reduction Strategies

Currently, there are a number of community-based initiatives designed that attempt to reduce crime and re-offending as well as to build community capacities to address problems of crime and social disorder

while providing rehabilitation and reintegration assistance to offenders. Perhaps the most comprehensive of these is the Crime Reduction Strategy that was implemented in Surrey, British Columbia in 2006 and is being replicated in a number of other communities. Among the distinguishing features of the strategy is the involvement of a broad range of stakeholders and a multi-faceted approach to crime and offenders.

The Surrey, British Columbia Crime Reduction Strategy.

This initiative is a comprehensive crime reduction strategy that involves all key stakeholders, including the RCMP, non-profit organizations, community corrections, the school board, the Board of Trade and community groups. The plan was developed through the Mayor’s Task Force on Public Safety and Crime Reduction. There are four components to the strategy, each of which contains a number of specific initiatives:

1. **Prevention and Deterrence of Crime:** includes Skytrain and Transit safety; education and awareness programs, community drug action teams; crime-free multi-housing; and youth intervention programs, among others
2. **Apprehension and Prosecution of Offenders:** includes identifying prolific offenders and crime hot spots; implementing a community court model; a Night Court; and creating Prolific Offender Management Teams, among others.
3. **Rehabilitation and Reintegration of Offenders:** includes expanded treatment through the private sector; the accreditation of recovery houses; the creation of a homelessness and housing foundation; education and job training; and Community Support Teams, among others.
4. **Addressing the Perception and Reality of Crime:** development of a communications strategy; creation of Community Action Groups; working with seniors and other vulnerable groups, among others.

<http://www.surrey.ca/Inside+City+Hall/Your+Mayor+and+Council/Crime+Reduction+Strategy/default.htm>

The increasing involvement of communities in responding to the challenges presented by ex-offenders has led to a greater focus on local involvement in, and ownership of, initiatives; efforts to strengthen the leadership, skills, and capacity of the community to be an active partner in prevention and reintegration; and the development of substantive partnerships with the community. Concurrent with this has been the recognition that there is a need for “a more flexible approach to evaluation and assessment of the outcomes of programmes...” (Shaw, 2006:14).

Lessons Learned with Respect to Community Involvement (Shaw, 2006:13-14)

- It is important to have a strategy to effectively communicate the goals and objectives of the project to the community, so as to facilitate the development of partnerships;
- Strategies need to be developed to involve marginalized and vulnerable groups in the community
- Clear decision and accountability processes must be established;
- The evaluative framework should be established with funders and the government at the outset.

TABLE 4 – Integrated and Throughcare Programs

Title	Intervention	Impact on Recidivism
<p>The Intensive After Care Program (IAP) (Altschuler, Armstrong and MacKenzie, 1999; Altschuler and Armstrong, 1994; Wiebush et al., 2005)</p>	<p>The IAP targets high-risk young offenders and promotes the identification of high-risk offenders. There is an emphasis on the preparation, transition, and reentry of these youths back into the community following a period of secure confinement. The model is an example of “reintegrative confinement”, an incarceration experience that includes a major focus on structured transition and a follow-up period of aftercare characterized by both surveillance and service provision in the community. The stages of the process include: (1) pre-release and preparatory planning during confinement; (2) structured transition that requires the participation of institutional and</p>	<p>Recidivism rates were high for both the IAP and control groups. During the 12-month follow-up period, approximately 50 to 60 percent of the youth were arrested for felony offences, approximately 60 to 70 percent were arrested for criminal offenses, and approximately 80 to 85 percent were arrested for some type of offense. The most significant finding in the analysis was that there were no statistically significant differences between the arrest and conviction outcome measures of offenders in the IAP versus the control group young offenders.</p>

