

GROUP 2

PROMOTING PUBLIC SAFETY AND CONTROLLING RECIDIVISM USING EFFECTIVE INTERVENTIONS WITH OFFENDERS WHILST SERVING THEIR SENTENCES: AN EXAMINATION OF BEST PRACTICES

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I. INTRODUCTION

It is agreed that mechanisms to enhance the opportunities for offenders' rehabilitation and their re-entry into society are an essential part of any strategy to reduce recidivism. However, the issues are extremely complex. It is not safe to assume that the offender was well integrated in society prior to his or her imprisonment. Worldwide evidence is that many prisoners were not well integrated, and in fact in many countries, the 'average' prisoner does not have good life skills, educational or trade qualifications, work experience or stable housing.

According to Mr. Peter Wheelhouse, visiting expert from the United Kingdom, studies have revealed that 58% of offenders not being rehabilitated in prison are more likely to be convicted of another crime within two years.

The process of reintegration begins at the time when the needs of the offender are assessed at reception into Correctional Services. For an offender to be successfully reintegrated into the community, it is important to have strategies in play to address the needs and support required by the individual offender.

II. PROBLEMS AND CURRENT SITUATION

At this point of the Workshop, individual country representatives spoke about issues that inhibit effective rehabilitation in their respective jurisdictions.

A. Overcrowding

Overcrowding can severely inhibit the desired results when treating offenders for reintegration into communities.

In Jamaica and Honduras most of the prison facilities are very old. No new penitentiaries have been built and the prison population has increased over the years. They lack necessary infrastructural space for rehabilitation in keeping with twenty first century practices.

In the case of Malaysia, the increasing numbers of prisoners sentenced or awaiting trial for breaches of the Immigration and other Acts, and for which the Prison Department has been assigned responsibility for incarceration and detention since 2003, is a contributory factor to overcrowding in that country.

The total capacity of all prisons in Brazil is approximately 200,000, while the number of inmates is about 360,000. This denotes a great rate of overcrowding and the necessity for newly built prison facilities. Moreover, a significant proportion of prisoners are remand inmates in trial custody. The Government also emphasizes repressive efforts against crimes instead of rehabilitation programmes.

Although the Directorate General of Correction has established more new prison facilities, still it is not enough to accommodate the increasing number of prisoners. Indonesia is also facing the same problem as Malaysia and Brazil with the increasing number of prisoners on remand.

In contrast, it could be said that the current total number of prisoners in Thailand (154,486) does not present a problem of overcrowding. Furthermore, the overall extended capacity of all correctional facilities can accommodate 205,436 inmates.

Before 1995, Japan's prisons were not affected by overcrowding. However, since 1995 the prison population has been increasing continuously, due to recession in the economy and other factors. Even though the incarceration rate is still lower than other participating countries, one of the main causes for the increase of the prison population is severe sentencing based on public anxiety about crime. The public prefer offenders to be kept in prison. Serious crimes committed by probationers or parolees have also increased public anxiety. It is said that probation and parole supervision is not sufficient.

B. Budget

In most countries, budgets for corrections are a last priority. All participating countries except Japan are allocated a limited budget for strategic and operational functions. Corrections departments are not considered to be revenue generating. Public sentiment often impacts on these decisions as budget allocations come from tax earnings. When compared with other agencies in criminal justice systems, the correctional services tend to receive the lowest budget allocations.

A good example is the Japanese experience as shown in the following table:

Agency	Budget (US\$ million)	Staff
Police	28,038	288,451
Prosecution	800	11,532
Court	2,562	25,349
Correction	1,688	21,839
Rehabilitation	156	1,429

C. Human Resources

All the participating countries shared their common problems with human resources, especially professional staff, such as medical doctors, dentists, nurses, psychologists, social workers and vocational instructors, and also discussed insufficient basic and advanced training for correctional officers.

1. Japan

In Japan, to deal with about 60,000 probation and parole supervision cases a year, about 50,000 Volunteer Probation Officers and about 1,100 staff of Probation Offices operate the rehabilitation system in a framework of co-operation between Volunteers and Government Officers. However, in reality, there is a heavy dependence on the volunteers. Within this framework, problems, such as an inability to prevent recidivism, exist and have contributed to present concerns.

