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Practice

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DEPARTMENT OF
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Editorial

Hope in the face of 'wicked' problems

Welcome to the seventh volume of *Practice*, the New Zealand Corrections Journal. In this issue, we cover a wide range of themes, including family violence, desistance, and alcohol and drug treatment.

We open this issue with an article on family violence from Dr Ian Lambie, Chief Science Advisor for the Justice Sector. Family violence is a huge issue in New Zealand, and this article is especially relevant to us at Corrections because we know that the vast majority of offenders have been exposed to such violence. Lambie gives us such sobering statistics as those found in a review of more than 16,000 New Zealand child and youth offender records since 2013 (New Zealand Police, 2017). The review found that 80% of child and youth offenders had evidence of family violence in their homes. And since we know that family violence is under-reported, that is likely even higher. Lambie's call to action should influence all our approaches with offenders and ensure we continue to embed trauma-informed practice in all areas of the justice sector.

The alarming statistics around family violence are a poignant reminder for us all to ensure we put victims at the heart of the criminal justice system, which is the focus of the article by Dr Kim McGregor. McGregor is leading the way in this area and provides an overview of the importance of victim's rights and her role as the Government's Chief Victims Advisor. McGregor also offers her views on what we can do to better support victims, which should serve as a basis for how we work across the justice sector.

Desistance from crime is always topical and this issue includes three articles on the subject. With the female prison muster growing by 46% over the last two years there is a timely article from Jill Bowman and Dr Bronwyn Morrison on '*Understanding women's pathways to desistance*'. Desistance literature has traditionally been dominated by studies on men's desistance, so this is a useful addition to the growing body of research about women's desistance processes.

We all know that drug and alcohol abuse is a major driver of crime both in this country and internationally. Forty seven percent of New Zealand prisoners have had a substance abuse diagnosis in the last 12 months and this is likely to be similarly high for those serving community-based sentences. The Department has continued to invest in this area and there are three articles in this issue that summarise the evaluation

findings from two pilots: Alcohol and Drug Testing in the Community and the Alcohol and Other Drugs Aftercare Worker Service. Overall, the results show that we are making a positive impact for the people in our care who have drug and alcohol needs. As a Department we will continue to tackle this "wicked" problem as staying sober can contribute to people leading an offence-free life

Many of the issues we face in the corrections arena can be defined as "wicked", but this issue of the journal demonstrates that we are building evidence and taking action as we move towards finding solutions that will reduce re-offending and make our practices both more effective and more humane.

Eamon Coulter
General Manager Design and Implementation



What has happened to you?

Changing how we think about family violence and justice

Dr Ian Lambie

Chief Science Advisor for the Justice Sector

Author biography:

Dr Ian Lambie is Chief Science Advisor for the Justice Sector (Ministry of Justice, Department of Corrections and Police) and Associate Professor in Clinical Psychology at the University of Auckland, where he teaches clinical, forensic, child and adolescent psychology. His specialist clinical and research interests are in child and adolescent mental health, childhood trauma and youth justice, building on more than 30 years' experience working with children and adolescents with severe conduct problems and trauma, and their families, carers and service-providers. Ian continues to maintain a small private practice supervising psychologists and working with children with severe behavioural problems and their families.

Introduction

Every 4 minutes: A discussion paper on preventing family violence in New Zealand (Lambie, 2018) came out late last year as part of a series by the author in his role as Chief Science Advisor to the justice sector. It focused on the role of family violence as a precursor to offending, and as a community – not just an individual – problem.

It asks whether we can change the lens through which we view those in the criminal justice system – from “What’s wrong with you?” to “What has happened to you?”. That is, to ensure we understand some of the latest research on the effects of family violence and child maltreatment on the brains and behaviour of babies and infants, on the challenging behaviour of children, and on those who end up in the youth and adult criminal justice systems. It argues that family violence is a preventable problem – that the cycles of violence can be stopped.

What is the scale of family violence?

As the report explains, agencies use the “every 4 minutes” idea to try to get at the scale of the big trouble that happens behind closed doors in all suburbs, that affects the childhoods of many of us, and that impacts on adult relationships, family relationships, and thus subsequent generations, which is hard to measure definitively. The scale of family violence in relation to subsequent criminal justice involvement is also hard to measure. Of course, not everyone who has been exposed to family violence ends up offending; but the vast majority of those who do offend have been exposed to such violence. For example, a review of more than 16,000 New Zealand child and youth offender records since 2013 (New Zealand Police, 2017) showed that

80% of child and youth offenders under the age of 17 had evidence of family violence in their homes (and that is just what had been documented). Also, Figure 1 highlights that more than 5,000 young children, in just one New Zealand police district, were exposed to such episodes in 2017/18.

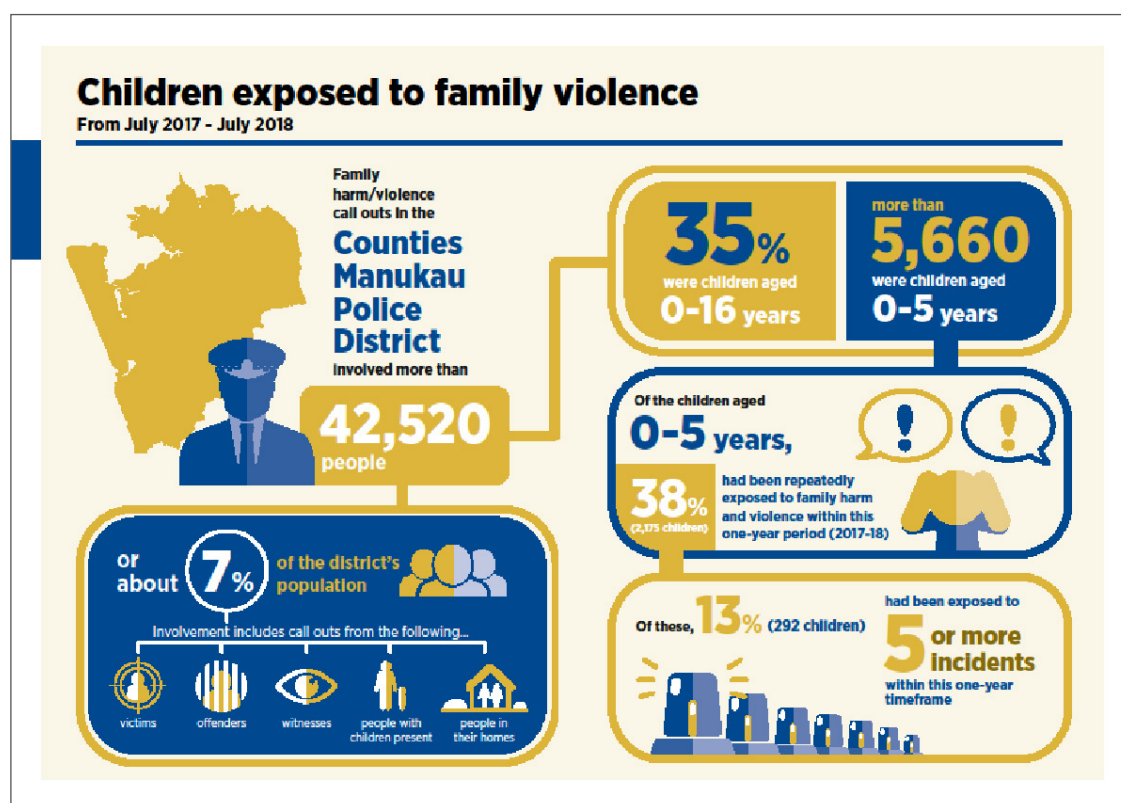
This is a solvable problem

The paper takes the position that family violence is a solvable problem. Family violence can be seen as largely a “symptom” of underlying social and psychological issues, that are indeed multiple and complex, but are associated with many of the drivers of other social concerns.

On one level, the paper points out that solving family violence and child maltreatment is about common sense – stuff that all of us could know and understand:

1. People should have access to help when they need it (healthcare, trauma recovery, addiction recovery, early intervention to prevent lifelong harm); they need ways to stay healthy (housing, income, food, clothes) and ways to stay involved (jobs, education, social activities, communities and cultures to belong to).
2. It's about showing kindness, compassion and thinking of others, in our families, neighbourhoods and communities, knowing that all of us can face hard times, regardless of the resources we have.
3. It's about services talking to each other and working together to build a trustworthy, sustained relationship with a troubled child and their family/whānau at the centre (so that child does not have to grow up to be an equally troubled adult), or to ensure adults have the help they need to stop the cycle of violence now.

Figure 1:
Exposing children to family violence



- It's about having local, accessible, face-to-face support that is promptly available, culturally responsive and evidence based. (Lambie, 2018, p.9).

Early intervention is key

More knowledge of the effects of family violence, not only for those within the system, but also for people in our neighbourhoods and communities, will lead to change in the way we deal with those who are exposed to it, including those who come into contact with the justice system. As a leading scientific journal, *The Lancet*, explains (Britto, Lye and Proulx, 2017, p.100):

The science is clear and the evidence convincing that our earliest experiences matter ... We must draw on this knowledge to take action to support parents, caregivers, and families in providing the nurturing care and protection that young children deserve.

A trauma-focused approach (e.g., Johnstone & Boyle, 2018) means instead of asking, "What's wrong with you?", we need to be asking:

- What has happened to you?
- How did it affect you?
- What sense did you make of it?
- What did you have to do to survive?

That is, children can "make sense" of maltreatment and the violence they are exposed to as somehow what they "deserve" and just how the world works. That includes trauma in all its forms, from individual and family-based to intergenerational and cultural. The "survival" strategies to cope with overwhelmingly negative feelings can involve substance abuse, rage and violence towards self and others, eventual offending, and so the cycle continues. Instead, how can we change what happens to children, parents, families and communities in the first place, to improve lifelong wellbeing.

A community response is what is needed

The report's aim was to share evidence from science for more informed debate, as the community is such a crucial piece of the jigsaw of violence prevention. Children and families exposed to family violence live in our neighbourhoods and communities, go to our schools, support our sports teams, shop in our supermarkets – and some end up in our criminal justice system. The author poses a couple of community questions to which there are no simple answers:

- How can I get involved in evidence-informed action and change?** Rather than this being just another report, how can it help people to act? Why is it, in a country as small as ours, we fail repeatedly to act on the many good recommendations that have

been outlined in so many reports (many still on the Corrections and other government websites)?

- **How do we collectively address cultural factors?**
How do we stop getting in the way of Māori flourishing? Of Pacific non-violence? How do we build social norms that mean the full spectrum of New Zealanders can have violence-free lives, regardless of their socioeconomic, family or disability status, or their cultural, gender, sexual, social or religious identity?

It is also a systems issue

As those at the frontline well know, systems that support more collaboration across services are vital. The report mentions a child who, by age seven years, had already had 26 family violence episodes reported, 32 A&E visits (for respiratory illness, but often with a comment that the caregiver seemed “stressed”) leading to a DHB “child protection” alert with services offered, Oranga Tamariki involvement, an NGO referral – and assessment after assessment and bits of intervention, often ending in “did not attend” or “mother was hard to engage” and a closed file.

Table 1:
Preventing family violence

Strategy	Approach
1. Understand the effects of adverse childhood experiences	Broaden public and professional understanding of the effects of adverse childhood experiences to drive community-wide commitment to early prevention and intervention and ending family violence.
2. Change social norms to support positive parenting, healthy relationships and a non-violent NZ	Social and cultural norms about relationships and families, alcohol and violence, and legal-system responses all affect how individuals enact or respond to family violence. Understand the media focus on victim blaming and individual service failure vs. awareness raising and change.
3. Strengthen economic supports for families	Family violence occurs at all income levels but having financial resources can enhance options for leaving a violent relationship or keeping children safe. Financial demands on parenting are high, and economic disadvantage increases household stress and reduces access to safe housing, healthcare and help.
4. Build workforce capacity and capability	Trauma-informed care has at its centre the voices of children and young people affected by violence and maltreatment, and the voices of partners and parents experiencing violence. Staff in all sectors need to be adequately resourced to understand and respond to family violence and avoid re-traumatisation.
5. Enhance parenting support and skills to promote healthy child development	If violence has primarily been modelled in parenting, it is important to be able to learn other strategies. Targeted, evidence-informed, home-based and sustained programmes can help high-risk families. Feeling part of the neighbourhood, community and culture helps lower child abuse risk for all.
6. Provide quality early childhood care and education	Early home-based support from pregnancy; high-quality early childhood care and education; school engagement and intervention around early challenging behaviour can all reduce risk and promote resilience.
7. Intervene to lessen harm and prevent future risk with a trauma-informed approach	Coherent, collaborative service delivery is needed, drawing on child-focused interventions, positive youth development, advocacy-based help, family support, intervention for addictions and trauma, work with perpetrators, risk prediction and technology tools as appropriate.
8. Implementation science: Take action; measure it; do more of what works; allow what is learned to inform next steps	A well-planned implementation strategy is vital, to balance evidence-informed programmes and real-world contexts, evaluate appropriately and maintain programme fidelity when scaling up. Support for emerging and promising practice, and funding for research and evaluation relevant to diverse, local, social and cultural contexts, are needed.

It is enormously frustrating for those in the field not to have the resources, skills and supervision to be able to join the dots for that mother and her child, the father who was perpetrating violence, and the other children and family members affected. What would it take for that to happen? And – for those of us in the justice sector – how would better preventative action stop the journey of that child and his siblings into challenging behaviour, youth justice, intimate partner violence, family violence perpetration and maybe adult prison?

So, what are the barriers to action?

Why does “practical common sense” consistently fail to be enacted in relation to ending family violence? As the report points out, in order to act, we have to acknowledge that children of all ages are being badly hurt (emotionally, even if not physically) and that adults who are supposedly in loving relationships are being tormented (in intimate partner violence). It is not pleasant to think about such things, we like to think there’s something especially “wrong” with “those people” to make them different from “us”. Such attitudes keep us “feeling safe” but the truth is that, at times, we all struggle to try and be better human beings and change our behaviours.

As the author writes, “We do not like to think about the journey a child might have taken from being very, very frightened to being very, very frightening (in terms of criminal offending). It’s about personalities, politics, power and control issues, lack of leadership, lack of sustainable vision, bad press. Who wants to ask people to consider such matters when we would rather fret about property prices?” (2018, p. 9). It really is about strong and courageous leadership – from community to government. It is not about political point scoring but about having the necessary vision to change to a more compassionate justice system and a more compassionate society as a whole.

So, what are the strategies to prevent violence?

Table 1 from the report (p. 27) summarises strategies drawn from international evidence to prevent family violence and its effects throughout our lives. These areas **must** be culturally interpreted and adapted to fit with the local communities in which they serve – they are broad categories of action that need to be led by appropriate communities.

On one level, the “evidence” is again very much common sense. For example, we need to challenge the difficulty we seem to have as a society with doing what’s needed to act on and change family violence rates forever, like intervening early to stop cycles of intergenerational disadvantage and violence. We need to reflect on our social norms about relationship behaviour, parenting,

alcohol use etc., and build plentiful, trauma-informed, culturally appropriate support. But it is undoubtedly complicated to wrangle systems and services, currently measured by individual outputs, to work together better to meet family and community needs. It is challenging to build sustained leadership that ensures staff are trained and supported to work well across sectors and diverse communities.

As the paper concludes (Lambie, 2018, p.51):

Preventing family violence is very simple and very complicated. Day-to-day, it's about not ignoring the way your friend's partner behaves towards her, or not judging the disruptive kid at school and just wanting him kicked out. But it's also about reflecting on our beliefs about relationships; who is responsible for family wellbeing in our communities; and how public and private resources should be applied. ... Talking about the wellbeing of babies seems a long way from arguments about the prison muster, but that is where the evidence says we must begin.

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Putting victims at the heart of the criminal justice system

Dr Kim McGregor

Chief Victims Advisor to Government

Tēnā koutou katoa.

Following a request from then Chief Executive Ray Smith, last year I worked on projects within Corrections aimed at improving its communications and interactions with victims of crime. It was part of a wider consultation I undertook with a range of executives, senior officials and teams working on victim issues. During my time with Corrections I was impressed with several employees who I would call “victim champions”.

This article is about my role as the Chief Victims Advisor to Government, the ongoing struggle to put victims at the heart of the criminal justice system, the importance of the Victims' Rights Act (2002) and the Victims' Code (2015) and how we can improve systems and communications to victims.

Chief Victims Advisor to Government

I am honoured to be the first Chief Victims Advisor to Government. I also have an enormous responsibility to do the very best to provide a voice for victims within government as many NGOs and other victim champions have campaigned for decades for victims to be heard at the highest level.

The role of the Chief Victims Advisor was established in 2015 as part of a joint ministerial focus on reducing family violence and sexual violence victimisation, and improving victims' engagement and experiences in the criminal justice system.

The role differs to that of a Victims' Commissioner as it does not directly advocate on behalf of individual victims. However, I ensure that victims' issues are heard as widely as possible throughout all levels of government. A key value of the role is in its independence. It is one of the few positions in government dedicated to incorporating victims' voices into decision-making processes.

A key element of the role is the opportunity to provide information and advice from the “flax roots” and current research directly to ministers. While my role is part-time, I have the benefit of a research budget and two full-time government officials supporting me.

Although I've been in the role for three and a half years, I'm not new to either victims' issues and advocacy or

working with ministers and government agencies.

I've spent three decades in the NGO sector consistently advocating for more funding and expanded services for victims. And I'm pleased to say there has been a recognisable commitment from government to improve services and support for victims. I am particularly hopeful that *Hāpaitia te Oranga Tangata* – the Safe and Effective Justice reform programme will help us to improve our justice system to become much more responsive to victims' needs.

The importance of victims' rights

Over the past millennia, the rights and responsibilities for the compensation, investigation, and prosecution of personal wrongdoing in Western jurisdictions has shifted from victims to the State. It is important to remember this shift when focusing on a government's responsibilities to victims and the fundamental basis of victims' rights.

More recently there has been increased recognition that victims of crime and their families, especially those who suffer serious harm, should be provided with services that address those harms and they should not suffer further from their participation in the justice system.

However, many do suffer further harm because our offender-centric, adversarial system largely sidelines victims. Victims are relegated to the status of a witness to the crime they have experienced. The system was neither set up to consider their needs, nor does it provide victims with inbuilt support or representation. Unlike the accused, victim complainants do not have their own lawyer to guide them through the foreign and potentially hostile system. Defendants have their right to silence, while the victim-witness can be put on the stand and cross-examined – sometimes for days.

An initial flax roots victims' movement emerged in the 1960s and 1970s, with groups including Victim Support, Rape Crisis, and Women's Refuge. A key focus of their advocacy was improving the support, voice and reparation for victims in the criminal justice system.

The 1980s were an important decade for the legal recognition of victims of crime in New Zealand. We co-sponsored the United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse



of Power, which encouraged lawmakers here to implement these principles.

Victims in New Zealand got their own piece of legislation in 1987, and the current Victims' Rights Act was enacted in 2002.

In 2009, the Ministry of Justice carried out a review of victims' rights. The review found victims of crime were confused by criminal justice processes and found it difficult to access information. Victims were also generally unaware of their rights and how to access support services. In response to the review, an amendment to the Victims' Rights Act (2002) was enacted in 2014. The purpose of the amendment was to:

- strengthen the existing legislation to better provide for victims
- widen the rights of victims of serious offences
- provide more opportunities for victims to be involved in criminal justice processes
- ensure victims were better informed of their rights.

In addition, the amendment aimed to improve the responsiveness and accountability of government agencies towards victims of crime. Another key change was that the law required the Ministry of Justice to publish a separate "Victims Code of Rights". This separate document crystalised the themes and entitlements in the legislation.

The Victims' Rights Act (2002) and the simplified version of the Act, the Victims' Code (2015) describe the eight key principles that guide the way providers should treat victims:

1. **SAFETY** – services should be provided in a way that minimises potential harm and puts safety first
2. **RESPECT** – providers should treat victims with courtesy and compassion, and respect cultural, religious, ethnic and social needs, values and beliefs
3. **DIGNITY AND PRIVACY** – providers should treat victims with dignity and protect their privacy
4. **FAIR TREATMENT** – providers should respond appropriately to a victim's needs and provide services in a timely way
5. **INFORMED CHOICE** – providers should understand the victim's situation and tell the victim of the different ways they can get help
6. **QUALITY SERVICES** – providers should work together so the victim and whānau receive quality services that meet the victim's needs
7. **COMMUNICATION** – providers should give information in a way that is easy to understand and is effective
8. **FEEDBACK** – providers should let the victim know how they can give feedback or make a complaint.

The Act and the Code also outline the rights of victims of crime in the criminal justice system or the youth justice system. While the eight principles of treatment apply to all victims, the rights described below only apply to victims who have reported to the police or are before the courts.

Victims:

- are to be given information about programmes, remedies and services
- are to be given information about the investigation and criminal proceedings
- have the right to make a victim impact statement
- have the right to express their views on an offender's application for name suppression
- have the right to speak in Māori or use New Zealand Sign language in any legal proceedings (an interpreter should be provided)
- have the right to have any property held by the state as evidence given back as soon as possible.

Victims of serious crimes also have the right:

- to be informed about bail and express their views
- to receive information and notifications after sentencing
- to have a representative receive notifications
- to make submissions relating to parole or extended supervision orders.

The Victims' Code also explains how victims can make a complaint to the relevant service provider or agency about not being treated in accordance with the principles and rights in the Victims' Code.

Despite the best intentions of governments that are genuinely striving to improve systems and responses to victims, some victims, including families of homicide victims, rape survivors and survivors of family violence, have complained that they felt *they* were the ones on trial. This is due to our adversarial system.

It is a view that continues to be held by the public. A 2016 Colmar Brunton "Public Perceptions" survey of more than 2,000 New Zealanders found that:

- only a quarter (25%) agreed that criminal court processes treat victims with respect
- only 12% agreed that bail decisions take appropriate account of public safety
- only 17% agreed reparation is usually collected and paid to victims of crime.

Overall, about half of those surveyed lacked confidence in the criminal justice system.

Everyone benefits when we put victims at the heart of the justice system

Lack of confidence in the criminal justice system has implications for us all. The system can only work if there is trust and confidence in its institutions, processes and people. Yet the system has a poor reputation amongst victims. That reputation is strongly influenced by how well victims are engaged in the process, how well informed and safe they are, and, how well their needs are met. This is true for all phases of the process – reporting, investigating, prosecuting, incarcerating and rehabilitating.

Victims are central to the successful operation of the justice system. Without victims coming forward, we cannot know what harms are being perpetrated in our communities and, therefore, we cannot address them. We need to listen to victims, and value and support them through the criminal justice system to ensure everyone has trust and confidence in our system. Then we will be able to build safer communities for all. But it's not only victims who benefit from a responsive system. I believe the more trust and confidence victims have in the process, the better it will perform.

What we can do to better support victims?

An analysis of 28 papers from a range of countries including Britain, the United States, Canada, Australia, New Zealand, the Netherlands and Sweden, concluded that there are four key areas that work when supporting victims:

1. Information and Communication – Timely and accurate information is vital to victims. A lack of information can act to aggravate a victim's distress.
2. Procedural Justice – The quality of service victims get from criminal justice professionals is often more important to victims than the outcome of their case. Perception of "fair treatment", including knowledge of and access to entitlements, increases victims' perceptions of the legitimacy of the justice system.
3. Agency Co-ordination – Partnerships across the statutory, NGO and voluntary sectors can provide effective support for victims in terms of information sharing and reducing duplication and confusion for victims.
4. Professionalisation of victim services – Often a single point of contact with a trained professional who has sufficient knowledge of the criminal justice system, as well as compassion and empathy, is an effective way to provide victims with both information and support.

Corrections staff can use these four key areas, in addition to the guidance of the Victims' Rights Act and the Victims' Code, when considering what is important to victims.

Finally, thank you to all of you who do your best to make sure victims in the criminal justice system get the information and support they need. I've met some amazing people working hard in Corrections to improve the system for victims. Thank you.

No reira, kia kaha, kia māia, kia manawanui. Tēnā koutou, tēnā koutou, tēnā tatou katoa.

Note: I am aware some people who have been victimised dislike the term victim, whereas others value the term as going some way to describing the harm they have experienced. Some people prefer the term survivor. I use the term victim mainly because it aligns with current legislative terms including the Victims' Rights Act, the Victims' Code, and my role of Chief Victims Advisor to Government.



“It’s all about the choices I make”: Understanding women’s pathways to desistance

Jill Bowman

Principal Research Adviser, Department of Corrections

Dr Bronwyn Morrison

Principal Research Adviser, Department of Corrections

Author biographies:

Jill has worked for the Department of Corrections for nine years as a principal researcher following a variety of roles in both the private and public sector. She has conducted research on literacy and numeracy in prisons, methamphetamine use and treatment experiences, substance abuse and mental health comorbidity, correctional mental health services and prisoners' post release experiences.

Bronwyn has a PhD in Criminology from Keele University, UK. She has worked in government research roles in New Zealand for the last 14 years. She joined the Department of Corrections in March 2015 as a Principal Research Adviser. She has previously conducted research on prisoners' post release experiences, family violence perpetrators, remand prisoners, female offenders, correctional officer training, public perceptions of crime and criminal justice, and the fear of crime. She was also the primary author of the 2009 New Zealand Crime and Safety Survey main findings report.

Introduction

Desistance literature has traditionally been dominated by studies focused on men's desistance, with few studies examining women's desistance (Rodermond, Kruttschnitt, Slotboom & Bijleveld 2016; Cobbina, 2010; Farrall & Calverley, 2006). In the last two decades, however, there has been increasing recognition that desistance can be a “gendered phenomenon” (Cobbina, 2010: 211; Bevan & Wehipeihana, 2015; McIvor, Trotter & Sheehan, 2009; Graham & Bowling, 1995). For example, it is widely accepted that women desist at an earlier age than men (McIvor, Murray & Jamieson, 2004; Graham & Bowling, 1995). Research has further shown that women may experience different “turning points” to men, and that even when similar turning points are evident these are often different in quality and effect (Rodermond et al 2016; McIvor et al 2004). For example, in their systematic review of 44 studies examining female desistance, Rodermond et al (2016) found that having children and supportive relationships is more important for female desistance. Other processes that featured commonly in female desistance included economic independence, overcoming addiction problems, and increasing individual agency and self-efficacy.

Findings on employment are more mixed; some studies suggest employment aids women's pathways out of crime, though others have failed to find a link (Cobbina, 2010; Giordano, Cernkovich & Rudolph, 2002). Those

studies which have compared male and female desisters typically find that employment has a much greater impact for males than females (see Rodermond et al 2016; Graham & Bowling, 1995). It has been proposed that gendered differences in job quality, namely the low level of women's work, may reduce the positive impacts of employment on women's desistance (see Uggen & Staff, 2001).

The role of relationships in desistance also differs by gender, with research suggesting that relationships with partners, parents, siblings, and children are particularly important factors in women's desistance. According to Cobbina (2010) familial relationships help to facilitate desistance by providing women with financial and emotional support, as well as childcare provision. Desistance studies have further shown that having children can be a key “turning point” and that becoming a parent has a greater impact on women than men (Rodermond et al 2016; McIvor et al 2004). For women, having primary childcare responsibilities has been associated with a greater recognition of the detrimental consequences of offending, and an increased willingness to engage in work-related programmes, which, in turn, has been found to reduce re-offending (Rodermond et al 2016).

In terms of intimate relationships, male anti-social partners have been found to exert a more negative influence on women than vice versa, and while marriage has been associated with men's desistance

(Laub & Sampson, 2003; Sampson & Laub, 1993), it has a more mixed impact on women (Rodermond et al 2016). There is some evidence that leaving poor quality relationships, such as those characterised by family violence, may positively impact female desistance (McIvor et al 2004). Relatedly, achieving financial independence and developing an increased sense of personal agency has also been linked to the termination of female criminal careers (Cobbina, 2010). Research has further illustrated that women take more active steps to dissociate themselves from anti-social peers, and are more likely than men to seek out alternative prosocial networks (McIvor et al 2004).

Re-offending measures consistently reveal that women released from New Zealand prisons re-offend at much lower rates than their male counterparts. For example, of those women released from prison in the 2016/17 year, 36% were reconvicted within 12 months, compared to 48% of men. Gender disparities are reduced, but still evident, in re-imprisonment rates, with 23% of women compared to 33% of men being re-imprisoned within 12 months of their release from prison (Department of Corrections, 2018: 164). This disparity increases with time so that by two years following release, men are one and a half times more likely to be re-imprisoned than women (Department of Corrections, 2018: 166). Gender differences in re-offending rates are widely observed in other jurisdictions, and have remained constant over time (see Spjeldnes & Goodkind, 2009). Despite this, comparatively little research has focused on female desistance, and why it is that women appear to desist more quickly and sustainably than their male counterparts.

Research on female desistance in New Zealand is very limited. Bevan and Wehipeihana (2015) interviewed 54 women who were serving their second or subsequent sentence of imprisonment to identify key factors which contributed to re-offending. This research revealed that relationships, drug and alcohol use and/or addictions, economic pressures and an absence of pro-social supports were key factors in women's re-offending. It further found that histories of trauma, poverty and crime, alongside a close adherence to traditional gender norms, affected women's ability to make the identity transformations necessary for desistance. Such findings are undoubtedly valuable for explaining why women fail to desist; however, they offer little insight into how women do in fact desist and whether desistance would necessarily occur should all the factors they identify as leading to re-offending be reversed. As international research has shown, the factors which explain the onset of offending (or, indeed, re-offending) are often distinct from those factors shown to be associated with desistance (Kroner, Polaschek, Serin & Skeem, 2017; Laub & Sampson,

2003; Laub, Nagin & Sampson, 1998; Healy, 2010; Porporino, 2010).

Bentley's (2014) study of female prisoners' reintegration offers some additional insights into women's post release experiences in the New Zealand context. Based on nine interviews with formerly incarcerated women, alongside interviews with a small number of community-based support workers, Bentley's study emphasised the importance of support, particularly familial support, to women's successful reintegration. Aside from support, however, Bentley's thesis predominantly focuses on barriers to successful reintegration, including the impact of criminal convictions on employment prospects and the need to rely on escort work and/or drug dealing in the absence of viable, more legitimate, work opportunities. Demanding or intensive parole requirements, inadequate accommodation, difficulties severing anti-social ties, social stigma, and problems accessing community-based rehabilitation programmes, particularly those which addressed drug and alcohol issues, were also identified as barriers to reintegration. While undeniably offering important insights into factors which forestall reintegration, Bentley's study has little to say about what factors contribute to decisions to desist from offending, nor how women's desistance can be successfully sustained.

Campbell's (2018) recent qualitative study of female desistance in New Zealand has started to fill this gap. Campbell's research was based on interviews with 20 women who had been released from prison and experienced either a programme and/or some form of (re)integration support. She found that "hitting rock bottom", (re)finding faith, detoxing from drugs, as well as age-based maturation and being "over" offending lifestyles represented key catalysts for desistance. In terms of maintaining desistance, Campbell found that having strong motivation to change, preparedness to seek help, taking responsibility for offending, developing a greater sense of personal agency, increasing self-belief through generative activities (such as volunteer work) alongside concrete achievements related to employment, study or resumption of childcare responsibilities were all helpful to maintaining decisions to desist. While not identified as such, relational desistance was identified as critical by Campbell's participants insofar as recognition of achievement by important others (including probation officers, prison and reintegration service staff) increased self-belief and, thereafter, increased desistance resolve. Relocation and avoidance of anti-social peers was also found to be critical. Campbell found evidence that programmes and reintegration services were also useful, especially when they combined practical and emotional support, and helped women to develop better thinking and coping strategies.

While undoubtedly making a key contribution to our understanding of women's desistance in Aotearoa/ New Zealand, Campbell's thesis was relatively small scale and half her interviewees had been released from prison for 12 months or less, with over a quarter released for six months or less, and one participant, just one week. While well-positioned to identify what helps and hinders women's reintegration in the immediate post release period, at least half of Campbell's participants were not well-positioned to comment on the longer term process of desistance. On the other hand, four of Campbell's participants had been released more than four years prior to the research, with two released seven years prior, creating recall issues. As has been noted in international desistance literature, retrospective cross-sectional study designs (i.e., interviewing people at only a single point in time) are not particularly well suited to illuminating desistance processes as they actually unfold, and can be vulnerable to post hoc rationalisations and re-biographing (Healy & O'Donnell, 2008: 27; see also, Laub & Sampson, 2003; Bottoms, Shapland, Costello, Holmes & Muir, 2004; Weaver & McNeill, 2010; Kazemian, 2007).

There is consequently a gap in our understanding about why and how women go about desisting in New Zealand, despite that fact that just under two thirds of women released from prison will remain conviction free for at least 12 months following release, and half will remain so after two years. The Department's post release study offers a rich source of information about women's desistance processes in New Zealand. The study involved interviews with 43 women up to a month before release, and then follow-up interviews at three to six months (n=25), and 12 months (n=7) post release. Owing to its longitudinal design, the study is well positioned to describe women's desistance processes as they actually unfolded. Of the seven women interviewed at phase three, five out of the seven were desisting. These women were subject to intensive case studies to explore why and how they were desisting, and to identify if there were common factors associated with their desistance success. These results are presented below and their implications for corrections practice considered.

What helps women to desist: findings from the post release study

Results from the Department's post release research generally support the findings of international desistance literature; however, there are some divergences which are elaborated below. As noted above, the discussion is primarily based on in-depth case studies of five female desisters. Across the full sample, 25 people had not re-offended after 30 months, 13 of whom were women. Of these, four were

interviewed at phase three of the study and form the majority of the case studies on which the remainder of this article is based. In addition to those who had not re-offended at all, there were 44 participants who had re-offended, but had done so at an equivalent or lower level than their previous offending. Eight women were included in this group, of which three were interviewed at phase three of the study. Only one of these women had stopped offending by the time of her third interview and commenced the desistance process. Given her re-offending has occurred soon after release and she had been crime free for more than two years, she was also categorised as a "desister" and accordingly included in the case studies.

It is important to note at the outset that the women in the post release study generally had less entrenched offending histories than the male participants, and were more likely to be serving their first prison sentence at phase one of the study. They were also more likely to be in prison for property and/or drug offending than their male counterparts, and generally represented a slightly older age group.

