

EVIDENCE-BASED TREATMENT OF OFFENDERS: RISKS AND NEEDS ASSESSMENT AND MANAGEMENT PROTOCOL FOR OFFENDERS IN THE CORRECTIONAL SERVICES DEPARTMENT OF HONG KONG

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I. BACKGROUND

A systematic assessment of custodial and reoffending risks and rehabilitative needs is the cornerstone of quality correctional services. In terms of prison management, early identification of offenders with high custodial risk (e.g. with violent or self-harming behaviour, acts of escape, subversive activities, etc.) would help the Correctional Services Department of Hong Kong (CSD) to manage prisoners. Likewise, systematic assessment of reoffending risks and rehabilitative needs (or named criminogenic needs) could help the CSD to formulate better rehabilitative programmes and in turn prevent reoffending.

With the assistance of the Correctional Service of Canada and the Chinese University of Hong Kong, a consultancy was commissioned by CSD in 2002 to empirically develop and refine an integrated risks and needs evaluation protocol for the management of offenders, namely, the “Risks and Needs Assessment and Management Protocol for Offenders” (the Protocol). It provides the CSD with a scientific and evidence-based approach to prison management and offender rehabilitation. Similar protocols have been widely adopted by correctional institutions in North America and Europe.

II. THE CSD’S RISKS AND NEEDS ASSESSMENT AND MANAGEMENT PROTOCOL

A. Objectives

The Protocol is designed to:

- identify offenders prone to custodial and reoffending risks, and thus enhance prison management; and
- deliver rehabilitative programmes matching offenders’ needs, and thus facilitate their rehabilitation.

B. Risks and Needs

An offender’s overall risk of reoffending can be conceptualized as consisting of two factors, namely 1. risks and 2. needs.

1. Risk Assessment

“Risks” refer to a set of quantifiable historical factors which, when summed up, can be used to predict the future probability of reoffending as supported by actuarial findings. This is a simple and old belief made scientific, i.e., the belief that the best predictor of future behaviour is one’s past behaviours. These historical factors include items like the number of previous convictions, the age of first conviction, the court level that an offender last attended, etc. As these factors relate to past history and cannot be changed, they are sometimes referred to as “static” risk factors.

In the context of the CSD, two types of risks are significant to prison management and offender rehabilitation, namely, “Custodial Risk” and “Re-offending Risk”:

- “Custodial Risk” includes three indicators, i.e. the control index, escape history and self-harm index;
- “Re-offending Risk” involves a number of static factors, e.g. age on admission, number of previous

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convictions, institutional experience, acts of escape, breach of supervision, court issuing the current sentence, level of education, employment status on admission, gang/triad membership, drug abuse experience, interval since last release, etc. All these factors would be input into relevant prediction tables resulting in three levels of reoffending risk: high, moderate, or low.

2. Needs Assessment

Needs refer to a set of personal/interpersonal factors and behaviours associated with offending. There is a considerable body of evidence that offenders as a group differed from non-offenders in a number of individual characteristics. For example, Ross and Fabiano (1985) had shown that offenders had deficits in their ability to conceptualize consequences, means-end reasoning, understanding the feelings of others, etc. J. McGuire (1999) focused on the offenders' poor interpersonal-problem-solving skills while J. Bush (1995) and Yochelson and Samenow (1976) had pointed out deficits in thinking styles such as entitlement and victim stance. In short, offenders lack the values, attitudes and the life skills required for pro-social living. As these factors are associated with reoffending and can be changed, they are sometimes called "dynamic risk" or "rehabilitative needs" or "criminogenic needs." Both static risks (Risks) and dynamic risks (Needs) together make up the overall reoffending risk of an offender.

Seven dynamic factors (domains) should be assessed, including:

- Family/marital — the value placed on being with family and the support one derives from them;
- Employment — the value placed on work and the role of work in one's life;
- Community functioning — the value placed on having the knowledge and necessary skills for daily living;
- Associates — the value placed on non-criminal associates and the opportunity for positive social interaction;
- Drug abuse — the value placed on living without reliance on drugs;
- Personal/emotional problems — the value placed on being in control of one's life; and
- Criminal Attitudes — the value placed on living in law-abiding ways

Each need domain is rated in terms of severity: considerable need, some need, no immediate need, or asset.