In 2006 a new prison act came into force, but the number of staff members in charge of rehabilitation is very low and a staff training system for implementation of the new programme is also not yet established. Therefore, for the moment, the targets and contents of the rehabilitation programmes will be limited.

2. Brazil

Each one of the States of the Federative Republic of Brazil is in charge of its own Corrections Institutions, which is regulated by a federal law. This situation proves difficult because each State pays different salaries for officers and has different levels of public investment, infrastructure, equipment and numbers of professionals. Low salaries for the officers result in a lack of staff for the treatment of offenders. Also, there is no systematic training. The penitentiaries' administrations are also facing problems with corruption; lack of equipment, technology and appropriate spaces for lawyers and visitors; and clinics to guarantee adequate support for the proper work of the human resources.

3. Malaysia

The ratio of staff to inmates in Malaysia is about 1:16. This situation leads to problems for the Corrections Department in carrying out necessary activities for the inmates, especially activities related to rehabilitation. Basic training for the supporting staff lasts for three months before they start working in the prison institution. The Department encourages all staff to continue their studies in many fields. Currently there are a number of senior staff with master's degrees and two staff are pursuing Ph.Ds. The Department is receiving good support from other agencies in giving training to the inmates.

4. Indonesia

Based on recaptulation data of correctional officers, it is known that the total number of correctional officers in Indonesia in 2002 was 22,895. Around 85.23% of them were at staff level, the majority having high school education. There is a shortage of professionals and experts to carry out treatment and rehabilitation programmes. In the last two years, the Directorate General of Correction tried to overcome the human resources problem by recruiting new employees and also developing and maintaining co-operation with several government institutions and non-government organizations.

5. Thailand

In Thailand, the number of correctional officers is about 12,000. The ratio of staff to inmates is about 1:13 whereas the international standard is 1:5.

D. Lack of Family and Community Support

Lack of family and community support is the most challenging reintegration problem shared by all participating countries. Positive family and community support is very important in terms of providing accommodation and emotional and financial assistance to released prisoners. Moreover, a strong and supportive family can psychologically influence released prisoners and hence are in a better position to assist them to be good citizens.

All participants agreed that the positive attitude and active involvement of the community are main factors in the successful reintegration of prisoners. However, the community's negative perception of ex-prisoners and inaccurate publicity in the media about ex-prisoners and correctional operations can result in poor community involvement in the reintegration process.

In Japan, some prisoners do not have family accommodation to stay at when they are released from prison. Half-way houses accept such kinds of offenders and provide them with accommodation and meals. One of the problems that the half-way houses are facing nowadays is the insufficiency of treatment. Many offenders who stay in half-way houses have problems such as alcohol dependence, drug addition, lack of interpersonal skills and so on. There is a risk of reoffending when offenders leave half-way houses without solving these problems.

In Indonesia, many prisoners, especially drug dependent and HIV/AIDS afflicted prisoners, are rarely visited by their family. Besides that, because Indonesia is an archipelago country, many prisoners, especially in big cities, are not placed in prisons close to their families.

E. Insufficient Education and Vocational Training for Offenders

Basic educational and vocational training programmes are provided for prisoners in every correctional service, aiming to render prisoners with essential knowledge and skills to earn a living after release. However, all participating countries agreed that prison overcrowding and inadequate budgets created difficulties in the implementation of education and vocational training for prisoners.

1. Jamaica

In Jamaica, it is mandatory under the Juvenile Act that every juvenile in a Correctional Institution must receive basic education before his release. Limited resources make it difficult to improve training, but the inmates have agricultural and computer training, etc. There is a National Training Agency with responsibility for accreditation of vocational training and skills. Inmates are sometimes accredited by that agency to enable them to be certified for jobs.

2. Malaysia

In Malaysia, prisoners are given opportunities to participate in educational and vocational training. The prisoners are given training in many fields, such as tailoring, carpentry, agricultural work, etc. When released, the prisoners are able to use the knowledge and skills received in prison.

3. Thailand

In Thailand, after the key purpose of punishment was shifted to rehabilitation and reduction of the number of prisoners, the Department of Corrections has been committed to the principle of through-care and has implemented various rehabilitation initiatives to generate safe and successful prisoners' re-entry into the community. However, there are still some problems in implementing educational and vocational training programmes in some correctional institutions.

