

**NATIONAL EVALUATION REPORT ON THE
HABILITATION CENTRES PILOT PROGRAMME**

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WELLINGTON**

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National evaluation report on the
habilitation centres pilot programme

National evaluation
report on the
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MANAGEMENT OF THE EVALUATION

The initial planning work to evaluate the Habilitation Centres Pilot Programme was undertaken by the Ministry of Justice in 1995. In February 1996 an agreement was reached between the Ministry of Justice and the Department of Corrections for the evaluation to be undertaken by the Department of Corrections. The actual design of the evaluation and the collection of data, analysis and presentation of findings have been undertaken by Dr David Yeboah, Senior Researcher, Policy and Service Development Group (the generic centres), and the James Henare Maori Research Centre, University of Auckland (the Maori centres).

The Evaluation has been managed within the Policy and Service Development Group of the Department of Corrections. The overall management of the evaluation has been undertaken by Dr David Yeboah. Dr Yeboah also evaluated the programmes at Salisbury Street Foundation Habilitation Centre in Christchurch and the NSAD Habilitation Centre (Aspell House) in Plimmerton, near Wellington.

The James Henare Maori Research Centre at the University of Auckland, undertook the evaluation of the 2 Kaupapa Maori focus habilitation centres for the Department of Corrections. These centres are Te Whanau O Waipareira Trust Habilitation Centre in Auckland and Te Ihi Tu Trust Habilitation Centre in New Plymouth. Professor David Thomas and Associate Professor Dorothy Ulrich Cloher led the University Research Team.

Individual evaluation reports have been produced for each centre and this national report provides a summary of the conclusions of the individual reports and also seeks to draw national conclusions. The recommendations from the individual centre reports are set out in Appendices 2-5.

Further information relating to this evaluation can be obtained from:

The General Manager
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INTRODUCTION

Terms of Reference of the Evaluation

1. The main aim of the evaluation is to collect, analyse and present information which will enable the Department of Corrections to make an informed decision, and provide appropriate policy advice to the Minister, on whether the habilitation centres concept should be continued, modified or abolished. This is done through the:
 - a) collection, analysis and presentation of relevant information and the provision of descriptive information on the operation of the centres;
 - b) assessment of whether the centres are achieving their objectives.

Specific objectives

2. The specific objectives of this evaluation are:
 - a) To describe the operation of the habilitation centres and the programme they offer.
 - b) To assess whether:
 - i) offenders are provided with residential programmes which identify and address the causes of their offending;
 - ii) offenders are successfully reintegrated into the community;
 - iii) programmes for offenders are provided by the community;
 - iv) the re-offending rate is reduced.
 - c) To assess the effectiveness of Aspell House in meeting gender and ethnic needs of the residents.
 - d) To assess the effectiveness of the Maori centres in meeting the needs of Maori offenders;
 - e) To identify areas for improving the habilitation centres and make appropriate recommendations for such improvements.
 - f) To assess whether the habilitation centre concept should continue in any form.

Background to Habilitation Centres

3. The habilitation centres concept was introduced by the 1989 Roper Report (Te Ara Hou). The concept is modelled on existing community based residential therapeutic treatment programmes. Following the release of the Roper Report, the then Department of Justice set up a process for the selection of five habilitation centres. In December 1994,

guidelines, specifications and a draft agreement were circulated to over 275 groups and individuals. Twenty-two tenders were received and subsequently assessed by a 9-member selection panel against 21 assessment criteria. Five centres were initially selected to operate as habilitation centres. The following 5 centres were recommended by the selection panel:

- a) Higher Ground Drug Rehabilitation Trust, Parnell, Auckland for 5 male or female residents. (Higher Ground withdrew their proposal);
 - b) National Society on Alcoholism and Drug Dependence, Aspell House, Plimmerton, for 10 female residents;
 - c) Salisbury Street Foundation, Christchurch, for 10 male residents;
 - d) Te Ihi Tu Trust, New Plymouth, for a Kaupapa Maori programme for 10 male residents; and
 - e) Te Whanau O Waipareira Trust, West Auckland, for a Kaupapa Maori programme for 12 male residents.
4. Approval was granted for all of the selected centres to operate as a habilitation centre except Higher Ground Rehabilitation Trust. This evaluation report covers the 4 centres, which received approval and funding to operate as a habilitation centre. Salisbury Street Foundation, Aspell House and Te Whanau O Waipareira Trust Habilitation Centres started operation in 1996, while Te Ihi Tu Trust Habilitation Centre started operation in June 1997. The initial programme at Aspell House was suspended in November 1996 and a new programme was started in April 1997. This evaluation report covers the new Aspell House programme.

Purposes of the Habilitation Centres Pilot Programme

5. The purposes of the Habilitation Centres Pilot Programme, as specified in the Department of Justice Guidelines for the Establishment of Pilot Habilitation 1994, are to:
- a) provide residential programmes which identify and address the cause or causes of an individual's offending;
 - b) contribute to the successful reintegration of offenders into the community;
 - c) reduce re-offending; and
 - d) foster community involvement in the provision of programmes to offenders.

Eligibility criteria

6. Inmates are eligible for release to a habilitation centre if they are serving sentences of more than 12 months and if they are not on corrective training. Categories of inmates eligible for release to a habilitation centre are
 - a) inmates who have served the minimum period of a life or preventive detention sentence;
 - b) inmates imprisoned for more than two years for a serious violent offence who can only be released at their final release date, ie after serving two thirds of their sentence; and
 - c) inmates sentenced to more than one year's imprisonment who are eligible for parole after serving one third of their sentence.
7. Eligible inmates have the highest priority, even though referrals from other sources (community based sentences, for example) may be considered. Offenders must consent to the conditions of their release order and are subject to recall to prison if they re-offend, breach the conditions of release, or jeopardise the safety, order or security of the centre. A number of temporary releases from prison also went to the habilitation centres.

Methodologies and data sources

8. The methodologies for an evaluation such as this can be numerous and varied (see, for example, Australian Department of Finance, 1994). A combination of methods was used in this evaluation, namely direct interviewing, mail survey, telephone interviewing, literature review, and an analysis of compliance reports (from Contracts Group) and other secondary data (offender records and habilitation centre information). The basic approach was to examine a number of key indicators over the evaluation period and identify changes and improvements (participation rates, occupancy rates etc). Time series analysis is one of the most commonly used benchmarking methods of programme evaluation, especially summative evaluation where you describe what has transpired during the period.
9. Information was obtained from the following:
 - a) 9 Habilitation Centre Coordinators;
 - b) 122 residents;
 - c) 37 inmates at various prisons;
 - d) 8 prison officers;
 - e) the Chief Executive or Chairperson of the Board of Trustees;
 - f) other members of the Board of Trustees of the provider agencies;
 - g) 8 Parole Board members and 5 District Prisons Board members;
 - h) Centre managers and staff;

- i) habilitation centre records;
 - j) Wanganui Computer (EDS database);
 - k) other offender records.
10. Information obtained through the interview of prison officers, Habilitation Centre Coordinators, prison inmates, Centre Managers and staff, residents and Board members (Parole, District Prisons and Trust of the provider organisations) has been analysed in the individual centre reports and summarised in this report. Data from centre records, Wanganui Computer, Probation Officers, Habilitation Centre Coordinators and other offender records have been used to examine recidivism and completion rates etc.

Structure and purpose of this report

11. This national evaluation report consists of an executive summary, evaluation results covering the findings, conclusions and recommendations for each centre is attached.
12. The national report provides the summary findings on the 4 habilitation centres, and through analysis of the individual reports, indicates options for the future of the programme. The main purpose is to provide the Minister and the Senior Management Team with one report which outlines the main findings from the reports on the 4 centres, instead of the 6 centre reports previously prepared from the evaluation. This national report, therefore, provides a summary of the actual findings contained in the individual centre reports, rather than the detailed analysis that resulted in the findings.