	<p>aftercare staff prior to, and following reentry into the community; and,(3) long-term reintegrative activities that ensure adequate service delivery and the necessary level of social control.</p>	
<p>The South Oxnard (CA) Challenge Project (SCOP). Ventura County's (CA) (Lane et al., 2005)</p>	<p>Four-year SOCP was developed to treat and control young offenders. SOCP teams consist of a variety of system and community-based personnel, including probation officers, social workers, alcohol and drug treatment specialists, mental health social workers, city recreation staff, youth mentors, police officers, and community outreach workers. This comprehensive, team approach to service delivery resulted in intensive and frequent contacts with youths and their families, a strengths-based approach to supervision, and a focus on the social context of the youths' behavior.</p>	<p>Although the youth in SOCP experienced a more intense program with respect to the number and duration of contacts and types of interventions provided, there were few differences with respect to the recidivism rates of these youth and youths who did not participate in the program. During the two-year follow-up, the majority of youths in both groups were re-referred to probation, or were re-arrested. A majority of the youths were re-arrested during the two-year follow-up, although most did not commit a violent offense or return to confinement.</p>
<p>The Serious and Violent Offender Reentry Initiative (SVORI). (Lattimore, et al., 2004).</p>	<p>This is a nation-wide collaborative effort in the U.S. to improve outcomes for adults and juveniles returning to communities from correctional facilities. The program addresses ex-prisoner needs with respect to employment, education, health, and housing. The goals of the initiative are:</p> <ul style="list-style-type: none"> • To improve quality of life and self-sufficiency through employment, housing, family, and community involvement • To improve health by addressing substance use (sobriety and relapse prevention) and physical and mental health • To reduce criminality through supervision and by monitoring noncompliance, reoffending, re-arrest, reconviction, and re-incarceration • To achieve systems change through multi-agency collaboration and case management strategies. 	<p>The impact evaluation of the program is currently underway.</p>
<p>The Prolific and Other Priority Offender Program (PPO) (U.K.). (Dawson and Cuppleditch, 2007).</p>	<p>This program was implemented to target the small number of individuals who are responsible for a disproportionate amount of criminal activity and has three components: 1) Prevent and Deter; 2) Catch and Convict, and, 3) Rehabilitate and Resettle.</p>	<p>An evaluation was conducted of the Catch and Convict and Rehabilitate and Resettle components of PPO through the use of qualitative interviews with the PPO offenders and PPO staff, in addition to analytic comparisons of the PPO offenders both before and after the implementation of the PPO program. A reduction of recidivism was observed, but it was difficult to establish that it was due to the PPO. There were decreased offending rates among PPOs after the implementation of the PPO program. In the 17 months following the implementation of the PPO there was a 43 percent reduction in the offending of the whole PPO cohort. During the first 17 months of the PPO program, there was a 62 percent reduction in the overall convictions for PPOs compared to the 17 months prior to the program being implemented. The average rate of offending per PPO fell from .51 convictions per month in the 12 months prior to the PPO program implementation to .39 convictions per month in the 12 months following its implementation, which amounts to a 24 percent reduction. However, due to</p>

		unforeseen limitations with the PSM of the control group, the authors were unable to determine whether the decreases in the reoffending observed by the PPO cohort were strictly attributable to the PPO program.
Maryland Reentry Partnership (REP), Baltimore (MD). (Roman, et al., 2007; Visser, et al., 2004).	A collaboration of service providers that coordinate efforts to provide prisoners returning to select Baltimore neighborhoods with comprehensive reentry services including housing assistance, substance abuse treatment, mental health counseling, education, vocational training and other services. The program was designed a community-justice partnership and provides pre-release preparation as well as services in the community. The program addresses needs at three levels: individual, community, and systems. Ex-prisoners are provided access to social and medical services designed to meet their specific needs for reintegration. Community-based organizations assist the ex-prisoner to develop social networks as well as increase offender accountability. And, the REP coordinates the efforts of various corrections agencies and community service providers. The goal is to ensure continuous case management during the transition from confinement to the community	The REP program was successful in reducing criminal offending. Fewer REP clients (72% compared to 77.6%) committed at least one new crime in the study period, which averaged 38 months. Overall REP participants committed 68 fewer crimes during the study period than ex-prisoners in the comparison group. There were, however, no significant differences in time to re-arrest, likelihood of a new conviction, number of new convictions, or time to a new conviction
The Harlem Parole Reentry Court. (Farole, 2003).	A community-based approach to prisoner reentry with the objective of reducing rates of re-offending. It involves assessment and planning prior to release, active oversight of the offender upon release into the community, coordination of support services, graduated sanctions and incentives, and a neighbourhood focus.	A preliminary evaluation found that reconviction rates were not significantly reduced nor was there a reduction in the overall numbers of offenders returned to prison. The lack of success of the initiative to date has been ascribed to implementation issues.
Project Greenlight (A pilot project operated by the Vera Institute partnership with the New York State Department of Correctional Services and the New York State Division of Parole). (Wilson and Davis, 2006).	The objective of the program was to reduce recidivism by preparing prisoners for release by providing discharge planning and introducing them to support services in the community. The project, which was distinguished by close collaboration among corrections, parole, and community-based organizations, provided intensive preparation for release for people in the last two months of a lengthy state sentence. This preparation included daily classes designed to help participants develop the skills necessary to get a job, find housing, spend time wisely, and make good decisions.	No reduction in recidivism among prisoners who participated in the program
ISSP: The Initial Report (Moore, et al, 2004)	ISSP is a multi-modal intervention combining assessment, close monitoring, education and training, tracking, tagging, and restorative justice. It is designed to manage the risks posed by youth, to meet their needs, and to continually reassess both risks and needs. The most successful programs target high risk offending and include a rehabilitation/treatment component. The principal objective of ISSP is to reduce the rate and seriousness of youth reoffending.	A marked reduction in frequency and seriousness of offending in the ISSP target group after 12 months. However, no differences between the ISSP groups and comparison groups (youth who were eligible for ISSP, but did not receive it). And, 85% of the ISSP youths were reconvicted at some point. On the positive side, the ISSP schemes were able to establish workable programs and target the appropriate young offenders. For a significant number of youths, ISSP provided an important first step towards positive maturation and development. Significant progress was achieved in education, employment, family relationships, and attitudes toward crime and victims. However, there is a need for stronger reinforcement of