C. Risks & Needs (R&N) Programme Matching

According to Andrews, Bonta et al. (1990), the risk principle states that services to clients should be matched with individuals' risk levels. Thus, intensive service should be reserved for higher-risk offenders, whereas less intensive service should be given to lower-risk clients. Moreover, the static risk level is one of the important factors to note when considering the level of supervision after release.

The need principle states that the content of interventions should be matched with clients' specific needs. Therefore, offenders with different needs should receive different programmes depending on their different needs profiles.

Careful and accurate assessment of an offender's risk and needs is of pertinent importance as assessment results affect not only the absolute amount of resources allocated to the offender, but they also determine the priority of service, the intensity of service and the specific types of service that the offender receives. Most important of all, accurate assessment is the cornerstone for programme effectiveness. As the needs of an offender also contribute to the probability of reoffending, both needs and risks have to be taken into account when deciding on the level of in-centre service or the level of supervision for an offender.

The reoffending risk is assessed by using validated prediction tables for adult and young offenders for both sexes. The assessment of rehabilitative needs is conducted on the seven need domains of the offenders through interviews. Following initial assessment of their rehabilitative needs, appropriate programme matching and counselling will be arranged to target their needs so as to facilitate their reintegration.

D. Development

In 2002, the CSD commissioned a consultancy with the assistance of the Correctional Service of Canada (CSC) and the Chinese University of Hong Kong (CUHK) to empirically develop and refine an integrated

risk and needs evaluation protocol for the management and rehabilitation of the offender in the local context. This involved the study of past data of reconvicted offenders discharged from CSD custody, and the construction and field testing of new classification tools designed to systematically assess the reoffending risk and criminogenic needs of the local offenders.

In 2005, prediction tables for assessing the reoffending risks of various types of offenders were refined, and a systematic protocol for assessing the rehabilitative needs of offenders was developed. In October 2006, the “Rehabilitation Programmes Management System” (RPMS) was launched. Consisting of six modules, it is a networked computer system which caters to the operational requirements of the Rehabilitative Division of the CSD including the storage of records of pre-sentence assessment, risks and needs assessment, rehabilitative programmes, welfare and counselling services, psychological services, education services, vocational training programmes and supervision services rendered to offenders. With this System, the level of reoffending risks can be generated automatically. In this regard, the risks and needs profiles could be monitored systematically.

Rehabilitative programmes matching with their rehabilitative needs are provided to offenders assessed with certain levels of reoffending risks and rehabilitative needs. Higher priority will be given to those with “high” and “moderate” reoffending risks and with “considerable” or “some” rehabilitative needs in particular domains.

A battery of clinical risk-assessment tools has been developed to assess the reoffending risks of violent offenders, sex offenders and young offenders.

Significant developments in chronological order:

Since Oct. 2006	<ul style="list-style-type: none"> R&N Assessment conducted on 	<ul style="list-style-type: none"> All local inmates (Training Centre (TC), Rehabilitation Centre (RC) , Detention Centre (DC), Drug Addiction Treatment Centre (DATC)) All local young prisoners Local adult prisoners with sentences of 2 years or above upon admission
Jan. 2007	<ul style="list-style-type: none"> Rehabilitative Programmes provided to 	<ul style="list-style-type: none"> All local inmates (TC, RC, DC, DATC) All local young prisoners
Feb. 2007	<ul style="list-style-type: none"> Offender Management Profile 	<ul style="list-style-type: none"> Launched in full
Feb. 2009	<ul style="list-style-type: none"> R&N Assessment extended to 	<ul style="list-style-type: none"> Local adult prisoners with sentences of 18 months or above upon admission
Jan. 2010	<ul style="list-style-type: none"> R&N Assessment further extended to 	<ul style="list-style-type: none"> Local adult prisoners with sentences of 12 months or above upon admission
	<ul style="list-style-type: none"> Rehabilitative Programmes first provided to 	<ul style="list-style-type: none"> Local adult prisoners with sentences of 12 months or above (usually provided in the 9 months before EDD).