Overall, proportionately more women than men said they wanted to desist at phase one of the study, and they were typically more resolute about their desire to do so. For example, statements that they would "never, ever re-offend" were common among women. During their phase one interviews 53% of the women, compared to 42% of the men, expressed a strong determination to desist. Of these, 61% of the women and 74% of the men were confident they would actually be *able* to desist. Approaching release, women generally had more humble goals compared to their male counterparts, for example, hoping to reunite with children, and were genuinely more aware of the likely barriers to desistance they would face on release (see Morrison, Bevan & Bowman, 2018).

At phase two, women were generally still more confident about desistance and expressed a greater sense of agency and self-determination than was the case in their first interview. For women, desistance was often viewed as a conscious choice: as Michelle noted, "It's all about the choices I make". Men, on the other hand, were generally less confident about their desistance prospects, having often under-estimated the barriers they were likely to face post release. For example, while 56% of women reported a strong determination to desist three to six months post release, less than a third of men (31%) did so.

By phase three, the women who were desisting often appeared to be further down the path to secondary desistance: that is, moving from simply not offending to the assumption of an identity of a non-offender or "changed person" (Maruna & Farrall, 2004). For example, women comprised 35% of the original

sample interviewed at phase one, but accounted for over half (52%) of those who had not re-offended 30 months following release. Women in the study generally exhibited more significant shifts towards a non-criminal identity compared to male participants. Such differences, as noted, may be, at least in part, attributable to the less criminally-entrenched status of our female study participants, many of whom were experiencing their first prison sentence at phase one. However, it was also evident that desisting women within the study were being influenced by some different factors compared to their male counterparts.

Female desisters shared a number of common factors, including:

- geographic relocation
- severing anti-social ties, including ending anti-social intimate partnerships
- a high level of reliance on familial support and a key focus on their children, which were often noted to be the catalyst for desistance
- abstinence from drugs and alcohol, following the completion of an AOD intervention.

These factors are discussed, in turn, below.

The geographic cure

Several women had moved considerable distances from their pre-prison addresses, with two women moving from the North Island to the South Island. Geographical relocation choices were often precipitated by the availability of familial supports in that location, and often involved a conscious decision to sever ties completely with anti-social partners and peer groups. Relocation sometimes resulted in women living in locations away from their children; however, female desisters often accepted that short term separation from children was a necessary part of “finding their feet” and getting themselves into a more stable situation, after which the return of primary care responsibilities would be more tenable. Often permanently reuniting with children was viewed as a long term goal. Relocation could also result in feelings of isolation, with the loss of friendships, and one woman, who had moved to a small town, was subject to gossip about her past. However, they regarded the disadvantages associated with moving as worth it to have a “fresh start”.

High levels of familial support

Female desisters generally benefited from a high level of support from their immediate family members, most typically parents and/or siblings. For example, one woman had moved to the South Island to live with her sister, while her mother continued to care for her daughters in the North Island; one woman was living with her parents, and another had moved in with a

cousin. Family not only provided practical support, but also offered moral guidance. As Hine noted, her cousin helped to keep her disciplined and in line by acting as her “wooden spoon”:

“My cousin is pretty good ... she sort of knows everything that I've gone through, so she's my wooden spoon.”

The scrutiny that came with living with family could be intrusive, but the women recognised that concerns about their returning to offending was well-intentioned and the living arrangements were only temporary.

With the exception of one woman whose husband was still in prison, all the female desisters interviewed at phase three of the study were single, and reported no intention of entering into a new relationship in the foreseeable future. While some reported feeling lonely, loneliness was generally considered preferable to “bad” relationships. For many, relationships were associated with their offending; one woman had entered into another abusive relationship on leaving prison, but ended this, despite threats of violence to both her and her family, when she entered residential rehabilitation.

Other supports

In addition to familial support, several female desisters commented on the supportive role played by their probation officer. Probation officers were considered especially supportive when they “listened” and seemed invested in the individual, regularly checking up via phone and text messages to see how probationers were going and if they needed any help. One of the women, for example, was able to vent her frustrations about living with protective family to her probation officer. The probation officer of another woman kept in touch with both her and her family while she underwent residential rehabilitation. Often it was the simple offer of help, rather than the substantive provision of help that was important to female desisters. It was also important to a number of female desisters that probation officers, alongside family members, recognised and endorsed their positive changes in ways that increased self-esteem and contributed to enhanced feelings of agency. Those female desisters who spoke most positively about probation all had female probation officers; however, a bigger study would be needed to test whether matching women released from prison with female probation staff results in better outcomes.

Compared to their male counterparts, female desisters often had more options for support and, where family support was not available, were generally more adept at seeking out alternative supports. This was the case for Teresa, a European woman in her late 40s, who had sought assistance from a local church which had previously helped her husband. The church had

provided her with accommodation and employment, and generally helped Teresa increase both her social and human capital.

Employment helped maintain desistance

While research has shown that employment is rarely an immediate concern for women post release (Morrison et al 2018; McIvor et al. 2009), it was important to the female desisters in the study. Few were engaged in what they saw as “high quality” jobs. For example, looking at the five women subject to in-depth case study analysis, one was working at a fast food restaurant in a low-level managerial capacity, one was working in a shearing gang, another had worked in a café and had recently started to work at the freezing works, another was undertaking seasonal work, and the fifth was employed in a catering business. The principal value of work for this group appears to have been its ability to provide routine and stability, increase social capital, and help women achieve greater financial independence. The latter was often deemed important to those women living with family members, but who wished to get their “own place” ahead of resuming some primary care responsibilities for their children. Financial independence was also important for those women who had previously experienced violent or controlling relationships (which they saw as being pivotal to their offending pasts). For these women, in particular, a key value of employment appears to be its ability to enhance their sense of agency and self-belief.

As has been found in international desistance studies, there was some evidence that work was associated with legitimacy and formed part of a “respectability package” for these women (see Giordano et al 2002). As Michelle, a European woman in her 30s noted, employment was a means to demonstrate her commitment to having a “normal” life:

“Everybody has to work and do a job and earn some money so they can feed themselves. That's just what I do. Doing everyday things. The criminal mentality isn't there.”

Employment was not typically seen as a means of securing a new identity or significantly improving life prospects for women within the post release study. Indeed, for many, work was conceived of as simply a means to an end. That said, compared to male participants, women were more likely to leverage greater social capital through employment, either through forging relationships with other employees or through receiving support from employers. As Hine observed, her employer provided relational desistance by recognising her change and helping keep her desistance efforts “on track”:

“I've gotten to know my boss more and he knows the fact that I've got a daughter and stuff and those

sort of questions started coming out and I told him. He pretty much had already gathered, but he is just happy with how far I've come ... It hasn't put a burden on my job whatsoever, he is more than happy to keep me there every day – keep me on track. He is always asking every day, how are you? What is going on? And just making sure that I'm alright.”

In recognition of her struggles with addiction, Hine's employer brought non-alcoholic beverages to after-work drinks to ensure that she could still safely participate in work-related socialising.

Compared to their male counterparts, women were less likely to focus on “generative pursuits” as a means to “make good” (Maruna, 2001). Maruna found that “generative scripts” were commonly deployed by desisters to “make sense” of criminal pasts and provide meaning to crime-free futures (Maruna, 2001: 102). Generative activities often revolved around activities focused on improving things for future generations by “giving back” to society – through volunteering, counselling, or mentoring young people or those struggling with addiction. Although one of the women was working in the prison ministry, “doing some good work to be able to help other people”, for most women generative aspirations only extended to being a better mother to their own children. Overall, then, while employment did not seem to catalyse desistance and was not viewed as being particularly transformative, it did appear vital to maintaining desistance and accelerating women towards secondary desistance.

Sobriety

A final factor that appears to have been important in female desistance was sobriety. Compared to male participants, female desisters were much more likely to claim that they were completely abstaining from drugs and/or alcohol consumption. As Michelle noted:

“I want a life. You don't get up in the morning and think about going out and getting wasted. That's not what I want. I wake up in the morning and want my thoughts to be on my job or my kids or myself and not where is my next hit or what am I going to do to get this.”

A number of women had undertaken substantive rehabilitation programmes targeted at drug and alcohol usage, including the Department's Drug Treatment Programme, and community-based rehabilitative programmes. Such programmes were often credited with epiphanies about why their offending had occurred, and the consequences of their offending on others, especially their children. More than any other factor, completing a drug treatment programme appeared to be a key “turning point” for female desisters in the post release study. Such findings are supported by international desistance studies, which reveal that while men are more likely to begin offending prior to

drug use, women are more likely to start offending after they begin using drugs (Cobbina, 2010). It is not unsurprising, therefore, that developing an understanding of why they used drugs, addressing these underlying issues and ceasing use appeared more likely to lead to criminal desistance among women in the post release study.

Conclusions and some implications for service design and delivery

Female desisters within the post release study were more determined in their decisions to desist, and their resolve strengthened over time rather than fluctuating as was often the case for male participants. Post release, women's determination to desist often increased as necessary reintegrative foundations were laid down, which, in turn, strengthened women's sense of agency and self-esteem. An enhanced sense of agency and self-esteem were both related to desistance success.

While common features were evident in men's and women's desistance trajectories, such as receiving familial support and obtaining employment, there were some important differences. For example, women desisters were more likely to relocate and sever ties with past criminal associates and anti-social partners. They were also more likely to be pursuing single lifestyles (at least in the short term) as a means to sustain their desistance, and were more accepting of the isolation and loneliness needed to achieve long-term desistance objectives.

Compared to men, women generally had a much wider array of familial support options available to them post release, and often received substantive help from family members, including parents and extended family. Few needed to rely on formal assistance, such as that provided by reintegration services and/or probation. Women often appreciated probation supervision because it provided someone outside of their immediate family to talk to, but few needed any practical assistance from their probation officer, having received the help they needed from friends and relatives. Across the full post release sample women were generally more adept at leveraging support without recourse to formal reintegration services. The only exception to this was employment: with less depth and breadth of work experience, women were often more reliant on formal recruitment pathways, and often needed external assistance to secure jobs. This implies that women may be less in need of "basic-needs" services, such as emergency accommodation immediately post release, but would benefit from employment services targeted later in the post release period, once other reintegration foundations are in place (see Morrison, Bevan and Bowman, 2018).

The study also raises questions from a Risk-Needs-Responsivity perspective about the level of supervision required by women post release in a context where we know women are much less likely to re-offend and often do so at a lower level of seriousness than their male counterparts. Female desisters in the post release study often continued to have weekly appointments with their probation officer well beyond the point which such intensive supervision appeared necessary on account of their risk level. While women often enjoyed having a "good chat" with their probation officer, supervision rarely seemed to "make a difference" to their desistance outcomes. It is possible that these women could have been more quickly transitioned to less frequent appointments, freeing up probation resources to focus on those at higher risk of re-offending. Notwithstanding this finding, it is also important for probation officers to provide relational desistance during the appointments they do have with women by making efforts to recognise and endorse women's positive changes, and, more generally, developing and maintaining strong working relationships. Such an approach could be anticipated to contribute to more sustained secondary desistance among women.

Although women rarely saw employment to be "transformative", insofar as most occupied low level positions with little chance of significant advancement, employment nevertheless was an important means through which women increased their social capital by meeting new prosocial colleagues and forming friendships. The new links forged through employment were often an important buffer against feelings of loneliness caused by moving away and severing ties with anti-social influences. Given that men in the post release study rarely managed to increase prosocial support structures through work, it may be that more could be done to emphasise to men released from prison the benefits of using work as a means to increase social and human capital.

Children were widely regarded as the primary "hook for change" among desisting women, who often had aspirations towards resuming primary care responsibilities for their children. Often this goal was considered long-term, and women accepted that many steps needed to be completed to "prove" themselves worthy of this responsibility. Many female desisters had gained new insights into the impact of their offending on their children through drug treatment programmes, which helped to further crystallise women's desistance resolve. Such findings may suggest that parenting and/or the impact of offending on children could have a greater focus within drug treatment programmes, and/or that pre-release programmes for women focused on parenting after prison might further improve women's desistance prospects.

It is also the case that leaving negative, and often abusive, relationships played a role in women's desistance. Prison-based programmes aimed at helping women to achieve healthier relationships would likely benefit both their desistance processes and the lives of their children.

Finally, it is worth reflecting that the women in the post released study interviewed at each of the three phases were not particularly entrenched in criminal lifestyles, and while some had intermittent criminal histories, none of the women subject to case studies could be described as "persistent" or chronic offenders. It is likely that persistent female offenders may require greater levels of assistance to desist from crime, and it is possible that their desistance processes may differ from the women discussed here. Further research is needed to better understand desistance among persistent female offenders.

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“I’m trying to change my ways”: The desistance processes of persistent offenders

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Introduction

In March 2019, there were over 620 people in New Zealand prisons who had amassed a hundred or more convictions over the course of their criminal careers. Most of these prisoners were male (96%), their median age was 43 years, and almost two thirds (63%) identified as Māori. Two fifths (41%) were recorded as being gang affiliated. On average, these persistent offenders have spent a total of nine and a half years incarcerated in New Zealand prisons, with more than two thirds accumulating ten or more separate prison sentences during that time. For the majority, their criminal histories are dominated by dishonesty offending. Over 80% have been cycling in and out of the criminal justice system for three decades or more, with three-quarters acquiring their first criminal conviction before they entered their twenties. The costs of policing, criminal court proceedings, and incarceration associated with this group are undoubtedly considerable, while the social and emotional impacts of their offending are also likely to be considerable.

There is some evidence that the concentration of persistent offenders is increasing in New Zealand. For example, while the overall prevalence of offending has dropped in recent years, data suggests that those who remain in the system are, on average, higher risk and have more extensive criminal histories than before. This situation is the predictable outcome of policies aimed at diverting first time and low-level offenders away from the formal criminal justice system, which has been the case in New Zealand for many years. The logical by-product of the systematic diversion of low level offenders is an increase in the concentration of more serious, persistent or chronic offenders within the known pool of offenders being sent through formal criminal justice channels.

This situation has implications for Corrections, as persistent offenders represent particular challenges for rehabilitation and reintegration services. Many persistent offenders will have high levels of rehabilitative need, especially in relation to drug and alcohol abuse and/or addiction, as well as enduring mental health problems. Most will have previously completed rehabilitation programmes with seemingly little success. Persistent offenders

also face significant barriers to reintegration. After decades of failed releases, many will have lost or at least significantly eroded familial and other informal support networks. Few will be married or have stable long-term relationships, many will be estranged from their children, and most will not be returning to stable accommodation. A large proportion will have never held permanent employment, let alone have an established skill or trade. The majority will have left school at an early age with no formal educational attainment. Alongside these barriers, decades of repeated prison stays will have caused significant institutionalisation, whereby the norms of prison culture will be psychologically ingrained, leaving people struggling to manage normal facets of life outside prison.

As both local and international research shows, persistent offending is an anomaly: for most, offending peaks around age 16 or 17, and then sharply declines with few people continuing to offend past their mid-20s (Moffitt, 1993; Farrington, 1986). For most offenders, therefore, crime is an “adolescent-limited” phenomenon (Moffitt, 1993). Research suggests that only a small proportion (typically around 5% to 6%) of adolescent offenders become chronic or persistent offenders who continue to offend beyond their mid-twenties (See Moffitt, 1993; Shover, 1996).

According to Moffitt (1993) “life-course-persistent offenders” are more likely to start criminal careers at a younger age and engage in a wider variety of offending. Moffitt contended that life-course-persistent offenders suffer from “cumulative continuity”, whereby anti-social tendencies evident at pre-school age continue and interact with social and environmental factors, such as permissive or otherwise poor parenting and/or school exclusion, and intensify across the life course. While altering form (moving from, for example, biting and hitting at preschool, shoplifting and truanting at age 10, selling drugs and stealing cars in the teenage years, through to violent offending and workplace embezzlement in adulthood) anti-social behaviour remains a staple feature across the life span. As Moffitt (1993: 679) stated:

“Continuity is the hallmark of the small group of life-course-persistent anti-social persons ... the underlying disposition remains the same, but its expression changes form as new social opportunities arise at different points in development.”

While Moffitt’s (1993) theory accounts for the continuity in the “troubled lives” of persistent offenders it offers little insight into discontinuities. A well-developed axiom within criminological scholarship is that crime declines with age: a point which is also true for persistent offenders (Shover, 1996; Laub & Sampson, 2003). As Laub & Sampson (2003: 150) observe:

“The role of offending declines with age, even for high rate and presumably chronic offenders, making the notion of the life-course-persister, problematic.”

Despite this fact, surprisingly little has been written about *how* persisters eventually desist from crime (Laub & Sampson, 2003). Persisters often appear in desistance studies merely as counterfactuals against which desisters may be compared to reveal fundamental differences between the two groups (Maruna, 2001; Sampson & Laub, 1993). For example, Maruna (2001) argues that persisters are “doomed to deviance”; they blame negative turning points in childhood for their subsequent criminality, have a low level of personal agency, characterised by a “ubiquitous feeling of helplessness” (Maruna, 2001: 76). As a consequence, they see themselves as victims of circumstance, rather than having an active role in decision making (Maruna, 2001: 83). Persistent offenders rely on “condemnation scripts” which involve “a self-absolutory narrative” in which a negative present follows linearly from a negative past (Maruna, 2001: 75). They talk about being “burned out” and “fed up” with “the system”, but don’t think they are capable of making changes to their lives. Persisters lack the positive pull or generativity used by desisters who claim to be on some form of higher mission to “make good” and “give back” to society (Maruna, 2001).

In their extensive longitudinal study examining over 500 delinquent boys to age 70, Laub and Sampson (2003) found that persisters had never or rarely worked, retained delinquent peer associations into adulthood, held anti-authoritarian views and saw criminal lifestyles as preferable to conformity. They typically also had longstanding drug and/or alcohol addiction issues, and held a pessimistic view of the world and human nature. Few had been married or had close personal attachments and most were “devoid of connective structures at each stage of the life course” (Laub & Sampson, 2003: 194). While presented with “hooks for change” (Giordano, Cernkovich, & Rudolph, 2002), persistent offenders were typically unable or unwilling to avail themselves of opportunities to leverage themselves out of criminal lifestyles.

The problem with such accounts is that they fail to adequately explain the fact that most persisters eventually desist, meaning that any identified differences between the two groups are likely to be either temporary or arbitrary. Further, by juxtaposing desisters and persisters, such research typically elides the fact that desistance is a process rather than a static state or stable personality characteristic.

Several questions arise from this critique: most crucially, given their lack of social capital, education and work experience, addiction problems, high level of institutionalisation, attachment to criminal

peers, and generally pessimistic outlook, how do persisters overcome these barriers to eventually desist? Second, what, if anything could be done to help persisters to desist earlier in their lifecycle? Finally, how can corrections agencies help to catalyse, accelerate, and sustain desistance among seemingly persistent offenders?

Findings from the post release study

The Department's post release study offers some preliminary insights into these questions. This research was based on interviews with 127 prisoners as they neared release from prison (including 45 women and 82 men), with follow-up interviews conducted three to six months post release (n=97) and at 12 months post release (n=38). Fieldwork for the study was carried out between December 2015 and March 2017, and took place across seven prisons and a wide variety of communities distributed across New Zealand.

In terms of persistent offenders, two distinct groups of interest emerged from the post release study. The first group was comprised of an older group of individuals who appeared to conform to the description of "life-course-persistent offenders" (Moffitt, 1993) but who nevertheless appeared to have commenced desistance processes. An examination of this group has the potential to offer insights into how persistent offenders desist: what helps and what gets in the way, and, crucially, what role corrections agencies can play in this process. The second group of interest was comprised of younger participants, who bore all the hallmarks of "life-course persistent offenders" and, while often claiming they wanted to desist, had generally failed to do so since their original release, having struggled to avail themselves of various "hooks for change". An exploration of this group affords an opportunity to examine why "hooks for change" fail to take hold among this group and consider what more could be done to try and leverage people out of persistent offending at an early stage of their lifecycle.

Desisting "persisters"

The desisting persisters group was almost exclusively comprised of male offenders, many of whom were in their 40s or early 50s at the time of their final interview. Many had offending histories spanning three or more decades, usually including a wide range of offence types (i.e. property, violence, and drug offending). They had all experienced multiple sentences of imprisonment. The offending-centred lifestyle of this persistent group was entrenched, normalised and all-encompassing. It was not unusual for members of this group to have amassed over one hundred convictions each, and many had spent half or more of their adult lives in prison.

It is fair to conclude that this group faced much greater barriers to desistance than other groups within the post release study, particularly in the areas of homelessness, (un)employability, absence of prosocial support, high levels of institutionalisation, and longstanding addiction issues. Most claimed to have wanted to desist for at least a decade, and had commenced primary desistance multiple times without ever having moved on to achieve the more sustained non-offending patterns associated with secondary desistance, where more permanent shifts towards a non-offender identity are apparent (Maruna & Farrall, 2004).

Unsurprisingly, they tended to be less optimistic and more cautious about their desistance prospects. Following multiple failed attempts to desist, many expressed a diminished sense of agency. Thus, despite claiming they wanted to desist on the one hand, they often felt that desistance was not simply a matter of personal choice, but was instead something ultimately determined by forces beyond their control. For example, on being asked whether he would re-offend, Tony, a Māori male in his mid-40s, replied:

"I can't say it. Who knows? That's it, I can't say it ... I won't lie to you, but who knows. I could be anywhere, I don't know where Anything is a big risk. I'm one of the biggest risks: high risk, you can't get bigger than that."

Overall, there was much less evidence of grand identity shifts underway among this group. People often claimed that they were in the process of "trying to change" rather than asserting they had, in fact, made a significant change. As Wayne, a NZ European offender in his mid-40s stated:

"I just want to make some more efforts ... I think if I put my mind to it more ... it's just early stages at the moment ... At the moment that's why I try to be more real, more honest to myself that I can't [re-offend]."

Unlike women and younger people, positive "hooks for change" (Giordano et al., 2002) were often absent within this group. When asked why they wanted to desist, therefore, many claimed that they were simply fed up with the "hassles" of their offending lifestyle, particularly repeated terms of imprisonment. Many claimed the nature of prison life had fundamentally altered, and that old rules and hierarchies had dissolved, leading to a much greater sense of unpredictability. For most, the rationale to desist was negatively framed as wanting to avoid further imprisonment, rather than any positive desire for a better life. Most worried about growing old in prison. In the rare cases where "hooks for change" did occur, these typically pertained to new roles as grandparents. Being a "good" grandparent was, at least for some, constructed as a means to "atone" for one's past parental shortcomings.

While not a “hook for change” per se, employment nevertheless remained a key desistance enabler for this group. Employment was rarely associated with significant identity shifts within this group. This occurred only where employment was construed as more professional and/or in keeping with long established career objectives. In such instances, employment could be the mechanism through which people reclaimed a previous positive identity as a “hard worker”. Many persistent offenders, however, had poor employment histories, and few held aspirations beyond simply holding down a job. For these people, employment helped desistance by providing structure and routine to their days, keeping them busy, and avoiding boredom and keeping away from “bad influences”. As Tamati, a Māori male in his late 30s, noted:

“Work’s work and I like work because it’s the same thing every day. A routine and that’s what it is, a routine ... that’s what I’ve always liked about jail, I know where I am and I know what’s going to come ...”

For many in this group, therefore, employment was considered functional: it could support desistance, but did not appear to catalyse it.

Importantly, few persistent offenders had managed to increase their social capital through employment opportunities. People often claimed they didn’t avail themselves of social opportunities afforded through work, as these typically involved alcohol consumption and, as such, represented a “high risk” situation. The absence of social capital resulting from employment often had a significant impact on this group, many of whom had abused or exploited and, consequently, lost what prosocial supports they may have once had.

In a similar vein to Maruna’s (2001) findings on desistance, persistent offenders who were attempting to desist frequently claimed to be engaged in some form of “generative” activities. The generative pursuits mentioned included: helping their children or grandchildren/moko, helping other younger people and/or addicts, taking part in voluntary work, and taking up leadership roles in hobbies or sports groups. Such pursuits seem to be part of a broader narrative of “normalisation”, which often involved a desire to demonstrate a conventional stake in mainstream society or achieve a degree of citizenship. People appeared to derive more personal benefit from generative activities when such activities had resulted in recognition from others – whether probation staff or family – of more fundamental shifts in identity and permanent markers of desistance. Again, this echoes findings from international research on relational desistance (Maruna, 2001; Nugent & Schinkel, 2016); however, findings from the post release study suggest that generative pursuits may be even more important

for those who lack familial support or “bridging social capital” (Nugent & Schinkel, 2016: 580; see also Healy, 2010) and, on account of decades of offending, are less able to reclaim a positive “true self” (see Maruna, 2001).

Another critical factor associated with desistance among this group was avoiding negative influences, particularly gang connections. Leaving gangs was a complex undertaking, and some achieved this more successfully than others. Gang exits typically worked best when the departure was negotiated, which often involved the individual providing some useful service to the gang, such as “taking the rap” for charges on behalf of others. It was also helpful to have family members who were in senior positions within gangs to “approve” one’s departure, as well as having a plausible reason to leave (i.e. putting family first after a lengthy period of imprisonment). Where people were perceived as being indebted to gangs, or had some ongoing and specific utility to a gang, exiting could be more difficult.

Having spent many years in prison and having been entrenched in criminal networks for extended periods, many attempting to desist struggled to sever ties with criminal associates completely. As Tony observed, “I get on better with a lot of ex-inmates than outside people”. However, most had attempted to change the frequency of, and contexts in which they interacted with criminal peers to “avoid trouble”. For example, Wayne acknowledged that he was still hanging out with his friends who were all “users”, but was quick to point out that he wasn’t engaged in drug use. He noted:

“I tell people if they are going to use any form of drugs, do it outside or go use it somewhere else but not here. And they go, ‘Oh, don’t be a pussy’, type of thing. I said, ‘No, I’m not being like that’. The fact is I don’t use, why should I let other people do it in my house if I’m not doing it ... I’m not going to put my health and my house at risk if a dumb person wants to do something like that.”

Examples of “diachronic self-control” (Shapland & Bottoms, 2011: 274) were also common, where people reported attempting to remove themselves from bad influences through isolating themselves, often by staying at home on their own. Of course, only time will tell whether avoidance in the absence of forging new prosocial links is sufficient for sustained desistance; indications from the post release study, however, suggest that those who develop new, positive links generally do better than those who isolate themselves in order to avoid criminal associates and risky situations.

Across this group, poor problem solving and coping skills was one of the most common stumbling blocks to successful desistance. This finding is in line with international research which has shown that many of those released from prison adopt problem-solving strategies which are unlikely to positively resolve their

problems and are just as likely to exacerbate them (see Zamble and Quinsey, 1997). Years spent in institutions affected people's coping strategies in multiple and, at times, contradictory ways. On the one hand, there was a strong sense that people needed to deal with their problems on their own, without asking for assistance. Many of those further along the desistance process talked about finally being able to accept help from others, which for some represented a key "turning point". Several men in this category had experienced childhood sexual victimisation and/or physical abuse. Receiving counselling for these experiences, as well as positive experiences with Corrections staff (for example, receiving support from education tutors, custodial officers or probation staff) had often helped these people to start trusting others sufficiently to receive other forms of help. A contrary impact of institutionalisation was a common belief that people were wholly reliant on others to sort out their problems for them. As Tamati noted:

"So how come I keep going back to jail and getting blamed for crimes I'm committing when I've pretty much got no choice but to commit them?"

A further product of institutionalisation was a relatively rigid sense of morality or fairness, reflected in perceptions of post release problems in very black and white terms. For example, Tony had been placed in shared accommodation with a woman previously unknown to him after being recalled, losing his accommodation, and then being re-released on parole. The woman had significant mental health issues and, as Tony put it, would frequently "go nuts" smashing up the flat and threatening to damage his possessions. He had called Police on numerous occasions to deal with escalating interpersonal conflicts with his flatmate, who had formally been evicted but refused to leave the flat. Tony had been encouraged by both Police and his probation officer to try and compromise with his flatmate and to seek alternative accommodation himself. He was refusing to do either because *she* was the person with the problem behaviour who had been evicted and it was not fair that *he* should be disadvantaged by *her* behaviour.

Similar problems had also emerged at Tony's work where conflict had arisen between Tony and a group of younger staff who he perceived to be lazy and ineffective. He did not tell his manager, because this would constitute "narking", which, in turn, resulted in mounting animosity and interpersonal conflicts. This culminated in his loss of employment (a position obtained via a Release to Work placement and retained for many months post release) despite the fact that he was not the origin of the problem and was described as a reliable and hard worker. Probation efforts to empower Tony to manage his own problems, as is frequently recommended by desistance literature

(see, for example, Farrall, 2002), were thwarted by Tony's idiosyncratic sense of moral justice apparently forged over several decades of incarceration, and his associated assumption that others should adjudicate over conflict situations (anticipating that he was in the right, and others in the wrong would be dealt with accordingly).

A factor which seemed to encourage desistance amongst some in this group was the provision of practical help or support. For example, receiving help to find a job or enrol in a course, locate suitable and sustainable accommodation, obtain household items, or practical advice about how to manage interpersonal problems were identified as positive "turning points" for some persistent offenders. As noted above, when such help was provided by Corrections' staff (whether prison-based staff or probation officers), it could sometimes lead to a more fundamental reformulation of attitudes towards accepting help from others and cement what were hitherto only partial desires for desistance. For some people, offers of support, even when the help did not result in the outcome sought, were equally important catalysts to desistance. This is because the offer of help often signalled that "respected others" recognised the person's desire to change, and believed that they were capable of change. In this regard, aside from the obvious practical benefits of employment and housing, the perception that others believed that the person was worthy of help was important.

Looking across the different individual case studies of people within this group it is clear that their desistance processes had similar features in common. For persistent offenders, desistance was often framed as a less taxing alternative to repeated imprisonment, rather than being viewed as a positive means to obtaining a better life. There was less evidence of significant shifts in identity and desistance was more often viewed as a somewhat haphazard daily struggle, contingent on a range of uncontrollable external factors ("I can't say what will happen tomorrow"), rather than an incremental progression. While many within this group were reliant on others to help them, they typically had fewer prosocial supports to leverage. On the other hand they often had difficulties trusting others and asking for, or receiving, help. Without assistance, people within this group regularly defaulted to ineffective and typically self-defeating coping strategies. When practical help was provided, however, it could have broader psychological benefits and could help to reinforce desistance goals.

That many within this group had been claiming they wanted to desist for ten years or more, and exhibited zig-zag patterns in and out of offending throughout this time, is a sobering thought, and raises the question of whether something could have been done sooner to

encourage desistance at an earlier stage of the life-course. In consideration of this question we turn to the lives of a group in their 20s at the start of the post release study who, by the end of the study, appeared well on their way to life-course persistent offending.

Young persisters: life “off the rails”

Of those currently in prison with 100 convictions or more, 50 (8%) are 30 years or younger. On average young persisters have each accrued 125 convictions and received 10 custodial sentences. The average age at which they received their first prison sentence was 17.6 years and to date they have spent an average of 6.7 years incarcerated. Almost two thirds of this group (62%) are gang affiliated, and most are classified as “high risk”. Māori account for nearly half this group (n=48%), with NZ Europeans accounting for 44%, and Pasifika for 8%. An examination of lives of younger persisters within the post release study offers some useful insights into why people persist in offending beyond their 20s and what opportunities might exist to accelerate their movement towards desistance during these years.

Compared to older persisters, younger persisters were often more ambivalent about desistance: as Vince, a 19-year-old European male observed, “I can’t really be confident. [Prison] didn’t scare me that much, or not as much as it should have”. While many acknowledged that they’d “been doing this sh*t too long”, few had any solid goals for life post release, whether in relation to re-offending or seeking a “better life”. As one young man noted, “I don’t have any concrete plans, but there are some big possibilities for me ...” A number talked about looking for work, but few had taken active steps to organise employment prior to their release. Few had any substantive work experience, and many had left school prior to turning 14, with no qualifications. Some showed evidence of wanting to engage in “generative pursuits”, but such aspirations were often rather whimsical. For example, Brendan, a Māori male in his early 20s, dreamed of getting into the music industry:

“When I get out of here, that’s going to be my motivation, get into the music industry. Get a studio going. Yeah, maybe take a few of the brothers before they go down the wrong path, take them with me and try and lead them into something positive instead of making mistakes.”

Employment was often considered important by these young people. As Brendan observed:

“Work is an absolute must. If you’re not working then how are you going to support yourself financially? ... You need money for food, clothes, you need things to pay rent. You have to live. You can’t do things by yourself, you need help. Money is good, money makes the world go round I guess. It’s a job what does it.”

Some of the young persisters had been unable to find work post release and were financially struggling. Despite this, it was not uncommon to hear strong views about not accepting “hand outs” from WINZ, as Vince, a 19-year-old European male noted, “I just don’t believe in [the benefit]. I don’t think you should be paid to sit on your arse and do nothing”. As another young persister noted:

“I don’t believe in taking money from Work and Income. Especially knowing it’s pretty much a hand out, you know, coming from people’s hard work pay that they’re getting taxed on. Half the people on the benefits aren’t even actively seeking jobs or anything ... so I’m not really a fan of taking a hand out. I’ve always been independent ... unfortunately I had to do crime.”

For those who weren’t working, life often lacked any purposeful activities, as Brendan noted: “I’m not doing anything now”. Having left the highly structured environment of prison, young persisters often struggled with the lack of daily routine they encountered on the outside: as Brendan remarked, “I just need more structure”.

For those who did work, the pressure of holding down a job could generate stress and anxiety, which, in turn, led to increased drug and alcohol use. For others, long hours and good pay could help to support a “life as a party” lifestyle (Shover and Honaker, 1991: 14). Vince, for example, worked as a chef and frequently engaged in heavy drinking sessions with his boss and work colleagues, and used his wages to purchase drugs and cars for burn-outs and “drifting”. Several young persisters reported having Attention Deficit Hyperactivity Disorder (ADHD) which affected their ability to sustain work due to getting easily bored, or simply being too tired to come to work having had difficulty “winding down” and getting the sleep required to function at work. Again, drugs and alcohol were often present in these scenarios to assist people to relax after work.