EVALUATION RESULTS

Main findings

13. The evaluation found that two and half years of operation of the Habilitation Centres Pilot Programme have provided mixed results. All the 4 habilitation centres have successfully completed the set up phase. Habilitation Centre Coordinators have been appointed in accordance with the requirements of the Criminal Justice Amendment Act 1993. The Act requires a Probation Officer to be designated a Habilitation Centre Coordinator. Staff have been appointed to habilitation centres, and a number of residents have been admitted to the programme.

Legislation

14. The Criminal Justice Amendment Act 1993 provides the legislative framework for the operation of the Habilitation Centres Pilot Programme. The Act identifies:
 - a) eligibility criteria;
 - b) matters to be considered by the Parole Board and District Prisons Boards in releasing an inmate to a habilitation centre;
 - c) arrangements for varying the conditions of release;
 - d) appointment and duties of Habilitation Centre Coordinators; and
 - e) some responsibilities of the Centre Manager.
15. In terms of the legislation, most inmates are eligible to go on parole to a habilitation centre, provided the Parole Board or the District Prisons Boards find them suitable for release. In addition, offenders on community-based sentences could go to a habilitation centre if assessed as suitable by the Habilitation Centre Coordinator and the Centre Manager.
16. The evaluation found a need for the habilitation centre Manager and staff to be more familiar with the legislation. There are provisions in the Act, which require habilitation centres to operate differently from other rehabilitation centres. For example, familiarisation with the Act will enhance the understanding of the need to provide programmes, which are tailored to the needs of each individual resident within a group therapeutic environment.
17. The entire legislation on the Habilitation Centres Pilot Programme focuses on offenders subject to parole orders, after serving a term of full time custodial sentence. The same legislative support is not given to those subject to community based sentences, such as supervision. This means that the legislation tends to make provisions for the selection, assessment and conditions of placement of prison inmates in

habilitation centres. Similar provisions are not available in the Act for potential residents from other sources of referral.

18. The evaluation found that the current legislation does not hinder the attainment of maximum participation in the programme. The legislation actually allows for the identification of a large pool of eligible offenders who may be assessed for their suitability by the Parole Board or the District Prisons Boards. However, the Act, as it currently stands, requires the habilitation centres to operate as a parole option only, even though referrals have come from other sources. Many respondents expressed strong support for using habilitation centres as a front-end sentence (ie. sentencing option). A legislative change to make the programme a front-end sentence could increase participation, but it could also lead to netwidening.
19. It is, therefore, recommended that further policy work be undertaken on the feasibility of a legislative change to allow for the use of the habilitation centres as front-end sentence.

Contract

20. There were some problems with the initial Contracts between the Department of Corrections and the Providers. For example, the initial contract did not specify clearly what programmes were being purchased. Section B (1) of the initial contract stated:

"During the term of this agreement, you will provide a fully habilitative programme for offenders at an habilitation centre in accordance with the Operating Specifications. Subject to Section D (3), you must comply with the Group A Operating Specifications in the manner detailed in the schedule to this agreement, and you must comply with all Group B Operating Specifications".
21. It was difficult for the Department to monitor the effectiveness of the programme offered, as the Department had not indicated the exact programmes it wanted delivered right from the beginning. The programme content was, therefore, inadequately addressed in the initial contract. Other issues related to the role of the Habilitation Centre Coordinators, role of Prison Officers, as well as home leave provisions.
22. The international research cited in the literature review indicates that rehabilitative programmes are only likely to be effective if they target the criminogenic needs of offenders, are well designed and delivered and are of sufficient intensity. This needed to be stated in the contract. These issues were identified in the centre reports provided by the evaluators during the evaluation period.
23. During this period, the Department negotiated new contracts with the providers that better defined the types of programmes to be offered and the matching of offenders to any specific programmes offered.

24. For some centres these programmes and their focus on individual offending has developed during the term of the pilot. As part of the new contract negotiation, the Department of Corrections reached an agreement on what programmes the Department was purchasing from the four Providers of the habilitation centre programmes. These programmes are now well focussed to achieve objective 1.
25. All the habilitation centres now provide broad-based programmes within a group therapeutic environment. The programmes offer a variety of intervention measures, which are administered to all residents irrespective of their causes of offending. The managers and staff of the habilitation centres reported that
- "it was the position of the centres to provide a variety of programme activities with emphasis on group therapy and educational and life style activities".
26. Many activities are offered including:
- a) Group discussion;
 - b) Counselling including anger management counselling;
 - c) Relapse prevention;
 - d) Life style activities including cooking and budgeting;
 - e) Educational, activities including enrolment in formal courses;
 - f) Recreational activities including swimming, kayaking, rafting and visits to the gymnasium;
 - g) Sporting activities including volleyball;
 - h) Community work (churches, rest homes etc);
 - i) Alcohol and drug counselling, especially Aspell House.
27. The initial contracts provided for payment to the centres on a per bed basis, irrespective of whether the bed was occupied or not. This reduced the incentives on the centre operators and the Department to maximise participation. The contracts have now been renegotiated to provide for payment on a resident day basis.
28. It also became clear that the contract payment for Salisbury Street Foundation, Waipareira Trust and Te Ihi Tu Trust Habilitation Centres did not provide adequate funding for the satisfactory operation of the programmes. Funding has been renegotiated for all 3 centres.

Selection of participants

29. Section 102 defines the eligibility criteria for release of inmates to a habilitation centre. Section 102 (1) states: This section applies to offenders who are eligible for release on parole under section 89 of this Act or who are to be released under section 90 of this act at their final release date, except offenders subject to:

- a) a sentence of imprisonment of 12 months or less; or
 - b) a sentence of corrective training.
30. Under Section B (2.1) of the initial Contract between the Department and the Providers, the Department has responsibility for referring offenders to the habilitation centres. This is consistent with the legislation, and means that the responsibility to ensure adequate number of participants for the habilitation centres rests with the Department.
31. The referral of an adequate number of participants to habilitation centres has been a major problem throughout the pilot. There is no systematic process of identifying potential residents for assessment. For prison inmates the option of referral to a habilitation centre does not appear to have been built into the case management process. From interviews it is clear that many inmates learn of the programme from other inmates or relatives rather than from the prison administration. The inmates themselves approach the prison administration or the habilitation centre itself. This reactive approach by the prisons is clearly unsatisfactory and will defeat the efficient and effective operation of the centres.
32. Once an inmate has been identified as a potential participant in a habilitation centre programme, the inmate is assessed initially by the Habilitation Centre Coordinator and the Centre Managers. Those found eligible and suitable are then brought before the Parole Board or the District Prisons Boards. The Parole Board or the District Prisons Boards assess the inmate's suitability for release on parole to the habilitation centres. The Boards make their decisions on the basis of the assessment reports of the Habilitation Centre Coordinator (section 102 (4)), and other matters identified under sections 102 (3) and 104 of the Criminal Justice Amendment Act 1993.
33. Most inmates are, therefore, eligible to be released on parole to a habilitation centre. The legislation puts the onus on the Parole Board or the District Prisons Boards to assess inmates for their habilitation/rehabilitation prospects and release them to the centres where appropriate. The Boards can only act if inmates are brought before them for assessment and consideration for release to a habilitation centre. All the Parole Board and District Prisons Boards members interviewed stated that inmates were not brought before them in adequate numbers. The result has been a lower than expected participation in the programme.