		these changes to ensure continuity. And, it was found to be difficult to balance supervision and surveillance.
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A review of evaluations of a number of integrated and throughcare programs reveals mixed results in terms of their effectiveness in assisting offenders to reintegrate into the community and avoid future criminal offending. Efforts to target high-risk youth in the U.S. through intensive aftercare resulted in no statistically-significant findings in terms of subsequent behaviour and a major intervention in the UK directed towards prolific and other high-priority offenders was inconclusive. On the positive side, the ISSP program in the UK has produced positive results and should be closely studied as a possible program model.

Facilitating Offender Reintegration and Preventing Recidivism: Lessons Learned

Post-release reintegration programs are now often part of broader crime prevention strategies that are designed to provide a comprehensive approach to public safety. Crime reduction strategies developed in the UK, the US and a few other countries for youth and adult offenders attempt to integrate the various elements of the criminal justice response to crime, develop partnerships with communities, and to integrate institutional interventions with community-based interventions in an unbroken continuum of intervention. Several communities in British Columbia and elsewhere in Canada are in the early stages of developing similar strategies (e.g. the city of Surrey, in British Columbia). These strategies are premised on interagency cooperation and coordination, integrated responses and partnerships with the community. Depending on local public safety priorities, many of these crime reduction strategies have had to consider ways of preventing recidivism by known offenders, particularly those who are very dangerous and/or prolific. Often, the expression “priority offenders” is used to reflect the fact that crime prevention priorities can vary from one community to another.

In many instances, communities have come to realize that the risk of recidivism is heightened rather than lessened by incarcerating offenders. And, in recognition of the fact that nearly all offenders will return to the community, there has been an emphasis among community leaders and politicians on managing the release and reintegration of offenders into the community.

A common feature of these initiatives is the objective of developing cost-effective programs that will prevent crime and enhance public safety. Not surprisingly, the language of evidence-based programming is often being used to guide, design, and justify various interventions. Some very large scale initiatives, particularly in England, were designed on the basis of the best available research evidence on the causes of crime, crime patterns and effective methods of intervention. Some significant investments have been made in the U. S and the U.K to attempt to evaluate the outcomes of these various strategies.

Unfortunately, almost without exception, all of the complex, integrated and comprehensive interventions to promote reintegration and to prevent recidivism have failed to produce conclusive results. Or, if positive outcomes have been generated, these have not been measured. The apparent failure of many interventions to have a significant impact on rates of recidivism and re-incarceration may be due to program implementation issues, rather than to the validity of the concept and principles of the intervention itself.

A review of selected interventions for youth and adult offenders has generated a number of “lessons learned” about programming that is designed to reduce rates of re-offending and to promote the reintegration of offenders. That the outcomes to date have been less than stellar (despite the best efforts of communities, program staff, and youth themselves) serves as a reminder that the effective prevention of recidivism by known offenders is far more complex than was anticipated.

The evaluation results produced to date indicate the necessity of abandoning piece-meal, ad hoc interventions that are unrelated to the needs and challenges faced by offenders and to develop effective strategies to balance supervision and assistance. Further, programmatic interventions must reflect the variability in needs and risks presented by offenders returning to the community. What is required are system-wide, integrated approaches that provide a consistent, structured response to behaviour while at the same time addressing the underlying factors responsible for the criminality and that will assist reintegration. Concurrently, offenders must be held accountable for their behaviour and assume responsibility for participating in, and completing programs designed to enhance their capacities and skill sets. Of concern is that a number of programs that were based on the throughcare model failed to produce positive outcomes.