Importantly, work was seldom a means to increase social capital or connectivity. Where increased connectivity did happen through employment, this was seldom prosocial in nature. Overall, there was little evidence that employment functioned as a positive “hook for change” among this group, a finding echoed in international studies which suggest employment has only marginal benefit for offenders under the age of 26 (Uggen, 2000).

More generally, young persisters lacked social capital and “connectivity”. Several were estranged from their families, or had on-and-off relationships with their parents. Most experienced only fleeting intimate relationships and none had enduring relationships. This often left young persisters in dire circumstances

post release, with many having limited prosocial avenues for meeting their basic needs. Several were wholly reliant on formal support mechanisms, such as Corrections-funded services and aid provided through religious organisations to help meet basic living needs. Despite receiving assistance, this support often backfired for young persisters (for example, supported accommodation brought them into contact with criminal peers, and/or was associated with drug and/or alcohol use), and few managed to leverage any additional social capital through these mechanisms. For example, Brendan had received considerable practical support from a church-based charity. When asked how church formed part of his social life he replied, "I haven't got any social life with anyone [at church]". The support Brendan received was therefore limited to addressing his basic practical needs and appeared relatively "transactional" in nature. Brendan reported no religious epiphany and revealed little desire to find a new life for himself within the church community. Over time his interactions with the church became limited to "crisis calls" when he lacked food, accommodation or felt he needed to be "rescued" from a "high-risk situation".

Young persisters were also much more likely than their older counterparts to retain active links with criminal associates, including gangs. Few viewed this to be problematic, despite often acknowledging the role of gangs in their past offending. While many claimed they were no longer technically members of gangs, most conceded that many of their friends were members, and that they were continuing to associate with gang members on a regular basis. Their inability to sever criminal ties appeared to be a common factor in the downfall of young persisters post release.

A final common feature among young persisters was a lack of agency, with many of the belief that they could not determine what would happen in their lives, which they saw as directed by forces outside their control. When being asked what their future would hold, a common refrain amongst this group was "I don't know. You can't say what's around the corner". A victim-mentality was commonplace, with young persisters seeing themselves as victims of the criminal justice system, and victims of circumstance: as one young persister stated, "I am a victim to poverty I guess". As has been commonly found amongst persisters in other international studies, many believed that bad events in their childhood (including abuse, neglect, homelessness, gangs) has set in train a seemingly irreversible chain of negative consequences:

"I got involved with gangs, drugs and alcohol and ended up in the old CYFS houses. My mother ended up in a mental hospital. I guess I just went off the rails from there ..."

In this context, continued offending was often positioned within young persisters' accounts as the only logical option. As Brendan stated, "It's just part of our DNA just to fail".

Implications for practice

In a context where we have 50 young people currently in prison who have already amassed over one hundred convictions each, encouraging earlier desistance among this group would seem a worthy investment, both socially and fiscally. Three main implications for corrections practice arise from this research:

First, it is encouraging that many older persisters contemplated desistance at earlier stages of their criminal careers, with some commencing primary desistance multiple times. More effort could be placed on helping persistent offenders identify and capitalise on positive "hooks for change" (Giordano et al, 2002). Within this work, there is likely to be a place for encouraging "generative pursuits" (Maruna, 2001), and also recognising and celebrating people's initial efforts to change, i.e. relational desistance (Nugent & Schinkel, 2016). More could be done to emphasise the transformative role of employment, particularly as a mechanism for increasing social capital. It is also important to reflect on "what went wrong" during previous desistance attempts, in order to improve desistance prospects for subsequent releases. This should form a staple feature of release planning.

Second, as the zig-zag desistance pathways of persisters attest, simply wanting to desist is seldom enough: people also need the means. As Burnett and Maruna (2004: 395-6) argue, successful desistance requires "the will and the way". While the desire to desist is important, the very real practical problems experienced by persistent offenders should not be obscured. In a context of diminished personal resources and support, persistent offenders are often highly reliant on corrections agencies to leverage the practical support needed to commence primary desistance (for example, accommodation, employment or access to income support). Based on findings from the post release study, it appears that offers of practical assistance for those with little support can help cement desistance resolve and furnish the sense of confidence and hope necessary to overcome impediments to secondary desistance. As international research has demonstrated, desistance can begin without a conscious decision or significant cognitive transformation (Laub & Sampson, 2003: 279). It is therefore possible that the provision of support, delivered with kindness and compassion, can help catalyse the desistance process before people have come to a decision to stop offending.

Third, as has been found in international research, those who re-offend both perceive and experience more problems than those who desist (Zamble & Quinsey, 1997), and as the above findings show, persistent offenders are likely to encounter significant and compounding problems after they leave prison. For this reason, greater emphasis should be placed on developing effective problem solving and coping strategies (both pre and post release) which can start to address entrenched patterns of institutionalised thinking and behaviour. This will also require encouraging people to increase their sense of personal agency: people must want to desist and believe that it is within their grasp to do so. Certainly the weight of criminological evidence is on their side, as most people can and do desist.

Evidence to action: Service investment and enhancement

Since the post release study began in late 2015, there have been a wide range of service expansions and improvements across the Department which are directed towards addressing many of the issues raised above. Most notably, Corrections has almost doubled its investment in community-based employment and supported accommodation reintegration services in the past five years (from \$11 million in 2014 to over \$20 million in 2017/18). Of the 7,160 referrals made to reintegration services in 2017/18, 42% pertained to people with 50 or more previous convictions, while 12% related to individuals who had a hundred or more convictions. Consequently, persistent offenders are being targeted by reintegration services in a way that appears consistent with the overarching Risk-Needs-Responsivity model followed by the Department more broadly.

In October 2016 Corrections introduced the Offender Recruitment Consultants (ORC) service: a service involving Corrections staff directly liaising with employers to find employment placements for people being released from prison and/or serving community sentences. By January 2019, over 2,300 people had achieved employment placements through the ORC service. In addition to obtaining employment, the ORC service is complemented by in-work support provision, helping people to maintain employment once secured. As this article has shown, such support is likely to be particularly invaluable to young persistent offenders who struggle to retain employment, and carries the potential to help both young and old persisters to grow their social capital through employment.

Corrections has also been piloting a range of initiatives aimed at improving people's "social connectivity" through whānau engagement. A key example includes the WHARE programme for young acquisitive offenders; an offence category particularly over-

represented in the population of persistent offenders. Running in both prison and community settings, this programme innovatively combines rehabilitation and reintegration services, and incorporates a focus on whānau engagement. Recent evaluation findings reveal promising results, particularly in the area of whānau engagement (Duncan and Caughey, 2019). In a similar vein, the Wraparound Family Support Pilot, launched in June 2017, works with family and whānau of offenders with mental health problems to help develop a supportive environment in which to sustain treatment gains (Bowman, Barnes and Thomson, 2018). Since the start of the pilot, 200 families have been referred to the service. Corrections has also recently partnered with Te Taiwhenua to introduce a community-based residential facility (Te Waireka) for women in the Hawke's Bay region. One of the goals of this project is to increase women's connectivity with local iwi and whānau ora based service providers. Given international evidence on the importance of social connectivity to desistance (see, for example, Laub & Sampson, 2003; Farrall, 2002), and the general absence of such support in the lives of persistent offenders, such approaches are likely to be of particular benefit to this group.

Although problem-solving and coping skills have formed a staple feature of Departmental rehabilitation programmes for many years, in 2018 the Department piloted a new induction programme, Kia Rite, in women's prisons, with a strong focus on enhancing problem-solving and coping skills. An equivalent programme called "Head Start" is being piloted in men's prisons. Introducing such skills early within people's prison sentences allows these skills to be embedded across the duration of a person's sentence, enabling more advanced problem-solving and coping skills at the point of release. These skills will be especially beneficial for persistent offenders who, as shown above, often struggle to effectively manage the myriad of practical problems they face post release.

Between March and October 2018, the Department has also been piloting a Short Violence Prevention Programme (SVPP) at Otago Corrections Facility. Delivered by Department psychologists, this programme targets the complex criminogenic needs of men at high risk of general and violent re-offending. The programme specifically targets those serving short sentences, who nevertheless rapidly cycle in and out of prison, and who have traditionally had insufficient sentence time available to attend longer high-risk programmes such as the Special Treatment Unit Rehabilitation Programme. A recent review of the pilot has revealed positive results in terms of reductions in the incidence of violent and aggressive events in prison (see Perkins, this edition)). With a quarter of the persistent offenders currently in prison having ten or more previous violence convictions the SVPP would be expected to have a positive impact on this group.

Finally, within Corrections' Gang Strategy (2017-2021) a Gang Engagement Framework is being designed to support staff working to reintegrate gang-affiliated offenders. It will set out an approach for working with gang affiliated offenders who are motivated to live crime-free lives through a strong focus on rehabilitation, reintegration, and disengagement. Given the significance of gang affiliation in the lives of persistent offenders, particularly young persisters, the framework is expected to benefit this group.

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The Short Violence Prevention Programme: An offence-focused intervention for short-serving incarcerated men with a history of violence who are at high risk of re-offending

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Ryan Perkins graduated from the clinical psychology programme at the University of Canterbury in 2010. He initially worked with the Department of Corrections before taking up a role as a clinical psychologist at the MindSpot Clinic at Sydney's Macquarie University in 2013. Ryan has been a senior psychologist with the Dunedin Psychologists' Office since 2016. In this role, he has delivered group-based treatment to high risk prisoners, supervises group practice, and manages the local delivery of the Short Violence Prevention Programme.

Introduction

The Department of Corrections remains committed to the goal of reducing re-offending. This goal is central to the Department's 2018-2019 strategic plan, 'Our Priorities', which aims to both improve outcomes for individuals serving prison and community-based sentences and to reduce the societal costs that result from crime and high levels of recidivism. The Department currently provides access to a range of rehabilitation, employment, and educational initiatives that are intended to reduce re-offending rates in New Zealand. Central to the Department's strategy of reducing the social costs of re-offending is developing and delivering interventions that are likely to have the greatest positive impact on the people in its care.

At the present time, the Department delivers a range of high quality, empirically-supported rehabilitative programmes within the prison sector. These include programmes that target women who are at moderate risk of re-offending (Kowhiritanga and Short Rehabilitation Programme for Women), men who are at moderate risk of general re-offending (Medium Intensity Rehabilitation Programme, Short Rehabilitation Programme for Men, Mauri Tū Pae, Saili Matagi, and the WHARE Programme), and men who are at lower risk of committing sexual offences against children (Short Intervention Programme).

The importance of providing interventions to men and women who are considered to be at high risk of re-offending is well-documented in the literature (Andrews & Bonta, 2017). At the present time, the Department offers intensive prison-based therapeutic programmes to high risk women (Kimihia), high risk male adolescents (Mauri Tū, Mauri Ora), high risk men who present with complex personality traits and who are subject to maximum/high prison security classifications (High Risk Personality Programme – Revised), and men who are at high risk of committing further sexually-motivated offences against children (Child Sex Offender Treatment Programme) and adults (Adult Sex Offender Treatment Programme). In addition, the Special Treatment Unit Rehabilitation Programme – Revised (STURP-R) is the Department's flagship prison-based programme for addressing the complex criminogenic needs of men who are at high risk of general and violent re-offending.

To support its strategic vision of reducing re-offending rates, the Department has placed increased focus on targeting individuals in its care who have traditionally had limited access to meaningful offence-focused intervention. One of these groups is men who are serving short prison sentences¹. As the trajectory of short-serving incarcerated men is characterised by rapid cycling in and out of prison, addressing the

¹ In New Zealand, incarcerated men and women whose aggregate prison sentence is two years duration or less are classified as "short-serving" and are automatically released after serving half their sentence.

criminogenic needs of this group appears critical to reducing the harm caused by high rates of re-offending. Due to the length of time that is required to complete the STURP-R, this is not an accessible rehabilitation pathway for men serving short prison sentences. Therefore, improving access to high quality treatment for men who are otherwise ineligible for intensive interventions should assist this traditionally underserved population to “break the cycle” of release and re-imprisonment.

As part of broadening the suite of interventions available to high risk populations within the prison system, the Short Violence Prevention Programme (SVPP) was designed to target the complex dynamic needs of short-serving incarcerated men with a history of serious or repeated violence. The SVPP is a brief intensive intervention delivered by departmental psychologists using evidence-based violence prevention strategies. A project plan guiding the delivery and evaluation of the pilot SVPP at Otago Corrections Facility (OCF) was endorsed by the Department's Industry, Treatment, and Learning (ITL) Project Board in December 2017. A function of the ITL Project Board is to improve access to interventions that use best practice methodologies to target offending behaviour. Funding for the SVPP pilot phase was approved as part of the ITL Project Board's strategy for reducing violent re-offending.

Two pilot SVPPs were delivered at OCF between March 2018 and October 2018. This article provides a brief overview of those programmes, including the participant recruitment process, the cohort of men who were selected for the programmes, the structure and content of the programme, participants' views on their treatment experience, and some preliminary post-treatment findings.

Participant recruitment

Men were initially identified as eligible for the first pilot programme using the following criteria:

Inclusion criteria

- Currently serving a prison sentence for violence against another person and/or has previously served a sentence for serious violent offending
- An imposed aggregate prison sentence length of two years or less
- Most recent RoC*RoI² score of 0.7 or above
- Aged 18 years or older

2 The RoC*RoI (Risk of Conviction/Risk of Imprisonment) is an actuarial measure developed for the Department of Corrections to assist in the prediction of an offender's risk of re-imprisonment. The RoC*RoI uses criminal history and demographic variables to predict the probability that an individual will be re-convicted within the next five years, the likely seriousness of the offending, and the likelihood of imprisonment.

- Four or more months of imprisonment remaining prior to statutory release date.

Exclusion criteria

- Subject to a maximum security classification or unable to be in the OCF Programmes Building due to operational reasons
- Active Identified Drug User (IDU) status
- One or more convictions for sexual offences against a child
- Currently serving a prison sentence for sexual offences against an adult.

Due to operational challenges associated with recruiting eligible men from across the New Zealand prison estate, approval was obtained from the ITL Project Board to extend the eligibility criteria for the pilot phase to include men serving a prison sentence of two years or more who had insufficient time remaining on their sentence to participate in the STURP-R³. Eligible men were subsequently identified by the SVPP programme manager through COBRA⁴ lists or from the prison waitlist managed by the local psychologists' office. Of the 17 men who started the two pilot programmes, four met the original criteria and 13 were identified based on the revised criteria.

The two programme therapists⁵ assigned to deliver the pilot programmes then completed an initial suitability screen for eligible men using electronic file information held in the IOMS⁶ database. Men were not further considered for the programme if they were already waitlisted for an offence-focused treatment programme, were currently participating in a departmental rehabilitation programme or engaged in treatment with a departmental psychologist, were subject to operational restrictions that affected prison transfer or group participation, or were unlikely to manage the requirements of an intensive group-based treatment programme. Following this screening process, all suitable men were contacted to establish their motivation to participate in the SVPP. Motivated men were then interviewed either in person or by audio-visual link. The key focus of this interview was to assess the men's views about engaging in a treatment

3 Men who had completed the STURP-R during their current sentence were ineligible for the programme. Men who had been excluded from, or who had self-exited, from the STURP-R were eligible.

4 COBRA (Corrections Business Reporting & Analysis) is the computerised operational reporting system used by the Department of Corrections to analyse, extract, and report data related to the population of men and women under its care and management.

5 Registered Clinical Psychologists from the Dunedin Psychologists' Office. To ensure consistency in the implementation of the pilots, both programmes were delivered by the same therapists.

6 IOMS (Integrated Offender Management System) is the Department's computerised database of men and women in its care.

programme focused on violence prevention, their motivation and readiness to engage in all aspects of the treatment programme, their willingness to adhere to protocols established for the group and within the delivery setting, and their capacity to manage the demands of an intensive group-based treatment. Additional treatment responsiveness and programme suitability factors considered for each man as part of the screening process included prison segregation status, cognitive capacity, mental health status, group fit, vulnerability and personal safety issues, and potential risks to others within the treatment context.

Pre-programme preparation

Men assessed as being “programme ready” (that is, suitable and motivated) then met with the programme therapists to identify their key criminogenic risk factors and treatment needs, and to develop individualised treatment goals for the programme. Treatment planning was informed by administration of the Level of Service/Case Management Inventory (LS/CMI), an integrated assessment tool that uses historical and stable dynamic risk factors to predict an individual's risk of re-offending over the next 12 months. In addition, psychometric measures were used to provide a baseline measure of personality features and psychopathology (Millon Clinical Multiaxial Inventory – Fourth Edition; MCMI-IV), attitudes towards violence (Criminal Attitudes to Violence Scale; CAVS), and offence-relevant cognitions (Criminogenic Cognitions Scale; CCS) and thinking styles (Psychological Inventory of Criminal Thinking; PICTS). Participants' overall scores on the CAVS, CCS, and PICTS reflected high levels of criminogenic thinking and attitudes.

In addition to holding strong pro-criminal views, many of the men identified for the programme had a history of behavioural instability in the prison environment and limited experience of managing the demands of a therapeutic programme. Consequently, the programme delivery team developed a communications plan in collaboration with custodial staff to ensure any behavioural management concerns related to participants were directly reported to the programme therapists. It was anticipated that this would enable the programme therapists to actively support participants and prison staff with containing and managing problematic conduct, monitor offence-paralleling behaviours, and address persistent behavioural issues using the therapeutic framework of the programme.

Programme structure

The pilot SVPP treatment manual integrated principles, components, and techniques from a variety of evidence-based therapeutic models. A full description of the psychological theories underpinning the pilot manual is outlined by Louw (2017). In summary, the SVPP

treatment model shares the theoretical and therapeutic approaches used by other intensive departmental programmes targeted at high risk populations. Broadly speaking, these programmes use well-established interventions and strategies based on social learning theory (including from Cognitive Behavioural Therapy, Dialectical Behaviour Therapy, Good Lives Model, and Relapse Prevention), the principles of the Risk-Need-Responsivity (RNR) model of rehabilitative change (Andrews, Bonta, & Hoge, 1990), and John Livesley's (2012) integrated treatment framework for working with individuals with personality disorders.

Given the significant overrepresentation of Māori men/tāne and women/wāhine in the New Zealand prison system, the SVPP was designed to be relevant and responsive to Māori participants. During the development phase of the programme, a strong focus was placed on the inclusion of Māori practices, processes, and concepts that are widely used within rehabilitation programmes delivered by the Department. As an outcome of this process, the SVPP uses a range of cultural devices and models that have been developed in consultation with cultural advisors to enhance the therapeutic experience for tāne (such as Te Whare Tapa Whā and the wayfinding waka journey).

The pilot programmes consisted of 25 three-hour sessions, with sessions delivered up to three days a week. Due to the high and complex needs of the target cohort, all sessions were co-facilitated by the two programme therapists. The flexible and dynamic nature of the programme enabled the programme therapists to use multiple delivery methods to maximise the learning experience for participants. This included using group processes and dynamics to support active learning tasks, pitching content to the level of participants' language and cognitive abilities, creating opportunities for participant-led discussions and peer feedback, and drawing on culturally-relevant analogies, concepts, and examples.

The pilot SVPP consisted of three phases based on the broad principles of Livesley's integrated framework:

- *Phase One* (sessions 1-8) oriented participants to the programme content and aims, introduced basic skills required to undertake treatment (such as providing and receiving feedback and strategies for containing acute problem emotions and behaviours), and provided opportunities for the process of whakawhanaungatanga to occur (building connections and relationships among the participants and between the programme therapists and the participants). Sessions focused on setting behavioural norms, creating a safe therapeutic and learning setting, developing a shared group identity, exploring personal values and goals, enhancing treatment engagement and motivation, and understanding personality functioning and relational styles.

- *Phase Two* (sessions 9-16) focused on the acquisition of critical skills and knowledge to assist participants to understand and manage criminogenic thinking and behaviour. Session content in this phase was designed to highlight offending-related thinking styles and emotions, address beliefs and attitudes associated with offending, improve coping with difficult emotions and impulses, identify unhelpful interpersonal and behavioural patterns, and increase communication skills and competency with managing conflict.
- *Phase Three* (sessions 17-25) aimed to further increase problem recognition and to support participants with preparing for the future. Sessions were focused on outlining the functions of aggression and violence and the impact of violence, exploring offence-desistance pathways, developing future goals linked to positive life values, mapping out cognitive-affective-behavioural cycles relevant to previous violent offending, identifying potential future problems and considering alternative responses to aggression, and developing personalised safety plans.

As well as the group sessions, participants were provided with three or more individual sessions with the programme therapists. These sessions were used to deliver personalised treatment content to participants (such as information regarding personality style), reinforce critical programme content, provide participants with individual feedback about their treatment progress and programme participation, obtain participants' views on group and treatment processes, and assist participants with offence mapping and safety planning. For men completing the requirements of the programme, a formal graduation ceremony was held in the communal where space at OCF. Ceremonies were attended by local stakeholders from within the prison and community settings, and graduates had an opportunity to invite their key support people. While the programme therapists were not able to take the lead in organising whānau hui/support meetings for men following the programme, graduates were encouraged to work with their case managers to coordinate such meetings prior to their release. As requested, programme therapists were available to attend these meetings to assist the graduate to provide his support network with information relevant for managing his reintegration and future offending risk.

Reflections on the pilot groups

The first SVPP pilot began on 19 March 2018, with nine of the ten programme starters graduating from the programme on 31 May 2018. The sole programme non-completer self-exited after five sessions due to low motivation to engage in the programme requirements. The second pilot commenced on 13 August 2018 with six of the seven starters graduating on 23 October 2018. The non-completer from this programme self-

exited after 13 sessions following a period of variable treatment engagement, which he attributed to his low affiliation with the therapeutic content. Table 1 provides an overview of the key demographic, offending and sentencing history, and prior treatment history information for the 17 programme starters.

This data suggests that the two pilot programmes were delivered to a cohort of men who had engaged in a pattern of serious repetitive offending, had demonstrated a propensity for violent and weapons-related offences, and were criminally versatile. Prior to entering the programme, they had been unresponsive to previous prison sanctions and had experienced minimal success in completing intensive offence-related treatment. The majority of starters presented with a pattern of lifestyle and interpersonal factors, as well as psychological features, known to be associated with high rates of serious offending behaviour (including violent offences).

Participant feedback

Individual semi-structured exit interviews were offered on a voluntary basis to the men who completed the SVPP pilots. All 15 programme completers agreed to be interviewed, with the interviews undertaken by the local SVPP programme manager.

Results from these interviews indicated that, overall, the SVPP completer group was highly satisfied with their experience of the programme. They rated the programme strongly in terms of its perceived usefulness and relevance for effecting positive change, for improving their motivation and confidence to desist from future offending, and for enhancing their understanding of factors that had contributed to previous offending. All 15 completers indicated that they would recommend the SVPP to others, with many noting that future participants will benefit from the programme if they are prepared to be honest within the group and open to making changes. Completers also consistently rated the programme therapists highly in terms of perceived competence, helpfulness, genuineness, and trustworthiness. None of the completers (including those identifying as Māori or Pasifika) reported any outstanding cultural needs related to the treatment process or programme content. When completers were asked to comment on how they perceived themselves as having changed while on the programme, their responses reflected themes related to increased personal awareness (about their own thinking and behavioural patterns, others' perspectives, potential consequences, and behavioural options to manage emotional responses), reduced reactivity, increased willingness and capacity to control their emotional experience, increased personal accountability for their actions, and increased openness to seeking support.

Table 1:

Summary of demographic, offending history, sentencing history, and prior treatment history information for programme starters.

Ethnicity	Age	Security status
Māori = 10	18-20 = 3	Minimum = 2
European = 3	21-25 = 4	Low = 1
Māori/European = 3	26-30 = 6	Low-Medium = 5
Māori/Pasifika = 1	31-35 = 3	High = 9
	36-40 = 1	
Sentence lengths	Gang status	Total prison sentences
13-24 months = 4	Active = 12	1-3 = 6
24-36 months = 8	Retired = 1	4-6 = 7
36-48 months = 5	No history = 4	7-10 = 5
Total Offences	Total violence or weapons offences	Prior programmes completed ⁷
0-15 = 4	1-5 = 4	MIRP = 3
16-30 = 2	6-10 = 9	SRP-M = 1
31-50 = 2	11-15 = 3	YOP = 1
51-75 = 5	16-20 = 1	MTP = 1
76-90 = 4		

⁷ Departmental treatment programmes focused on addressing criminogenic needs: MIRP (Medium Intensity Rehabilitation Programme), SRP-M (Short Rehabilitation Programme for Men), YOP (Young Offenders Programme), and MTP (Mauri Tū Pae).

Post-programme findings

The CAVS, CCS, and PICTS were re-administered to all SVPP completers as a means of measuring changes in attitudes and beliefs regarding offending. As noted in Table 2, the mean score of the 15 completers on the CAVS at post-treatment testing had reduced by more than one-fifth compared to the pre-treatment mean score for this group. A similar trend was observed on the CCS, with the average post-treatment total score representing a more than 15 percent reduction from the pre-treatment mean score. Pre-treatment and post-treatment scores on the PICTS also suggested reductions in criminal thinking across the majority of subscales on the measure.

Table 2:

Pre-treatment and post-treatment mean score comparisons for the CAVS and CCS.

Measure	Pre-treatment mean score	Post-treatment mean score	Percentage change
CAVS	59.5	47.1	-20.8%
CCS	34.2	28.8	-15.8%

In an attempt to obtain an objective and independent measure of demonstrable behaviour change, each completer's electronic prison records of major problematic behaviour "events" (as recorded in IOMS through incident reports and adjudicated misconduct charges that resulted in internal warnings or sanctions) were examined for two time-periods: the six-month

period prior to their suitability assessment interview for the SVPP (pre-programme phase); and, the six-month period following the suitability interview (post-programme phase)⁸. All incidents and misconducts were manually reviewed, with events classified by type (violence, property damage, contraband, non-compliance, substance-related, and other). Violence-related events included any act of physical or verbal aggression against staff members or other men in the care of the Department.

As shown in Table 3, when the rates of incidents and misconducts were compared for the two phases, modest reductions were found in the total number of new recorded events in the post-programme phase. However, marked decreases were found in the number of violence-related incidents (75 percent reduction) and misconducts (71 percent reduction) recorded during that phase. These results suggest that, while the pilot programmes were associated with a general reduction in the overall frequency and severity of problematic prison-based behaviours, the incidence of violent and aggressive events, in particular, was greatly reduced in the six months following the participants' initial contact with the programme therapists.

Table 3:

Comparison of incidents and misconducts for the six-month pre-programme and post-programme phase.

Event (N=13)	Pre-programme phase	Post-programme phase	Percentage change
All incidents	48	41	-14.6%
Violent incidents only	12	3	-75%
All misconducts	22	19	-13.6%
Violent misconducts only	7	2	-71.4%

Summary

The SVPP was designed for a sub-population of short-serving incarcerated men who have a history of violent offending and who are considered to be at high risk of re-offending. This programme uses a flexible, multi-

method therapeutic approach to support participants to better understand the factors that have contributed to their violent offending behaviour, to develop skills that will support long-term emotional and behavioural stability, and to script future lifestyles based on desistance from violent offending.

Two pilot SVPPs were delivered at OCF between March 2018 and October 2018. Despite participants presenting with complex offending and personality profiles, anecdotal information suggests that the therapeutic content and intervention approach of the programmes matched the needs of the participants and addressed anticipated institutional and responsiveness issues. Moreover, there is objective evidence that the group of men who successfully completed the pilot programmes demonstrated early indications of clinically relevant changes in their criminogenic thinking patterns and in their behaviour within the custodial environment. However, examining the effect of the SVPP on criminal desistance rates and re-offending patterns in the community will require a longitudinal analysis of post-release data.

Based on feedback from the participants and programme delivery staff, as well as a detailed review of the pilot phase, a number of revisions have been made to the original programme content and treatment process. These amendments are intended to enhance the therapeutic experience for participants by reducing didactic teaching of content, increasing learning through active participation, and improving the quality and utility of therapeutic resources. A comprehensive formal evaluation of the SVPP pilot phase is underway and a summary of that evaluation will be included in the next edition of this journal. Based on the successful implementation of the pilot programmes at OCF, the Department is exploring opportunities to expand the SVPP into other prison sites and into the community setting.

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⁸ Two of the 15 men who completed the programme were released during the post-programme phase and were not included in this analysis.



Relapse prevention and safety planning: A viable short term intervention

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Kirsty Bell Hunter is a consultant clinical psychologist currently in private practice. Previously she worked with the Department of Corrections Psychological Services for eight and a half years, with proficiency in assessing and treating sexual offenders. Kirsty has a particular interest in journeys of recovery. She conducted a Level Seven Research Project in 2016, which formed the basis of this article.

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This article provides a brief summary of the findings of the research. For a copy of the full research paper with a comprehensive literature review, diagrammatic representations, analysis of the data, a best practice booklet, a safety plan template, a full bibliography and suggestions for further research, please contact Dr Nick Wilson: nick.wilson@corrections.govt.nz

Introduction

Relapse prevention has been defined as a method of self-management based on the implementation of adaptive responding in situations of high risk (Dowden & Andrews, 2007). It serves as a framework to prevent the reoccurrence of unwanted behaviours (Hanson, 2000). Safety plans are living documents amenable to change over time and with circumstances, and are critical to the prevention of relapse into unwanted and unhelpful behaviours (National Domestic Violence Hotline (2016). Relapse prevention and the development of safety plans feature within rehabilitation and reintegration interventions to assist individuals who have been in prison to transition back into society (Department of Corrections New Zealand, 2017).

This research project investigated what contributes to best practice safety planning and how safety plans were being implemented within individual interventions by Departmental psychologists. The project aimed to identify key factors to relapse prevention and safety planning, assist with the implementation of better safety planning practices, improve the quality of current safety plans, and to contribute to brief stand-alone interventions for individuals serving short sentences.

It was expected that the results would inform psychologists about what constitutes best practice for safety planning and guide effective psychological practice. As a result of this research, regular training for staff on improving safety plans has been introduced. In addition to drawing attention to offence mapping, skills rehearsal, and training significant others, example plans and structured approaches have also been developed for staff use.

Background

For around three decades relapse prevention in general has chiefly been implemented through manualised treatment packages (as a component of treatment), or as general treatment (Donovan & Witkiewitz, 2012; Keeling & Rose, 2005; Mann, Webster, Schofield & Marshall, 2004). At the outset, relapse prevention was developed as a psycho-educational cognitive-behavioural programme based on social learning theories (Hanson, 2000; Prigrove, 1993; Polascheck, 2003; Witkiewitz & Marlatt, 2007). Relapse prevention was used as an overarching term to describe a series of cognitive and behavioural strategies that would assist individuals to anticipate and manage possible relapses (originally into alcohol use) (Witkiewitz & Marlatt, 2007). One would potentially view incidents as critical indicators that may lead to lapses and relapses or towards continued change maintenance (Marlatt & George, 1984). Relapse prevention aimed to facilitate

a balanced lifestyle and to moderate the likelihood of excessively unhealthy behaviours being engaged in (Marlatt & George, 1984).

Marlatt and colleagues originally identified a number of core components to relapse prevention, the basis of which was the identification of high-risk situations (Witkiewitz & Marlatt, 2006). A high-risk situation constitutes any situation that increases the likelihood and the risk of an individual engaging in a transgressive behaviour (Witkiewitz & Marlatt, 2006). Such situations may involve contextual, emotional, cognitive, or experiential factors. Marlatt and Gordon, 1985 and Marlatt and Nathan, 1978 (cited in Witkiewitz and Marlatt, 2007), developed a taxonomy (a categorical hierarchy of triggers) that they suggested contributed to individuals relapsing, which was to be used within relapse prevention work. The early model has been critiqued, expanded, and developed over time (Bickley & Beech, 2002 [in Keeling & Rose, 2005]; Kadden, 1996; Keeling & Rose, 2005; Laws, 1999; Pithers, 1990; Ward, 2000; Ward & Hudson, 2000; Witkiewitz & Marlatt, 2007). However, there remains a dearth of current literature in this area.

Relapse prevention with individuals in prisons typically includes the development of personalised applicable safety plans that assist them to recognise, avoid and mitigate situations of danger or risk, and adaptively respond to such situations. During the time that the author worked as a Departmental psychologist in prisons and probation settings, it became evident that a large number of individuals in prison and on probation had developed safety plans as either a component to their treatment, or as a stand-alone intervention. Safety plans were often reviewed with psychologists at significant assessment interviews, during ongoing treatment, within relapse prevention support groups, with probation officers and with families/whānau and significant others.

At the outset of the project in 2016, it appeared that within Psychological Services there was no standardised practice for safety planning in individual treatment contexts. It seemed that safety plans ranged in design and content from basic to comprehensive and detailed.

Literature review overview

The author's research included a comprehensive literature review, which examined the history and development of relapse prevention planning over 30 years and its application to various populations of Corrections' clients (e.g. sex offenders, violent offenders, intellectually impaired, youth, all genders and ethnic groups).

Meta-analyses, reviews and studies into interventions utilising components of traditional relapse prevention are limited but have discussed the efficacy of this intervention (Dowden & Andrews, 2007; Donovan & Witkiewitz 2012; King & Polaschek, 2003; Laws 1999). Relapse prevention has been defined as a method of self-management based on the implementation of adaptive responding in situations of high risk (Dowden & Andrews, 2007) and serves to prevent the reoccurrence of unwanted behaviours (Hanson, 2000). Moreover, the literature indicated effect sizes for prosocial change when safety plans were developed with individuals in correctional contexts, irrespective of risk bands (Dowden, Antonowicz & Andrews, 2003).

Useful frameworks for relapse prevention interventions have evolved over time into core components for individual relapse prevention interventions and safety plans. Core components involve offence chaining, the learning and development of management skills, rehearsal of skills across multiple domains, the inclusion and teaching of significant others in individual's lives, and cultural applicability. Meta-analyses demonstrated that relapse prevention intervention needs to be implemented with the principles of risk, need, and responsivity, to bring about successful therapeutic outcomes (Dowden & Andrews, 2007). However, relapse prevention and safety planning also needs to be specific to an individual's requirements rather than global, and the training of significant others is critical to positive outcomes (Dowden & Andrews, 2007). While core components were established for better safety planning, areas that provide little utility were also identified (Dowden, Antonowicz & Andrews, 2003; Dowden & Andrews, 2007).