Participation

34. For most of the evaluation period, the habilitation centres operated below the maximum capacity (table 1). Waipareira Trust has the capacity of 12 participants and the other centres have a capacity of 10 each. The table shows the average number of residents in each centre, during the period of operation up until 31 March 1998, and indicates that the maximum number was not attained. Much fluctuation was

recorded during the last 15 months, following an initial period of very low participation.

Table 1. The Average Number of Residents Per Day

Centre	Average No of Residents				
	Quarter ended 31/3/97	Quarter ended 30/6/97	Quarter ended 30/9/97	Quarter ended 31/12/97	Quarter ended 30/6/98
Aspell House	-	1.56	5.66	7.76	5.59
Salisbury Street	6.15	7.37	8.09	9.01	6.80
Te Whanau O Waipareira	4.41	6.37	6.81	7.95	2.58
Te Ihi Tu Trust	3.00 ¹		3.00 ²		8.00 ³

Source: Compliance Reports, Contracts Group, Department of Corrections

Note. Te Ihi Tu Trust operated 3 programmes during the evaluation period. The superscript indicates the programme number for Te Ihi Tu (1 is programme 1 etc), and shows the number of residents at the end of each programme.

- 35, During the evaluation period, 39 residents participated in the Salisbury Street Foundation programme, 30 each for Aspell House and Waipareira Trust programmes, and 23 in the Te Ihi Tu programme. The centres operated below maximum capacity throughout most of the evaluation period. Table 2 shows the occupancy rates for the habilitation centres.

Table 2. Occupancy Rates for the Habilitation Centres

Centre	Occupancy Rates (%)				
	Quarter ended 31/3/97	Quarter ended 30/6/97	Quarter ended 30/9/97	Quarter ended 31/12/97	Quarter ended 30/6/98
Aspell House	-	16	58	78	59
Salisbury Street	61	75	83	91	78
Te Whanau O Waipareira	37	54	58	66	64
Te Ihi Tu Trust	30 ¹		44 ²		76 ³

Source: Compliance Reports, Contracts Group, Department of Corrections

- *Te Ihi Tu Trust operated 3 programmes during the evaluation period. The superscript indicates the programme number for Te Ihi Tu, 1 is programme 1 etc.*

36. Three factors contributed to the low average number of residents. The first factor is referrals. Throughout the pilot the centres did not receive an adequate number of referrals. In the March quarter 1998, for example, referrals were low. Te Whanau O Waipareira received only 6 referrals and of the 15 referred to Salisbury only 3 were found to be acceptable. Habilitation centres would benefit greatly from a larger pool of potential residents through increased referrals from the Department.
37. The Department of Corrections Policy and Service Development Group's estimates from the current inmate population indicate that there are 61 Maori inmates and 82 other inmates in Auckland Prison (excluding Mount Eden) who are eligible to go to a habilitation centre. If Mount Eden Prison is included, the number rises to 84 Maori inmates and 112 other inmates. If the catchment area is widened further to include Waikeria, the eligible number rises to 173 and 247 for Maori inmates and other inmates respectively. Waipareira has a capacity of 12 residents. The same estimates show that there are 168 eligible inmates in Christchurch and 205 inmates from the South Island catchment area of Christchurch, Dunedin and Invercargill Prisons to go to Salisbury Street Foundation Habilitation Centre. Salisbury Street Foundation Habilitation Centre has a capacity of 10 residents.
38. For Te Ihi Tu, the Resource Consent approval put a ban on offenders convicted under Section 105 from going to the centre. This exclusion places much pressure on the pool of eligible residents. Based on an analysis of the existing prison population by Policy and Service Development Group, this provision excludes 72% of males sentenced for a violent offence within the eligible category based on sentence length. Based on an analysis of non-section 105 offences and taking into account the sentence length requirements and the ethnic breakdown, 175 inmates out of the current national inmate population could be eligible for attendance at Te Ihi Tu Trust Habilitation Centre. If the lower half of the North Island is considered to be the appropriate geographical catchment area, then the number eligible becomes 70. Furthermore, if the catchment area is narrowly defined to cover only Wellington, Rimutaka, Manawatu, Wanganui and New Plymouth, the eligible population falls further to 36 at the current time. Te Ihi Tu Trust Habilitation Centre has a capacity of 10 residents for each programme.
39. The second factor is attrition. Therapeutic communities are a demanding form of rehabilitative treatment. Some residents find themselves unable to complete the programme and this is true in both New Zealand and overseas (see also Wexler et al, 1990; Newbold, 1992).
40. The third factor is discharge from the programme following the breach of conditions. Many residents were discharged from the habilitation centres

before their completion date for either breaching the conditions of their release, or for breaking the centre rules and regulations. Hostile or negative residents can destroy the therapeutic environment. An increase in the number of referrals would enable a greater number of offenders who are motivated to change, to be selected. It is necessary for the centres to take a firm position on serious breaches but it does reduce occupancy and completion rates.

Completion Rates

41. Completion rates were low for all the habilitation centres, except Te Ihi Tu Trust Habilitation Centre which recorded an average completion rate of 61% for the three programmes (14 out of 23 completed). Indeed, the third group of Te Ihi Tu recorded a completion rate of 89%. Only 11 out of 28 residents of Waipareira Trust Habilitation Centre completed the programme (39%). The completion rates for Aspell House and Salisbury Street Foundation Habilitation Centre were 41% and 35% respectively.
42. There was a consensus that the lack of a large pool of identified potential residents contributed to the low completion rates, as inmates were generally admitted to the programmes to keep up the numbers regardless of their motivation to change. Salisbury Street Foundation was of the view that the 12-month duration of the programme also contributed to the low completion rate, and that gains could be made if the programme length was reduced. It was also apparent, to some extent, that some residents were using the habilitation centres as a way of getting out of prison. Te Ihi Tu Trust recorded a higher completion rate partly because each programme goes for only 12 weeks.
43. Deleon (1984), Wexler et al. (1990), Calathes (1991) and Newbold (1992) show that many residents of rehabilitation centres or halfway houses do not complete their programmes. Whilst this is true in both New Zealand and overseas, a need exists to identify and address the cause or causes of this low level of programme completion. If the current and previous recommendations are fully implemented, the chances of improving the completion rates will be enhanced.

Cost analysis

44. Table 3 shows the cost per resident day. The cost figures have been obtained by calculating the total number of resident days and the total payments to the providers, excluding set up cost. The total payments for each quarter for each centre is then divided by the resident days for the quarter to obtain an estimate of cost per resident day for that quarter. Analysis by cost of resident days presupposes that payments were made to the Providers only on the basis of the days they had residents and the number of residents.
45. The table shows generally that cost per resident day declined for all the centres over the evaluation period. For Te Ihi Tu, the cost per resident

day declined from \$303 for programme 1 to \$117 for programme 3, a decline of 61%. The cost per resident day for Aspell House declined by 73% from \$647 for the quarter ended 30/6/97 to \$177 for the quarter ended 30/6/98. The cost per resident day for Salisbury Street Foundation declined by about 22% from \$156 in the quarter ended 31/3/97 to \$122 in the quarter ended 30/6/98. For Waipareira Trust, the cost per resident day declined from \$223 in the quarter ended 31/3/97 to \$161 in the quarter ended 30/6/98, a decline of 28%. If cost reduction is used as a measure of efficiency or improvement, then it may be argued that some improvements occurred during the evaluation period.