Central to these initiatives is the community and a number of programs have successfully mobilized and engaged community residents and leadership in addressing the needs of ex-offenders. As well, it is clear that ongoing assessment of offenders' needs is a core component of successful interventions.

The following discussion sets out the best advice that can be distilled from the previous comprehensive examination of the evaluation literature on social reintegration and prevention of recidivism among ex-offenders.

Considerations in Developing Successful Reintegration Programs

Interventions designed to address the dynamic risk factors of offenders have a higher chance of success if there is adherence to the 'principles of effective correctional treatment' as set out by Andrews and Bonta (1998). For offender reentry programs, it is becoming clear that successful interventions are those which:

- 1) focus on a specific target group of offenders and their specific challenges;
- 2) rely on sound methods for assessing the needs and risk factors of offenders;
- 3) hold the offenders accountable and responsible for their own choices and their actions;
- 4) begin while the offender is in confinement in the correctional institution and continue throughout the offender's transition to, and stabilization in, the community (throughcare);
- 5) strike a balance between surveillance and control, on the one hand, and support and assistance on the other;
- 6) offer assistance in an integrated and comprehensive manner and address the many inter-related challenges faced by offenders (e.g. wrap-around interventions);
- 7) are offered as a coordinated effort of all the agencies involved and supported by strong agency cooperation (supported by partnerships and interagency cooperation and information protocols, clear definition of respective roles and responsibilities; and a clear articulation of the services to be provided and the relevant time frames)
- 8) are supported by sound case management practices and adequate information management systems;
- 9) reflect the public safety priorities of the community in which they are developed,
- 10) engage the community in both the planning and the delivery of the intervention and fosters strong community ownership;
- 11) have a robust evaluation component that allows the program to evolve, self-improve, and remain accountable to the community for crime reduction results.

In designing and implementing interventions designed to assist offenders to successfully reintegrate into the community and to avoid further criminal offending, there are a number of realities that one must not lose sight of:

1. Ex-offenders are confronted by a myriad of challenges that will predispose them to recidivate upon release.
2. Many ex-offenders have multiple needs that must be addressed in a holistic manner, including limited skill sets, substance abuse issues, and an absence of family and community support.
3. It is imperative that institutional and community-based corrections services develop cooperative partnerships with community-based organizations and NGOs to develop seamless interventions that mobilize all available resources to assist and, when necessary, supervise known offenders.
4. The crime prevention priorities of each community may vary and so will their priorities for intervention. There will often be a need to address the specific and, perhaps, unique needs of visible and cultural minority offenders.
5. Specific attention in the Canadian context is required to address the unique challenges posed in assisting offenders to reintegrate in rural and remote communities.
6. There is considerable potential to further develop, and enhance, the involvement of Aboriginal communities in assisting ex-offenders to reintegrate into the community.

CONCLUSION

Concern with community safety and with assisting offenders has resulted in an increased focus on the reintegration of ex-prisoners into the community and the reduction of rates of re-offending. Efforts have focused on specific groups of offenders as well as on specific strategies for providing assistance to ex-offenders. This has included securing legal employment, finding suitable accommodation, addressing substance abuse issues, and identifying family and community assets.

A review of program interventions in Canada, the U.S., the UK, and Australia has revealed that success in assisting ex-offenders in reintegration and in avoiding re-offending has been mixed. This may be due to a number of factors, including poor program design and implementation. There continues to be barriers to interagency cooperation and collaboration, which has been found to be a critical ingredient for program success. A review of risk factors and outcomes for persistent young offenders in the UK found limited interagency cooperation and information-sharing, a lack of assessment and planned intervention based on risk and needs; and a failure to record in detail assessments and subsequent interventions (Arnull, et al., 2005). This highlights, once again, that issues related to program implementation can undermine even the most well-designed intervention and compromise the efforts of individual program staff and offenders. In addition, too often interventions address only one of the myriad of issues, needs, and risk factors that confront offenders. Such interventions are likely to have little, if any impact, on their subsequent behaviour in the community. Finally, considering the way forward in the Canadian context is hindered by the absence of controlled evaluation studies of those institutional and community-based interventions that have been implemented. The near-sole exceptions are the studies conducted by the Correctional Service of Canada on institutional-based programs. Future interventions designed to facilitate offender reintegration and to reduce re-offending should include an evaluative component so that the paucity of empirical research in the Canadian context can begin to be remedied and, in so doing, provide practitioners with information that can be used in the design and delivery of programs.

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