E. Service Targets

All persons serving sentences in prisons and inmates’ centres are the service targets of the Protocol. Inmates’ centres include the Training Centre (TC), Detention Centre (DC), Rehabilitation Centre (RC) and Drug Addiction Treatment Centre (DATC).

F. Rehabilitative Programmes in Groups

Rehabilitative programmes aim to better manage offenders’ reoffending risks and meet their rehabilitative needs. Offenders with high or moderate reoffending risks as well as considerable or some rehabilitative needs would be given higher priority for receiving structured rehabilitative programmes in groups (whereas offenders of low risk and no need would usually be provided with individual counselling). The programmes, including structured treatment groups of six to eight sessions and self-help assignments, are conducted by staff of the Rehabilitation Units and Psychological Services Sections. All of the involved staff have received professional training in counselling, psychology, social work or other relevant fields.

As the effectiveness of the programmes very much depends on the extent of motivation and commitment of the offenders, offenders' participation in the programmes is on a voluntary basis. For those with low motivation, responsivity enhancement programmes are provided to them with a view to enhancing their responsivity to counselling and strengthening their motivation to change.

Six types of structured rehabilitative programmes in groups are provided to offenders according to their needs:

Need Domains	Rehabilitative Programmes in Groups
Family/Marital	Family Relationship Group
Employment	Employment Counselling Group
Community Functioning	Community Reintegration Group
Associates	Associate Counselling Group
Drug Abuse	Drug Abuse and Rehabilitation Programme / Relapse Prevention Group
Personal/Emotional	Offending Behaviour Programme
Criminal Attitude	

G. Other Rehabilitative Programmes

Apart from structured rehabilitative programmes in groups and individual counselling to offenders, various rehabilitation-related programmes and activities are held in parallel to facilitate positive changes of offenders, to reinforce the support of their family members and to arouse the acceptance of the public towards rehabilitated persons.

As regards the family/marital domain, a series of Inmate-Parent Programmes are organized, including the "Parents' Day" and the "Familiarization Visit" for the parents of young offenders so as to help offenders develop a close rapport with their family members, improve their mutual communication, and encourage the parents to adopt a positive attitude towards their children's problems.

About the employment domain, symposiums on employment for rehabilitated persons are held in order to appeal for community support to open up job opportunities for rehabilitated persons. At the same time, market-oriented vocational training courses are held for offenders to enhance their employability upon release.

For the community-functioning domain, the CSD works with non-governmental organizations to provide voluntary work training to offenders so that they have the opportunity to repay society. Through intensive training and community service, offenders can rebuild their self-images, build resilience and develop a healthy lifestyles.

Concerning the drug-abuse domain, non-governmental organizations are invited to conduct group counselling for offenders and provide post-release follow-up services for offenders with drug-addiction history. Also, rehabilitated drug addicts share the detriments of drug abuse and their rehabilitation experiences with visiting students through the "Rehabilitation Pioneer Project – Green Haven Scheme" and thereby enhance their determination to start anew.

Under the "Continuing Care Project", non-governmental organizations provide counselling services to supervisees referred by the CSD upon the expiry of their statutory aftercare supervision.

The CSD Rehabilitation Volunteer Group and non-governmental organizations are actively involved in providing individual and group counselling to offenders as well as organizing cultural, religious and recreational activities for them.

III. CONCLUSION AND WAY FORWARD

The CSD has implemented the “Risks and Needs Assessment and Management Protocol for Offenders” since 2006. Under the Protocol, offenders are first assessed on their custodial and reoffending risks and rehabilitative needs. This assessment facilitates prison management for handling threats of self-harm, escape and violence. Most importantly, it allows the CSD to provide matching rehabilitative programmes to offenders, having regard to their risks and needs profiles.

The accuracy of assessment of the custodial and reoffending risks as well as the appropriateness of the design and delivery of relevant rehabilitative programmes is of paramount importance to the successful implementation of the Protocol. To this end, the CSD will continue providing training to staff on these two aspects, seeking advice from local academic and overseas counterparts, and refining the Protocol in light of operational experience.