46. According to the Department's Contracts Group, if the centres had operated at the desired 80% capacity, the expected average cost per resident day would have been \$110. Table 3 shows the average cost per resident day for the habilitation centres, indicating that they were higher than the expected cost if the centres had operated at the desired capacity. The Department's Policy and Service Development Group estimates daily prison cost per inmate to be \$140 (obtained by dividing the prison cost by 365 days a year).
47. It is usual practice for programme evaluators to undertake cost analysis to address fundamental funding questions such as – how much did we spend on the programme, how many people participated and how much did we spend on average on each participant? The following analysis is undertaken to address these questions. For the period from 1 April 1997 to 31 March 1998, the Department paid NSAD \$416,001 to operate a habilitation centre at Aspell House. During the same period, 30 residents participated in the programme at Aspell House and a total of \$8821.00 was returned to the Department as the residents' contribution to their boarding. The average cost per resident of Aspell House during the period from 1 April 1997 to 31 March 1998 was, therefore, \$12,289 (excluding set up cost). This figure is consistent with the centre's own estimate of cost per resident.
48. From 1 April 1996 to 31 March 1998 Salisbury Street Foundation was paid \$702,714.85 to operate a habilitation centre. This excludes a set up cost of \$99,722. During the same period, 39 residents participated in the habilitation centre programme, and \$51,532.02 was returned to the Department as the residents' contribution towards their boarding. The average cost per resident of Salisbury Street Foundation Habilitation Centre from 1 April 1996 to 31 March 1998 was, therefore, \$16,697 (excluding set up costs).
49. The total amount of contract payments made to Waipareira Trust from 1 April 1996 to 31 March 1998 was \$746,666, but the 28 residents contributed \$44,399 to their boarding, yielding a net cost of \$702,267. The University of Auckland researchers, who evaluated Waipareira Trust Habilitation Centre, estimated the cost per participant who entered the programme to be \$20,823, excluding set up cost.

50. Caution must be exercised in interpreting and using the cost figures in table 3 because they are based on resident days (ie. days when there were residents at the centre). However, during the period of the evaluation the Department did not make payments to the Providers on the basis of resident days. Payments were made to the Providers for every day of the year, regardless of the number of residents. This has not been factored into the calculation, hence the need to use the cost figures with caution and for broad indications only.
51. The original contracts paid fixed amounts irrespective of the occupancy levels. The Department has now changed its method of making payments (as shown in the new contracts). Providers are now paid on the basis of the number of residents each day, in addition to fixed payments for broad overheads and incentives to perform. Payments are now well targeted, and this has the advantage of yielding further savings and improved efficiencies in the future.

Table 3. Cost per Resident Day for the Habilitation Centres

Centre	Cost per Resident Day (\$)				
	Quarter ended 31/3/97	Quarter ended 30/6/97	Quarter ended 30/9/97	Quarter ended 31/12/97	Quarter ended 30/6/98
Aspell House	-	647*	177	135	177
Salisbury Street	156	104	98	103	122
Te Whanau O Waipareira	223	150	136	130	161
Average (all 3 centres)	-	179	132	122	151
Te Ihi Tu Trust**	303 ¹		219 ²		117 ³

Source: Compliance Reports, Contracts Group, Department of Corrections

- This figure is high because the new programme at Aspell House did not have any residents for a long time, even though the Department continued to make payments to NSAD.

** Te Ihi Tu Trust operated 3 programmes during the evaluation period. The superscript indicates the programme number for Te Ihi Tu, 1 is programme 1 etc.

Recidivism

52. The short period of operation, the small number of residents and the fact that the rates for the general offender population are broad indications only, mean that the following rates should be used with much caution. Recidivism information was collected and analysed for all the residents,

including those who did not complete the programme. Information was obtained from the habilitation centre records, Wanganui Computer, Habilitation Centre Coordinator and other Probation Officers who had responsibility for the residents.

53. The re-offending rate of the residents improved over that of the general offender population. The re-offending rate for residents of Salisbury Street Foundation Habilitation Centre was 61% during the 2 years of evaluation. The re-offending rate for residents of Waipareira Trust Habilitation centre was 71%. These figures compare with a general reconviction rate of 77% for prison inmates, 76% for offenders on periodic detention and 72% for offenders on probation.
54. If residents who spent less than 3 months at the centres are excluded, the re-offending rates improve even more to 62% and 55% for Waipareira Trust and Salisbury Street Foundation Habilitation Centres respectively. This finding is consistent with the existing literature. Findings from the existing research point to clear links between programme completion and recidivism, the greater the amount of time spent in the treatment programme, the higher the success of rehabilitation (Wexler et al, 1990; Minor and Hartmann, 1992; Bakker and Riley, 1993 and Hartmann, 1994).
55. No re-offending rates have been calculated for Aspell House and Te Ihi Tu Trust Habilitation Centre because of the small number of residents and the short period of operation. In addition, the use of temporary releases from Arohata Prison makes it inappropriate to compute re-offending rates for Aspell House.

Maori component of the programme

56. Maori constitute about 13% of the country's population and almost 50% of the prison population. Two of the habilitation centres are designed specifically for Maori offenders. Most Maori residents were happy with the Maori component of the programmes. Programmes in the Maori focused centres had strong Maori content covering both Te Reo and Tikanga Maori. The Maori programmes concentrated on linking the residents with their roots and Maori ancestry. The centres believed that this approach was an effective way of addressing the needs of the Maori residents, and most Maori residents were happy with the approach.
57. Aspell House and Salisbury Street Foundation Habilitation Centre (the generic centres) both improved the Maori component of their programmes during the evaluation period. Both centres employed Maori staff members who provided counselling and other services to the Maori residents. There were also many Maori volunteers from the local Marae, while arrangements were made for the Maori residents to visit and participate in events at the local Marae. The inclusion of good Maori programmes is essential for the treatment of Maori residents. The treatment of offenders was more likely to be effective if the programmes

were culturally and linguistically appropriate (see also Macfarlane-Nathan, 1994).

Need to integrate the Habilitation Centres into the Sentence Management Process

58. It seems that the initial low participation can be attributed partly to the rather haphazard methods of identifying candidates for the programme. Improved procedures are required to include habilitation centres in case management plans, promote the centres within prisons and advise inmates and other offenders of the opportunities available. Most inmates had very little or no information about the programme.
59. The Department of Corrections has now prepared brochures on the Habilitation Centres Pilot Programme and this should assist in promoting the habilitation centres. Prison Officers have indicated their willingness to distribute brochures and disseminate information if they were given the required materials and information. All the 8 Prison Officers interviewed stated that they would like the Habilitation Centre Coordinators to spend more time in their prisons to talk to inmates about the habilitation centres.
60. Evidence from the literature indicates that inadequate promotion is not unique to New Zealand. Inadequate promotion of habilitation and rehabilitation centres/halfway houses has been a major problem elsewhere in the world, especially in the United States (see, for example, Bonta and Motiuk, 1985; Begg, 1991; Minor and Hartman, 1992). However, a potential exists to establish some processes to ensure that the Habilitation Centres Pilot Programme is adequately promoted by Prison Officers, Habilitation Centre Coordinators and staff of the habilitation centres.
61. The Manager and staff of the habilitation centres have indicated their willingness to go to the prison forums with the Habilitation Centre Coordinators. This will allow them to answer any questions that inmates may have about their habilitation centres, and has a strong potential to improve awareness of the programme within the prison environment. However, an interim recommendation for the Habilitation Centre Coordinators to organise forums in all the prisons in their catchment area every six months has not been implemented.
62. Staff involved with the programme, especially Prison Officers, should also develop a higher commitment to the programme. For example, most respondents (inmates, residents, habilitation centre staff etc) expressed a strong view that Prison Officers were not committed to the programme, and were not referring inmates to the programme.