The most promising core component established for relapse prevention planning was training significant others (Dowden, Antonowicz & Andrews, 2003; Dowden & Andrews, 2007). Other components identified as being effective included offence chaining and identifying relapse precipitants, release planning rehearsal, and the identification of high-risk situations. Components seen to be less effective included developing skills to cope with failures, and booster sessions (Dowden and Andrews, 2007).

Elements that contributed to higher rates of re-offending reduction were:

- Relapse rehearsal: The rehearsal of newly learnt skills is frequently engaged in by the participant and evaluated by the therapist and the participant. Rehearsal should include graduated exposure to more difficult scenarios and social learning scenarios.
- Training significant others: Family, wider family and significant community members are trained in

an individual's offence pathways and their newly learned skills. Significant others require training to learn how to look for prosocial target behaviours and how to positively reinforce these with the participant. Offence chaining should be conducted on not just one offence but on multiple offence pathways.

- High-risk situations: High-risk situations are well planned for and skills for managing potential risk scenarios are practised.
- Cognitive behavioural learning strategies should be engaged in to manage negative cognitive and affective states.
- Risk, Needs, Responsivity: Better relapse prevention outcomes are achieved when criminogenic needs are targeted.
- Programme manuals yielded higher mean effect sizes: Manualised programmes are efficacious and provide utility, yet at the same time individualised and detailed relapse prevention plans need to be created.

Factors that were not found to reduce re-offending were identified as:

- how to deal with failures, coping with failure
- participation in booster sessions
- enhancing self-efficacy.

Cultural considerations

Blume and Garcia De La Cruz (2005) noted that individuals from a bi-cultural society require competency in skills to serve them well in both cultures. Lifestyle balance (including the importance of family, communities, roles and environmental determinants) as with Marlatt and Gordon's (1985) early relapse prevention model, was supported as being pertinent to ethnic groups. For culturally relevant prevention intervention a number of factors need to be considered and likely included.

Noted factors were:

- A strong focus on developing a therapeutic alliance.
- The inclusion of first languages and meanings inherent to first languages.
- The use of relational narratives and stories to demonstrate cognitive-behavioural examples of risk.
- The development of culturally relevant skills.
- The inclusion of family and extended family members (in the learning of relevant skills and activities).
- The inclusion of elders and relevant community members (in the learning of relevant skills and activities).
- Acknowledgment of traditional healing practices that may be helpful with preventing relapse.

The research questions

The research indicated effect sizes for prosocial change when safety plans have been implemented with individuals within correctional contexts, irrespective of risk bands (Dowden, Antonowicz & Andrews, 2003). Within treatment programmes in New Zealand (NZ) Department of Corrections settings modularised safety planning is undertaken. The questions remained as to the implementation of safety plans by NZ Corrections psychologists undertaking safety plans within individualised treatments. It was hypothesised that psychologists' safety plans would differ across clients but that for the most part key components of safety planning would primarily be met.

Methodology

Data sets

The project explored and evaluated safety plans developed in treatment (prison and probation-based) by correctional psychologists with participants between 2013 and 2014. A total of N=50 reviews were undertaken by the writer and categorised into a) demographics, and b) a safety plan review. To obtain a randomised sample, COBRA downloads of treatment reports were accessed from the 2013 and 2014 period from the Central, Northern/Waiariki, and Lower North regions. Every third participant's treatment report was scanned by the writer for indications of safety planning. Participants that had been treated by the writer were screened out to eliminate potential biases.

Demographics were recorded for the sample and included:

- Age
- Gender
- Ethnicity
- RoC*RoI score (checked in IOMS, COBRA and reports)
- ASRS score (checked in COBRA)
- Index offence (violence; sexual; general, sexual and violence; sexual and general; violence and general, sexual violence)
- Referral (treatment and safety planning, safety plan only)
- Relapse Prevention intervention (manualised, non-manualised, or combined).

Safety Plan Criteria:

Variables were extracted from criteria in the literature and from safety planning modules used within prison-based treatment programmes, for evaluation of the safety plans within the data set.

Criteria included:

- Offence mapping
- Unbalanced lifestyle factors (e.g., antisocial associates)
- Negative cognitions (e.g., "I want to hit him", "I'll show her")
- Negative emotions (e.g., anger, inappropriate sexual arousal)
- Reward/positive cognitions (e.g., "I will feel high")
- Early warning signs
- Seemingly innocent choices
- High-risk situations
- Skills developed in treatment (e.g., mindfulness techniques, communication skills, and time out)
- Rehearsal across contexts – generalisation of skills
- Positive lifestyle balance
- Strategies (e.g., telephone my probation officer, talk to my support people)
- Protective factors clearly included in safety plan
- Support people and contact details included in plan
- Training significant others.

The safety plans were thoroughly reviewed by the author and scores were attributed as to whether the components of the safety plans were present. For example:

Offence Mapping:

- None completed = 0
- One completed = 1
- Two completed = 2
- Three or more = 3

Inter-rater reliability

Six files from the data set were initially reviewed and scored by the writer. The review included treatment reports, safety plans and session notes (psychological file and Integrated Offender Management System – IOMS notes). The files were then reviewed and scored by a second Corrections psychologist and discussion was held as to the clarity of the items. Inter-rater reliability was established at 50%. Adjustments were made to the phrasing of items for clarity and consistency across assessing the safety plans. The second psychologist rescored the safety plans (where they had not previously fully understood what the item had intended to capture). The data set was handed to a third Departmental psychologist who reviewed the files and scored the data accordingly. Percentage agreement resulted in 75% convergence of scoring.

Further data collection

The writer collected further data by way of file review including treatment reports, safety plans and session notes (psychological file and IOMS notes) to optimise data collection. A basic analysis was undertaken by way of calculating means for the variables that had been evaluated, with respect to the data gathered for safety plans. This enabled the writer to access some descriptive statistical information. Descriptive statistics were evaluated to compare and contrast safety planning practices from the sample against the best practice established through the literature. It was assumed that the sample would represent the likely safety planning practices with Departmental psychologists engaging in individualised safety planning within prison contexts.

Findings

The safety plans varied in quality and the inclusion of core components. Lifestyle balance, the management of negative emotions, the development of psychological skills, and early warning signs featured reasonably well within the sample and were considered to be well addressed. Moderately addressed areas included negative cognitions, protective factors, reward cognitions and the inclusion of significant others' details. Least addressed core components were offence pathways, rehearsal of learned psychological skills, and training significant others. These important components were not frequently included during intervention. However, the reviewed safety plans demonstrated that high-risk situations and risk management strategies were rigorously addressed.

Multiple high-risk situations and risk management strategies (such as exit strategies and calling support people) were also evidenced in the reviewed plans. The small number of structured safety planning interventions that were undertaken made for ease of reviews and succinct yet comprehensive safety plans. Clear data was present when formal safety planning had taken place. With less structured treatment, in many cases the clarity of the safety plans was lacking. Offence maps had been conducted in under half the sample; when they had been, clear phases of the relapse model were evident within the safety plans.

In summary, the review of the safety plans found that most were fit for purpose and importantly, addressed relevant areas. While there were some differences in plans, they all rigorously addressed high-risk situations and risk management strategies. The review did identify that some plans could be further improved by including multiple offence pathways, rehearsal of learned psychological skills, and training significant others.

Table 1:*Demographics of Sample Group (N = 50)*

Participant demographics		n=	X
Age	Range in years.	19 -64	40.65
Gender	M	48	Male
	F/M	2	
Ethnicity	European/Pakeha	20	European
	Māori	16	
	Pacific Islander	8	
	Māori/European	3	
	Māori/Pacific Islander	2	
	Other	1	
RoC*RoI scores	Low (with ASRS score)	14	Low/Moderate to Moderate
	Low/Moderate	9	
	Moderate	11	
	High	12	
	Very High	4	
ASRS scores	None	24	Medium-Low
	Low	4	
	Medium-Low	14	
	Medium-High	6	
	High	2	
Index offences	Violence	8	General
	Sexual	19	
	General	8	
	Sexual & Violence	4	
	Sexual & General	1	
	Violence & General	8	
	Sexual, Violence & General	2	
Referral for	Treatment and Safety Planning	32	Treatment and Safety Planning
	Safety plan only	18	
Relapse prevention intervention provided with manualised plans, or independently developed.	Manualised	8	Non-manualised
	Non-manualised	36	
	Manualised with non-manualised	6	
Number of sessions	Range	1-30	9

Table 2:*Mean calculations for Core Components of Reviewed Safety Plans.*

Components Included in Safety Plans	X	Frequency of components
High Risk Situations	2.72	48
Strategies	2.52	45
Positive Lifestyle Factors	2.16	39
Negative Emotions/PIG	2.02	43
Unbalanced Lifestyle factors	1.86	35
Early Warning Signs	1.74	29
Psychological Skills	1.52	35
Negative Cognitions	1.34	28
Protective Factors	1.1	24
Significant Others details included	.78	9
Reward Cognitions/PIG	.72	21
Offence Pathways	.54	20
Rehearsal of Skills	.46	11
Training Significant Others – Recommended support meeting/ whānau hui	.51	15
Training Significant Others - Actioned support meeting/whānau hui	.14	7

Andrews and Bonta (2010) identified a Risk, Needs, Responsivity approach to addressing relapse prevention and that the following areas should be included: positive therapeutic alliance, skills development, cognitive-behavioural therapies, training of significant others, family support, structured formats, and matching of risk for relapse to the intensity of the intervention. For the most part, Risk, Needs, Responsivity principles were adhered to in the reviewed plans. Responsivity issues were well met with language interpreters, and cultural considerations were made in many cases. However, while around a third of safety plans had recommended a support meeting/whānau hui, more work is needed to ensure that this important aspect takes place as only a small number of the proposed meetings had occurred. The reasons for the proposed meetings not occurring appeared varied and further research is recommended to establish patterns and strategies to address these barriers where possible.

Results demonstrated a stronger positive trend towards engaging in both treatment and safety planning, with a considerable range in the number of treatment sessions provided. Non-manualised approaches were favoured and were primarily seen to incorporate various components of the standard relapse prevention model.

Discussion

This research project aimed to review and explore best practice relapse prevention and safety planning practices by NZ psychologists working in individual Corrections-based therapy, and to assess how practice was being conducted. Results demonstrated that NZ Corrections psychologists were addressing a number of key areas well (such as high-risk situations, and risk management), although some other important areas such as offence mapping, skills rehearsal, and training significant others could be improved. However, overall, risk, needs, responsivity factors identified as being critical areas for relapse preventions as identified by Andrews and Bonta (2010), were being met.

It was apparent that consideration of a balanced lifestyle was valued and included within safety plans, and would likely contribute to the mitigation of unhealthy behaviours that could lead back to further offending. Marlatt & Gordon (1985) and Lowman, Allen & Stout (1996) indicated that the management of intrapersonal and interpersonal conflicts, negative and positive emotional states, and social pressures are key to effective relapse prevention. The research demonstrated that practices by NZ Corrections psychologists have been meeting such targets.

Offence chaining, the rehearsal of psychological strategies, and training significant others were the least well-addressed areas within the reviewed safety plans. Rehearsal of relapse prevention strategies and training of significant others were strongly supported by Dowden & Andrews (2007) meta-analysis. That these areas were found to be least well-addressed suggested that they may be difficult for an individual to work on while in prison or that psychologists were not fully aware of the impacts generated from behavioural rehearsal of relapse prevention skills.

Similarly, an inclusive approach was identified as best practice with cultural minority groups. The research suggested that inclusive approaches (such as whānau hui) for significant others provide forums for appropriate training of support people and are likely to be influential to the efficacy of relapse prevention. Given that Māori and Pasifika predominated the ethnic demographics, and that the Polynesian culture is an inherently collective rather than an independent culture, suggests that psychologists could apply a more rigorous approach to meet this key component of safety planning. While support meetings/whānau hui were often recommended, it seemed that more attention needed to be paid to follow up and facilitation of such meetings.

Implications and future directions

The research project established where core components of relapse prevention were a part of regular practice, and identified where psychologists may meet the gaps to ensure better practice. The results of this research and the review of safety plans have been used to train Department psychologists in improving their safety plans, with particular attention to multiple offence pathways, rehearsal of strategies, and, where possible, significant others training. It is expected as a result of this research that the plans developed by Department psychologists will be even more effective. The project also provided foundations for further research into the area of safety planning in New Zealand.

Final comments

The research project established core components of safety plans and what constitutes best practice for safety planning. The project revealed that safety plans are dynamic documents that can significantly impact an individual's life. If well-constructed and developed to target core components and tailored to a person's needs, a safety plan can provide both individuals and their significant others with valid ongoing strategies for transitioning into and maintaining prosocial living. When reflecting upon the literature, the research project found reasonably positive results (albeit with room for improvements which have now been implemented).

Relapse prevention is a viable short term intervention and when best practices are implemented with safety planning, will likely make substantial ongoing contributions to reducing re-offending in New Zealand/Aotearoa over the long term.

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The Short Motivational Programme-Revised: A new era of Motivational Interviewing in programme delivery

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Alice Best completed a Bachelor of Counselling at Wellington Institute of Technology where she was first introduced to Motivational Interviewing (MI). She was trained by an MI practitioner who inspired her to develop a deep love of the practice and a commitment to strengthening her knowledge of the theory and her practice since. Alice has been working at the Department of Corrections since 2011 in a variety of facilitation and training roles and is currently a programme facilitator with the East Coast programmes team. Alice is part of the rainbow community and outside of Corrections offers a free counselling service to LGBTQIA+ youth.

Introduction

The original Short Motivational Programme (SMP) was a five session motivational programme delivered to individual participants by Departmental programme facilitators and psychologists. The programme was initially developed because low motivation to change was an identified issue amongst the prison population (Polaschek, Anstiss, & Wilson, 2010). The aim of the programme was to support participants to develop insight into their offending and build intrinsic motivation to change unhelpful or offending behaviours. Thirteen years after being developed, the SMP has been revised and is being rolled out across the country.

Motivational Interviewing in Corrections

Motivational Interviewing (MI) is a “collaborative conversation for strengthening a person’s own motivation and commitment to change” (Miller and Rollnick, 2012). It is based upon a person-centred counselling style, addresses ambivalence about change, pays particular attention to the language of change, and evokes movement toward a goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion (Miller & Rollnick, 2012). Motivational Interviewing was first developed in the early 1980s and has been researched and developed for the past three decades. It is widely used in corrections services around the world and is useful in a variety of areas including information gathering, reducing client resistance and providing a structure for advancing behaviour change. MI is not only useful for clients; it also has the benefit of supporting Corrections staff by preventing burnout or emotional exhaustion by giving them techniques and strategies for working with high-risk, challenging or unwilling clients (Bogue and Nandi, 2012).

The history of the SMP

The SMP was originally developed and piloted by Brendan Anstiss, a Departmental Psychologist between 2001 and 2003. The outcomes of his work indicated that participants who undertook the motivational programme had increased motivation to change and took significantly longer to be reconvicted and reimprisoned than the control group (Deveraux, 2009). Anstiss observed that the programme offered a well-structured, time-limited, theory-driven approach to providing an effective intervention for incarcerated participants. He found that participants who were “pre-contemplative” (denying or not recognising any need to change) or “contemplative” (beginning to acknowledge some need to change but remaining ambivalent) prior to beginning the SMP, on average, moved to an “action” stage of change (beginning to make changes) once they had completed it (Polaschek, Anstiss and Wilson, 2010). Based on the success of this work, the SMP was developed by Dr Rob Deveraux and Dr Paula Steyn in 2006 and became a mainstream programme aimed at medium-risk, short-serving, incarcerated men. The programme was delivered by trained programme facilitators under the supervision of psychologists and in 2009 became available to the high-risk prison population when delivered by Departmental psychologists. At the time, Deveraux (2009) stated that the “SMP provides Corrections staff with a tool for attempting to motivate offenders to attend and benefit from available rehabilitation programmes and ultimately reduce their risk of re-offending”. The original SMP was a five-session programme delivered to individual participants for one hour per week. The sessions are outlined below:

Session 1 – Rehabilitative Needs Assessment

Session 2 – Offence Chain Development

Session 3 – Uncovering Positive Motivation – Costs and Benefits

Session 4 – Exploring Barriers to Change – Problem Thinking

Session 5 – Cementing Commitment to Change – Change Plan

Like all programmes in the Medium Intensity Suite, the SMP has been subject to ongoing research and evaluation. Two key pieces of research were completed by Dr Kevin Austin (Austin, 2012) and Dr Glen Kilgour (Austin, Williams & Kilgour, 2011) which indicated that the SMP was a valid intervention and suggested that intensive rehabilitation programmes were not the only effective approach to managing risk. Since 2009 the SMP has been delivered in prison and community settings by programme facilitators and Departmental psychologists. It is open to all risk bands and has maintained successful results in both reducing re-offending and motivating participants to address their rehabilitative needs.

The development of the Short Motivational Programme-Revised (SMP-R)

Consultation process

In March 2017, Corrections decided to review and update the SMP. Programme facilitators were consulted for their feedback on the strengths and areas for development in the current programme. The feedback indicated that while the programme was successful and supported many participants to make positive changes in their lives, the SMP needed to be updated in several areas. In particular, adjusting some of the content which involved a lot of “teaching” rather than taking a more collaborative approach, and that the programme felt inflexible as the “one size fits all” approach was not meeting the needs of many participants. For example, some sessions supported pre-contemplative participants to develop awareness into their unhelpful behaviours, but many participants already had that awareness and needed interventions to support them to deepen their awareness of their behaviours. Feedback also indicated that the SMP was not responsive to Māori or other vulnerable groups including women, Pasifika or the rainbow communities. The feedback from programme facilitators was consistent with research results from Dr Austin's 2012 study which evidenced that the sessions where “change talk” (participant statements which lean in the direction of change) reduced were sessions which involved a

lot of “teaching” content and felt educational. More recent research into programme design also indicates that treatment programmes benefit from being less prescriptive and enable the facilitator to tailor the interventions based on individual participant needs and facilitator experience (McMurran & Delight, 2012).

Designing the SMP-R

The redesign of the programme began in April 2017 and focused on two tasks: The first involved reviewing all of the written documents relating to the SMP (such as facilitator manuals, programme resources, research papers) and conducting a focus group with programme facilitators experienced in delivering and/or supervising or training others in the SMP. From the review, a number of strengths of the programme were identified such as the therapeutic approach to working with participants, the focus on assisting participants to make changes, and the process of encouraging participants to identify their rehabilitative needs. The target area to focus on for the rewrite of the programme was to focus on MI as a theory, because MI had been updated by Miller and Rollnick in 2012 and the changes to the practice were not reflected in the current programme or training package. The second step involved running focus groups with programme facilitators where the programme content was reviewed and the programme was redeveloped. When researching and updating the practice of MI, Miller and Rollnick identified four overlapping phases which occur during treatment: engaging (developing the therapeutic alliance), focusing (developing a goal and agenda to work on), evoking (eliciting the participant's motivation to change) and planning (committing to change and a plan of action). These four processes guide the flow of MI, and emerge in this order. However, they are not linear; a participant may move backwards and forwards through the phases. During the rewrite of the programme, these four processes guided the content of the sessions and interventions used to support participants to move through the four processes, exploring and hopefully resolving their ambivalence to addressing their rehabilitative needs before developing a change plan.

Piloting the SMP-R

In September 2017 the first version of the SMP-R was completed with changes including using more strength-based language (such as replacing “offender” with “participants”), providing a more flexible approach to the content based on each participant's level of readiness to change, and a greater focus on the relationship between the participant and programme facilitator. The programme was piloted by five programme facilitators in Central, Northern and Lower North regions. Based on the feedback and observations from delivering the revised programme, it was apparent that some amendments were needed. A review of the

content was undertaken and the session outlines were redeveloped. The key areas of focus at this stage in the rewrite were:

- Providing structure within the sessions while allowing programme facilitators flexibility with the interventions they chose
- Developing a culturally responsive approach to the programme for both participants and programme facilitators to draw on their own backgrounds, knowledge and expertise
- Using the research outcomes from Dr Austin and Dr Provan's 2012 (Austin, 2012; Provan, 2012) studies on the SMP to identify which content needed to be removed from the programme (particularly the content which reduced "change talk").

At this stage, the SMP-R was "deconstructed" and the session content was moved around to match the "process" stage of the programme. The programme content that was successful in the old programme remained and new interventions were added. Lower North, Central and Northern Region cultural supervisors and programme facilitators provided support and feedback on developing a culturally responsive approach to the programme, reviewing all aspects of the programme ranging from the facilitator manual and resources to the training packages. The SMP-R was also adjusted to align more closely to other programmes in the Corrections suite, changing the rehabilitative needs to match the focus areas in MIRP/ SRP/ Kowhiritanga and Saili Matagi programmes. By changing the rehabilitative needs, participants can transition more smoothly from the SMP-R to a Departmental rehabilitation programme with goals which are more programme specific. The training packages were updated and redesigned following the first pilot, using the outcomes from the 2012 study on the SMP to inform both the programme content and the training packages for programme facilitators. The key practice focus change in the updated SMP-R training focused on the therapeutic alliance and how crucial this is to the practice, rather than a series of interventions and strategies.

SMP-R outline

After the second rewrite, the SMP-R was ready to pilot again. The programme dosage remains at one hour per week for five sessions and is delivered to individual participants. The programme is open to all risk bands (although delivered by Departmental psychologists for participants deemed at high risk of re-offending), the entire spectrum of genders, and has no age limit. Participants with convictions for sexual offending are not eligible for the programme as facilitated by a programme facilitator without an approved over-ride. Participants are potentially eligible for the SMP-R if they are denying their offending, but this would be

assessed on a case-by-case basis. The programme contains a framework on how to approach each session when working with someone denying their offending, to support them to develop insight into the circumstances and high-risk factors surrounding their convictions.

The SMP-R five session outline is:

Session 1 – Whakawhānaungatanga, Engagement and Rehabilitative Needs Assessment.

This session is part of the "engaging" process and gives the programme facilitator and participant time to connect and establish rapport before the programme facilitator supports the participant to self-assess the factors which they believe contributed to their offending. When the participant has assessed these factors they spend time exploring how each impacts on their behaviour and the choices they made.

Session 2 – Finding a Focus – Offence Mapping.

Session 2 involves the participant completing an offence map focusing on their index offence. Following completion of the offence map, the participant reflects on the factors they identified in session 1 and links these needs to points on the offence map to gain further insight into how they drive their offending. Session 2 is part of the "focusing" stage of MI as the content is focused on problem recognition and establishes the offence focus of the programme.

Session 3 – Evoking Motivation to Change – Consequences, Values and Needs.

This session moves into the 'evoking' stage of the programme as the participant is provided the opportunity to reflect on the consequences of their offending, to examine whether their offending is misaligned with their values systems and how offending can impact on their basic needs. Programme facilitators choose two of three interventions to use in this session, providing flexibility based on the participant's current level of motivation.

Session 4 – Strengthening Commitment to Change – Time Projection.

This session is still part of the "evoking" stage in the four processes of MI. The participant is asked to project forward 5-10 years in the future and describe their preferred life. The programme facilitator writes down details of this life, encouraging the participant to describe all areas of their preferred life including areas outlined in their rehabilitative needs. Following this, the participant is asked to project forward 5-10 years and describe their life if they do not make any changes. They are asked to consider all areas outlined in their preferred life and following this, view both futures side-by-side and identify which is their preferred future. Following this they complete "importance" and

“confidence” rulers where they consider how important change is to them at this time and how confident they feel about the changes they need to make.

Session 5 – Planning for Change.

Session 5 moves to the “planning” stage and participants complete and share a “change plan” outlining the goals and action plan to address their rehabilitative needs. At the end of the session there is the opportunity for them to invite key support people in to share their plans with them. This will enable probation officers, case managers and case officers to complete programme referrals and provide ongoing support for participants as they move to the next phase of their rehabilitation journey.

The second pilot

Three programme facilitators based in Central and Lower North regions who had been involved in the project and the first pilot undertook a further pilot of the programme. Feedback from the programme facilitators who delivered the second pilot indicated that the programme was responsive, enabled participants to reflect meaningfully on their offending and past choices and that the programme engaged participants more effectively through the use of colourful and engaging resources. Following the second pilot, no further adjustments were required and the programme was ready to be rolled out.

Training

All programme facilitators require specific MI and SMP-R training before they can deliver the programme. Part of the rewrite involved updating the training packages to reflect the changes to MI. The research conducted by Dr Austin and Dr Provan in 2012 significantly informed the rewrite of the training package. Through their research they had identified some of the key areas where programme facilitator practice could and did impact on a participant's motivation to change. From this research, sessions within the training package were included to explore participant ambivalence (wanting and not wanting something at the same time) and programme facilitator responses to ambivalence, the “righting reflex” (the urge to “fix” problems and take a more “directive” approach instead of using MI skills) and responding to discord within the therapeutic relationship.

Due to the updates of both the programme and the theoretical foundation of the programme, all programme facilitators were required to undertake a one-day training event. Key objectives of this one-day training were to update facilitators on the changes to the content, changes to MI and spend time learning the “spirit” of MI and working effectively with ambivalence, recognising the righting reflex and responding to discord within the therapeutic alliance.

The way forward for the SMP-R

Retraining programme facilitators across Corrections in New Zealand began in February 2019. Experienced programme facilitators from each region were nominated to attend “train the trainer” training and following this, returned to their teams to provide the one-day training package. Feedback from the training has been positive and programme facilitators have reported that they are looking forward to delivering the new programme. The training was completed at the end of March 2019, when the SMP was retired and a new era of MI in programme delivery began. It is anticipated that an evaluation of the SMP-R will be carried out in March 2020.

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Supporting neurodiverse learners in New Zealand prisons

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Prior to his current role, Michael worked in the Education Programmes team at the Department of Corrections and developed the neurodiversity project. Michael has over 20 years experience in education. He has an interest in learning needs and has worked with both children and adults.

The term “neurodiverse” acknowledges everyone's brain works differently and views learning differences through a strengths-based lens. These differences make us unique and bestow gifts and capabilities, as well as challenges. A project led by the national office Education Programmes team is exploring the extent of dyslexia in our prisons and is formulating strategies to be deployed by education tutors and instructors to better support our learners.

For this project, “neurodiverse” is limited to learners who exhibit dyslexia, dyspraxia, dyscalculia and/or dysgraphia traits. Since 2007, the Ministry of Education (the Ministry) has recognised that learners in New Zealand with dyslexia require extra learning support. In 2018, the Ministry announced the provision of school-based services to identify individual learning needs. Similarly, the Department of Corrections (the Department) is developing a programme, drawing on both national and international expertise, to support tutors and instructors working in our prisons to support neurodiverse learners.

The aims of the Neurodiversity Project

The project uses a multi-pronged approach to identify and support learners on their learning journey. Specifically, the aims are to:

1. Provide education tutors (tutors) and industry instructors (instructors) with a simple screening tool to identify neurodiverse traits.
2. Provide advice to learners about their learning strengths and weaknesses, enabling them to understand how they learn best and allowing ownership of their learning.
3. Supply a means for recording an individual's neurodiverse traits on learner records which can be shared across the estate.
4. Provide professional knowledge for tutors and instructors about neurodiversity.
5. Develop a “toolbox” of resources for tutors and instructors to enable them to assist all learners.

Dyslexia in the community and prison

Dyslexia is genetically based and worldwide affects approximately 10% of the population irrespective of language, culture and ethnicity. It is a common type of neurodiversity that makes reading and writing a challenge. Dyslexia is not an indicator of intellectual disability; individuals with dyslexia have brains which process auditory (phonological) and/or visual information differently from those with neurotypical brains.

Dyslexia is linked to poor educational achievement, low self-esteem, poor behaviour and feelings of frustration. International research suggests that:

- Dyslexic people are five times more likely to be unemployed than those without dyslexia (International Labour Organisation, 2011), and
- 35% of dyslexic people leave school early (Al-Lamki, 2012).

The formal diagnosis of neurodiversity can be expensive. As a consequence, many affected learners are left undiagnosed and with little support. Dyslexia does not necessarily lead to poor employment outcomes; many dyslexics are able to compensate for their learning needs and enter creative, and design industries. Many high functioning dyslexics are highly skilled and have learned effective strategies to accommodate their dyslexia.

Dyslexia cannot be cured, nor should we want it to be. Identifying affected learners earlier gives them the opportunity to be taught different strategies, and educators and employers need to provide dyslexics with extra support.

While there is limited evidence within a New Zealand prison setting, international evidence suggests that there are large numbers of neurodiverse learners. Based on a UK study, the Dyslexia Foundation of New Zealand suggests this number could be as high as 30 to 50% of the New Zealand prison population (Dyslexia Foundation of New Zealand, 2018).

Screening program and results from the Lower North Region

To determine the potential numbers of neurodiverse learners within the estate, the Department engaged Mike Styles, a literacy expert with Primary Industry Training Organisation who specialises in screening young trainees for dyslexia. In August/September 2018, he screened 120 learners from four prisons in the Lower North Region using a paper-based screening tool along with a short interview to identify dyslexic traits.

Figure 1:

Incidence of significant dyslexia

	Men	Women	Total
Total number screened	76	44	120
Numbers with significant dyslexia	40	19	59
Percentage with significant dyslexia	52%	43%	49%

The screening and interviews revealed:

- Nearly half (49%) showed evidence of significant dyslexia.
- 82% had only two years or less of secondary school education with many reporting they had been excluded from school during their first year at secondary school.
- 94% had left school without any qualifications (some gained NCEA while in prison).
- That a number excluded or stood down from school were not picked up by another part of the education system.

All learners were provided with information about their learning abilities and advice about the learning style which best suited them. This information was also made available to prison-based educators to support these people.

A focus on learners, tutors and instructors

The Department employs both tutors and instructors. Learners have regular interaction with tutors to discuss their educational experiences and to develop a learning pathway which is linked to their education and employment goals. The Department has engaged neurodiversity education specialist Sarah Sharpe to work with the tutors and instructors who support neurodiverse learners to help them create learning environments that will enable learning. Sarah is Speld NZ qualified and has worked at Kapiti College as a

specialist neurodiversity tutor. She's experienced in designing, delivering, monitoring and evaluating tailored professional development for educators, which meets the needs of neurodiverse learners.

While formal testing for neurodiversity can be difficult and costly, a cost-effective screening tool has been developed by the contracted neurodiversity expert to be used by tutors and instructors. This tool helps to identify the learner's strengths, preferred learning style and any support needs. Some overseas jurisdictions use computerised screening tools for dyslexia and the Department is investigating the use of such a tool across the estate. The computerised screening tool would consist of a series of questions and short readings which the learner would complete during the Learning Pathway meeting.

A passport to learning

The project will provide the opportunity to record information about an individual's neurodiversity to alert future tutors or instructors of the necessity to provide extra support for these learners. The learner's instructors/tutors will be provided with a toolkit of resources including expert information about the impact of neurodiversity on learners, and guidance on how best to communicate and help those learners.

The Department is developing a "passport" for the learner to use when moving through education and training programmes. This passport will be a record of where the learner excels, how they like to learn and receive information, and where they need additional support. The learner could continue to use this "passport" on their release to help future educators and employers better understand their strengths and learning needs. The screening tool and supporting resources are expected to be released in July 2019.

By supporting our tutors and instructors, we can create a more learner-centric environment. The research shows that good teaching for neurodiverse learners is good teaching for all learners (Skues, Pfeifer, Oliva, & Wise, 2019).

For further information about the Neurodiversity Project, please contact Marylou Sloane, Practice Manager Education and Training (Lower North) Marylou.sloane@corrections.govt.nz

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Motivational Interviewing – the journey of Community Corrections

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Nyree joined the Department of Corrections in 2010 as a probation officer. Since then she has been a practice leader, senior adviser and is currently acting as Principal Practice Adviser. Nyree has a passion for probation practice and uses her experience in the field to help continuous improvement in this area.

Background

Motivational Interviewing (MI) is a collaborative, goal-oriented style of communication which pays particular attention to the language of "change". It is designed to strengthen personal motivation for, and commitment to, a specific goal by eliciting and exploring the interviewee's own reasons for change, within an atmosphere of acceptance and encouragement. The founders of MI – Dr William R. Miller and Dr Stephen Rollnick – have defined MI as: "A collaborative, person-centred form of guiding to elicit and strengthen motivation for change" (Miller & Rollnick, 2013).

Motivational interventions enhance our engagement with people in our care and their whānau, and fit well with the Working with Whānau Engagement Model. This is because MI techniques can be used to move people through the stages of the model, to maximise engagement and increase the likelihood of change. It is important to remember that engagement in MI is a continuous effort throughout the people-management process. It is done *with* someone, rather than *to* someone.

MI has a relational component and a technical component. The relational component is referred to as the spirit of MI and details the core qualities of the relationship of interviewer/interviewee. These are partnership, acceptance, compassion and evocation. The spirit of MI is the cornerstone. If the interviewer is not working in the spirit of MI, any other qualities they have will be redundant. The technical components of MI relate to the practitioner's differential response to a person's speech – that is, how well they are able to strengthen a person's "change talk" (verbal intention to make changes) and minimise their "sustain talk" (verbal intention to remain the same) therefore resolving the ambivalence a person has towards changing a certain behaviour.

MI is now widely used in a variety of Corrections settings – by case managers in prisons, by programme facilitators working in the community and in prisons,

and by probation officers in the community. We use it because there's evidence that MI can contribute to reducing re-offending by helping people to enhance their internal motivation to change and live better lives.

This article will primarily focus on what has been happening in the probation space and plans for the future of MI for probation staff.

The journey so far

Motivational Interviewing for probation staff began in 2012, with two days of training delivered by Learning and Development staff and practice leaders. This training increased understanding of MI among staff, however, it was not delivered on an ongoing basis and new staff were not receiving the training. The role of practice leaders was a relatively new one and reflective practice support had not evolved to where it is today.

In 2015, the Department was approached by Hall McMaster and Associates (HMA) with a newly established online MI learning package. This was trialled by a number of practice leaders with staff they were supporting. The feedback was overwhelmingly positive and "MI Online" became a part of the probation officer curriculum (POC). Probation staff recognised the value of MI in their work and research on the longer term benefits of MI for change supported that.