4. Japan

Japan's Department of Corrections has a programme with the public employment security office. This involves corporative employees' recruitment due to the fact that ex-offenders cannot gain optimum employment immediately after release because they don't have the high skills that are necessary. Juvenile Training Schools have two goals of vocational training: to award vocational training certificates and to guide the juvenile in the right direction.

One weakness of the Japanese system is insufficient co-operation between the public employment security office and the probation office. It is necessary to establish strong links to help offenders in finding employment.

F. Insufficient Health Services

All the participating countries provide basic medical treatment in a specific area inside the prison. However, the health service staff, medical equipment and infrastructure need to be improved.

1. Brazil

Brazilian prisons seldom have sufficient health services to provide for the huge number of inmates. There is a lack of correctional hospital equipment, medicines, medical and dental staff inside the penitentiaries. However, in cases of grave illness or for further exams, prisoners are often taken to hospitals outside prison.

2. Indonesia

In Indonesia, most of the correctional institutions, especially in rural and remote areas, do not have appropriate health care facilities and medicine stocks. The room space and tools to deliver the services are very limited. Because of the limited budget for supplying medicine, most of the time correctional institutions apply one type of medicine for all kinds of health problems. The limited number of medical personnel is one of the factors leading to an insufficient health care service in correctional institutions, besides the lack of health care facilities and medicines.

3. Japan

In Japan, the situation is different, for example HIV/AIDS inmates are rare due to the low level of persons with this disease in the wider population.

Concerning parolees who are drug offenders, in April 2004 urinalysis of stimulant drug offenders was introduced. This method is as follows. In the first interview, the parolee receives an explanation of urinalysis. If the parolee consents to urinalysis a test date is fixed beforehand at regular intervals, such as

every two or three weeks. The parolee comes to the probation office at the fixed date to receive a urinalysis. The point of this method is its voluntary basis. Officers do not carry out the urinalysis except on the fixed date. Some might think it is nonsense, since it is natural for parolees not to use drugs before the set date. However, we consider this training for drug offenders to refrain from using stimulant drugs. This programme provides an opportunity for such offenders to stop drug use by obtaining a feeling of attainment and praise from officers when they receive a negative urinalysis result.

4. Malaysia

In Malaysia, the Prison Department has been trying its best to give good health services, according to the UN standards. Most of the prison institutions have health units to attend to any minor health problems. However, there is still need to increase the number of medical staff. For severe health problems inmates they are sent to local hospitals; as for the case of HIV/AIDS, there are quite a number of HIV positive inmates in the institutions. However, they are well taken care of even though the number is increasing gradually.

5. Honduras

In Honduras only two detention centres have a psychologist. There is no drug treatment programme.

6. Jamaica

In Jamaica efforts are being made to give the inmates comprehensive treatment but the employment of more professionals would be ideal.

7. Thailand

In Thailand, there is one medical correctional institution for a long term treatment of sick inmates. In addition to this, every prison has a small medical unit. However, the ratio of medical staff to inmates is still very wide.

III. TREATMENTS

A. **Effective Assessment to Select Appropriate Offenders for Appropriate Treatment¹**

Definition of treatment based on the United Nations Standard Minimum Rules for the Treatment of Prisoners, Part II, Section A (Prisoners Under Sentence) is that the treatment of persons sentenced to imprisonment or a similar measure shall have as its purpose, so far as the length of the sentence permits, to establish in them the will to lead law-abiding and self-supporting lives after their release and to fit them to do so. The treatment shall be such as will encourage their self-respect and develop their sense of responsibility.²

Upon consulting various pieces of literature, the group came up with the following definition of treatment: *intervention measures to change offenders' behaviour to lead law-abiding lives and to encourage their self-respect, develop their sense of responsibility and self-supporting lives after release.*

Identification of effective treatment models is important for three reasons:

Firstly, some kinds of treatment models (for example, open or half-open institutions) make people anxious. So it is necessary to show them the evidence and long-term benefits of effective treatment.

Secondly, to ensure an adequate budget for treatment, the evidence of effectiveness must be presented to the respective government agencies.

Thirdly, to keep improving treatment, and to know "what works". This can prove difficult if there is no control group. According to Dr. Brian A. Grant, Visiting Expert, the assessment of offenders upon entry in the institution is critical. So to begin with, we must start to develop measurement techniques.