Role and workload of the Habilitation Coordinator

63. The evaluation found that the Habilitation Centre Coordinators had a heavy workload. The Coordinators continue to combine their duties as Probation Officers with the duties of the Habilitation Centre Coordinator. In theory, the Habilitation Centre Coordinators have to spend 70% of their time on habilitation centre duties and the remaining 30% on Probation Officer duties (a slight change from the 40%/60% proportion a year ago). However, this has proved to be difficult in practice. Centre staff and Prison Officers agree that the Habilitation Centre Coordinators need to spend more time in prisons and at the habilitation centres. One Centre Director/Manager summarised it as follows:
- "The problem I have experienced with the Habilitation Centre Coordinator is that they have their habilitation centre time taken away from them. When the local office is under pressure, they are loaded with other staff's work".
64. Many respondents (including inmates, centre staff, Prison Officers and some Habilitation Centre Coordinators) have suggested that the position of Habilitation Centre Coordinator should be 100% of full time. However, the evaluation found that increasing the time spent on the habilitation centre duties to 80% of full time should suffice (especially in terms of possible additional cost to Community Probation Service). An interim recommendation to increase the Habilitation Centre Coordinator position to 80% of full time has not been implemented, even though the recommendation was accepted by the Department's Senior Management Team a long time ago. The evaluation found this increase necessary for the Habilitation Centre Coordinators to perform fully the statutory duties stipulated in Section 125 (2a) of the Criminal Justice Amendment Act 1993.
65. Community Probation Service is of the view that the Habilitation Centre Coordinators have had "considerably abated caseloads". However, evidence gathered from the evaluation shows clearly that the Coordinators need more time to perform fully their duties. For example, the Habilitation Centre Coordinator for Salisbury Street Foundation is able to attend case management meetings in only one prison wing of Paparua Prison. There are another 6 or 7 wings in Paparua Prison alone. If the Coordinator is to attend case management meetings in most wings in Paparua and Rolleston prisons, the time allocated to the habilitation centre duties should be increased.
66. It is, therefore, recommended that the Department should implement fully the recommendation previously accepted by the Senior Management Team (SMT) to increase the Habilitation Centre Coordinator position to 0.8 of full time. This could result in additional cost to the Community Problem Service, and may require providing the Service with additional resources.

Role of Prison Officers

67. The evaluation found that the role of Prison Officers has not been adequately defined. Prison Officers have been expected to include the possibility of inmates going on parole to a habilitation centre in case or sentence management. The Officers have also been expected to promote the programme in other ways including direct discussion of the programme with the inmates in their care. However, the Officers felt that their role had not been well defined and that they had insufficient knowledge of the habilitation centres to pass on to the inmates. All the Prison Officers interviewed indicated their willingness to promote the programme in prisons if they were provided with adequate information and materials. The situation is improving and further assessments will be undertaken in future evaluation reports. Public Prisons Service will like to be consulted about the role of Prison Officers, and this appears logical and sensible.
68. The evaluation found disagreement between the Community Probation Service and Public Prisons Service in relation to the provision of information and materials on the habilitation centres to Prison Officers. Community Probation Services stated that they had made materials available to the Prison Officers, but Public Prisons Service indicated that they "have long awaited brochures, posters etc". Interviews with Prison Officers and prison inmates revealed that posters were not available in most prison wings and that Prison Officers had little information about the habilitation centres. One Habilitation Centre Coordinator responded recently (February 1999) that she had not been given a single brochure for distribution.

Did the programme achieve its stated objectives

69. The Habilitation Centres Pilot Programme has 4 main objectives. Whether these were achieved is discussed in the following section.

Objective 1: To provide residential programmes which identify and address the cause or causes of an individual's offending.

70. All the habilitation centres are now established with clearly defined residential programmes and services. These programmes are targeted at the causes of each individual's offending. So the provision of programmes "which identify.....the cause of an individual's offending" has been achieved to a large extent.
71. Residents reported that they found most programme activities useful in addressing the cause or causes of their individual offending. According to Yablonsky (1989), the therapeutic community treatment model incorporates voluntary entry, the use of group therapy methods and an open-ended social structure, which allows participants to take increasing responsibility for the actions. The programme offered at the habilitation

centres are broad based and consistent with this approach. The existing research shows further that using broad based intervention techniques has the potential to work (see, for example, Palmer, 1992; Dyer, 1994; and Antonowicz and Ross, 1994).

72. However, there have been problems in maintaining high participation rates in the programmes. The rate of recidivism also suggests that the "causes of an individual's offending" have not been fully addressed.
73. The group therapeutic treatment model works well if there are many participants. Inadequate participation has meant that the full impact of group therapy may not have been attained.
74. It should be noted that Waipareira Trust Habilitation Centre put emphasis on providing the residents with employment skills, increasing their employability and finding them jobs. This is a valid component of a therapeutic community model. However, a need exists for the Trust to combine improving the employability of residents with treatment programmes which address their causes of offending.

Objective 2: To contribute to the successful reintegration of offenders into the community

75. Overall the achievement of this objective was mixed because there were positive and negative results. On the negative side, one would argue that there is successful reintegration if the residents return to, and live in, the community without further re-offending.
76. On the positive side, the re-offending rates of the residents were lower than those of the general offender population, despite the small number of residents and the short period of operation. Indeed, a few residents have returned to the community and have not committed any further offences. On the basis of responses from the residents (including those who have returned to jail), it was evident that the programme assisted, to some extent, with the reintegration of offenders, especially in the areas of relationships, life style skills and communication with other people. Even those who have re-offended and returned to prison were strong in their position that the programme assisted with their reintegration but that:

"they could not hold on when things got too much".

77. Another area where reintegration occurred was that the habilitation centres brought some residents into contact with their families. This was the case in both the generic and Maori centres, but more so in the Maori centres where the establishment of Maori identity and whakapapa (lineage) was very strong. The Maori residents were encouraged to maintain family and Whanau links and many respondents found this very helpful.

Objective 3: To reduce re-offending

78. The Habilitation Centres Pilot Programme have been operating since April 1996. The short period of operation and the small numbers involved mean that caution must be exercised in interpreting and making decisions based on the re-offending rates. The re-offending rates for the habilitation centre residents were lower than what is known about the general offender population (as discussed under recidivism). The re-offending rate for residents of Salisbury Street Foundation Habilitation Centre was 61% during the 2 years of operation. The re-offending rate for residents of Waipareira Trust Habilitation centre was 71%. These figures compare with a general reconviction rate of 77% for prison inmates, 76% for offenders on periodic detention and 72% for offenders on probation. Caution should be exercised also because the reconviction rates for the prison inmates and the other offenders are general indications only.
79. The small number of residents and the higher proportion of residents on temporary release from Arohata Prison made it inappropriate to undertake any analysis of recidivism for Aspell House. Where residents go on temporary release to the centre, they are not exposed to the risk of re-offending if they return to prison. During the evaluation period, 60% of the residents of Aspell House were on temporary release from prison. Many of them were returned to prison after completing the programme, as they could not obtain parole during their period of residence. For these residents, it was not possible to assess their reintegration into the community.
80. The ultimate goal of the Habilitation Centres Pilot Programme is to reduce re-offending. While the period of operation was short, the initial indications from the evaluation were that the programme improved re-offending rates to some extent.

Objective 4: To foster community involvement in the programme offered

81. The Habilitation Centres Pilot Programme legislation included a requirement for substantial community involvement in the habilitation centre programmes. The intention was that residents of habilitation centres are being prepared for reintegration into the community, and that this reintegration will be enhanced if there is community involvement in their treatment or habilitation.
82. The evaluation found that there was adequate community involvement in the programme offered at the habilitation centres. Community involvement occurs through visits to the community by the residents, visits from community groups and individuals, volunteers from the community and through the use of recreational and other activities which are located in the number.