In 2017 an intermediate-level package called Motivational Interviewing Next Developments (MIND) was developed to build on the skills of probation staff and to introduce a culturally responsive approach to MI for people who identify as Māori. This is important as more than half of the people we work with in the community identify as Māori. The two-day training is being rolled out on a rotational basis and at the time of writing around 80% of probation staff had completed it.

To continue the journey, development is underway of an MI advanced package. This will be available to probation staff later in 2019.

Takitaki Mai

MIND helps practitioners to understand the therapeutic value of integrating MI with other cultural practices through the use of a resource Takitaki Mai, which was created as a collaborative effort between the University of Canterbury and kaupapa Māori agencies Matua Raki and He Waka Tapu, to strengthen motivational interviewing (MI) training for Māori.

Takitaki Mai comes from “ka takitaki mai te ata”, a phrase about the harbingers of morning. The name highlights that the job of the motivational practitioner is to pick up and enhance the glimmers of new dawns.

Takitaki Mai uses the pōwhiri process as a backdrop to all engagement and relationship building with the person serving the sentence and their whānau. This involves a series of transactions with the intention of creating a safe physical, emotional and spiritual space that allows a transition from tapu to noa (sacred to ordinary), and also space in which kōrero (conversation) can take place.

How are we measuring ourselves?

Corrections is committed to using approaches that work. So how are we ensuring that probation staff are using MI effectively?

MIND introduced a way for practitioners to receive structured, formal feedback about improving their MI practice by using the established Motivational Interviewing Treatment Integrity (MITI) Version 4.2.1 behavioural coding system. The system is easy to use and looks for adherence to the relational and technical components of MI practice. It can be done by practitioners recording their own interviews with people and playing them back at a later stage. Alternatively, practice leaders or other staff can observe a practitioner and provide feedback after the interview.

Coding helps practitioners to foster independence and take responsibility for their own MI progression. To be signed off as having completed MIND, practitioners needed to provide a sample of their MI practice (a recorded interview) or be observed by a practice leader or service manager.

How well are we doing?

Research was conducted in 2018 which involved a researcher listening to 50 audio recordings of sessions with probation officers and people on sentences from across New Zealand. One of the things listened for was adherence to MI. The findings demonstrated that in terms of their motivational interviewing skills, probation officers were very adherent to the spirit of MI (Fagan, 2018):-

“Probation officers tended to ask open-ended questions well and endeavoured to reflect the offender's feelings. They were positive in their approach and often provided praise and positive feedback about the offender's efforts and abilities. Probation officers often tried to elicit change talk from the offender and tried to get them to come up with their own ideas for achieving personal change. Overall, this demonstrates that probation officers have good skills in motivational interviewing, reflecting the training that has been implemented over the past few years” (Fagan, 2018).

Scope for improvement was identified in terms of the technical components of MI practice:

“...summarising throughout sessions (particularly at the end of a session) could be used more. Summarising is important for consolidating what has been discussed and ensuring that the probation officer has understood what the offender has been saying. Furthermore, when offenders engaged in sustain talk (i.e. expressing that they are unable to change or want/need to keep things as they are) probation officers could engage more, thus taking advantage of valuable opportunities to make positive change. Overall, however, motivational interviewing was present” (Fagan, 2018).

What is next?

The development of the MI advanced package is underway. The aim with the new learning is to extend probation officers' skills and confidence with the technical aspects of motivational interviewing while continuing to concentrate on engagement and the therapeutic relationship. Importance will continue to be placed on practitioners taking responsibility for their own practice while being supported by managers and practice leaders.

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The Alcohol and Other Drugs Aftercare Worker Service: Process evaluation findings

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Marianne Bevan joined Corrections in 2014, and has completed a range of projects related to the offending, treatment and management of women in Corrections care. Prior to working at Corrections, she conducted research and implemented projects on gender and security sector reform in Timor-Leste, Togo, Ghana and Liberia. Marianne was the Department's project manager for the Alcohol and Other Drugs (AOD) Aftercare Worker Service Evaluation.

Anna Thompson is an evaluator with over six years' experience. Her background is in the not-for-profit sector in research and evaluation and supporting marginalised communities. She's enthusiastic about using evidence well to support better outcomes.

Liz Smith is the co-founder of Litmus. She has over 20 years' research and evaluation experience across the health and social sectors, with significant experience working in complex and highly sensitive areas. Liz is driven to work on projects that contribute to change towards a more just and sustainable world.

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Timoti Brown (He Uri Taniwha, Ngāti Ruapani, Ngāti Kahungunu ki Te Wairoa, Rongowhakaata) has extensive policy and advisory experience. Timoti is passionate about positively affecting the lives of others and encouraging them to do likewise.

Rebecca Gormley has worked in the criminal justice sector in New Zealand and the United Kingdom for the past 15 years in various policy, service design, social service procurement and contract management positions. She has a Master of Arts in Criminology.

Background

Alcohol and other drug (AOD) addiction is a serious health issue and a significant contributing factor to crime and other social harm in New Zealand. Corrections' own research indicates that 87 percent of people in New Zealand prisons would have met criteria at some time in their lifetime to date for diagnosis of an AOD disorder, and 47% for a substance use disorder in the last 12 months. In addition, 91% would likely have met at some time in their lifetime to date a diagnosis of

a mental disorder, including mood, anxiety, substance and eating disorders.

In 2015, the Department of Corrections (the Department) received \$8.62 million over three years from the Justice Sector Fund to develop and deliver a package of AOD treatment and aftercare support services that are responsive to individual needs. Aftercare is a key part of this support package. The service provides maintenance support to people who have completed the Drug Treatment Programme (DTP)

or AOD Intensive Treatment Programme (ITP) in prison. The DTP and ITP offer participants the intensive group treatment and recovery opportunities required to manage their AOD use and improve personal (and whānau) health and wellbeing. The service aims to help programme graduates maintain their treatment gains and achieve long-term recovery. The long-term goal is to contribute to reducing re-offending among people who have completed AOD treatment in prison and improving their overall health and wellbeing. The service started in July 2016. As at July 2018, the Department contracts five AOD treatment providers to supply aftercare across 13 prisons.

Following treatment completion, aftercare workers help service users who are remaining in prison as they work towards their release. Aftercare workers provide one-to-one support, facilitate group maintenance sessions, and liaise with case managers. They also help service users develop, improve and adhere to their relapse prevention plans (RPP).

As people transition to community settings, aftercare workers continue to provide individual and group maintenance sessions, and connect people to agencies that can respond to their broader reintegration needs such as benefits and housing. They connect people to the Salvation Army, Alcoholics Anonymous or Narcotics Anonymous. Aftercare workers also help people re-connect with their whānau and other recovery support networks.

Aftercare is available for six to 12 months after the treatment has been completed, depending on each service user's level of need. This support may be provided exclusively in prison if service users have more than 12 months on their sentence after completing the DTP or ITP.

The evaluation

The Department commissioned an evaluation of the service's implementation and early outcomes in early 2018. This assessed the extent to which the new service was adequately "bedded in", and how well the service helped users maintain treatment gains and reduction in AOD use.

Litmus evaluated the service between April and July 2018. Fifty-two stakeholders were interviewed across three regions (Northland, Hawke's Bay and Auckland). This included interviews with service users (27), aftercare workers (8), and probation officers and case managers (17). A national survey of 17 aftercare workers, 52 case managers and 35 probation officers was also conducted.

Some limitations to the study arose, relating to incomplete administrative data, which reduced the level of insight into service user pathways, and to variations

between sites. There was also a low number of survey responses from probation officers, and only a small number of community-based service users were able to be interviewed, which meant that evaluating levels of successful impact in the community was restricted.

Impact of the service on maintaining treatment gains

Stakeholders were very positive about the effect of the aftercare service in the first two years of implementation. Service users, Department staff, and aftercare workers believed the service helped maintain treatment gains, reduce relapses and reliance on AOD, and increase adherence to relapse prevention plans.

Service users thought aftercare worker support was central to maintaining the treatment gains they made in their treatment programmes. In this context treatment gains included the use of recovery strategies to maintain reduced AOD use and prosocial connections to support their ongoing recovery. As one service user observed:

"I would have got re-called by now. Or I wouldn't have even got out of jail. When I first got into jail, I was always getting in trouble, but I never learned until I got to MIRP [Medium Intensity Rehabilitation Programme]. Then I went for parole, and they asked if I wanted to do the three-month DTU and I haven't looked back. Being able to talk to people when we're all moving forward in the same way and if someone has a hiccup, then we can help that person. If I had never had the aftercare, then my hiccups would have just broke out. ... It's a lot of what has kept me out of going back to jail or re-offending." (Service user)

Although stakeholders believed the service contributed to maintaining treatment gains, further work will be needed to assess this over time. As the service was established just two years ago, the long-term sustainability of these treatment gains is unknown.

Success factors in the design and implementation of the service

Service users, aftercare workers, and Department staff highlighted a number of strengths with the service design and implementation. These ensured the service helped participants maintain their treatment gains.

Continuation of the therapeutic relationship was a strength of the service

Introducing the aftercare worker during or immediately after completing the DTP or ITP was a key success of the service design. This design ensured that service users maintained the therapeutic relationships they developed during treatment. It also provided continuous care across "stress points", such as

transitioning out of the DTP, preparing for release, and reintegrating into the community.

Service users valued meeting the aftercare worker in the DTP because it built relationships and trust. Relationships were particularly strong when the aftercare worker had also worked in the DTP or ITP where service users received treatment. Most service users considered leaving the DTP a stressful time in their recovery. Transferring to other prisons or units was particularly stressful. Service users relied on aftercare support to help them through this period. Early support included meeting one-to-one with aftercare workers and connecting with group support when possible. Most service users established positive relationships with aftercare workers when they enrolled.

"It keeps that sort of good buzz going. That good vibe. If you completely drop your guard, it's a little bit of a let-down after all that support in the DTU for them just to let you go. It would feel like a cold shoulder, just letting you go." (Service user)

Service users and aftercare workers also described release from prison as a period of risk, with the potential for relapse. Aftercare workers often increased their engagement with service users in the lead up to release. Service users valued help preparing for release, particularly around the risks they might face, and how to manage relapse triggers. They also valued knowing the aftercare worker would be available in the community. The continuity of care boosted a sense of support and trust from service users.

"I was really grateful for that because I didn't have to start again and explain my whole situation to a stranger." (Service user)

"It's easy to talk to someone who knows you, rather than going to talk to one of your mates out there. Because if they haven't been through it, then they look at you a bit strange." (Service user)

Service users claimed that access to a reliable and consistent support person in prison and in the community helped them avoid relapses and reliance on AOD. The evaluation suggested the early establishment of therapeutic relationships may positively contribute to service outcomes.

Support to practise tools and strategies learned in the AOD treatment

The service helped the men use the tools and strategies learned in the DTP or ITP, including Relapse Prevention Plans. Through this, they were able to prevent relapses and manage risks both in prison and in the community.

Aftercare workers provided group maintenance and one-to-one sessions across the sites. These sessions

reinforced the therapeutic lessons from the DTP or ITP. In Auckland Men's, Auckland Women's, and Hawke's Bay prisons, aftercare workers facilitated groups on a weekly or fortnightly basis. Groups varied in size from around four to ten people per group.

Service users found the maintenance groups useful and supportive. Group sessions helped them stay motivated and learn from each other. This was because they shared their experiences in a trusting environment. Service users particularly appreciated group support when they were struggling:

"We'd get together and catch up. It was nice to see familiar people, and we could all have a laugh and stuff ... It's good to have that reboot, hit that switch once a week just to keep that mentality there. It was helpful. (Service user)"

Group sessions worked well with ten people (although many were run with fewer). Smaller groups built trust and openness. Consistent membership was also important because they did not want to repeat their story or experiences multiple times. They felt these sessions helped them to cement learning from the DTP, to feel supported, and to expand on individual learning. Aftercare workers used these sessions to challenge and encourage service users to continue their recovery.

The service was designed to support users as they transferred out of prison, however, aftercare worker support in the community varied across the different sites. Delivering community-based aftercare was difficult in several regions because of the time required to arrange it and meet people in the community.

When possible, aftercare workers supported service users in the community through one-to-one meetings or phone calls, group meetings (in some regions), and some engagement with probation officers. Some aftercare workers also referred service users to other AOD support services; however, the evaluation found that accessing community-based AOD support was often difficult.

Stakeholders considered that some community-based programmes were less relevant for service users because they were lower intensity programmes and providers had little knowledge of the impact of prison for service users. Aftercare workers agreed that service users struggled to access community-based support or did not find these services useful. Some service users considered community-based services less valuable because providers lacked understanding of prison experiences (for example, AA meetings). Service users appreciated aftercare because it was tailored to meet their needs.

Overall, most service users believed the service increased their self-confidence and self-efficacy by improving their knowledge and understanding of

addiction. This knowledge helped them to prevent relapses and gave them the confidence to maintain their treatment gains. Most considered the aftercare support invaluable to continued learning. They also thought aftercare worker support helped them remember and practise the skills they learned through other programmes.

Kaupapa Māori service delivery and other holistic service models enhanced success

The evaluation found that all aftercare workers worked in a culturally responsive way. All aftercare workers included some practices valued in a kaupapa Māori delivery model. For example, they built trusting face-to-face relationships, strengthened whānau engagement where possible, and used Māori conceptual frameworks such as Te Whare Tapa Whā. Initially only one provider, Te Taiwhenua o Heretaunga, was a kaupapa Māori provider; although since the evaluation was completed, a second kaupapa Māori provider has commenced service delivery.

Service users valued the culturally responsive components of the aftercare. They considered these contributed positively to their health, wellbeing and treatment outcomes. The value of the kaupapa Māori service, as identified by stakeholders, was the ability to work holistically with service users, reconnect them to their culture and whānau, and strengthen their sense of worth. Service users in Hawke's Bay, particularly Māori, considered the kaupapa Māori service delivery model critical for their success. These service users felt affirmed, respected, and understood. They liked using kaupapa Māori tools to manage their addiction.

"I like it when it's done in a Māori way, I can adapt to it. If it's done too much in the way Pākehā do it, I struggle a little." (Service user)

Most service users believed the service lifted their mana (hikina te mana) and self-belief. Some aftercare workers nurtured service users' sense of self and knowledge of their abilities, within the wider whānau context and their AOD history. For example, by supporting service users to identify their whakapapa or acknowledging the impact of whānau history on AOD use. This approach sought to lift the mana of individuals and whānau.

Using practices valued in a kaupapa Māori delivery model also encouraged the strengthening of whānau engagement. Whānau engagement through the service was often limited in prison, and even more so in the community, for a range of reasons. Whānau were sometimes assessed as not prosocial, were not based in the area, or were estranged from the service user. Where whānau were not available or suitable, probation

officers or prison staff were often engaged to fill this role.

When whānau engagement occurred, service users valued it highly because it helped them receive the right kind of support on release. It also ensured whānau and other supporters worked with Department staff to prevent relapses. In some cases, aftercare workers helped bridge gaps in whānau understanding of addiction. Whānau engagement often occurred through supported meetings and whānau hui. At these meetings, all stakeholders gathered to discuss what support service users needed and their release conditions.

"[The family hui was] for my family to ask any questions they wanted to ask and for me to say that I was going to be straight up so that if I used I would come straight to them. It was to build trust back up and put the cards on the table. I think it should be compulsory. It was something I set up because I wanted it. Because then when I got out we didn't have to sit around and have a chat. [Probation officer] was there, my AOD counsellor, [aftercare worker], my two support people and my family. So everyone was on the same page." (Service user)

Overall, service users valued culturally responsive practices and, together with other stakeholders, believed that such responses contributed positively to achieving the intended outcomes of the service.

Challenges for the service going forward

The evaluation showed the service is progressing well towards achieving its stated outcomes. However, to ensure the service meets its full potential there are areas for improvement in the design and delivery.

Increasing co-ordination across sites

The continuity of care in the service is one its key strengths. It is also logistically challenging and an area to strengthen. As noted above, service users valued having the same aftercare worker throughout their time in the service. This is not always possible, as people often move prisons after completing the DTP/ITP or later on in their prison sentence, and some are released to an area their aftercare worker does not service.

Service users and aftercare workers noted that service users changing location is a challenge as it requires forming new therapeutic relationships. This can be time consuming and difficult for service users.

Good communication between aftercare workers and other Corrections staff (including case managers and probation officers) can help mitigate these risks. Aftercare workers found it useful to receive information about service users from case managers. This information helped them engage with new clients and support service users more effectively and promptly.

When case management staff did not inform aftercare workers in advance of prison transfers, it could lead to delays in service users receiving aftercare support. Aftercare workers considered this had a negative effect on the service users' ability to maintain treatment gains.

Service users also identified challenges connecting with aftercare workers when they were released to a new region. This was often because they lacked a relationship with the aftercare worker in the new region or they did not know who to contact. These issues were lessened in areas where probation officers knew to advise service users to contact their aftercare worker for support. The service worked best when aftercare workers, case managers and probation officers worked together to support service users.

Increasing uptake in the community and ensuring adequate capacity to deliver

The service was mostly implemented as intended in prisons. However, implementation across the community sites appeared more limited due to aftercare worker capacity, travel times and geographical distances.

Community-based aftercare was difficult in several regions because of the time needed to meet people in community settings. In Auckland and Northland, aftercare workers have significant travel times to reach community locations (such as probation offices). In Auckland, aftercare workers usually phoned service users in the community to limit travel time. In Northland, the aftercare worker travelled across the region to meet service users as well as phoning. Maintenance groups were not offered in either location, as no suitable central location to meet was identified, and travel times were a barrier to attending for aftercare workers and service users.

There were broader issues regarding aftercare worker capacity to deliver the service. Some aftercare workers noted challenges with current caseloads. This was influenced by the logistical challenges mentioned above, but also by the way aftercare workers operated. Aftercare workers' personal holistic philosophies, and in Hawke's Bay the kaupapa Māori approach, led to some aftercare workers "going above and beyond" the usual scope of the service, for example, by providing housing or employment support. This reflected the strong relationships between many aftercare workers and service users.

This challenge was compounded by how aftercare workers approached service completion. Despite knowing the intended service duration, aftercare workers were reluctant to exit people until they could manage independently. They noted this may take longer than 12 months. For example, people who completed

the DTP and had more than 12 months remaining on their sentence and were not released early, often received the service until after their release from prison. However, the level of engagement decreased until service users began to prepare for release when it increased again.

"We've never stuck by those rules to be honest with you. If you've got a man in prison for another two years, we can't just say, right stop, see you later. We've just continued with them. I think it's very important to keep going." (Aftercare worker)

These aftercare workers stated they continued to enrol new service users, while providing extensive support to those already enrolled. As a result, aftercare workers indicated the service would benefit from additional capacity to deliver services effectively, particularly in the community. One of the key recommendations from the evaluation was that the workload of aftercare workers needs to be more closely monitored in order to develop a better understanding of capacity issues.

Where to from here with the aftercare worker service

Service users value aftercare in supporting their treatment gains. Those who had been released from prison valued aftercare support during the transition and in the community. Department staff also support the service, recognising there are few or no other services providing similar AOD support across prison and community settings.

There are early positive results that suggest the service helps service users to maintain treatment gains, lift mana, and improve their health and wellbeing. However, it is too early to know the effect of the service on re-offending rates, or broader impacts on wellbeing. Also unclear so far is how sustainable the apparent gains prove to be over time.

The service meets an important gap in AOD support for service users. It provides important and unique continuity of care to service users transitioning from the therapeutic context to mainstream prison settings, and from prison to community settings.

The Department is reviewing the aftercare service design, reporting and delivery approach, in response to the evaluation's recommendations. This ensures the Department is in a strong position to continue offering the type of aftercare support that service users have said they want and need.



Update on the community-based two-year alcohol and other drug testing trial

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Nyree joined the Department of Corrections in 2010 as a probation officer. Since then she has been a practice leader, senior practice adviser and is currently acting as Principal Practice Adviser. Nyree has a passion for probation practice and uses her experience in the field to help continuous improvement in this area.

Introduction

This article provides an update to a previous article (Lewis, 2018) which gave the early results of a two-year Northern Region trial of alcohol and other drug (AOD) testing in the community. The testing is of people with an abstinence condition (imposed by a court or the New Zealand Parole Board) who are serving a community-based sentence or who are subject to Police bail.

The trial will finish on 30 June 2019. However, a final evaluation was completed in April 2019. In addition, two earlier process evaluations and a practice audit have supplied interesting findings which are also presented in this article.

Background

The trial began on 16 May 2017, the day the legislation was enacted to allow for the testing of this cohort. Previously, legislation had not provided clear authority to test people serving a community-based sentence/order, or those on bail, even when they were subject to an abstinence condition.

The trial aims to increase monitoring and accountability for people with abstinence conditions in the community. The Department of Corrections expects the testing and monitoring will lead to:

- reduced alcohol or drug use amongst people with abstinence conditions
- improved compliance with conditions of sentences and orders, and bail
- improved engagement with rehabilitation services
- reduced harm caused by alcohol and other drug misuse through a change in the rate of offending
- individual health benefits.

Corrections and Police are trialling several technologies to test people for alcohol and drugs. These include:

- urine testing for drugs and alcohol (conducted on a randomised basis and where there are reasonable grounds, as shown in Table 1)
- breath alcohol testing (BAT) of bailees and of specific people on a sentence/order
- alcohol detection anklet (ADA) monitoring for a small number of people who are at a high risk of causing harm if they consume alcohol.

Corrections is also trialling a triage process for choosing whom to test and at what frequency. An automated tool selects the tier a person is placed on based on their static factors such as risk and sentence type, but the probation officer can use their professional judgment to override this tier based on other factors known about the person and their circumstances. More information about the tiers is outlined in Table 1.

External qualitative evaluation

The primary evaluation for this trial was a fieldwork-based investigation of its implementation. This was outsourced to contracted evaluators, Malatest. The main findings of this quantitative evaluation are presented in a companion article by Jill Bowman in this issue of *Practice* (see p60).

Internal evaluations

Three other evaluations were completed by the Department's Research and Analysis Team. The first was a 10-month progress report to 30 June 2018. The next was a quantitative evaluation completed in December 2018. A final evaluation was completed in April 2019, which provided an overall assessment of the trial and a view on a national implementation.

Table 1:*Corrections/Police AOD testing trial risk bands and testing tiers*

AOD Testing Tier	Risk Band	Description of Testing Methods for Corrections Offenders	Description of Testing Methods for Police Bailees
Tier 1	Lower priority offenders	"Reasonable grounds" testing.	Police will use their own risk-based management practice with bailees. ALL defendants on bail with an abstinence condition will be subject to reasonable grounds testing.
Tier 2	Medium priority offenders	Random testing at a lower probability than Tier 3. They are also subject to reasonable grounds testing.	As above.
Tier 3	High priority offenders	Random testing at a higher probability than Tier 2. They are also subject to reasonable grounds testing.	As above.
Tier 4	Highest priority offenders with an alcohol abstinence condition	Alcohol detection anklets. Offenders in Tier 4 remain in Tiers 1, 2 or 3 for random or reasonable grounds urine testing for drugs.	Police will identify their highest risk electronically monitored (EM) defendants on bail for management with alcohol detection anklets.

The first progress report found that since the change in legislation the proportion of sentence starts with abstinence conditions had more than doubled. This indicated that judges felt more confident imposing conditions they knew were able to be monitored. The report also highlighted what was happening in terms of testing, such as the proportion of positive and negative tests, failures to attend tests, refusals to attend and cancellations of tests. Figure 1 indicates the results for event based/reasonable grounds tests and random tests.

The results from the first progress report allowed for a better understanding of the behaviour of people, staff and systems. For example, if a person did not attend their test the probation officer was likely to impose a sanction that reflected *only* the non-compliance (as the probation officer had no more information about the person other than that they didn't attend). Identifying the main reasons for people not attending allowed the Department to put in place mechanisms to increase compliance with testing, such as increased use of mobile testing vans.

The second progress report, completed in December 2018, provided reconviction and administrative data. An analysis was undertaken to determine the extent of behavioural change among people with abstinence conditions who were subject to testing. The findings

were based on comparisons between people managed on sentence prior to and following the introduction of testing. Comparisons between regions were also made because the trial was based in the Northern Region.

The report found that since the beginning of the trial, there has been a decrease in the proportion of people sentenced to short terms of imprisonment and an increase in the proportion sentenced to intensive supervision. This may suggest the judiciary feel more confident about giving community-based sentences knowing that the person's use of alcohol and drugs can now be more effectively monitored. It is too early to properly assess the long-term impact of the testing on re-offending rates. However, the potential for testing to keep people out of custody, both at sentencing and following breach action, must be seen as a positive outcome as it suggests the judiciary are confident we are able to manage a person's risk of alcohol and drug related offending in the community. This is important as a person has more chance of maintaining accommodation, employment, and relationship ties if they remain out of custody.

The third and final evaluation of the trial, completed in April 2019, brought together all the information gained from nearly two years of testing – approximately 8,000 urine tests (See Figure 2) and over 120 people subject to an alcohol detection anklet.

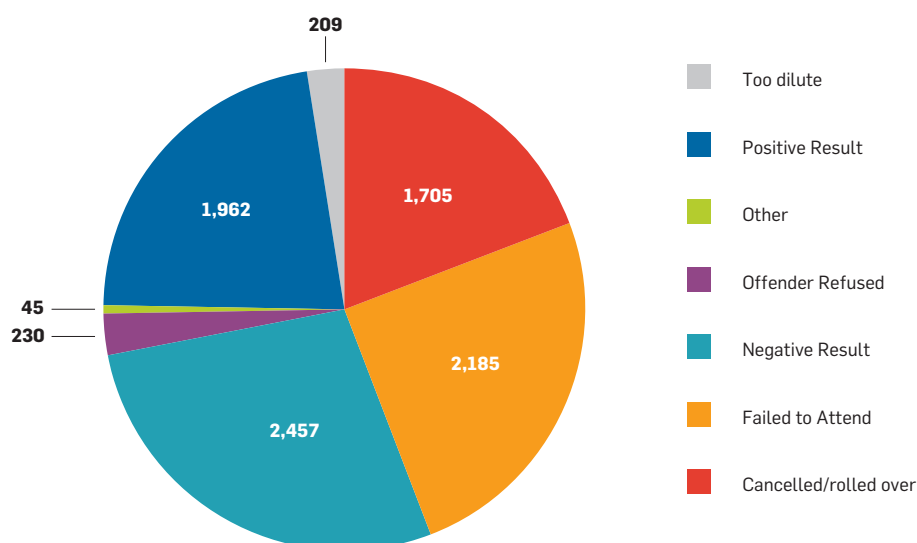
Figure 1:

Tests by type and result (from the 10-month progress report to 30 June 2018)



Figure 2:

Urine testing results from Northern Region Alcohol and Drug Testing in the Community Trial, November 2017 – April 2019



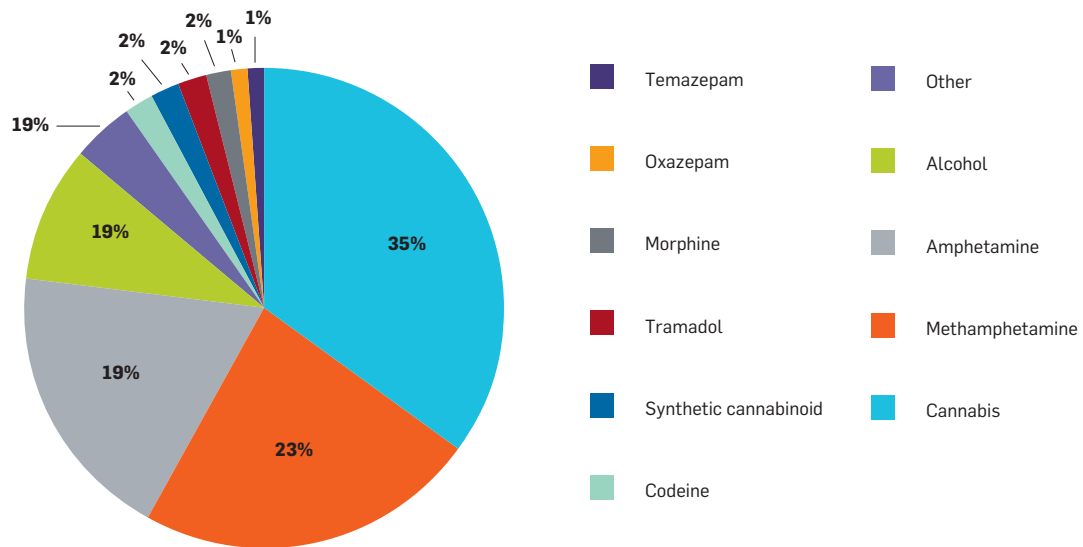
“Cancelled/rolled over” tests are those tests cancelled for a legitimate reason (e.g. the person has gone into custody or moved out of the testing area) or “rolled over” because the test has yet to be completed for the month the data is collected, or because we are waiting for the result to come back. The “failed to attend” category indicates that the person either simply failed to show up, or failed to tell their probation officer the reasons they would be unable to attend (e.g. not allowed to leave work that day). If a person fails to attend, probation officers have a range of actions available to them – from engaging with whānau

and support people, to a verbal warning to formal breach action.

Of the positive urine tests, Figure 3 shows us which substances are being found. Of the 2,060 failed tests, 994 (48.3%) returned a positive result only for cannabis and/or alcohol, 426 (21%) for methamphetamine alone, and 300 (15%) for some combination of alcohol, cannabis and methamphetamine. This provides some context to the gravity of substance use issues amongst our offending population.

Figure 3:

Substances found in positive urine tests (November 2017 – February 2019)



At April 2019, alcohol detection anklets (ADA) had been trialled with approximately 70 people on a sentence/order. ADA technology is suitable for that percentage of the testing population that is at high risk of causing alcohol-related harm. While those subject to ADA had a high percentage of sober days overall at 97%, 22 were found to have used alcohol at least once while subject to the anklet. Effectiveness of ADA on recidivism rates is still relatively hard to measure, as only 34 people have been off sentence long enough for it to be relevant. However, of these 34, recidivism rates are found to be comparable with those who have not been subject to ADA.

The final evaluation draws three key conclusions:

1. The practice of alcohol and drug testing has been successful in that: "Probation officers are regularly recommending abstinence conditions, these conditions are being imposed by the courts, offenders are being assigned routinely to testing tiers, and probation officers are directing offenders to undertake tests."
2. Testing in the Northern Region has seen a rise in pre-sentence reports that recommend rehabilitative sentences with abstinence conditions. There has been a corresponding increase in the imposition of these sentences, particularly intensive supervision. There is also some evidence of this being the case with parole assessment reports and the New Zealand Parole Board releasing people on parole with abstinence conditions. Re-offending rates have not risen, indicating that this change in practice has not compromised public safety.

3. There is some indication that the rates of re-offending and imprisonment are lower for those people on a higher testing tier. This could mean that testing at a higher frequency may be more effective in reducing re-offending.

Practice audit

An internal practice audit was completed in June 2018 for people with abstinence conditions. A total of 235 probation officer files were reviewed for the period 1 December 2017 to 1 June 2018 (six months). A number of changes in practice had been implemented in a short time and this was an opportunity to see how well these had been incorporated, including whether the additional information obtained through testing was enabling staff to identify appropriate pathways for those with alcohol and drug needs.

The audit also checked whether probation officers had understood the Department's stated purpose behind the changes; testing was not about "catching people out", but an opportunity to better understand people's drug and alcohol habits and direct them to the right services for better outcomes. Long-term habits and addiction are not easy to break and international research and experience tell us that testing for alcohol and drugs is most effective in reducing re-offending when it's done alongside appropriate interventions. Corrections staff have a suite of rehabilitation interventions available and once they know the alcohol and drug behaviours of those they are managing, they can identify the most appropriate intervention for each individual. Testing is therefore another tool, alongside programmes and motivational approaches, that allows us to support change and help keep communities safe.

The results of the practice audit were extremely encouraging. It found that 99% of individuals were allocated to a testing tier, 94% of individuals were referred to an appropriate provider if they had a condition for treatment and 93% of individuals were completing an intervention that matched their assessed alcohol and drug need.

The audit also found that probation officers were responding appropriately to positive tests. For example, if a probation officer had used a sanction (e.g. verbal or written warning) following a positive test, in 61% of cases they had taken another action as well (e.g. referral to programme, brief intervention, third party engagement). This showed that probation officers were taking a rehabilitative approach that was likely to be more effective in reducing re-offending.

In 88% of cases there was clear evidence of an AOD pathway being created for the person, with 76% of people involved in planning their own pathway. In 73% of cases there was clear evidence the probation officer was supporting the person to complete their intervention.

Some of the practice challenges included a low number of Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) assessments being completed with people during their current sentence/order (for the review period), low rates (21%) of involving third parties in supporting AOD activities and goals, low rates (19%) of involving other staff in the management of AOD cases, and insufficient consideration being given to changing testing tiers when a person tested positive or negative – only 21% of practitioners evidenced good practice in this area. It is worth noting that some of these low results could be attributed to staff not recording their good practice in the Integrated Offender Management System (IOMS) rather than a lack of engaging in good practice with the person.

Conclusion

The alcohol and drug testing trial has successfully implemented different testing methods and new practice among probation staff.

Knowing that testing is occurring and that abstinence conditions are being monitored by probation officers may mean judges are more likely to impose community-based sentences and less likely to sentence people to prison. This is a positive outcome as we know that short prison sentences can mean people lose jobs and accommodation and struggle to reconnect with their community when they leave prison, thus increasing their risk of re-offending.

Once the trial has concluded on 30 June 2019, decisions will be made about how a national rollout will be implemented and whether any adjustments need to be made to the testing programme.

References

Lewis, N. (2018) Alcohol and other drug testing trial of community-based offenders *Practice; the New Zealand Corrections Journal*, Volume 6, Issue 1, 37-41, Department of Corrections



Qualitative evaluation of the alcohol and other drug testing in the community trial

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Jill joined the Department of Corrections' Research and Analysis Team in 2010. She manages a variety of research and evaluation projects and has a particular interest in the outcomes of released prisoners, issues relating to alcohol and drugs, particularly methamphetamine, and the needs of female offenders.