¹ Content of this section relies heavily on Bonta, James, Offender Assessment: General Issues and Considerations. Correctional Service Canada – Research. <http://www.csc-scc.gc.ca>, <http://www.csc-scc.gc.ca>. 2000: 1.

² Compendium of UN Standards and Norms in Crime Prevention and Criminal Justice: 12.

These measurement techniques will help to determine what will work based on each offender's individual needs. This will ultimately guide research and testing of alternative approaches. It will also guide outcome prediction through identification of some dynamic factors such as antisocial personality, companions, criminogenic needs, interpersonal conflict, personal distress, social achievement and substance abuse. Ultimately this will provide some determinant factors such as who to treat, what to treat, how to treat, when to treat and where to treat.

One prerequisite of effective treatment is classification and assessment of offenders. An accurate assessment facilitates the fair, efficient and ethical classification of offenders. A failure to conduct a proper assessment can lead to serious consequences such as placing an inmate within an inadequate security setting with subsequent escape; the mistaken release on parole of an offender who was thought not to present a danger; or the failure of a parole officer to recognize a parolee's deteriorating situation. Therefore, in general, the assessment of offenders has centred on issues related to security and release. However, through recent developments in effective classification and assessment of offenders, correctional institutions can devise appropriate treatment for each offender. The classification and assessment of offenders for effective treatment must be based on risk, needs and responsivity factors of offenders as the general principles.

1. Risk Assessment

Risk assessment is one tool to predict an offender's future criminal behaviour (probability of reoffending). In order to improve the predictive accuracy of an offender's future criminal behaviour, multi-method measurement of theoretically relevant factors (e.g. sociological, psychopathological and general personality and social learning) is the first necessary step. The second step to improving predictive accuracy is to combine the individual factors to form more comprehensive offender assessment measures.

Risk assessment has implications for release and security decisions and also for treatment planning. By conducting this assessment, the correctional officer will be able to match the levels of treatment services to the risk level of the offender. The target of this assessment is the higher risk offenders, because reductions in recidivism are found when intensive levels of treatment are directed at higher risk offenders.

2. Needs Assessment

In order to deliver effective treatment it is important to identify the offender's needs because many factors identified as important are dynamic or changeable. For offender assessment, it is important to assess dynamic risk factors objectively and systematically. Dynamic risk factors are also referred to as criminogenic needs, which are those offender needs that, when changed, are associated with changes in recidivism.

This need principle of effective rehabilitation calls for the targeting of criminological needs in treatment programmes. From the assessment perspective, the measurement of criminological needs is highly important for directing treatment services and for the active supervision of offenders. Based on convincing evidence (Andrew & Bonta, 1998), it is said that interventions targeting criminogenic needs are associated with reductions in recidivism. By this assessment, correctional institutions can provide the most intense services to higher need offenders. Determination of risk levels of offender and appropriate sanctions and supervision are arranged in risk management. Based on risk management, the determination of risk level and criminogenic needs and the reduction of risk factors through effective treatment and appropriate supervision can be fulfilled.

3. Responsivity Factors Assessment

How people learn from life's experiences depends on their cognitive, personality and social-personal factors, which may not be offender risk factors or criminogenic needs. These responsivity factors influence the individual's responsiveness to efforts to help them change their attitudes, thoughts and behaviours. It has an important role to play in choosing a type and style of treatment programme, consistent with the ability and learning style of the offender, by identifying the offender's characteristics. Finally, we can easily recognize that offenders may be more responsive to certain staff members based on gender or ethnicity.

B. Best Practices Treatment Models

Some of the participant countries have adopted specific models of treatment of offenders which include

interesting concepts concerning rehabilitation, and which can be considered best practices in this field. Such models provided interesting insights that can be useful in developing a comprehensive model suitable for other countries.

1. Brazil

A programme, created by the Association for Protection and Assistance of Convicts – (APAC), associated with the Prison Fellowship International – PFI (an United Nations collaborative organization), is based on the concept of human valorization and consists of cost-effective non-governmental treatment of offenders.