83. The evaluation found that these community-based activities were helping with the treatment of the residents, especially those who have spent long periods of time in prison. After long periods of institutionalisation, residents require some period of adjustment and preparation before being reintegrated into the community. Community involvement assisted with the achievement of this goal by helping the residents to get used to non-institutionalised life again. Life style activities such as cooking and budgeting were very helpful, so also were involvement with activities located in the community, community groups and individuals. Most residents, even those who re-offended and were returned to prison, were strong in their position that community involvement in the programmes was helpful in their treatment and that "those activities gave them back their confidence"

Should the Habilitation Centres Pilot Programme continue in any form?

84. A key objective of this evaluation is to assess whether the Habilitation Centres Pilot Programme should continue in any form. Three options were examined, namely abolish the programme, continue with the programme in its current form or modify the programme.
85. The evaluation recommends that the programme should continue in its current form until the end date in the new contract period (June 2001). The reasons for this recommendation are that the Habilitation Centres Pilot Programme has been going for a relatively short period and could continue to improve over time. Also, recommendations have been made which, if fully implemented, could address the problems of inadequate participation, low completion etc (see appendices 2-5). The Department has already accepted these individual centre recommendations and is implementing them.
86. Besides, the Department has negotiated a more improved contract, targeted payment methods (now based on resident days), accepted to define the role of Prison Officers and is adopting a new promotion strategy (including the distribution of recently developed brochures). The residents' level of recidivism has been lower than that of the general offender population, reintegration of residents into the community has occurred to some extent, and both the Providers and the Department of Corrections have gone through a learning process with inherent benefits, if the programme continues.
87. On balance, the evaluation found that it would appear logical to defer any decision on the future of the habilitation centres until another report is produced in June 2000. The currently operating habilitation centres have different end dates in their new contracts which were signed in 1998 (before the initial due date of the evaluation report). The new contract with Salisbury Street Foundation was signed on 6 March 1998, Te Ihi Tu Trust on 3 November 1998 and Waipareira Trust on 23 November 1998. Under the new arrangements, the Department is obliged to extend the contract with Salisbury Street to March 2000, and

Waipareira Trust and Te Ihi Tu Trust to June 2001, subject to the pre-agreed clauses (which, the evaluator understands, include the centres performing adequately and a positive report from the evaluation).

88. The evaluation recommends, therefore, that the new arrangements should be allowed to operate until June 2001 and the impact of the changes would be assessed in a report to be released by June 2000. Decisions on the future of the programme can then be made.
89. Since the time period this evaluation covers, Aspell House Habilitation Centre has ceased to operate. The Department signed a new contract with NSAD for the provision of a drug treatment programme inside Arohata Prison to replace the programme at Aspell House.

CONCLUSION

90. The habilitation centres programme has successfully completed the set-up phase and are generally well established. But the results in terms of the objectives have been mixed.
91. Information gathered from the evaluation supports the position that there is definitely a need for the habilitation centres concept in New Zealand. All respondents agree that it is better to send offenders to a habilitation centre, where there is a potential to habilitate them, than to keep them in prison. This position is further supported by the literature review.
92. Some of the objectives of the Habilitation Centres Pilot Programme have been achieved. The key objective of providing residential programmes which identify and address the cause or causes of an individual's offending has been achieved. All the 4 habilitation centres which were evaluated have developed and implemented programmes which identify and address the causes of offending of each individual resident. However, Waipareira Trust Habilitation Centre puts emphasis on helping the residents acquire employment skills and finding them employment. A need exists for Waipareira Trust to combine the provision of employment skills and employment with treatment programmes which address the causes of offending of the residents.
93. Another key objective of the Habilitation Centres Pilot Programme is that there should be community involvement in the programme. All the habilitation centres achieved this objective. Community involvement took various forms including the use of the local marae and churches, visits of residents to community activities and visits from community people to the habilitation centres.
94. Most of the residents stated clearly that the programmes were assisting with their reintegration into the community. However, the evidence from the evaluation was generally mixed and inconclusive. The high rates of re-offending vitiate any conclusion that the programme has been very

successful in reintegrating the residents. On the other hand, it should be noted that some residents have gone through the programme and have since not re-offended. Re-offending rates for the residents were generally lower than the rates for the general offender population. The key objective of reducing re-offending was, therefore, achieved to some extent, even though the period of operation was short and the number of residents was small.

95. The evaluation also found that the Maori centres were providing Maori specific programmes for Maori offenders. The generic centres improved the Maori component of their programmes significantly during the evaluation period, using local Marae, Maori staff and Maori volunteers.
96. The centres have been significantly affected by lack of referrals from the Department. This has affected the occupancy rates for the programmes and made therapeutic communities difficult to operate. Many of those referred to the centres have not been motivated to change their offending behaviour. In the relatively low supervised environment this has resulted in incidents and offenders leaving the programme.
97. If the centres are to achieve their objectives, a much greater degree of commitment and involvement will be required by the Department. Habilitation centres will need to be integrated into the sentence management plan for offenders and better motivated offenders need to be referred. During the evaluation period, many residents were admitted to the programme to make up the numbers. Many were not motivated to change and failed to complete the programme. A need exists to identify a large pool of potential residents so that only those who are highly motivated to change can be selected by the centres (instead of just accepting residents to keep up the numbers).
98. The situation has improved since the evaluation. For example, Salisbury Street Foundation Habilitation Centre had 9 residents in January 1999, but lower numbers prior to that. Te Ihi Tu recorded 9 residents at one point during the third programme, but the current programme has only 3 residents. Evidence from the evaluation, therefore, shows fluctuations in occupancy levels in Salisbury Street Foundation and the other habilitation centres during the evaluation period. This means that emphasis should not be put on just the occupancy levels in one month or one quarter as the situation changes over time from discharges and attrition.
99. During the period of evaluation, the Department implemented some promotion initiatives, but these were not adequate to improve participation and completion of programmes. The Department's promotion strategy focused on making staff aware of the Habilitation Centres Pilot Programme. However, a need exists to develop a promotion strategy which puts the emphasis on creating awareness among offenders, not just staff.

Habilitation centres and Integrated Offender Management (IOM)

100. IOM management has advised that the habilitation centres would be considered when IOM comes to define core programmes for the Department, and also that the habilitation centres would be aligned with sentence planning as a whole. The IOM management also made the following statement:

"It seems sensible that the programmes framework we implement across the Department is reflected in the operation of the habilitation centres. The assessment process is obviously critical for intake and, if we develop core standards for corrections programmes and sentence planning, then we should work towards having a consistent approach in the habilitation centres, given that they are a very significant programming resource."

The Future of the Habilitation Centres Programme

101. The evaluation considered the question of whether the habilitation centres should continue in any form. As discussed in paragraphs 84 to 89, The evaluation recommended that the habilitation centres should continue to operate in the current form until the end of the current contract period (June 2001).
102. It must further be noted that what is happening in the habilitation centres of New Zealand is no different from the experience of similar centres overseas. Inadequate marketing, low participation, breaches, recidivism and low retention of residents have been noticed in overseas jurisdictions (see for example, Bonta and Motiuk, 1985; Begg, 1991; and Hartman and Minor, 1994). In addition, Deleon (1984), Wexler et al. (1990), Calathes (1991) and Eisenberg and Fabelo (1996) point out that most residents of rehabilitation centres do not complete their programmes.
103. From the literature review and the evidence gathered during the evaluation, there is a need for the habilitation centres. It is, therefore, recommended that the programme should be extended until June 2001. This will allow the recommendations to be implemented and the new tighter contract and payment regime to operate. The programme will then be re-evaluated to see if the new measures have yielded any benefits, and final decisions can then be made on the future of the programme.