Introduction

In November 2016, government passed the Drug and Alcohol Testing of Community Based Offenders, Bailees and Other Persons Bill 2016. The Act enables the Department of Corrections and Police to require people on community-based sentences and bailees who have conditions prohibiting the use of drugs and alcohol, to undergo drug and alcohol testing to ensure they are complying with these obligations.

The Department developed a regime for testing people on community sentences and trialled this for 24 months in its Northern Region.

Further information on the trial can be found in Lewis, 2018 and in the preceding article in this edition of *Practice* by Lewis.

The evaluation

In 2017, the Department contracted Malatest International to conduct a qualitative evaluation of the trial.

The aim of the evaluation was to determine the effectiveness of the trial in achieving its intended outcomes – reduced alcohol or drug use, improved compliance with sentence conditions, improved engagement with rehabilitation services, and reduced harm caused by alcohol and other drug misuse through a change in the rate of offending. In addition, the evaluation was intended to determine the type of testing approach and frequency of testing that had the greatest impact on the outcomes. If the testing regime was found to be successful, the intention of the Department was to implement it nationally. The evaluation was conducted during 2017/2018.

Methodology

The evaluation comprised interviews with people involved in the trial.

Fifty-four people subject to the testing regime were interviewed, along with 21 probation officers, nine Community Corrections managers and five testing staff and alcohol detection anklet installers. Interviews were undertaken in six Community Corrections sites across Auckland (Mount Eden and Waitakere), Counties Manukau (Manurewa and Otara) and Northland (Whangarei and Kaikohe). Sites were selected to include urban and rural sites where testing was fully implemented. Most interviews were completed in February and March 2018.

Findings from the evaluation

The evaluation found that, overall, the alcohol and drug testing regime was working well.

Probation officers and community corrections managers were generally positive about the testing regime. Prior to the Corrections testing regime, staff could request the police to breath test if they believed someone was breaching their condition not to drink alcohol. However, staff reported having been reluctant to do this unless an individual had presented as clearly intoxicated at report-ins, or there was other unambiguous evidence of alcohol use, such as during a home visit. Random testing allowed them to monitor abstinence conditions without the need for evidence of non-compliance. As a result, probation officers were confident that the testing could increase compliance and lead to reduced rates of re-offending. The involvement of a coordination team ensured the regime had minimal impact on probation officers' workloads, unless they had high numbers of people selected for testing at the same time.

Probation officers believed the testing regime had strengthened their ability to achieve the objectives of their work with the people they are managing. For example, testing enables them to more meaningfully discuss alcohol and drug use and some noted that proof of abstinence increased the trust between probation officer and offender.

Probation officers supported the testing being random, as this removed responsibility for ordering the tests from them, and the suggestion that the officer was “picking on” certain people. Actively requesting tests had in the past, it was reported, impacted negatively on the relationship between probation officer and the person they were managing. However, because random testing meant that some offenders might avoid being selected, some probation officers suggested introducing a safety net to ensure that everyone was tested at some point.

While probation officers generally preferred tests to be random, they wanted control over the timing of a follow-up test after a positive result. Some wanted to allow reasonable time for people to engage with rehabilitation or to change their behaviour, while others wanted a retest to occur quite quickly to ensure that offenders had ceased their drug or alcohol use. They could control the timing of the retesting by requesting a reasonable grounds test.

Probation officers identified a number of areas where further training would be useful. One of these was interpreting positive test results. While results included the level of each substance detected, probation officers were not sure what they indicated about the level and recency of substance use. This knowledge would influence how they responded to positive results. For example, they said they would be more likely to give immediate breaches if they knew the consumption was recent and represented heavy use. Other areas on which they would like further information included: how long different drugs remained in a person's system; under what circumstances (apart from obvious intoxication) a reasonable grounds test would be warranted – in particular, when information from a third party could be used and how this would stand up in court; and how much notice they should give offenders about forthcoming tests – some felt the time allowed under the policy (24–48 hours) could be insufficient for offenders to arrange time off with employers, organise transport, or find childcare but, on the other hand, they did not want to allow time for drugs to clear offenders' systems.

Probation officers generally felt the calculator assigned people to the correct tier. If they overrode the tier allocation, it was usually to move offenders to a higher tier to recognise the offender's risk of re-offending or the severity of the consequences of re-offending.

Probation officers reported that most offenders accepted their testing obligations as part of their sentence because they were accustomed to being tested for alcohol and drugs while in prison and as part of their employment conditions. Probation officers explained the testing requirements during inductions, but some offenders maintained they had not been briefed. Of particular concern for those who claimed to be unaware of the possibility of being tested was the requirement for their urination to be observed. However, when offenders knew what to expect they were less concerned about the testing.

Probation officers and managers believed there were some circumstances where the observed urine stream approach was inappropriate – for example, for people who had been sexually abused. For these situations, they raised the possibility of using other testing approaches – for example, blood, hair follicle and mouth swab testing.

There were genuine reasons why some people did not attend their scheduled tests – often related to transport or employment. For example, it could be difficult to get to some test sites by public transport and the distance from work could require people to take a day's leave – both situations resulting in significant cost and inconvenience to the person being tested. Mobile testing vans at Community Corrections sites removed many of these barriers (although there were also issues around lack of privacy while waiting to be tested in a mobile van). Probation officers were confident they could distinguish between non-compliance due to genuine barriers and avoidance of testing. They treated repeated non-attendance as indicative of a likely positive result, and said they took appropriate action with offenders.

Probation officers' responses to positive test results varied. However, as the legislation intended, all considered the risk the offenders' substance use posed to the community and to offenders themselves in making decisions about responses. Some probation officers breached all offenders who returned a positive result, believing it was the responsibility of the courts to decide what action to take. However, others preferred to offer a rehabilitative rather than punitive response, believing such assistance would result in better longer term outcomes for offenders. Probation officers adopting the latter approach reported observing positive changes in behaviour from offenders. Expecting to be returned to prison for a failed result or to receive some other sanction, offenders often became motivated to attend the proposed rehabilitation programme when given this opportunity.

Some probation officers thought the risk of random testing would not be a sufficient incentive for people to cease alcohol and drug use and this would only happen after they failed a test.

Impacts on people serving community sentences who were subject to the testing regime

From the perspective of people serving community sentences in the pilot region, initial resistance to the introduction of random testing had reduced over time. To start with, some felt they were being unfairly targeted, despite the fact that they had been given an abstinence condition by a court or the parole board. Those whose offending was not drug-related sometimes felt that the testing was an unnecessary imposition on them. However, once the testing had become more normalised, they accepted it as a condition of their sentence. According to some offenders interviewed, the testing regime had encouraged them to reduce or cease their alcohol or drug use. However, some maintained they had decided to cease use regardless of testing; others continued to use, hoping they wouldn't be tested, or not caring about the risks of failing a test.

Those who had reduced or ceased use generally said they did not like their conditions but adhered to them anyway. Some continued to drink alcohol only on special occasions. Others continued to use marijuana, for example, "to manage anxiety" and, because they were "using it to relax in a safe environment", they felt it would help them to avoid re-offending.

In addition to the obvious benefits of a negative test, offenders were also able to use the results to demonstrate their abstinence to employers, programme facilitators and Oranga Tamariki.

Conclusion

Overall, Corrections staff were positive about the introduction of alcohol and drug testing for people serving community-based sentences with abstinence conditions. The testing enabled staff to more closely monitor offenders' drug and alcohol conditions, which they had been unable to do effectively in the past. They believed the testing would result in reduced alcohol and drug consumption for some offenders, resulting in a reduction in re-offending.

Although some people subject to the regime had genuine barriers to attending tests, they were generally accepting of the requirements.

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Comparison of socio-economic and reconviction outcomes for offenders sentenced to home detention or a short sentence of imprisonment respectively

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Keywords: home detention, imprisonment, recidivism, socio-economic outcomes

Summary

Two recent studies of socio-economic and reconviction outcomes for similar people sentenced to home detention and short terms of imprisonment found positive outcomes favouring the use of home detention.

Both studies provide evidence that rates of employment are modestly higher and rates of benefit uptake lower for those who served home detention, relative to outcomes for those released after serving short sentences of imprisonment.

The findings in relation to reconviction are mixed, with only small differences in re-offending rates found, and thus do not support a conclusion that either sentence type is more or less likely to result in subsequent reconviction.

Although both studies have limitations that mean the results and conclusions should be treated with caution, the positive socio-economic outcomes, much lower cost, and absence of negative reconviction effects, support the Department's general practice of recommending home detention whenever practicable when a short sentence of imprisonment would otherwise be imposed.

Background

The sentence of home detention, introduced in 2007, was explicitly intended in legislation to replace – where appropriate – short sentences of imprisonment. Around 3,300 sentences of home detention are handed down by sentencing courts each year, and around 1,600 people are serving sentences of home detention at any given point in time. The costs of administration for home detention are significantly lower than imprisonment: the

all-inclusive cost of the sentence to Corrections is \$63 per day per offender, vs \$330 for sentenced prisoners. Further, the sentence is associated with relatively low rates of re-offending: for example, in 2018, the rate of reconviction was 18.9% within 12 months from sentence commencement, and the imprisonment rate was 6.6%; these figures compare to 43.3% and 29.7% for those released from prison after serving sentences of between 12 and 24 months. However, as is made clear below, simple comparisons of this nature can be misleading.

In the last few years, two unpublished studies (Business & Economic Research Limited (BERL), 2018 and Dixon & Morris, 2015) of socio-economic and reconviction outcomes for similar people sentenced to home detention and short terms of imprisonment have been produced. Both studies attempt to control for systematic differences between those sentenced to home detention and those sentenced to imprisonment. Both studies employed propensity score matching to ensure as far as possible that any differences arising from characteristics of the offenders or their offending were eliminated. It is generally accepted to be the best approach for studies of this type.

Both studies addressed the same question:

To what extent do offenders who serve a short term of imprisonment have different reconviction, employment and benefit receipt rates during and after their sentence than similar offenders who serve a sentence of home detention?

The studies differ in scope in two ways. Dixon & Morris (2015) limited the comparison to offenders serving

their first prison or home detention sentence, BERL (2018) included all those serving a relevant sentence and accounted for prior imprisonment as a control variable. The time periods studied varied – Dixon & Morris (2015) covered cases sentenced in 2008 and 2009 whereas BERL (2018) covered those sentenced over six years from 2008 to 2013. Samples in both studies included men and women.

Limitations

It is important to stress that propensity score matching can never fully overcome biases. There will almost always be what are termed “omitted variables”, variables that are likely to be important but that are not available. These variables are more important the more they are likely to be associated with outcomes and the more they are likely to be prevalent for either home detention or imprisonment.

Both studies recognise certain systematic differences between those serving either sentence. Those on home detention necessarily have suitable accommodation for the sentence, and this is likely (to an unknown degree) to be available post sentence. Those in prison are less likely to have the same level of accommodation. Accommodation is a protective factor against re-offending. Second, those on home detention who are living with others are more likely to have prosocial support; the other residents have had to agree to the person serving the sentence in their residence. Not all home detainees will have prosocial support but it is reasonable to think it will be more prevalent than for those serving a prison sentence. It is also a protective factor. The net result is that any difference between the two sentence types is likely to be overstated; a strong positive difference in favour of home detention is required before any firm conclusions can be drawn.

There may be other unmeasured factors that bias the comparison. Judges may be adept at systematically choosing people who will be successful on home detention. One such factor that is not controlled for in either study is the level of educational attainment/acquired skills that could both increase the likelihood of future employment and indirectly reduce the likelihood of re-offending.

Interpretation of the BERL (2018) study is made more difficult because it does not include all the supporting information and the reporting of the results varies between the models.

The choice of the measurement period or point in time

The validity of the comparison between the sentence types is dependent on making a fair choice of when to measure from (the start or end of a sentence) and whether to contrast the position at a point in

time (for example, the proportion on a benefit at a fixed point) or across a period (for example, the cumulative proportion reconvicted within 12 months). A number of the contrasts in both studies suffer from methodological shortcomings.

The most significant shortcoming is the contrast in the BERL (2018) study that compares the position of home detainees measured from sentence commencement to short sentenced prisoners from release. The opportunity to offend is different for both groups; the restrictive nature of home detention suppresses offending during the course of the sentence. Conversely, comparison on this basis creates a mismatch in terms of the opportunity to be employed, with released prisoners having greater opportunity than those on home detention.

The contrast in both studies of reconviction rates measured from sentence commencement has a similar flaw. In both studies the effective sentence length for home detention was greater; those serving short sentences of imprisonment had more time free within the 12 month period in which to offend. In some cases prisoners are released on the commencement date because they have already served the time in custodial remand.

The preferred contrast for reconviction is “from release” for prisoners and “sentence end” for home detainees. Assuming relative equality in release and post detention conditions, the opportunity to offend is similar.

For employment and benefit receipt both studies measure from sentence commencement and BERL (2018) also measure from the end of home detention and release from prison. Both report the averages across time periods and graph the difference across time at fixed points (monthly) for measurement from sentence commencement, unfortunately BERL (2018) did not graph the results when measuring from completion/release. Using the average proportion across a period tends to be biased by home detainees being able to access the welfare system and to be employed during the course of the sentence. The bias tends to fall away as time passes, and the second and subsequent years' results are a fairer indication of difference. To simplify the consolidation of the two studies, the difference at 12 months is highlighted and thereafter the averages for the second and third year after commencement are discussed.

Socio-economic outcomes

Both studies show that after matching there is no or minimal difference between the groups in the rates of employment and benefit receipt before sentence commencement.

Benefit receipt

As expected, in the 12 months after sentence commencement, home detainees are much more likely than prisoners to be on a benefit. However, both studies indicate that about 12 months after sentence commencement the rates are about the same.

Dixon & Morris (2015) found that beyond 12 months from sentence commencement the rates of benefit uptake diverged. In the second year the average benefit rate for prisoners was about 50%, 5 percentage points higher than home detainees. In the third year, it was about 47%, 7 percentage points higher. The results for both years were statistically significant.

The BERL (2018) study did not fully replicate Dixon & Morris's (2015) results. BERL (2018) found there was no difference 12 months from sentence commencement. It found the 1.3 percentage point difference in the second year in the average rate was not statistically significant, but the 2.7 percentage point difference in the third year (55.7% for prisoners versus 53% for home detainees) was statistically significant.

Employment

Consistent with the results for benefit receipt, both studies found that home detainees were more likely to be in employment. At the 12 month point Dixon & Morris (2015) found home detainees were about 3 percentage points more likely to be employed; BERL (2018) found a 5 percentage point difference – in both cases the result was statistically significant.

Dixon & Morris (2015) found that beyond 12 months from sentence commencement the difference in rates of employment increased. In the second year the average employment rate for home detainees was 38%, 6 percentage points higher than prisoners. In the third year the rate was about 40% and 8 percentage points higher than for prisoners. The results for both years were statistically significant.

The BERL (2018) study did not replicate Dixon & Morris's (2015) results. BERL (2018) found the difference in rates narrowed but were still statistically significant. In the second year the average employment rate for home detainees was 32%, 3.7 percentage points higher than prisoners. In the third year the rate remained at 32% and was 2.8 percentage points higher than for prisoners.

Reconviction outcome

Both studies report results for reconviction for new offending that occurred within one and two years of sentence completion/release. There is limited evidence of differences between the two sentence types.

Dixon & Morris (2015) found released prisoners were 4 and 5 percentage points more likely to be reconvicted after one and two years respectively.

BERL (2018) found that released prisoners were a statistically significant 3.4 percentage points more likely to be reconvicted within one year, but after two years the rates were almost identical (0.4 percentage points different and not statistically significant).

Discussion and conclusion

The studies provide support for the proposition that home detention offers integrative or reintegrative benefits relative to imprisonment. Home detainees are less likely to be on a benefit and more likely to be in employment in the medium term (12 months or more after sentence commencement).

Except for the BERL (2018) finding of a lower likelihood of reconviction for home detainees after one year, there was no statistically significant difference in the likelihood of reconviction. If we assume the omitted variables around availability of accommodation and higher levels of prosocial support would, if known, be more prevalent for home detainees, the actual results may be overstated. Based on the available evidence it is concluded that there is no difference in real reconviction rates between home detainees and those released from a short term of imprisonment.

This conclusion is consistent with the limited range of external research cited in the two studies. Therefore, the belief that home detention necessarily results in lower rates of reconviction is not supported. The raw or unadjusted rates differ due to differences in characteristics of the offenders serving the two types of sentence not the structure of the sentence types. However, what is apparent from these studies is that home detention sentences, which essentially allow offenders who would otherwise be imprisoned to remain in the community, certainly do not increase the likelihood of offending. Therefore, given the socio-economic benefits, and the fact that home detention has the advantage of being significantly lower-cost, it can be argued that home detention is a safe and cost-effective sanction of the courts.

What does this mean for Corrections? The Department's general philosophy of recommending home detention whenever practicable when a short sentence of imprisonment would otherwise be imposed is sound. In those instances where home detention is feasible (there is a residence available) and there are no clear reasons for preferring imprisonment, home detention should be recommended.

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New Zealand's Six Pillar Model of reintegration and international reintegrative models: A review of the literature

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Introduction

Reintegrative interventions address a range of challenges experienced by individuals completing a community or prison sentence. These challenges relate to housing, health, finances, employment and education amongst others. Individuals are particularly vulnerable to re-offending as their sentences end and there can be a complex interplay between the range of challenges (Weaver, 2015). Reintegrative practice is, therefore, a critical area internationally which aims to support individuals through this difficult transition period in order to lead healthier crime-free lives. According to the Department of Corrections, "an individual is said to have **successfully** transitioned when they remain crime-free and settle into the wider community with prosocial, constructive attitudes and behaviours" (Department of Corrections, 2018).

It is widely acknowledged that effective planning is required to facilitate successful reintegration (Taxman & Kras, 2016). However, the nature and implementation of various reintegration models differs internationally (Thompson, 2003; Travis, 2005). Furthermore, no universal gold standard model of reintegration currently exists because "what works" in one area may be less relevant in another. Although research into reintegration is relatively recent when compared to rehabilitative research, many countries focus on a series of common factors implicit in the available evidence. These factors are reviewed along with the similarities and differences among the models of reintegration implemented by New Zealand (NZ), Australia, Canada, England, Wales, Ireland and Norway.

The aim of this literature review was to explore and compare the key factors in international models of reintegration/re-entry to ensure that Corrections'

practice is in line with international best practice. The scope of this review did not include the extent to which reintegrative models were successful or the extent to which each model is implemented in practice. However, remaining knowledgeable of current international standards is good practice as this assists in understanding relevant patterns and themes which can be evaluated in order to inform best practice in NZ.

The 'what works' literature - a summary of the evidence on reintegrative practice

The factors consistently recognised as obstacles to successful reintegration include: 1) accommodation, 2) employment, 3) education, 4) physical and mental health, 5) attitudes and self-control, 6) institutionalisation and life-skills, 7) financial and debt and 8) family networks (Graffam, Shinkfield, Lavelle, & McPherson, 2004; Petersilia, 2003; 2004; Social Exclusion Unit, 2002; Willis & Grace, 2008). However, among recent qualitative interviews regarding re-entry, "types of friends" was perceived to be a strong predictor of reintegrative success according to American inmates (Davis, Bahr & Ward, 2013). This finding is consistent with research that confirms that associating with antisocial or deviant peers is likely to maintain criminal activity (Katsiyannis, Whitford, Zhang & Gage, 2018). Moreover, recent research supports "social capital" as a critical contributor to reintegrative success; social capital can be defined as the support inherent in having prosocial networks (Favors, 2018; Gilbert & Elley, 2015). Social capital can come from being involved with family or various prosocial community groups; however, mentorship appears to be a popular and effective form of social capital (Brand, 2016; Favors, 2018; Fox, Khan, Briggs, Rees-Jones, Thompson & Owens, 2005; Gilbert &

Elley, 2015). Substance abuse is also recognised as a predictor of recidivism among those transitioning from prison back into the community and thus presents as a major barrier to successful reintegration (Jason, Olson, & Foli, 2014).

A meta-analysis focusing on successful re-entry programmes identified that reintegrative interventions were more likely to be successful if initiated before release from prison and continued in the community after release (Ndrecka 2014). The programmes which lasted longer than 13 weeks and had a client-specific focus (tailored to the individual) were also found to be most useful for effective rehabilitation and reintegration (Ndrecka 2014).

The Six Pillar Model of Reintegration – New Zealand

New Zealand employs a model of reintegration called “The Six Pillars of Reintegration” which aligns with the “what works” evidence base. These six pillars identify areas of intervention that are acknowledged to facilitate successful reintegration and lower the risk of re-offending (Ministry of Justice, 2016):

1. Accommodation
2. Oranga/Wellbeing
3. Family/Whānau/Community support
4. Education and Training
5. Employment
6. Skills for life.

New Zealand's channel of service delivery for reintegrative services is external. The Department of Corrections currently manages over 40 relationships with community organisations and service providers which carry out a range of services based upon the Six Pillar Model for those leaving prison. The current services range from light touch navigational services such as “Out of Gate” and the Reintegration Support Service offered by the Prisoners Aid and Reintegration Society Inc (PARS) through to more intensive support that includes employment and accommodation.

International models of reintegration

Reintegrative practices by correctional services are influenced by a number of factors including the political, social and cultural climate of the country, and it is important to note such influences when comparing and contrasting models of reintegration. Much of the recent international literature regarding reintegration has focused upon identifying the unique needs of specific groups of individuals in custody and catering to their risk level and offence type, or it has focused on the cultural contexts of an individual including gender, ethnicity, age and exposure to various environments (e.g. war or gang environments). It is also relevant to

note that within countries and states, many prisons and correctional facilities have developed their own models or frameworks based on wider state and/or national initiatives. Each reintegrative approach is summarised in Table 1.

International themes and trends

Although there was a consensus regarding the components worthy of inclusion in a reintegration model, minor differences in how these were named were observed (e.g. housing vs. accommodation and drug and alcohol issues vs. addiction). Each model also included components which varied in breadth and detail; that is, while some countries had simpler models, others chose to break down and label further dimensions. The literature suggests that having less broad categories may remove ambiguity and personal interpretations of what is deemed fit for practice (Bernburg, 2009; Office of Behavioural and Social Sciences Research, 2018; Wardhaugh, 2011).

It was found that all countries included components related to accommodation, education and employment in their models of reintegration. All countries except Norway also highlighted the importance of social networks, including family, prosocial peers and/or the community. The most obvious difference between the New Zealand Six Pillar Model and other models was how health and wellbeing aspects were categorised. All countries included a separate component regarding drug and alcohol issues and most also included a discrete mental health category while New Zealand's approach encapsulates both mental health and substance abuse issues among cultural and spiritual factors under the broader “Oranga/Wellbeing” category.

England and Wales demonstrate a deeper level of complexity in their Through the Gate model compared to the other models as it considers an individual's experience of other potential threats to successful reintegration such as domestic violence and sex work (Criminal Justice Joint Inspection, 2017; HM Inspectorate of Probation, 2016). These two categories were included in consideration of the specific challenges that women were frequently facing upon returning to their communities. The Criminal Justice Joint Inspection (2017) and HM Inspectorate of Probation (2016) emphasise the barriers to successful reintegration that domestic violence and sex work pose. However, due to a series of issues regarding implementation, Through the Gate was deemed ineffective by the Criminal Justice Joint Inspection (2017). However, further evaluations of the initiative are underway.

Table 1:
International Models of Reintegration

Country/State	Model components	
Canada	<ul style="list-style-type: none"> • Accommodation • Cognitive skills and attitudes • Drug and alcohol issues • Education 	<ul style="list-style-type: none"> • Employment • Mental health • Social networks
England and Wales	<ul style="list-style-type: none"> • Accommodation • Attitudes, thinking and behaviour • Being a sex worker • Being a victim of domestic abuse • Children and families 	<ul style="list-style-type: none"> • Drugs and alcohol • Education, Training and Employment • Finance, benefit and debt • Health
Ireland	<ul style="list-style-type: none"> • Accommodation • Addiction • Education 	<ul style="list-style-type: none"> • Employment • Family and community support • Mental health
New Zealand	<ul style="list-style-type: none"> • Accommodation • Education and Training • Employment 	<ul style="list-style-type: none"> • Family/Whānau/Community support • Oranga/Wellbeing • Skills for life
Norway	<ul style="list-style-type: none"> • Accommodation • Addiction treatment • Culture and religion • Debt counselling 	<ul style="list-style-type: none"> • Education • Employment • Healthcare
Victoria, Australia	<ul style="list-style-type: none"> • Community and family connectedness • Drug and Alcohol • Education and Training 	<ul style="list-style-type: none"> • Employment • Housing • Independent living skills • Mental Health
Western Australia	<ul style="list-style-type: none"> • Attitudes and social control • Drug and alcohol use • Education • Employment • Family and community networks 	<ul style="list-style-type: none"> • Financial support and debt • Housing • Institutionalisation and life skills • Mental and physical health • Other prescribed factors

Cultural responsiveness

Of the countries investigated, it is apparent that New Zealand's Six Pillar Model of reintegration is the only approach which incorporates indigenous language. Norway was the only other country that demonstrated cultural engagement in a similarly overt manner by including a separate 'culture and religion' component. All countries and states did, however, demonstrate reintegrative services that were culturally and religiously inclusive despite the lack of representation in the models. The extent to which this inclusion affects practice and is effective is difficult to determine without evaluation.

Regardless of which factors were included in reintegration models/frameworks, all jurisdictions acknowledged that successful reintegration and model implementation depends on a number of factors:

- Intensity and timing of reintegrative needs assessment and timely review(s) of initial assessment to monitor changes and make necessary adjustments.
- Obtaining adequate data quality and depth during reintegrative needs assessments.
- Staff that are adequately trained and skilled in conducting effective assessments.

- d. Striving for manageable caseloads among assessors and/or case managers.
- e. Effective communication by staff internally and externally (inter-agency approach).

All countries had similar reintegrative **services** based on the “what works” literature, however, not all **models** detailed everything that was available. For example, all countries had reintegrative services that included financial aid, but finance related categories such as “debt counselling” (Norway) or “finance, benefit and debt” (England and Wales) were only present in some reintegration models, while others made no mention of such support (e.g. Ireland did not include a financial welfare component in their model of reintegration but does provide financial services and social welfare benefits (Irish Association for Social Inclusion Opportunities, 2018). Thus, it is fair to conclude that reintegration models do not overtly present all available services that a country or state provides. There is no set of universal guidelines about the level of detail and transparency required when designing a reintegration model; therefore, inferences and conclusions about the services provided by international correctional departments based solely on models should be made with caution.

Key findings

1. New Zealand is the only country with a formally named model of reintegration. Other countries simply highlighted a series of components during reintegrative practice.
2. All countries demonstrated similar capabilities and provided similar reintegrative services overall. Note that specific services were not scanned in any great detail as this exceeded the scope of the review.
3. The reintegration models observed did not always overtly indicate all available reintegrative services (e.g. financial support was provided in various forms across all countries, but only some models overtly included a financial support component such as “debt counselling”).
4. Most models were more complex than the New Zealand Six Pillar Model. In particular, international models differentiated aspects related to health and wellbeing, with aspects such as “mental health” and “drug and alcohol abuse” as discrete categories. New Zealand’s model has the broader “Oranga/Wellbeing” category.
5. Social, lingual and psychological sciences (Bernburg, 2009) acknowledge the benefits of having a named model and suggest that having more specific categories may avoid misinterpretation regarding practice and implementation. However, this is largely dependent on other factors such as staff competence and quality of assessment by staff and service providers.
6. Discrete categories regarding accommodation, education and employment existed among all international models.
7. Family and community support was included among all models of reintegration except the Norwegian model.
8. New Zealand’s Six Pillar model of reintegration is the only approach which incorporates indigenous language. This could be interpreted as New Zealand’s commitment to engaging Māori. The Norwegian model was the only other model which overtly mentioned engaging culturally diverse individuals by including a “culture and religion” category. However, all countries did demonstrate reintegrative services that were culturally and religiously inclusive.

Conclusion

These findings indicate that, despite slight variances, New Zealand’s model of reintegration aligns with both international models and the broader scientific evidence base. It was not in the scope of this review to assess which international models were found to be most effective. However, the ideas raised here may be useful for future research. It’s clear that reintegration practices have major implications for reducing re-offending and further research is required internationally.

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Housing supports and services in New Zealand: a cross-agency response

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Introduction

Transitioning from prison into the community is challenging, especially when access to suitable, stable housing is limited. Housing issues can increase a person's risk of re-offending and limit meaningful reintegration. It may also mean that a person spends time in prison when they could remain in the community on bail, or be released earlier on parole. Therefore, when there is an acute shortage of housing, there can be a compounding impact on the prison population.

To realise the government's intention to significantly reduce the prison population over the next 15 years, we need to consider housing options that enable bail, home detention and parole to be viable options.

Addressing the housing needs of people in Corrections care will also help to improve access to social and affordable housing and reduce child poverty because:

- people who are convicted of criminal offences are concentrated in the most deprived deciles with the greatest housing need
- approximately 74 percent of people in prison are parents, with Māori prisoners estimated to have an average of 3.4 children each (Te Puni Kōkiri, 2011).

It is important to note that "housing", for the purposes of this article, encompasses more than just a physical address. It includes the navigation services that can help people to access public and private sector housing, and the supports that help people to achieve stability when they have somewhere to live (including living skills and connections into the wider community – what is often referred to as "supported accommodation"). Further, this article does not encompass some of the more intensive housing options that Corrections currently provides for some of its highest risk individuals.

Current provision of housing in New Zealand

A variety of state-funded services are available to people in New Zealand with a housing need. These

services fall into the following four categories on a continuum: short-term emergency accommodation, transitional housing, public housing and long-term housing options (Ministry of Business, Innovation and Employment, 2017).

The Ministry of Social Development (MSD) holds overall responsibility for ensuring access to housing for people who have difficulties finding accommodation independently. However, the Ministry of Housing and Urban Development (HUD) provides the funding to enable the public housing places. Those convicted of an offence are entitled to the same service from MSD as any other potential client.

Housing New Zealand (HNZC) is the largest provider of public housing, together with a number of community and local government providers, including registered Community Housing Providers (CHPs). Both HNZC and CHPs receive a subsidy from HUD to make up the shortfall between the market rent of a property and the tenant's contribution. A similar "subsidy" is paid to transitional housing providers.

A significant number of local authorities also own and manage affordable housing. For example, Wellington City Council owns over 2,000 units and houses at over 40 locations across Wellington. However, ex-prisoners released into the community may struggle to benefit from the council's services if they do not fit into one of five priority groups (Wellington City Council).

Prisoners may also struggle to afford council housing, as councils generally do not receive the subsidy payments from central government. As a result, their tenants often pay more rent than tenants in public housing.

People managed by Corrections face barriers to housing

There are a number of challenges unique to those managed by Corrections who are in need of accommodation. These can limit their access to housing and housing support services available. This can lead to people:

- going to prison when they might not otherwise
- staying in prison longer
- relying on emergency and transitional housing for extended periods of time
- residing in inadequate or inappropriate accommodation that can increase their risk to the community.

Competition for a scarce resource is increasing

Demand for both public and private housing has increased dramatically in recent years. The demand for public housing has increased over 70 percent in the year from 31 December 2017 to 31 December 2018, with 10,712 people on the register as of 31 December 2018 (Ministry of Social Development, 2018).

The majority of New Zealand's public housing was built in the 1950s and 60s, when the predominant household type was a family with children, rather than single person or no-children households. As a result, there is currently a shortage of single bedroom homes in the HNZN portfolio, with approximately 40% of their homes being three-bedroom (Housing New Zealand, 2018).

Further, MSD data indicates that in December 2018, 44 percent of people on the register were waiting for a one-bedroom property, which is of greatest demand among released prisoners (Ministry of Social Development, 2018).

Increasing numbers of people are also waiting to be transferred into more suitable public housing. There were 2,374 applicants on the Transfer Registers on 31 December 2018. This is an increase of about 54 percent compared to December 2017 (Ministry of Social Development, 2018).

In addition, competition in the private rental market means that landlords can be more selective about to whom they rent properties, which can also influence the price of rental properties, meaning that people leaving prison are often disadvantaged. As a result, there is an increasing reliance on emergency and transitional housing (Ministry of Social Development, 2017).

Housing-related supports are hard for prisoners to access

There are significant barriers for the majority of people who need support immediately upon release from prison, such as:

- the general two week "stand-down" period for benefits applies to released prisoners, delaying access to some critical supports necessary to access housing
- the increasing disparity between the only financial support available to prisoners immediately on

release (Steps to Freedom, which provides a one-off payment of \$350) and the cost of living and accommodation.

However, recent initiatives have sought to address these issues. For instance, the pilot re-integration project run by Work and Income provides dedicated case managers for people immediately before and after their release from prison.

The Creating Positive Pathways initiative between Corrections, HUD and MSD began in August 2018 and will support 250 ex-prisoners over four years with public housing and support services. As at 30 April 2019, 11 clients have been housed through this initiative.

Corrections is also currently in discussions with MSD regarding possible opportunities to limit the implications of the two-week benefit "stand-down" period on people leaving prison.

Access to the public housing register

Prisoners cannot generally access the public housing register as they tend to be classified as housed, unless their release is both scheduled and imminent. This is a particular barrier for those on longer sentences, as the timing of release on parole is determined by the parole board and cannot therefore be definitively scheduled. Delaying released prisoners access to stable housing leads to an increasing reliance on emergency and transitional accommodation.

Another issue applies to remand prisoners seeking release on bail. Remand prisoners are unable to access the housing register because their release date is often unknown, but they also can't apply for bail without accommodation. While accommodation may be a key component of any bail proposal, it is rarely the only consideration and release remains at the discretion of the court.

A data matching exercise between Corrections and MSD has been undertaken to better understand how the social housing register is working for people leaving prison. Through data matching, Corrections hopes to determine how many people leaving prison go onto the register, what their priority ratings are, and how long on average they remain on the register before being placed into public housing.

Corrections has taken on a greater role in funding accommodation and related services

Ideally, people would exit prison and reside in public or private housing, and Corrections would focus on managing and supporting their offending-related needs. However, Corrections has incrementally expanded its provision of contracted housing supports for released

prisoners, in part because social housing providers and the private rental market are not able to meet demand. Examples of the housing supports and services that Corrections currently provides are listed below.