This has been developed in Brazil from 1972, and has been able to reduce recidivism by measures such as:

- (i) health assistance, based on the fact that an offender mentally and physically ill is not capable to reach optimum rehabilitation;
- (ii) legal assistance, in order to guarantee a fair fulfilment of the penalty before Justice;
- (iii) motivational interviewing by means of valorizations classes to improve self-esteem;
- (iv) education, work, vocational and social skill training, improving pre-release measures;
- (v) community participation by means of volunteers, employers' partnership and social services;
- (vi) cognitive behavioural therapy, aiming to improve self-discipline, respect for other people and society, human appreciation, achievement of a sense of responsibility and disciplinary evaluation;
- (vii) enhancement of family relationships, rebuilding the good image of the family, emphasizing its importance, and engaging the family to support and take responsibility concerning the inmate's rehabilitation;
- (viii) religious assistance, in order to restore principles and moral values;
- (ix) the fulfilment of the sentenced sanction in small and proper facilities, near the inmate's family or original community.

The programme, based on the progressive system of sanction fulfilment stated by Brazilian law, is divided in to four stages, each one focused on the progressive re-entry of the offenders into society, applying the referred fundamental elements.

2. Jamaica

Jamaica has a national rehabilitation strategy and the core functions are carried out by the Rehabilitation Unit of the Department of Correctional Services. This approach is not simply to help clients but also facilitates public safety.

The Juvenile Act mandates that wards who are made subject to correctional orders must be assessed and placed at appropriate institutions. It is mandatory that they be exposed to an educational or vocational environment with optimal care and opportunities for behaviour modification.

C. Methadone Substitution (Maintenance) Treatment

In Indonesia the number of the HIV/AIDS infected population is increasing gradually. This is also happening in prisons and remand prisons. In fact, the World Health Organization stated that the rate of HIV infection among inmates in most countries in the world is higher compared to the general public. Based on WHO data and the infection rate of HIV in prisons and detention centres in some states, there are inmates who were infected by HIV before incarceration and there are also those infected while in custody as a result of unsafe needle syringes for drug injection, sharing needles or unsafe sexual activity.

Realising the importance of intervention in overcoming drug abuse and preventing the increase of HIV/AIDS prevalence in prisons, in 2002 the Ministry of Law and Human Rights, the Directorate General of Corrections, through the Directorate of Narcotics Treatment, decided to make a connection between the methadone pilot service which was underway in the Centre of Methadone Treatment (CMT) in Sanglah Hospital, Bali with Kerobokan Prison, Bali. Correctional institutions' medical officers (doctors) with supervision from Sanglah Hospital, conducted methadone therapy in prison. Based on the successful result of the Methadone Substitution Treatment in Bali, in 2005 and 2006 the Directorate General of Corrections expanded this programme to several prisons, such as Jakarta Narcotics Prison, Central Jakarta Remand Prison, East Jakarta Remand Prison, Bekasi Prison, and also Bandung Prison, West Java.

The principal object of Methadone Substitution Therapy is reducing the harm of drugs use individually and in the community, which is related to opiate injection inside prison. The special objectives of the Methadone Substitution Therapy in prisons are:

- Decreasing injecting heroin use in prisons;
- Decreasing the spread of infection, especially through blood, in prison;
- Decreasing the mortality rate among opiate user prisoners including released prisoners;
- Decreasing the crime rate related to opiate usage;
- Increasing the health and social skills of clients in the community reintegration process.

D. Vivat Polamuang Rajatan School Project, Thailand

The project is a four-month intensive military-style treatment programme specially provided to classified prisoners who have already served one third of their sentences in prisons. After finishing the programme, the prisoners receive special parole (two thirds of their sentences in case of normal parole). The curriculum has been run from the military's Vivat Polamuang School which provides an intensive treatment programme for drug addicts. Short-term vocational training, behavioural change and disciplinary training have been added into the programme in order to help them to resettle during their conditional release in the community. At the end of the programme, prisoners passing the evaluation receive special parole and return to the community as decent citizens. Since 2003, there were about 2,700 inmates graduating from the school.

This project aims to bridge the period of transition from prison to the community and allows well-behaved inmates who have high chance of reintegration to restart their new lives in the community, under some forms of supervision or monitoring, more quickly. Not only can conditions imposed with parole ensure public safety, it also helps ex-prisoners in maintaining acceptable behaviour until they successfully settle in the mainstream community.