Recommendations

104. It is recommended that the Department:

- a) **notes** that the evaluation of the Habilitation Centres Pilot Programme produced mixed results, but that further improvements are possible;
- b) **agrees** to extend the Habilitation Centres Pilot Programme to June 2001;
- c) **agrees** that Policy and Service Development will re-evaluate the impact of the changes to the programme and produce a report by 30 June 2000;
- d) **directs** Policy and Service Development to undertake further investigation of the policy implications of modifying the programme to make it a front-end sentence (ie sentencing option), and produce a report by 30 June 2000;
- e) **agrees** to develop an effective promotion strategy including:
 - i) Habilitation Centre Coordinators organising forums in prisons;
 - ii) the development and distribution of brochures among inmates and suitable clients of Community Probation Service;
 - iii) the development of posters for prison wings;
 - iv) Prison Officers including the habilitation centre option in case or sentence management;
 - v) the Centre Director/Manager visiting prisons to talk about the habilitation centre;
 - vi) the full implementation of the previous recommendation to increase the Habilitation Centre Coordinator position to 0.8 of full-time, so that the coordinator can attend sentence management meetings in prisons and the habilitation centre;
- f) **agrees** that the habilitation centres should be considered by IOM when it comes to define the Department's core programmes;
- g) **negotiates** with Waipareira Trust to provide a habilitation centre programme which combines finding the residents work with treatment programmes.

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APPENDIX 1: LITERATURE REVIEW

- 1 The term 'habilitation' is new and first used in the Roper Report. There is, therefore, very little literature on habilitation programmes. A large amount of literature exists on rehabilitation programmes which are similar to the principles and concept of habilitation centres.

Rehabilitation: What works

- 2 The essence of providing rehabilitation programmes is to ensure that offenders do not re-offend. This presupposes a need to develop and deliver programmes which work. McLaren (1992) provided a review of literature on correctional interventions that reduce re-offending. McLaren (1992: 10-12) identified the following 16 principles of programme effectiveness from the literature:
 - a) **Social learning model:** Successful interventions are often based on a social learning model. This treats criminal attitudes and behaviours as learned habits that can be changed through the teaching and reinforcement of new, non-criminal attitudes and behaviours.
 - b) **Authority structures:** Authority structures with clear rules and sanctions are employed, and staff make formal legal sanctions more vivid, understandable and certain in their application.
 - c) **Modelling and reinforcement of positive alternatives:** staff model and reward for pro-social alternatives to criminal styles of thinking, feeling and behaviour.
 - d) **Training in problem solving:** Offenders are trained in practical personal and social problem solving skills which enable them to better cope with personal and social difficulties.
 - e) **Community contact:** Intervention staff use community resources, and the community is involved in the rehabilitation programme. There is community involvement in the programme offered at Aspell House.
 - f) **Staff/offender relationships:** Programmes work when an empathetic relationship exists between corrections staff and offenders.
 - g) **Advocacy and referral:** Appropriate interventions work better if they are combined with high levels of advocacy and brokerage (referring offenders to interventions and services).

- h) **Staff behaviour:** Intervention staff relate to offenders in warm, flexible and enthusiastic ways, while supporting anti-criminal attitudes and behaviours.
- i) **Ex-addict and ex-offender staff:** Ex-offenders and ex-addicts are employed in substance abuse interventions to serve as credible models of successful lifestyle change.
- j) **Offender involvement in intervention planning:** Offenders are involved in intervention planning rather than having interventions imposed on them in an authoritarian manner.
- k) **Strengthening of positive behaviours:** Staff aim to strengthen pro-social and non-criminal behaviours rather than attempting to directly reduce antisocial and criminal behaviours.
- l) **Controlling offender peer groups:** Staff neutralise or mobilise the offenders' peer group so that offenders have less opportunity to reinforce each others' antisocial and criminal attitudes and behaviours in group situations.
- m) **Therapeutic integrity:** The intervention has a high level of therapeutic integrity, and is not diluted or neutralised by factors that might reduce its effectiveness. This means that proper resources are provided for the intervention to run, and the intervention designer has adequate theoretical knowledge. In addition, staff should be motivated, trained and competent to provide adequate levels of high quality supervision.
- n) **Use of a combination of intervention tools:** A combination of tools is used to change criminal behaviour, rather than a single intervention method being relied on.
- o) **Relapse prevention and self-efficacy:** Offenders are taught to recognise and cope with situations where there is a high risk of relapse into criminal behaviour. By gradual exposure to high risk situations, offenders build up self-efficacy, or an improved perception of their personal coping abilities.
- p) **Matching offenders with interventions:** Offenders are matched with interventions so that an intervention's full range of resources is not automatically applied to every type of offender subgroup. Only the components that are suitable for a particular offender type are used in each case.

3 One more principle may be added to McLaren's 16 principles of effectiveness, namely "**programmes must be culturally and linguistically appropriate**". There is a growing body of evidence to support the need to develop and deliver culturally appropriate and linguistically suitable programmes to rehabilitate offenders (see, for

example, McFarlane-Nathan, 1994; Achanfuo Yeboah, 1995). This principle underlies the establishment of a Kaupapa Maori focused habilitation centre in New Plymouth and West Auckland. The principle must also be reflected in the provision of habilitation centre programmes in generic centres, as they have some Maori residents.

- 4 Gendreau and Ross (1987), Andrews et al. (1990), Palmer (1991 and 1992) and Antonowicz and Ross (1994) provided a synthesis of evidence on which rehabilitation programmes work and, in some cases, the conditions under which they work. Andrews et al (1990) identified risk, need and responsivity as the key principles for effective interventions. Palmer (1991) outlined the following 6 points:
 - a) when programmes were grouped together and analysed under type, many seemed unsuccessful, but when reviewed individually, successful individual programmes were discernible;
 - b) differences in programme definitions and criteria for success limit understanding of the nature and impact of approaches;
 - c) low priority was given to determining which subgroups were most or least responsive to various methods and techniques;
 - d) while consensus exists that something works, no generic method has been identified or established;
 - e) inadequate implementation often occurs, even in programmes that may be potentially powerful and widely applicable;
 - f) although many non-traditional programmes may be good, the standard programme they have been compared to may also have been good.
- 5 Antonowicz and Ross (1994) examined published reviews of literature on correctional treatment between 1970 and 1991. They reported that only 44 studies met their requirements of adequate evaluation, and of these only 20 were found to be effective. The requirements of adequate evaluation were that the studies must deal with 'officially adjudicated' offenders, be published between 1970 and 1991, have experimental or quasi-experimental designs and report on community based follow-up outcome measures, such as rearrest, reconviction and reincarceration. Antonowicz and Ross noted the following features of effective programmes:
 - a) were based on a cognitive-behavioural model;
 - b) used a variety of intervention techniques;
 - c) targeted factors known to contribute to re-offending;

- d) utilised behavioural or social learning techniques and match clients to appropriate styles of intervention;
 - e) included a role playing or modelling component.
- 6 Most of these characteristics are found in the habilitation centres of New Zealand.

Studies on existing rehabilitation centres

- 7 The term 'habilitation centre' was used in the Roper Report to cover residential therapeutic treatment programmes. However, there are many rehabilitation centres which provide similar programmes in a residential setting within the community and in prisons. According to Yablonsky (1989), the therapeutic community treatment model incorporates voluntary entry, the use of group therapy methods, the use of ex-offenders or ex-addicts in programme delivery, and an open-ended social structure which allows participants to take increasing responsibility within the group. The Habilitation Centres Pilot Programme incorporates most of these principles.
- 8 There is a general belief in the literature that the following factors are important for the success of habilitation or rehabilitation centre programmes:

A holistic approach within a therapeutic milieu

- 9 Dyer (1994) argues that re-offending is likely to occur if offenders have been living in a non-therapeutic environment during their incarceration. Proponents of the holistic approach espouse that, for serious or multiple offenders, intervention must take a broad based approach, with multiple combinations of programme components (see, for example, Palmer, 1992). All the four New Zealand habilitation centres offered broad-based therapeutic programmes.