Supported accommodation

To address a shortage of housing for long-serving prisoners released into probation management, Corrections contracts almost 1,000 supported and emergency accommodation places each year, delivered by non-government providers across New Zealand. The length of time that someone may spend in supported accommodation varies – emergency accommodation can be for up to six nights, transitional accommodation for up to three months. To meet current and future demand, these services are being expanded and \$57m was allocated in Budget 18 for this purpose.

Tai Aroha

Corrections also funds (\$1m per year) and operates Tai Aroha, a residential treatment facility in Hamilton for high-risk men with a history of violent offending. This is a 16-week rolling programme for approximately 10 residents at any one time and is run by Departmental psychologists and supervisors. A reintegration co-ordinator also works with residents to assist with their exit planning as they reach the end of the programme.

Employment and Accommodation Service

The Employment and Accommodation Service provides housing and employment support to eligible people leaving prison who are returning to their communities in the Bay of Plenty and Auckland. Corrections works with its providers to offer up to three months' accommodation immediately following release from prison. While in temporary accommodation, the provider will also assist the individual to source and secure permanent and suitable accommodation in the designated area.

Manapou Wahine

In partnership with Nga Maata Waka, Corrections is leading a new service called Manapou Wahine. Manapou Wahine is tikanga and marae-based and provides wrap-around services for women managed by Corrections in Canterbury. It is available for women in prison as well as those on home detention or released from prison, with priority given to Māori. This new programme combines rehabilitation with reintegration support.

Residential Therapeutic Community for Women

In partnership with Te Taiwhenua o Heretaunga, a Ngati Kahungunu social services provider, Corrections has established a residential reintegrative therapeutic community that provides support for Māori women on

home detention and parole. The programme, E Hine, aims to address the individual needs of Māori women by providing a reintegrative pathway based on kaupapa Māori principles and holistic wrap-around support.

The service is based in a Housing New Zealand property in the Hawke's Bay, accommodating 12 women at any given time for a period ranging from three to six months.

Tiaki Tangata

Tiaki Tangata is a whānau-centric wrap-around case management service that supports long-serving Māori prisoners reintegrating into the community. This service operates across New Zealand and includes up to 12 weeks of transitional accommodation immediately on release. It also supports people to find sustainable accommodation, paid employment and reconnect with their community.

Where to from here?

Corrections has a particular interest in ensuring that people have accommodation to facilitate their rehabilitation and reintegration, thereby reducing their risk of re-offending.

People with a criminal history, or who are under Corrections' management, are entitled to the same services and supports as every New Zealander. However, the recent general housing shortage, combined with existing barriers that prevent prisoners accessing accommodation, has necessitated Corrections taking on more responsibility for the direct provision of housing services.

It would be preferable that Corrections doesn't duplicate the role of other agencies, but instead limits its role to delivering services which are specialised and focused at people with particular offence-related needs.

It is also important for Corrections to leverage the resources of social sector agencies and stakeholders and to partner with organisations that have the mandate and expertise to provide housing for vulnerable populations.

These partnerships will become increasingly important given the unprecedented volumes of people leaving prison with an accommodation need, and the opportunities that are opening up as government moves to increase the net supply of social housing.

Over the last year or so Corrections has strengthened its relationships with key agencies in the housing space. Corrections' partnership with Housing New Zealand has continued to grow, with partnered processes being finalised to support the delivery of further accommodation projects.

MSD and HUD have now joined the Corrections Housing and Support Service Governance Board which will help

to strengthen the work across the sector and create new opportunities for additional housing. The projects are progressing through their initiation phases and a number of ideas are being explored.

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Matawhāiti Residence

– Public Protection Orders

Lindon Pullan

Manager Psychological Services (Canterbury North), Department of Corrections

Andrew Burger

Manager, Matawhāiti Residence

Author biographies:

Lindon Pullan has a close working relationship with Matawhāiti, including being chair for the Matawhāiti Steering Group. Lindon started working for the Department as a psychologist in 2000 and was involved in the early implementation of the extended supervision legislation, including providing training to staff nationally. He has worked within the Department and across community support organisations to assist the management of and intervention for individuals who have complex needs, including disabilities, and who have offended. Lindon has provided consultation advice to Matawhāiti regarding clinical and operational issues, and has been active in the development of the specialist Matawhāiti model of care.

Andrew Burger has a legal background and has worked variously as an attorney-at-law and District Court Judge in South Africa, and as a barrister and solicitor in New Zealand and Australia. Andrew was previously a director at both the Auckland District Law Society and the New Zealand Law Society. In January 2010, Andrew moved to Victoria, Australia, to manage the newly created Corella Place, a world first post-sentence sex offender management facility. The number of offenders at this facility increased from 15 to over 70 under Andrew's leadership, with the offenders spread over three campuses and with 100 staff. Andrew returned to New Zealand in August 2016 to manage Matawhāiti Residence in Christchurch.

Introduction

Matawhāiti is New Zealand's national civil detention secure facility for people detained under the Public Safety (Public Protection Orders) Act 2014. It is located in the precincts of Christchurch Men's Prison, but situated outside the prison itself on one hectare of land. Under the Act, a Public Protection Order (PPO) can be imposed by the High Court under civil rather than criminal legislation. The order allows for the detention, management, and support of individuals who have served a finite prison sentence, but still pose a very high risk of imminent and serious offending, and for whom no other regulated oversight, such as long term parole or extended supervision, would be available or adequate.

The first PPO was imposed by the Christchurch High Court on 21 December 2016, and to date the Department has completed 34 health assessment reports on 14 eligible individuals who were considered by the cross-agency PPO board. This has resulted in 10 applications to the High Court, and there are now three residents in the facility with one under appeal. Individuals not considered eligible for a PPO are also considered for an Extended Supervision Order (ESO) application. An Extended Supervision Order requires people to be monitored for a period of up to 10 years and is managed by Community Corrections. Individuals on a PPO are residents, not prisoners, and as such the

Department has developed new processes and a fit-for-purpose operating model for Matawhāiti.

The model of care

The Matawhāiti challenge is to balance the need for public safety with the residents' needs for rehabilitation and personal satisfaction in a meaningful living routine. To this end, staff explore rehabilitation options in co-operation with the residents. Matawhāiti's practices are remedial, with a prosocial and therapeutic ethos, so as to help residents who are vulnerable to distress, impulsiveness, or opportunity to understand social norms and acquire personal skills that they do not have. The goal is, over time, to support a change to residents' cycle of sexual and/or violent offending and prepare them for a future of safe and appropriately supported living in a community setting.

Matawhāiti Residence

Opened in January 2017, Matawhāiti has a 24/7 staffing model and is designed to accommodate up to 24 residents. It is currently being increased from a six-bed to a 12-bed facility. Residents are accommodated in self-contained units, with each resident's unit offering a living room, bedroom, bathroom, kitchen and laundry facilities, with a small garden and veranda area.

A multi-purpose resident community and staff administration building contains a large indoor

communal area, courtyard area, shared kitchen, rooms for interviews and private visits, and separate staff and site management spaces. The administration building and residential units are surrounded by open grassed areas, an outdoor patio, a walking track, planter boxes and flower gardens. These provide for residents' outdoor recreation and exercise needs.

A resident's management and progress within Matawhāiti is the responsibility of Residence Manager Andrew Burger who managed Corella Place in Victoria before moving to New Zealand to take up his current role. He is supported by the Matawhāiti Steering Group, and the Matawhāiti Case Advisory Panel, both of which are multi-disciplinary. External oversight and monitoring is provided by independent PPO inspectors and the Ombudsman, the annual Review Panel, and a five yearly High Court hearing.

Legislative intent and oversight

The objective of the Act is to protect the community from the almost certain harm that could occur if individuals deemed to meet the criteria were not given very robust oversight and support in a contained environment. However, as a civil order, the detention is protective (of the community and resident) rather than punitive. In this regard it is similar to an order under the Mental Health (Compulsory Assessment and Treatment) Act or the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003, both of which need to be considered during an application for PPO.

To meet the threshold for a PPO, an individual must be over 18 and have served a prison sentence for a serious sexual or violent offence, or be subject to the most intensive form of extended supervision order. They must also continue to pose a very high risk of imminent and serious sexual or violent offending and be assessed as having:

- an intense drive or urge to offend sexually or violently
- limited self-regulatory capacity, evidenced by general impulsiveness, high emotional reactivity, and inability to cope with, or manage, stress and difficulties
- absence of understanding or concern for the impact of their offending on actual or potential victims
- poor interpersonal relationships or social isolation.

The Court is supported in considering the application by two psychological health assessment reports provided by the Department, as well as any further reports and information that the Court, or counsel, request.

PPOs are granted by the High Court for an indefinite period, however, the existing orders are reviewed annually by a PPO Review Panel. The Review Panel is chaired by a High Court Justice, and considers the

resident's management plan and support, and if there is sufficient information to indicate a resident's risk has reduced. At least every five years a full High Court review is undertaken. Residents can, at any time, request that the High Court review their PPO.

Residents who are found by the High Court to no longer meet the test to be subject to a PPO will be released and placed on a protective supervision order, under which they will be managed in the community and subject to intensive monitoring. If a resident cannot be safely managed on a PPO they may be ordered by the Court to be detained on a prison detention order in a prison for the minimum time necessary.

Staffing

Matawhāiti currently has 10 permanent staff – a residence manager, a senior residence supervisor, four resident supervisors who case manage the residents, four assistant resident supervisors, and 13 on-call staff. In keeping with the civil nature of the legislation, staff are not corrections officers. Staff are trained to manage residents safely while supporting their personal needs. Staff are also trained in positive behaviour support, conflict management, management of aggression or potential aggression, deception and manipulation, legislative functions and powers, and rehabilitation models.

The statutory role of staff is to protect the community by supervising and supporting residents with their rehabilitation and reintegration into society. The rehabilitation framework used is a strengths-based approach which is responsive to each resident's particular interests, abilities, and aspirations. The framework also assists the resident supervisors and each resident to collaboratively develop and modify individualised management plans. These plans guide activities that recognise the resident's physical and mental health requirements, cultural needs, existing skills and capacity to learn, rehabilitation and reintegration needs and aspirations for personal development. As such, the residents are supported to lead a purposeful and progressive life.

Staff are required under the legislation to, as necessary and appropriate, give lawful directions, manage behaviour or conflict, search, conduct alcohol and drug testing, monitor telephone calls, monitor written communications, escort residents into the community and manage emergency responses.

The residents

The PPO legislation requires that residents have as many civil rights, and as much autonomy and quality of life as possible, taking into consideration the safety and wellbeing of themselves, other residents, staff, and the running of the facility. Residents are given the opportunity to have a say in the facility's house rules

to enable its positive functioning and the creation and maintenance of a residential community.

Residents are, under the Act, able to earn money from work on site, to obtain legal advice, to vote, participate in recreational, educational and cultural activities within the residence, to receive and send written communications, access media and information, receive visitors and communicate with people outside the residence, to receive medical and rehabilitative treatment, to have their cultural identity respected and to receive benefits through Work and Income.

Resident activities

Matawhāiti's operational strategy requires staff to support and enable residents to adopt socially appropriate norms. When a resident arrives at Matawhāiti a needs assessment is undertaken based on a psychological assessment and a safety assurance plan. The resident's risks and foundational skills are assessed in terms of personal responsibility, communication, decision-making, budgeting, personal hygiene, problem solving, self esteem and independence.

This assessment is used to support the residents to develop as much independence in daily living as possible. For example, residents buy their own groceries online, and cook their own meals. Weekly planners will typically include religious and cultural sessions, shopping online, receiving visitors (whānau and professional support persons), education, recreation (table tennis, exercise programmes, board games, reading, etc.), and projects (horticulture, woodwork, landscaping, music, art, secure online learning suite, etc.). This aligns with the Good Lives Model philosophy, which advocates that every intervention is an activity that adds to a resident's repertoire of personal functioning.

Residents who request offending rehabilitation may also meet with a treatment psychologist, receive counselling, or meet with an occupational therapist. Residents choose their own community-based medical doctors and dentists, and attend Court fixtures in the community under escort of supervising staff.

Closing remarks

Matawhāiti is still relatively new and only a very small number of individuals live there. The first full review of the operation of Matawhāiti is scheduled for July 2019 and will assist integrity and planning for the future. The Department takes its duty of care very seriously and will continue to ensure the community is kept safe, while at the same time upholding the rights of the residents to engage in rehabilitation and develop as much independence as possible while fulfilling the requirements of their PPOs.



A mental health service for people in central North Island prisons

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Shaun, LLB, BA(Hons), PRINCE2 Registered Practitioner, previously worked for Police and Ministry of Social Development, before joining the Department of Corrections Design & Implementation team in mid-2017.

Maxine, LLB, BA(Hons), joined Corrections in early 2017. Maxine previously worked as a lawyer in a general practice role, primarily focused on litigation.

Background

In 2018, the Department of Corrections (Corrections) commenced the development of a 600-bed facility at Waikeria Prison, due for completion in 2022. The government announced that, due to the high proportion of prisoners with mental health issues, 100 of the beds in this facility would be dedicated to a mental health service. This will be the first service of its type in a New Zealand prison.

People in prison have a high prevalence of mental health conditions compared with the general population, with a significant degree of co-morbidity with substance abuse and neuro-cognitive issues. A recent study indicated that 91 percent of people in prison are likely to have met the criteria for a mental health or substance abuse diagnosis within their lifetime. A subset of 62 percent had received a diagnosis within the preceding 12 month period (Bowman, 2016).

In recent years, Corrections has strengthened its provision of mental health support to people in prison through:

- Mental Health and Reintegration Services provided by mental health clinicians in 16 prisons and four Community Corrections sites
- A new model for our Intervention and Support Units, centred on a more therapeutic, multidisciplinary approach for people who are vulnerable to suicide and self-harm.

The Waikeria mental health service will build on these investments and strengthen Corrections' ability to provide specialist services. Specifically, a person-centred approach will be implemented in a health-focused environment, to support the rehabilitation of men with a mental health diagnosis, alongside therapeutic support for other complex needs.

The development of this service presents an opportunity to work in partnership with Māori, the Waikato District Health Board (DHB) and the Ministry of Health. A joint approach with our partners promotes best practice, draws on our respective strengths, and will increase the likelihood of successful outcomes.

A project team has been established to design, develop and implement an operating model for this facility.¹ A collaborative approach will drive the development of an operating model, with the aim of incorporating several focuses:

- integration with the rest of the prison network and the wider mental health sector, including strong referral pathways
- a strong kaupapa Māori approach at the centre of the model
- providing therapeutic support and rehabilitation where needs cannot be met in mainstream prison units
- a person-centred approach that is responsive to needs.

The wider mental health context

The development of this mental health service requires consideration of the wider health context, including the role of forensic mental health services, and the response to the report of the Government Inquiry into Mental Health and Addiction, *He Ara Oranga*.

In November 2018, *He Ara Oranga* made recommendations aimed at improving New Zealand's approach to mental health. Areas of focus included equity of access, community confidence in the mental

¹ The operating model includes developing the workforce that will operationalise the model(s) of care.

health system and delivering better outcomes for Māori. *He Ara Oranga* said that in an aspirational future state:

"There will also be stronger connections and capability within forensic services for specialist psychiatric liaison into prisons for people who are incarcerated, and the capacity to more easily transfer people who are very unwell into a health-focused environment" (Mental Health Inquiry, 2018).

In this respect, the Waikeria mental health service will be additional to, and not a replacement for, the services that are delivered by the Waikato DHB. Forensic mental health facilities will continue to provide specialist treatment and rehabilitation to people who meet the criteria for admission, and compulsory treatment will not be provided within Waikeria Prison.

However, there are significant constraints on the capacity of forensic mental health services, as highlighted by *He Ara Oranga*. In particular, the growth of the prison population has not led to a corresponding increase in the volume of forensic mental health beds (Skipworth, 2018).

Working within this context, the Waikeria mental health service will provide therapeutic support after people return to prison from the Midlands forensic mental health facility. After people return from this facility, they typically present with a lower level of acuity, but tend to require ongoing mental health support and rehabilitation to reduce the likelihood of re-admission.

The international context

Internationally, an evidence base is developing that outlines the importance of mental health screening and triaging within prisons, to support effective treatment (Skipworth, 2018). In this respect, a number of Australian jurisdictions have developed specialist mental health services within prisons, with a particular focus on triaging and screening processes.

Caution needs to be exercised about overseas models, as we cannot assume they will be applicable in the New Zealand context. Overseas models reflect their particular corrections environments, health sectors and cultural milieu, which differ from those in New Zealand. However, the project team will consider these international models – to understand the challenges of developing this type of unit in a prison environment and to help guide the development of the Waikeria mental health service.

In particular, we will draw from the examples of prison-based mental health services in New South Wales (NSW) and Victoria, Australia. Both jurisdictions place significant emphasis on initial mental health assessments and screening, which is followed by specialist care in the prison. In reality, there are significant differences in the delivery of services in

these jurisdictions, which reflects different legislative frameworks, philosophical approaches and cultural imperatives.

For instance, in NSW compulsory treatment can be delivered within a designated hospital inside a prison (Mental Health Act (NSW) 2007). In contrast, Victoria's legislative framework precludes the delivery of compulsory treatment in a prison setting, which means that prison-based services must be integrated with an external forensic mental health facility (Mental Health Act 2014 (Vic)).

In New Zealand, Corrections delivers primary health services to people in prison, and secondary and specialist services are delivered by DHBs and contracted providers. In the mental health sector, local DHBs run the five Regional Forensic Mental Health Services that deliver services for people within the justice sector.

Hence, New Zealand's structure differs from NSW and Victoria, which have developed distinct entities to deliver primary healthcare and forensic mental health services. In NSW, a specialist unit called Justice Health was formed a couple of decades ago to deliver all prison-based health services, and forensic mental health services across all justice-sector settings.

In contrast, Victoria has developed a specialist unit to deliver primary healthcare, also referred to as Justice Health, and delivers forensic mental health services through a sub-unit called Forensicare. Forensicare was formed under Victoria's mental health legislation, and delivers mental health care to people in the justice system in accordance with its statutory duties (Mental Health Act 2014).

Both these agencies have been embedded in the justice and health sectors in these jurisdictions for many years, with a single provider addressing mental health across the prison estate and in external forensic mental health services

Additionally, within NSW and Victoria, there is a network of mental health facilities across the prison estate, so that assessment and screening units feed into more substantive prison-based facilities in each state. A high level overview of these models is set out in Appendices One and Two.

Culturally responsive services provided in the Mason Clinic

To ensure that the Waikeria mental health service is informed by the New Zealand context, the project team has partnered with regional forensic mental health services, the Ministry of Health and mana whenua to draw from kaupapa Māori frameworks in the wider health sector.

Collectively, these examples will inform the design of a health-centred, culturally-responsive operating model that meets the needs of our people. Consideration will be given to developing integrated and therapeutic pathways to meet needs during transitions, such as upon release or during transfers to different environments within the prison network.

Previous experience in the health sector indicates that services must be culturally responsive to meet needs effectively. The Mason Clinic's Te Papakainga o Tane Whakapiripiri and Te Aka units deliver kaupapa Māori services in a forensic setting, and are pioneering examples of this approach.

These units were established in response to over-representation of Māori in forensic mental health services. From the outset, the vision for Te Papakainga o Tane Whakapiripiri and Te Aka units was to provide a range of clinical and cultural services that will improve mental health outcomes for patients, whānau, hapu, and iwi. Crucial features of the development of these services were:

- a new model of care, with broad consultation, and clinical and cultural involvement at all stages of development
- recognition of the unique opportunity, and of the importance of getting it right.

Māori, who make up 15 percent of the general population, account for 45 percent of the forensic mental health population (Ministry of Health 2007), 52.9 percent of the prison population, and 73.3 percent of the population at Waikeria Prison (Corrections, 2019). Key relationships have been established with the Mason Clinic, which forged the pathway for kaupapa Māori services to be delivered in a forensic setting. These relationships will support and guide the development of the Waikeria mental health service operating model.

Forensic mental health services in the central North Island

Additionally, the relationship with the Henry Rongomau Bennett Centre, the Hamilton-based regional forensic mental health service known as Puawai will be critical to the Waikeria mental health service. Puawai provides services across four DHBs in the central North Island.² The relationship is twofold in that we can learn from this service and have partnered with the Waikato DHB, which will have significant involvement in the operational aspects of the Waikeria mental health service.

In 2010, the Waikato DHB centred the newly configured Puawai service on:

"healing, growing and celebrating a partnership between an agency of the crown and a kaupapa Māori organisation moving forward together as one"
(Waikato DHB press release, 2010).

Currently, Puawai consists of a 44-bed secure inpatient services, court services, outpatient prison-based services, and community follow-up services in Hamilton. Puawai, and other services run by the five DHBs, will be critical to ensuring effective continuity of care for people moving through the Waikeria mental health service, including on release from prison.

Puawai will provide a pathway when a person's level of mental health acuity escalates beyond the type of care that will be provided by the Waikeria mental health service, such as when compulsory treatment is required under the Mental Health (Compulsory Assessment and Treatment) Act 1992. Equally, the Waikeria mental health service will provide a therapeutic pathway for when people are well enough to return to prison from forensic mental health services.

Key workforce challenges

In 2014, Te Pou (the national centre of workforce development for the mental health, addiction and disability sectors) surveyed 7,613 employees in the adult mental health workforce across New Zealand. Survey responses suggested that a number of clinical and allied health roles were at risk of future shortages, including nurses, consultant psychiatrists, clinical psychologists, occupational therapists, and support workers (Te Pou, 2014).

These findings were reflected in the report *He Ara Oranga*, which pointed to major issues with the recruitment and retention of staff, including negative perceptions about working in mental health. The report noted that these issues place pressure on existing staff, and will impact future recruitment (Mental Health Inquiry, 2018).

The opening of the Waikeria mental health service will add pressure to the workforce in this sector, with particular reference to two critical factors that impact our ability to develop and operationalise a skilled workforce:

- known workforce shortages in the adult mental health sector
- large scale recruitment into a rural setting (given that the prison is 16km south of the small town of Te Awamutu).

To effectively respond to these challenges, the agencies involved will focus on growing the current workforce, which includes implementing strategies that are both innovative and evidence based.

² Waikato, Lakes, Taranaki, and Bay of Plenty DHBs

Ensuring continuity of care

Ensuring continuity of care and integration with other services will be a critical aspect of this facility. *He Ara Oranga* highlighted the need to reduce fragmentation within the wider mental health system, which has a significant impact on many Māori communities (Mental Health Inquiry, 2018). In particular, integration with community-based adult mental health services will be an important part of ensuring continuity of care after release.

Within the prison environment, people require “step-down” services to facilitate recovery from a period of being acutely unwell. Step-down services will offer support after people transition from acute care in Forensic Mental Health Facilities, during a period when they need ongoing rehabilitation but their needs are less acute. The need for an improved continuum of support was reflected by tāngata whaiora, families, whānau, clinicians and NGOs (Mental Health Inquiry, 2018).

An agreed approach to continuity of care will provide a robust platform for broader sector responses in the central region. The development of an operating model will be used as a platform to drive integration within the wider sector, in partnership with the Waikato DHB and the Ministry of Health, including:

- a therapeutic and recovery-focused model of service delivery
- effective governance and decision-making, involving Corrections, the health sector and Māori
- ensuring that the model interfaces with the rest of Waikeria Prison, other prisons, and other forensic and community mental health services
- a comprehensive workforce development plan.

The mahi to develop the operating model is underway

The successful development of a person-centred, culturally-responsive operating model should improve mental health outcomes for men imprisoned in the central North Island.

A project team based in Wellington and Hamilton has been established to design and develop an operating model for this facility. Key project deliverables will be reviewed and endorsed by an advisory panel comprised of subject matter experts from Corrections, service users, and cultural, clinical, and academic fields. Once endorsement has been received, all key decisions will be made by a cross-agency Project Board with representation from Corrections, Waikato DHB, Ministry of Health, Te Puni Kōkiri, and iwi.

Victoria

Mental health services are commissioned by Justice Health and Forensicare. Both entities sit within the justice agency.

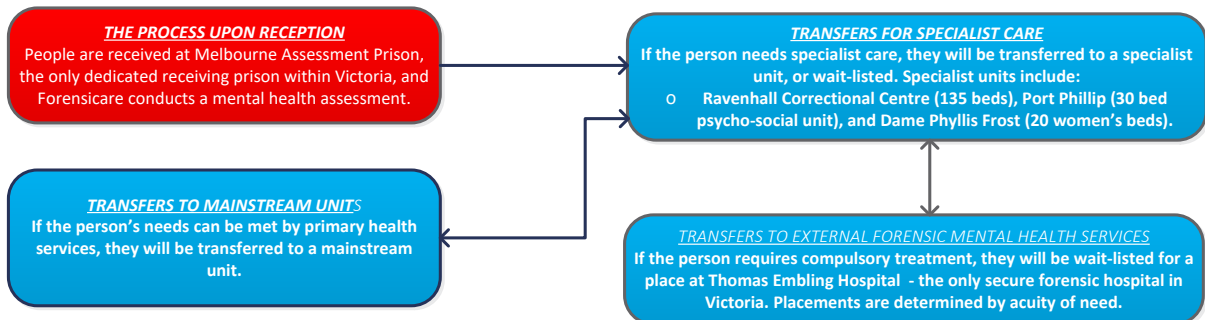
Justice Health

- *Justice Health* has the overarching responsibility for commissioning and delivering services within the justice sector, but primary health services are delivered entirely by private providers.
- *Justice Health* is an independent business unit within the justice agency, which is also the umbrella agency that Corrections Victoria sits within.
- There is overarching governance by executive leadership and a joint management committee with representatives from the health sector, the Department of Human services, and justice sector agencies.
- Alongside this governance model, the Victorian Government recently established a Ministerial Advisory Council to guide the development of health services.

Forensicare – the specialist mental health provider in Victoria's prisons

- A specialist entity formed under mental health legislation to deliver forensic mental health services in secure settings.
- Forensicare delivers inpatient mental health services in five prisons, and provides outpatient and in-reach services across the entire prison network.
- Forensicare has delivered forensic mental health services in Victoria since the eighties.
- Forensicare assists people with serious mental health issues within the justice pipeline, including people in prison, those who are at risk of offending, special patients, and people who have been referred from the public mental health system for specialist advice and support.
- Forensicare is governed by a board and an executive.

The high level structure of inpatient mental health services in Victoria



Overview of the 75 bed mental health facility at Ravenhall Correctional Centre

Ravenhall's key feature is a 75 bed mental health unit, called Ballerri Yeram-boo-ee, which opened 1.5 years ago. The mental health unit is a maximum security facility in a minimum security prison. Ravenhall delivers therapeutic treatment and rehabilitation under a model of care that allows people to step-down through units as they stabilise. The facility is comprised of:

- ❖ a 25 bed acute inpatient unit
- ❖ a 30 bed sub-acute inpatient unit
- ❖ 10 pre-release beds designed to support reintegration into the community, and
- ❖ 10 bed service for people with complex and challenging behaviours.

The acute and sub-acute units are delivered into smaller wings for up to ten people. The objective is to facilitate recovery and rehabilitation as people move through the services

The Ravenhall development doubled forensic mental health service capacity across Victoria's prisons. The facility has intensive staffing ratios with 4.4 FTE psychiatrists across the entire facility, and multi-disciplinary teams comprised of social workers, occupational therapists, mental health nurses and psychologists.

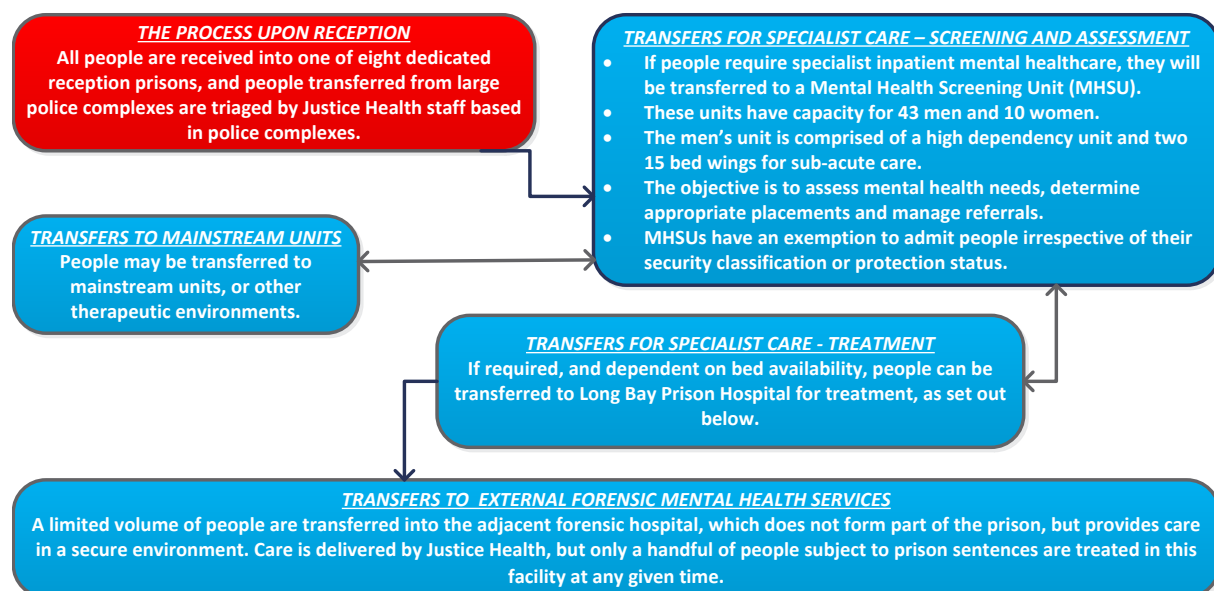
Staff also provide outreach services, including mobile crisis services, across the entire prison, including specialist consultations and intensive case management

New South Wales

Mental health services are commissioned and delivered by Justice Health, a specialist unit within the health agency.

- Justice Health must clear people who present with mental health needs before they can be transferred to other prisons. Health screening upon reception includes a mental health assessment. People who require inpatient mental health services are transferred to a prison which provides these services under Justice Health's model of care.
- If a remote prison receives somebody whose mental health needs are beyond the prison's capabilities, Justice Health staff can place the person on a medical hold, and this will prompt custodial staff to return the person to the reception centre.
- Specialist mental health services are delivered in Mental Health Screening Units and a hospital within the Long Bay prison complex. This hospital has the authority and capacity to deliver compulsory treatment to people in prison, when clinicians deem this clinically appropriate under the mental health legislation.

The high level structure of inpatient mental health services in New South Wales



Long Bay Prison Hospital

- ❖ Men and women are transferred to the hospital from MHSUs to receive specialist care, including compulsory treatment.
- ❖ When compulsory treatment is delivered, Corrective Services are responsibly for physical restraint.
- ❖ Staffed by multidisciplinary teams of clinicians including psychiatrists and mental health nurses, but the teams do not include clinical psychologists specialising in mental health.
- ❖ There are two components to the Mental Health Unit:
 - acute ward, which is comprised of two wings made up of observation cells.
 - sub-acute ward, which operates as a step-down unit with two separate wings and follows typical prison unlock hours.
- ❖ Patients in the mental health unit can be transferred to the forensic hospital, community facilities or to prison units

Long Bay Forensic Hospital – a secure facility outside the wire

- ❖ 135 bed secure facility, including:
 - 91 beds for acute and sub-acute patients
 - 24 ring-fenced beds for sub-acute women
 - A 20-bed long-stay unit.
- ❖ There are five accommodation units, comprised of:
 - high dependency, acute care, continuing care, a long stay rehabilitation unit, and a small unit for adolescents and women, with appropriate partitioning within this unit.
- ❖ The hospital provides care to people who:
 - were found unfit to enter a plea or found not guilty by reason of mental illness,
 - are transferred from prison, or
 - who require care in a secure environment.

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Leading with values, measuring success

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Valerie has a Masters in Mental Health/Community Counselling with a specialty in Forensics and a Masters in Quality Management. She is also a certified Lean Six Sigma Master Black Belt. Valerie's interest areas are organisational culture change through incremental improvements, values-led practice, review methodology and processes, and qualitative analysis.

Introduction

Ara Poutama Aotearoa, the Department of Corrections, is accountable to the public and the government for the safe and humane care of people in prison and people subject to a community sentence. To ensure we meet our obligations under the law and conventions we are signatory to, as well as our obligations under the Treaty of Waitangi, the Department has developed the Ara Poutama Practice Framework to guide how we treat the people in our care, our colleagues, and, indeed, everyone with whom we work (Banaghan, 2018).

While the practice framework provides a solid foundation from which to work, how does the Department know if it is living the values? How do we measure values – is that type of measurement even possible?

As values are not able to necessarily be measured through standard quantitative analysis methodology (number of x, percentage of x) a new qualitative methodology has been developed by the Integrated Quality Improvement (IQI) team to assist sites to assess themselves against the values. This assessment, the Ara Poutama Site Assessment, provides powerful, meaningful feedback to sites to identify what's working well and where opportunities for improvement exist.

This article follows on from a practice note by Nova Banaghan, General Manager Integrated Practice, in the previous edition of Practice (Banaghan, 2018) which introduced the Ara Poutama Practice Framework – the foundation of the Department's shift towards values-led practice. This article discusses the importance of values-led practice, culture change and qualitative analysis and using workshops to bring those things “off the page” and into practice.

The importance of values-led practice

A quick survey or web search will show that most companies, from non-governmental organisations to large corporate organisations, have their values listed, often prominently (Alfred, 2013). It is not difficult to ascertain a particular company's values; what is more difficult is to ensure these values are being lived and breathed within the workplace.

Mullen (2018) notes that a true values-led organisation “encourages and ensures ongoing internal dialogue about its core values and develops and applies systems to ensure the organisation is:

- Explicit in collectively naming, defining, and communicating the values that motivate its purpose and work;
- Coherent in giving expression to its core values in carrying out all its functions and bringing its values into all areas of its operations; and
- Consistent in applying its values at all times and all contexts (p.3).”