E. Juvenile Training School (JTS), Japan

In Japan, juveniles accommodated in JTSs will return to society and will grow up in the community after release. In order to ensure their rehabilitation, JTSs need to promote co-operation with other agencies, including volunteer groups, and provide them with opportunities to participate in various activities within their own communities. Volunteers from the neighbouring community also support various activities at JTSs such as counselling and advice, lectures, seasonal events, games and sports, etc. Juveniles at JTSs are greatly encouraged through these interactions with volunteers in their rehabilitation into society. In order to promote our activities, JTSs regard guardians and parents of juveniles as partners in correctional education. JTSs need to help them trust in their various correctional activities and to feel that the institution is a secure place for juveniles. JTSs need to promote guardians' commitment to their educational activities. At JTSs, guardians and parents are invited to the institution and meetings are held with juveniles and instructors to discuss family environment, juveniles' future plans after release, and so on.

F. Community Based Treatment

1. Classification System

This system divides probationers and parolees into two groups in accordance with the difficulty of treatment. Probationers or parolees who were found to be difficult to treat receive intensive supervision and special attention by both professional and volunteer probation officers.

2. Categorized Treatment

There are a variety of types of offenders and juvenile delinquents. The type of treatment given depends on the type of probationer or parolee, in order to be effective in supervision. There are 13 categories, as follows: paint thinner abusers, stimulant drug abusers, alcoholics, organized crime offenders, 'joy' riders (motorcycle gangs), sex offenders, people with mental disorders, junior high school students, those who commit school violence, aged people (65 and over), unemployed people, those who are violent towards family members, and gambling addicts. Methods of assessing cases, problems of supervision, treatment plans, and specific methods of treatment for each type are made and manuals published. Both professional and volunteer probation officers should use the manuals and implement effective treatment.

G. Human Development Plan, Malaysia

The Malaysian Prisons Department has practiced the Human Development Plan as its sole rehabilitative programme for all convicted prisoners. It is an integrated programme based on both spiritual and physical aspects, balancing the elements of attitude (A), skills (S), and knowledge (K).

The rehabilitation plan is developed based on an integrated rehabilitation concept between physical and spiritual aspects through four main phases. They are:

- i) Phase 1: Discipline Development (three months)
- ii) Phase 2: Personality Enhancement Programme (6-12 months)
- iii) Phase 3: Skill/Trade Development
- iv) Phase 4: Pre-Release Programme (six months).

The main aim of this plan is to produce inmates who are rehabilitated with strong determination and who possess skill either in the aspect of vocational training or excellence in sports.

IV. CO-ORDINATION AMONG AGENCIES

A. Agencies that Provide Treatment

Most prisoners will, at a future date, return to the community. Generally, a successful reintegration process is one which provides a gradual, structured, supervised release which considers public safety and which involves public sector agencies and/or all community organizations as partners. In terms of public sector agencies, reintegration is likely to involve a range of government services that go beyond the boundaries of prisons and corrections. Most countries rely heavily upon the goodwill of community organizations (NGOs) to assist in the rehabilitation and reintegration of offenders. Generally, depending of the type of public sector agency and community organization, the service and support they offer may extend from the time in custody through to post-release.

In order to deliver the treatment programme a number of considerations must take place at the organizational level and should include the following:

Types of offenders, such as:

1. Drug offenders
2. Sex offenders
3. First time offenders
4. Organized crime offenders
5. Drunken drivers

Prison authorities cannot manage an effective treatment programme without any collaboration from other agencies. Due to budgetary constraints, human resources etc., this can be an opportunity to foster community participation. Some critical agencies are:

1. Department of Public Health and related health services
2. Drug Rehabilitation Centres
3. Police Department
4. Parole Board
5. Department of Probation
6. Half-way Houses
7. Religious Organizations
8. Traffic Department
9. Educational Organizations
10. Employment Agencies
11. Local and International NGOs.

B. Problems and Challenges of Collaboration among Related Agencies

The collaboration of the above relevant agencies is essential to ensure the continuity of service, which is key to boosting offenders' chances of resettlement. Also, co-operation of every sector of the community is vital since offender reintegration demands a great deal of resources and is a complex task that is unlikely to be accomplished by a single agency. However, if this integration process is not managed properly it can be

tedious and result in ineffectiveness of the programme. Some of the problems that commonly arise include the following:

1. Competition among agencies – e.g.: display of superiority complex
2. Information not shared
3. Lack of political support – e.g.: no close support and oversight from central government necessary
4. Bureaucracy and splinter government agencies
5. Lack of integrated teams
6. Staff lack of knowledge and motivation
7. Staff not involved in planning process
8. Infrequent report back/debriefing sessions
9. No central database.

Mr. Peter Wheelhouse (Visiting Expert) mentioned that the success of the United Kingdom's Drugs Intervention Programme depended heavily on partnerships at the local level which worked through integrated teams created to work together and deliver case management of offenders.

In Jamaica the police and correctional services formed a partnership to carry out rehabilitation through a music project which has been very successful so far.

V. MONITORING AND EVALUATION OF TREATMENT

The ultimate goal of corrections is offenders' successful reintegration into community. It is important to have the tools to measure success in prisoner treatment programmes and to conduct appropriate monitoring and evaluations. In principle, evaluation of effective programmes can be achieved as follows:³

- (i) Quality assurance processes:
 - Internal processes to ensure that assessments, services and interventions provided by the programme are delivered as designed;
 - External processes to ensure services and interventions provided by outside providers are delivered as designed.

This step can include case-file audits, videotaping groups, client satisfaction surveys or exit interviews, clinical supervision, programme audits, site visits and observation and certification processes.

- (ii) Assessing progress of offenders in acquiring pro-social behaviour:
 - Assessing dynamic risk factors and then reassessing;
 - Developing a treatment and supervision plan based on assessment, then closely monitoring attainment of goals;
 - Measuring behavioural indicators linked to recidivism and risk;
 - Pre/Post testing on attitudes, knowledge and behaviour.
- (iii) Outcome Studies which should include:
 - Tracking of recidivism using as many measures as possible (e.g. re-arrest, reconviction, incarceration);
 - A comparison group;
 - A report or published results to be compiled periodically (e.g. every five years).

VI. RECOMMENDATIONS AND CONCLUSION

A. Recommendations

The group members, after taking into consideration the diverse social, economic, cultural, legal and geographical features existing in their respective countries, discussed the possible recommendations to challenges concerning effective treatment programmes that can be adapted by individual countries in reducing recidivism and promoting public safety whilst the offender is serving his sentence. These are as follows:

1. The implementation of comprehensive assessment methods, to improve management of prison systems. This should include measures such as:

³ Compendium of UN Standards and Norms in Crime Prevention and Criminal Justice: 10.

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- Establishment of a database;
 - Provision of centres for research;
 - Ensuring classification of offenders is in keeping with the United Nations Standards Minimum Rules (UNSMR) for the Treatment of Prisoners.
2. Identification of the most important treatment target:
 - Ensuring that the highest risk offenders are given priority treatment;
 - Making optimal use of the budget;
 - Maximizing human resources;
 - Enhancing community participation.
 3. Identification of the most effective treatment methods by providing comprehensive treatment, to include:
 - Motivational interviewing;
 - Cognitive behavioural therapy;
 - Education, work and social skills training;
 - Enhancing family and community participation;
 - Health, legal and religious assistance.
 4. Revision and concentration of resources on target groups:
 - Preparation of an annual plan and budget;
 - Review assessment and classification of offenders.
 5. Development and expansion of collaboration with other agencies:
 - Formation of teams to reflect diversification of professional staff roles, Government and community support;
 - Dissemination of information through development of public relations plans;
 - Establishment of Memorandum of Understanding with all stakeholders.
 6. Increase public awareness of the importance of family and community in the reintegration process of ex-prisoners:
 - Encouraging development of family relationships during an offender's incarceration;
 - Implementing strategies to keep families informed of the progress of prisoners;
 - Strengthening networks with potential employers and keeping them updated on prisoners' competences;
 - Collaborating and maintaining relations with welfare agencies.

B. Conclusion

Over the past decade, key challenges in the reintegration of offenders have emerged due to increasing and ageing populations, economic and unemployment issues, homelessness, mental health issues, public health issues, environmental problems and the limited acceptance of offenders returning to the community. In order to solve these problems four basic principles have to be taken into account in developing assessment and treatment services to meet the criminogenic needs of offenders and their cultural diversities. These are the risk, need, responsivity, and professional discretion assessments.⁴ Some jurisdictions have in place intervention strategies and programmes to address the needs of offenders, including substance abuse, sexual offending, violent offending, education, and life skills for community reintegration.

⁴ Dr. Brian A. Grant, Ph.D, "Reducing Recidivism by Applying the Principles of Risk, Need, and Responsivity", contained in this volume of the Resource Material Series.