Values have been defined as “deeply held ideals regarding what we consider to be important”; they are often crucial motivators for individuals and organisations (Mullen, 2018 p. 5). A values-led organisation recognises this and uses its values as motivating mechanisms for individual practitioners and the organisation as a whole.

The Ara Poutama Practice Framework is a set of shared values which enables the Department and the people within it to operate from a values-led practice perspective. The hallmark of values-led practice is the use of values as “action guiding” mechanisms for decision-making, interactions among people, and treatment choices for the people in our care (Fulford, 2008). This “action guiding” feature of values makes

them not only relevant to, but also inseparable from, ethical operational decision-making. If our values are used to underpin decisions, we will be able to function in a more person-centered, evidence-based way which will, arguably, assist the Department with fulfilling its core mission of keeping communities safe and changing lives. The Ara Poutama Practice Framework is made up of five values:

- Manaaki: (Respect) We care for and respect everyone
- Whānau: (Relationships) We develop supportive relationships
- Wairua: (Spirituality) We are unified and focused in our efforts
- Kaitiaki: (Guardianship) We are responsive and responsible
- Rangatira: (Leadership) We demonstrate leadership and are accountable.

It is well-known that the Department uses evidence-based practice to guide programming, decision-making, policy, procedures, and rehabilitation and reintegration treatment possibilities. By aligning evidence-based practice with values-led practice, the Department can achieve the best possible treatment outcomes for people in our care. Values-led practice enables and encourages colleagues to interact with each other in entirely different, meaningful ways. For example, values-led practice encourages asking questions as opposed to simply giving orders. The values can also be incorporated into business documents, processes and procedures. By making a commitment to implementing the values, the Department is demonstrating the three keys to becoming a values-led organisation – being explicit, coherent, and consistent.

Culture change and qualitative analysis

The Ara Poutama Practice Framework allows the Department to change and set our culture to be values-led. House, Hanges, Javidan, Dorfman, & Gupta (2004) define culture as shared understandings manifested in societal values. The inclusion of Māori language and culture in the values underscores the importance the Department places on enabling staff to communicate and operate in ways that are culturally sensitive to the needs of the people in our care. The values themselves are universal in application; they are core values in almost every society which ensures that the Ara Poutama Practice Framework is holistic and designed to positively influence and impact all the people with whom the Department works.

Culture change itself is predicated on an organisation developing a set of values and aligning those values with strategy and processes (Folz, 2016). For culture change to be truly successful, it must be measured

(Folz, 2016). But how is it possible to measure such things as culture change and values?

IQI tackled this question head on and developed the Question Matrix and the Levels. The Question Matrix is a qualitative analysis tool that uses the five values and the four domains of the System Analysis Framework – People, Tools and Resources, Policies and Practice Frameworks, and Environment. The Question Matrix enables facilitators to develop specific questions targeting specific topics such as culture change.

Focus groups are then run with the appropriate target audience, staff, people in our care, external stakeholders (sometimes, all three groups) to hear and prioritise the voice of the people. The questions and conversation prompts from the Question Matrix provide the talking points for each focus group.

These conversations provide rich qualitative data which is then themed and reported back under the five values and Systems Analysis Framework domains.

This themed conversational data is then used by site leaders to assess how the site is implementing each value by rating each value against the Levels (see Figure 1).

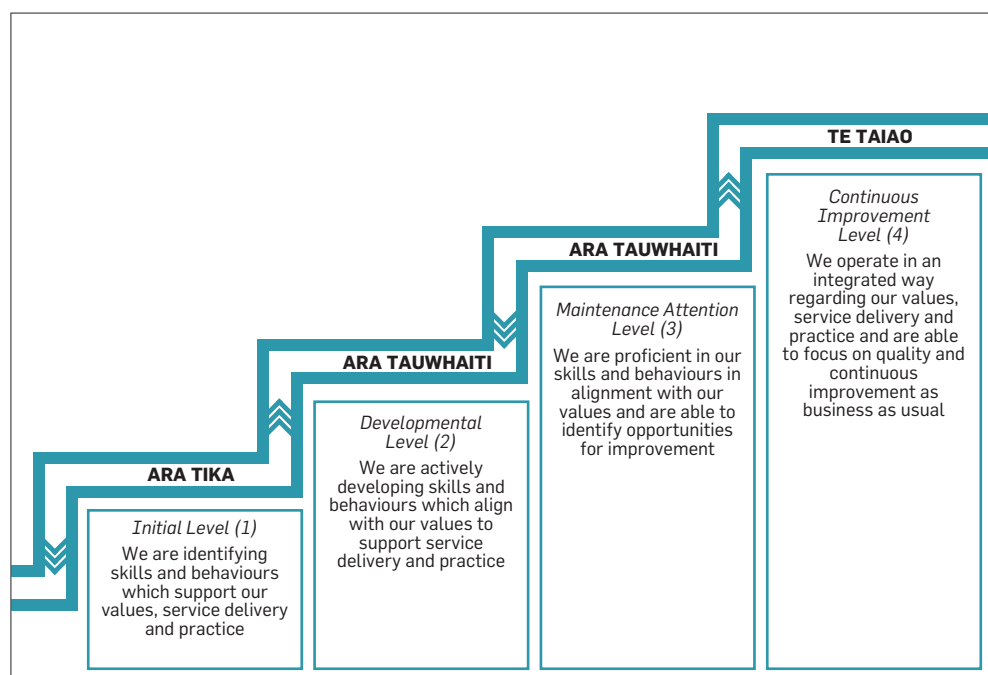
- Ara Tika (Initial Level)
- Ara Tauwhaiti (Developmental Level)
- Ara Namunamu (Maintenance Attention Level)
- Te Taiao (Continuous Improvement Level).

As the site moves through the rating process, it will become clear what's working well and where opportunities for improvement exist. It is necessary and important for sites to rate themselves as opposed to being rated by an external party; the people who work at the site know the site best and are best-placed to rate the themed conversation data against the values. Self-rating also provides a sense of ownership and accountability. It is important to note that the ratings are only used for the site to assess itself on a continuum and are not to be viewed as tick boxes or targets.

Once sites have identified opportunities for improvement, they develop a plan which focuses on small, incremental improvements. By placing the focus on small, incremental steps, sites will not be overwhelmed by improvement; the changes made will also be more likely to fully embed, thereby progressing overall culture change at the site. For example, a site may choose to work on its relationship with people in care by greeting them with "kia ora" and calling them by their given name (if they prefer that).

Figure 1:

The four Levels



The Ara Poutama Values Workshop

The Ara Poutama Values Workshop was developed by IQI to assist staff to better understand the methodology of the Question Matrix, the Levels, and the process of qualitative analysis to assess against the values. Input and collaboration was sought from the regions to develop the format and the materials used in the workshops; it's crucial to have this input to gain buy-in from key stakeholders and future users of the assessment and its associated documentation.

The workshops are designed using the Model for Improvement, an internationally recognised improvement methodology, as a framework to structure the conversations and group activities. The Model for Improvement is comprised of the following questions:

1. Where are we now (in relation to operationalising and implementing the values)?
2. What are we trying to accomplish?
3. How will we know that a change is an improvement?
4. What change(s) can we make that will result in an improvement?

The workshops are collaborative; free and frank conversation within a safe environment is encouraged. Participants are seated at tables each facilitated by an IQI team member; participants are initially unaware that each of these tables comprises its own focus group.

Throughout the day, participants contribute to focus group discussions akin to the focus groups they will be running themselves when completing an assessment or review at their site. When this is revealed later in the day, participants usually express astonishment at how simple the process is to complete, facilitate, and participate in. They are also usually quite surprised by the amount of valuable data which has come from their conversations and how that data is easily able to be themed and sent back to them (in a follow up email sent by IQI within 72 hours after the workshop has taken place).

The interactive nature of the site assessment invites a level of participation not usually associated with a values framework. The workshops eliminate the tokenistic "poster on the wall" and create an interactive and engaging process which appears to be a first within New Zealand and, possibly, the world, particularly in the Corrections space. Workshops are currently being held regionally and at national office and are facilitated by the IQI team.

Next steps

IQI will continue offering the Ara Poutama Values Workshops for the foreseeable future within National Office and the regions. IQI is also offering active assistance to sites and regions to support the work and embed the process.

As each site completes the assessment process, information will be passed to the regional teams and then to IQI at National Office. This information will be used to assist the Department's General Manager Cultural Capability with developing the Cultural Capability dashboard and to keep the Executive Leadership Team informed regarding the cultural change across the estate. It is anticipated that there will be positive learnings and knowledge shared across the country. IQI, the regions, and the sites have just begun this process; as sites complete the assessment, information will become available about the assessment process itself that will be used to continuously improve the Ara Poutama Site Assessment and the process.

The change to values-led practice is challenging but extremely rewarding. Values-led practice is the way forward and will play a critical role in driving positive change for staff and people in the care of the Department. By developing and embedding the Ara Poutama Practice Framework, the associated assessment, and using the Ara Poutama Values Workshop to do so, Corrections is pioneering values-led practice and will, ultimately, be a force for good within New Zealand and globally.

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Case study: How prototyping was used to design the solution for photographing people in the care of the Department of Corrections in the community

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Irene has been with the Department of Corrections for ten years in a number of different roles. Currently she works in Service Development, supporting the design and implementation of new initiatives. She is passionate about ensuring that what is designed and implemented meets the needs of users.

Introduction

The Enhanced Identity Verification and Border Processes Legislation Act (2017) enables the Department of Corrections (Corrections) to collect biometric information from offenders serving community-based sentences and orders. The legislation defines the types of biometric information that can be collected and includes a photograph of all or any part of the person's head and shoulders. Prior to the enactment of this legislation Corrections could only take photographs for the purposes of managing prisons.

This case study demonstrates how design thinking was used to develop the solution for capturing and managing photographs of people in the care of Corrections in the community.

Design thinking and prototyping

Design thinking is by definition exploratory: solutions are developed, prototyped and tested using iterative, "safe-fail" experiments to gain rapid feedback. The Double Diamond method developed by the Design Council is well known and a widely recognised way to deploy design thinking.

As Figure 1 illustrates, the Double Diamond method helps to uncover a problem by using a collaborative and iterative approach, and then re-engaging in divergent and iterative thinking to arrive at a solution. The process does not commit at the outset to the form of an end solution but rather generates ideas that could ultimately become physical or digital products, services or processes (Conway, Masters and Thorold, 2017).

The design workshop

Staff from a number of roles came together for a design workshop facilitated by an external provider. At the workshop the Double Diamond method was used to explore how Corrections could capture and manage photographs of people in our care in the community.

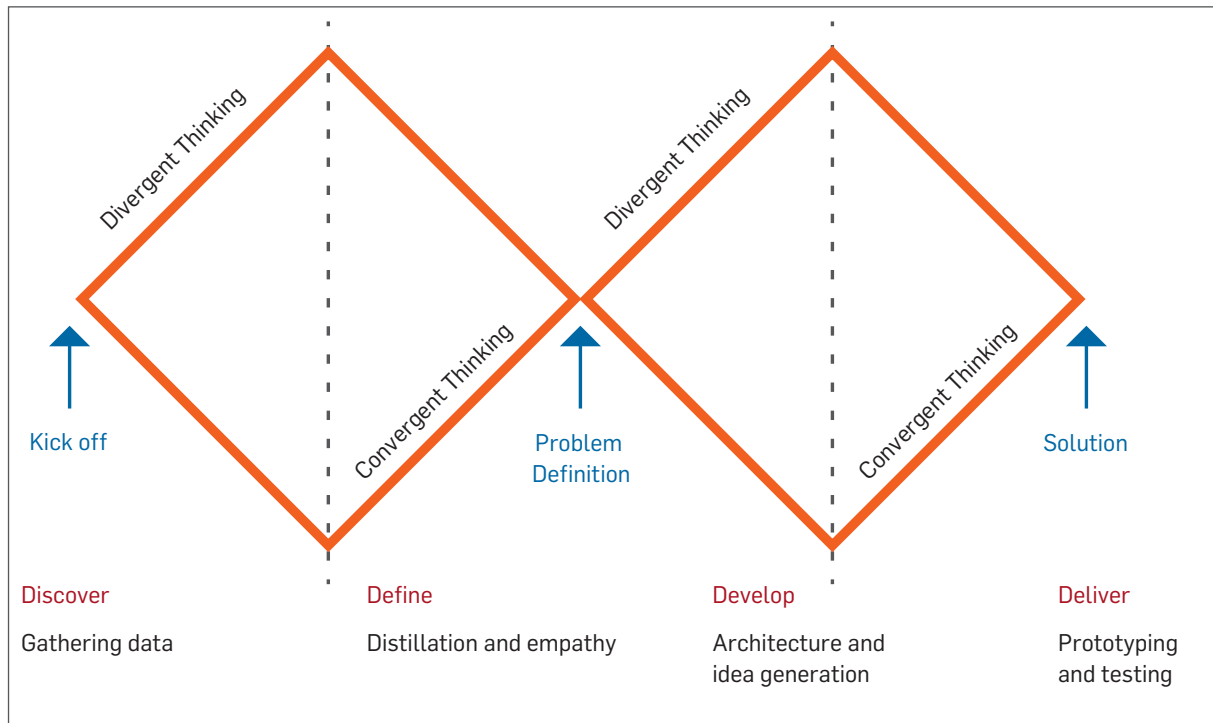
With the processes, tools and technology already available in all prisons this could appear simple – merely a case of implementing the existing capabilities into each location in the community. However, as the group undertook the Discover Phase of the Double Diamond method and gathered information, it quickly became apparent that the issues were more complicated.

For example, the group explored the following questions: Why does the photograph exist? Where does it live? When is it created? How is it created? Where is it created? How is it seen? Who is able to access it? How "perfect" does the photograph need to be? How is it validated? Who owns the photograph? When is it deleted?

Design thinking tools and techniques were then used to distil this information and to move through the Define and Develop phases of the model. A number of ideas and paper prototypes were developed for:

- obtaining and validating the photograph, including metadata and any other available biometric data
- managing and sharing a photograph including metadata and the need to share access to the records
- verifying identity from a photograph manually against other documentation or automatically if available.

Figure 1:
The Design Council Double Diamond method



These prototypes were then presented to a group of senior stakeholders for challenge, feedback and prioritisation for development. It was agreed that the first priority was to focus on developing a solution for how the photograph would be taken and validated.

Numerous potential sources of photographs were identified including:

- using a photograph that had been taken in prison
- asking a third party such as Police, Department of Internal Affairs or Immigration to provide the photograph
- asking the offender to provide their own photo, such as one taken for a passport, driver licence, or RealMe
- using a staff-held cell phone or camera to take the photograph during induction to a sentence or order, or on a home visit
- installing a wall-mounted fixed camera in a meeting room for taking a photograph during induction to a sentence or order at a Community Corrections site
- using a ceiling-mounted camera or CCTV for taking the photograph.

Each source of photograph had complexity and may not have provided the quality of image or a current version that was suitable for the identified purpose of recording and verifying the identity of the offender.

Workshop participants considered that the most straightforward option was for Community Corrections to use the same system as a prison; a fixed camera with the photograph stored in the offender information management system. Community-based staff could add a photograph taken during induction to a community sentence or order or when a person's appearance changed significantly. This option would remove systems integration costs, challenges and risks, and make it easier to manage the quality, usage, and future enhancements. A fixed camera was preferred to reduce the safety risk, maintain quality, and make it as simple as possible to use. However, it was thought that there may be some situations, such as shared office locations, where a hand-held device may be required.

Figure 2 is an example of the paper prototype used to confirm the business requirements and process at Community Corrections sites.

Testing the prototype

Over the following month the team at Upper Hutt Community Corrections undertook research, role plays and workshops to test and further develop the initial paper prototype. Figure 3 shows examples of material produced from the role plays and workshops exploring the location of the camera in the room.

Figure 2:

Initial paper prototype for a mounted fixed camera installed in a meeting room for taking a photograph during induction

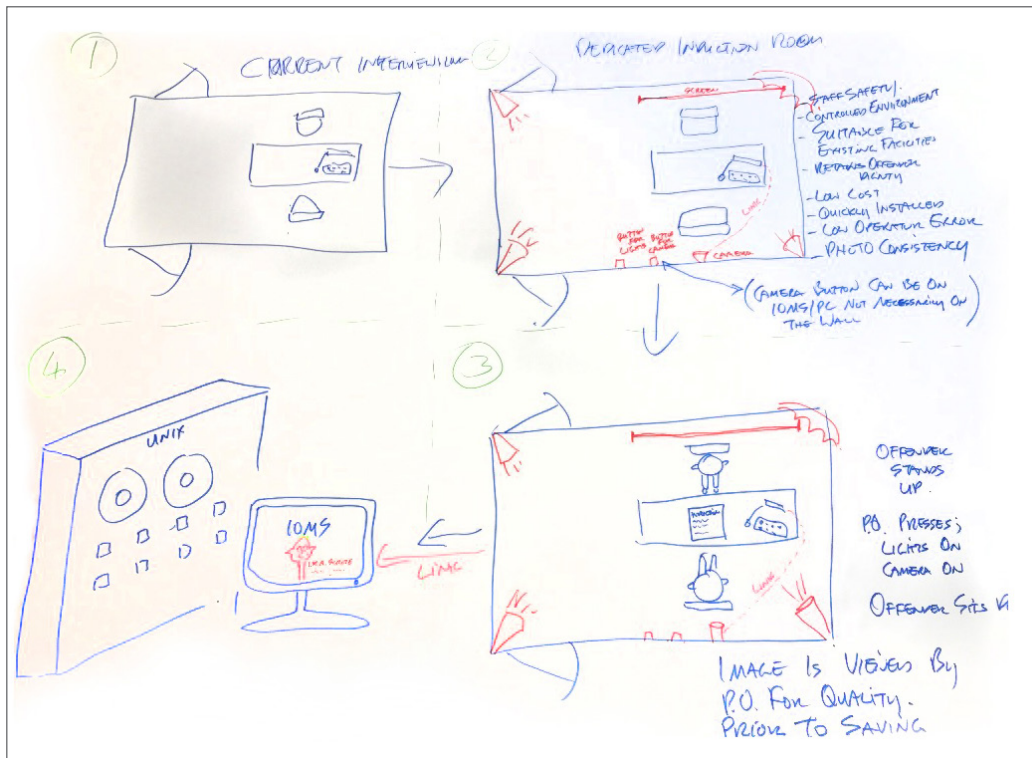
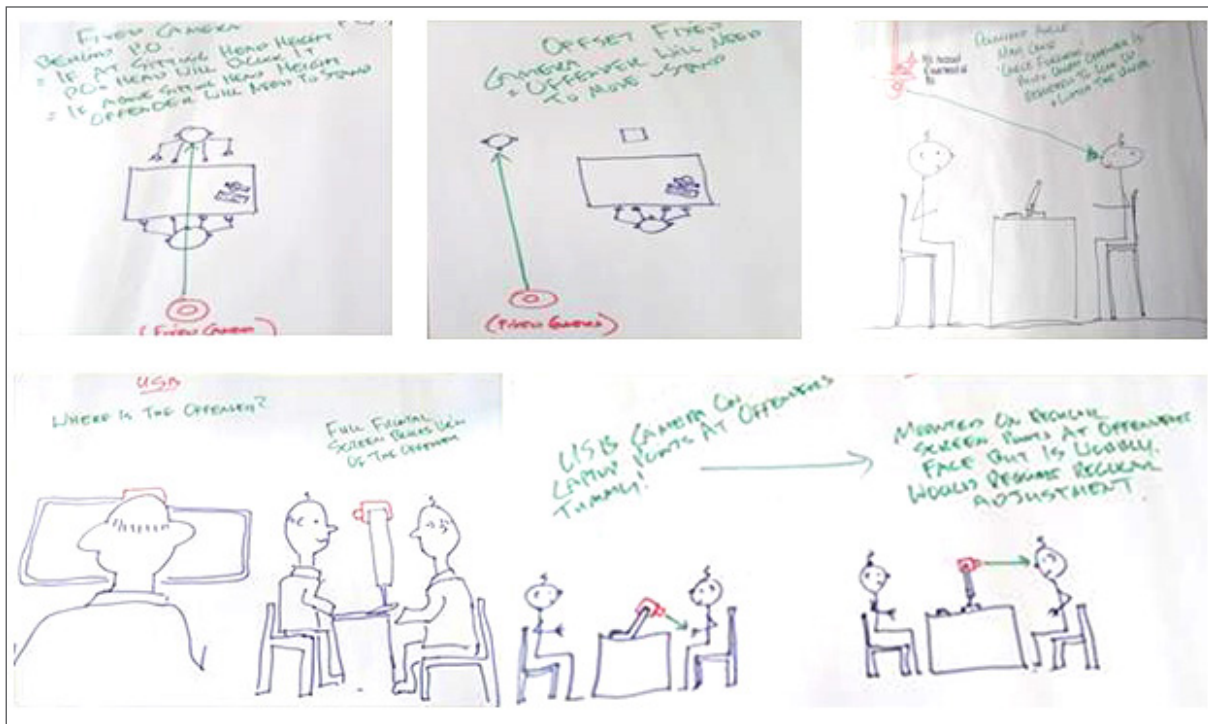


Figure 3:

Drawings exploring the potential location of the camera in the meeting room from the Prototype Development completed by Upper Hutt Community Corrections staff.



As testing progressed the focus moved from a camera set-up (see Figure 4) that would be safe and best suit the way staff work to the engagement and discussion with the person whose photograph was being taken. This included identifying tools such as hand-outs and extra information to be included in the induction pack, practice guidance such as step-by-step instructions and advice on how to take a good photograph, guidance on what to say if the person refuses to be photographed or questions the legality of taking photographs, and the support staff needed for this engagement to be successful.

Figure 4:

The first physical prototype used by Upper Hutt Community Corrections to test and develop the design



Working in this way enabled the staff to quickly test ideas and refine the prototype. The staff confirmed the most efficient and safe way of taking photographs involved taking the photographs at the end of induction with a fixed camera. However, their testing resulted in significant changes to the prototype (Figure 5), in particular the set-up of the room.

It was at this time that the team started taking photographs of the people in our care. This prototype (Figure 6) had limited integration with technology systems and allowed for further testing of the solution, including the process for taking photographs, tools and practice guidance, before investing significantly in changes to our technology systems. No changes were made as a result of this testing and a decision

was made to introduce the prototype in a phased way, starting with five additional sites. Work also began on integration with technology systems.

The physical prototype went through two further iterations as part of the phased introduction.

Integration issues with technology systems have resulted in changes to some hardware and software elements of the design. These issues have been addressed incrementally during implementation and have not impacted on the experience of staff or the people in our care.

Summary

We found that prototyping results in a practical understanding of the issues, challenges and opportunities that will be faced by users very early on in the design process. Issues and challenges were tested, addressed and resolved as they arose, with unworkable options and problems eliminated from the design long before they negatively impacted on budget and timelines. The iterative approach gave maximum value for relatively small cost and avoided locking the organisation into an expensive solution that may or may not meet future needs.

Practice guidance, tools and resources to support implementation were developed and tested by staff themselves as part of the prototyping process. As a consequence we found that some of the traditional barriers to change were removed. We found that when our staff were actively involved in the prototyping process, the solution had high credibility amongst their peers; staff had strong confidence that the solution addressed practice and safety concerns and would be implemented in a way that met their operational needs.

The Department of Corrections continues to look for opportunities to use prototyping as part of solution design and to develop it further.

Figure 5

Final prototype developed by Upper Hutt Community Corrections

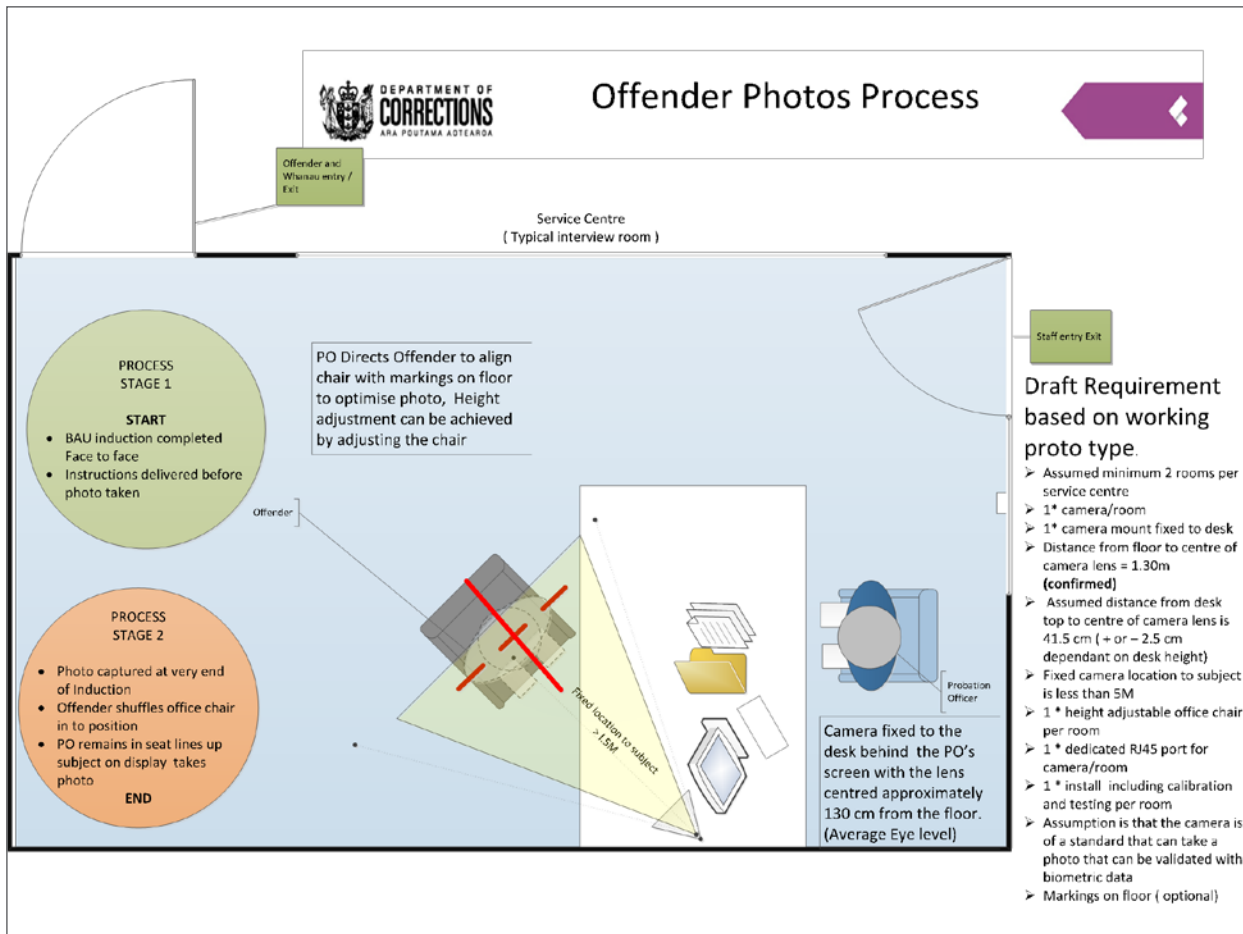
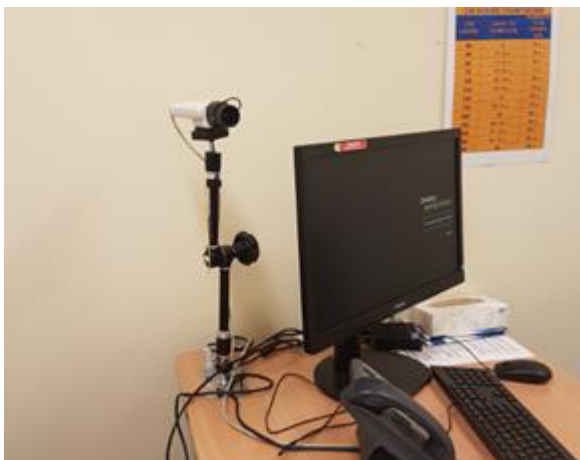


Figure 6:

Physical prototype installed and tested in Upper Hutt Community Corrections



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Book review: Global perspectives on desistance: Reviewing what we know, and looking to the future

Edited by Joanna Shapland, Stephen Farrall and Anthony Bottoms
Routledge, London, 2016 (1st edition)

Reviewed by Dr Peter Johnston
GM Research and Analysis, Department of Corrections

Reviewer biography:

Peter Johnston has been with the Department of Corrections for just under 30 years. He started with the Psychological Service in Christchurch as one of three psychologists who set up the first special treatment unit, Kia Marama, at Rolleston Prison in 1989. He moved to the (then) Prison Service, where he was involved in setting up prisoner assessment centres and designing an end-to-end case management system. In his current role since 2004, he leads a team of ten staff who undertake research, evaluations and in-depth analysis of criminal justice data to shed light on trends and developments in the population managed by Corrections, measure the impacts of rehabilitation, and inform policy initiatives.

This book is a serious and significant contribution to current understanding of desistance. Its three editors have each been involved with desistance research for many years and, as is recounted in the introduction, had each been thinking *"how wonderful it would be ... to bring those who are leading major studies on desistance together in one place, to allow them to discuss each other's results and what are the current puzzles to be tackled ..."*. This led to a conference at the University of Sheffield in 2014, attended by around 50 desistance researchers and, ultimately, to the current book.

The book itself is divided into three sections, in which studies with common themes and focuses are grouped. The first section consists of chapters from authors whose research is primarily concerned with the social and circumstantial conditions which influence the individual towards change. Chapters in the second section centre on the concept of stages of desistance, and on life "turning points" which mark the point of real change. The third section contains a number of chapters which usefully explore the relationship between desistance and criminal justice processes. A final "afterword" section then pulls together the key themes and findings from each of the studies, and raises the question of whether a "general theory of desistance" is feasible.

The following are highlights from the studies presented, to provide a sense of where current research is heading, as well as to alert readers to emerging insights that they may wish to delve into more deeply.

In the first chapter (*Mechanisms underlying the desistance process*) Peggy Giordano reflects on the recurrent finding that desistance seems to be

associated with "the diminution of positive emotions connected to crime". Reasons for this "diminution", or decline in reward, are multiple and varied, but this observation highlights something that is often overlooked by criminologists – the fact that persistence in crime is frequently maintained by the positive emotions it generates, such as excitement, euphoria and pleasure.

Christopher Carlsson's contribution *"Human agency, criminal careers and desistance"* (Chapter 2) centres on the ways and extent to which an individual's volition is relevant to understanding desistance. He concludes that, though it is a tricky and elusive construct, human agency is nevertheless very meaningful, and something that is crucial to desistance from offending. At one point he asserts that his own reading of the desistance literature demonstrates that *"a human agency committed to change is one of the most – if not the most – important predictor of desistance"*.

In Chapter 3, Deirdre Healy reports on her prospective study in Ireland designed to capture shifts in participants' offending, cognitions and social circumstances on the way to desistance. Her primary finding was that "cognitive shifts" – especially the developing tendency, when confronting life problems, to "carefully weigh options", rather than impulsively react, was highly salient amongst those who succeed in moving away from crime.

Spanish researchers José Cid and Joel Martí give an account (Chapter 4) of a study they commenced in 2010 regarding released prisoners and desistance. Amongst a diverse array of findings, this stood out: *"... experiences during imprisonment played a role in the*

process of change, contributing to feelings of self-efficacy in most desisters ... (as a result of) opportunities given by the prison system in areas such as education, work and treatment" (p.76).

Opening the "Life phases and desistance" section, Rolf Loeber and associates examine a range of behavioural aspects of desistance in Chapter 5. Amongst their interesting observations on this topic, they note that complete desistance from crime is typically preceded by progressive increases in "inter-offence time intervals".

Chapter 6 summarises the Sheffield Desistance Study, a study of 113 males with criminal offences born in Sheffield in the early 1980s. A key finding of this study was that desistance "involved a *deliberate change* in lifestyle – mixing with different people, avoiding certain places, developing different routines, as well as ... learning to react differently to certain potentially testing situations". They observe also that "offenders are committed to their ... criminal self until they determine that the costs of this commitment are greater than the benefits".

A major US study of desistance is the subject of the seventh chapter by Edward Mulvey and Carol Shubert. Their key observation: studying desistance in adolescents and young adults requires understanding of normal human developmental processes.

Dutch researchers Arjan Blokland and Neik de Schipper examine the extent to which key life course transitions feature in desistance from crime, based on their study involving nearly 1,500 people. While readily replicating the common finding that marriage was associated with desistance in many instances, they also found that parenthood added little to the effect for those who had married; also, that separation or divorce rapidly undid – albeit temporarily – the beneficial effects of marriage.

Following on neatly from the Dutch study, Norwegian researchers Torbjørn Skadhamar and Jukka Savolainen present the findings of their study to answer the question: Are life course transitions causes or consequences of desistance? They conclude that their findings don't support a "turning point" hypothesis, but rather that the gradual decline in offending often in evidence before key transitions suggests that the events are more commonly "hooks for change" that is already occurring.

Opening the third section on criminal justice and state interventions, Stephen Farrall presents findings from a longitudinal study commencing in the 1990s which sought to explore the impact of probation supervision on desistance. While acknowledging that, in keeping with many other desistance studies, most of their sample initially denied having gained much from their contact with probation, in later stages "a subtly new

story emerged: ... far more now reported that probation supervision *had* helped them". The main explanation for this appeared to be that advice from probation officers "had lain dormant for many years", but offenders recalled it and found it valuable when later facing certain situations and stresses.

Mark Halsey then presents key themes which emerged from a decade-long study of offending and desistance in South Australia. His somewhat pessimistic take of the task of "going straight" for young people focuses on the dizzying array of obstacles or hurdles they faced, which are so many and varied that it is almost miraculous than any of them do manage to leave a life of crime behind.

A final chapter by Fergus McNeill is perhaps the best in the book. Interested in exploring how criminal justice processes can aid (or hinder) desistance, he sets out a well-argued framework for improving probation practice to maximise the chances of promoting successful desistance. A choice quote: "... the field of corrections needs its own Copernican correction – one in which supervision and support services revolve around the individual change process, rather than requiring offenders' lives to revolve around programmes and interventions".

In summary, this is an excellent book that valuably brings together a wealth of up-to-date and ongoing research on this most important topic. I recommend it highly.

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