Committed staff who are also positive role models to residents

- 10 Dixon and Polaschek (1992) discussed the difficulties in ensuring that the programme model and messages were consistently communicated to the participants of Montgomery House. Gendreau (1994) found that effective programmes employed therapists who related to offenders in interpersonally sensitive and constructive ways. One way of achieving this in the Habilitation Centres Pilot Programme is to use ex-offenders and ex-addicts who have successfully changed their lifestyles. A former staff of Aspell was an ex-addict who the respondents saw as a positive role model.

Links with community and family both during and post programme

- 11 Rehabilitation programmes are effective if they have substantial community involvement. One of the key elements of the Habilitation Centres Pilot programme is that it must involve the community. While Donnelly and Forscher (1984) and McFarlane-Nathan (1994) pointed to the effectiveness of offenders developing social and psychological roots in the community, Bottoms (1993) showed that offenders on a United States programme which focused on developing reintegrative links with the community did better than those who had not participated in the programme, even when prior risk predictions were taken into account. There was adequate community involvement in the programmes offered by the four habilitation centres evaluated.

Lack of inmate sub-culture

- 12 In most custodial institutions, an inmate sub-culture develops which tends to perpetrate the tendency to re-offend. As noted by Yablonsky (1989) and other researchers, the non-stratified organisational structure of therapeutic communities discourages the 'we-they' division of inmates and officials, which impacts on the development of inmate sub-cultures.

Intensive and structured treatment that addresses behavioural problems and addictions in a safe and supportive environment

- 13 Interventionists agree, generally, that if programmes are to be effective, they need to be structured and intensive with frequent contacts. They should also address life circumstances and personal or interpersonal features of individuals, regardless of their criminal histories (see, for example, Palmer, 1992).

The use of peer group work to confront negative behaviours

- 14 An example of how peer groups are used in this way is in the therapeutic community approach, which uses encounter groups as a core method of treatment. This process involves group confrontation of self-deceptions underlying negative behaviours, forcing individuals to examine the realities of their behaviour (Yablonsky, 1989; Field, 1989). A key component of the programmes offered by the habilitation centres was "group discussion of inappropriate behaviour and the use of fellow residents to address negative or unacceptable behaviour by residents".

Clear rules and guidelines set, with incentives built into programmes

- 15 Hartman et al (1994) and other proponents of the therapeutic model show that inmates need to clearly understand what is acceptable, what the consequences are for breaking rules, and what the rewards are for positive behaviour.

A socially and economically supportive environment that encourages law abiding lifestyles, with restricted opportunities for illegal activities

- 16 Evidence from the existing literature suggests that the social environment of treatment programmes is important to their success and, that, personal change is difficult in the context of a negative environment (see, for example, Field, 1989).

Participation of residents in the operation of the centre

- 17 Residents need to have a sense of "belongingness" to the programme. This is attained when residents feel they have some ownership in the programme and fully invest themselves in it. Field (1989) noted that strictly enforced rules, where the whole group decides on the consequences of breaking those rules, helped residents of the Cornerstone programme to accept responsibility for their behaviour.

Social background factors

- 18 A need exists to consider the social backgrounds of residents when developing and delivering residential therapeutic programmes. Even though the influence of social background factors on re-offending is complex and difficult to measure, there is a growing body of evidence which links higher recidivism to poor social background. For example, Hartmann et al. (1994) noted the association of lower educational attainment with higher recidivism, while Broadhurst (1991) and Motiuk (1995) pointed to the need for supportive family and other social environments, and how negative family variables were significantly associated with return to prison and parole violation.
- 19 Negative family factors lead offenders to remove themselves from rehabilitative programmes. Some residents of habilitation and rehabilitation centres come from a family background in which offending is a way of life. For example, there are cases where siblings are also offenders and drug users. These factors should be considered when developing and delivering therapeutic treatment programmes for residents of habilitation centres.
- 20 In addition, Bottoms (1993) noted that, for juvenile offenders in Massachusetts, the social context to which the offender returns after treatment is more important than the treatment itself. This has much relevance for the habilitation centres pilot programme, especially where the residents return to gangs and non-supportive family situations. The return of residents to anti-social situations (on completion of their programmes) makes it difficult for them to maintain the pro-social behaviour learnt at the habilitation centre.

Time spent in programme and programme completion

- 21 The greater the amount of time spent in the treatment programme, the higher the success of rehabilitation, until saturation point is reached. Wexler et al (1990) found that the length of time spent in the programme had a positive effect up to 12 months then tapered off. Similarly, satisfactory completion of each major programme component was found to be highly predictive of overall programme success (Minor and Hartmann, 1992). Donnelly and Forschner (1984), Calathes (1991), Dixon and Polaschek (1992), Bakker and Riley (1993) and Hartmann (1994) all provided evidence to show clear links between successful programme completion and reduction in recidivism.
- 22 Nielson, Scarpitti and Inciardi (1996) found further that increased time in the programme was associated with more successful outcomes in recidivism.

Selection of suitable inmates and providing for different client groups

- 23 Minor and Hartmann (1992) pointed out that a major criticism of correctional halfway houses has been their failure to identify offenders who could potentially benefit from specific programmes (see also Eisenberg and Fabelo, 1996). Begg (1991) found, in a study of a halfway house in Australia, that there was a lack of appropriate candidates being referred to the programme. Begg noted further that, even though there were eligible prisoners, they were not being referred, and there was a general lack of awareness and knowledge by both staff and inmates about the programme. This is similar, in a sense, to the situation in New Zealand where no habilitation centre is operating at full capacity, and where potential residents do not have adequate information on the programme.
- 24 Bonta and Motiuk (1985) attributed the under-utilisation of halfway houses in North America mainly to unclear guidelines regarding residential placement. In New Zealand, the Criminal Justice Act 1985 (as amended) provides the legislative framework for the Habilitation Centres Pilot Programme and outlines guidelines and other conditions for the placement of offenders in habilitation centres. However, the Act gives more legislative support to offenders subject to parole orders, after serving a term of full time custodial sentence. The same legislative support is not given to those subject to community based sentences, such as supervision.
- 25 Indeed, the selection process for placement in habilitation centres may also affect their success rates, while responses to treatment may vary according to offender type. Bakker and Riley (1993) found that completed treatment was less effective for drug offenders. This finding is corroborated by Petersilia (1992) who identified drug use as a major

contributing factor in the revocation of parolees and probationers in the United States (see also Lloyd et al, 1993). The evaluation found that most of the breaches in the habilitation centres were drug related.

- 26 Dixon and Polaschek (1992) found, in the evaluation of Montgomery House, that the mix of parolees and those on community sentences created some difficulties. Some residents of Aspell House found the mixing of parolees and referrals from other sources inappropriate. Parolees appeared to have additional needs arising from prior institutionalisation. Donnelly and Forschner (1984) pointed out that halfway houses have traditionally dealt with relatively homogenous groups; more diverse types of client may mean existing programmes, funding and staff need to be re-evaluated. These have implications for the provision of programmes in the habilitation centres, as the residents come from diverse cultural and criminal backgrounds. Most residents of the residents have committed a range of offences and that their offence patterns and criminal backgrounds are not homogeneous.
- 27 Calathes (1991) noted further that there were issues relating to specific gender groups which need be addressed. In this regard, Dowell et al. (1985) suggested that women specific halfway houses (such as Aspell House) may provide a sense of social and economic power, which is perhaps less crucial for men, in addition to practical support, shelter, encouragement and opportunity.

Motivation and retention of participants

- 28 There is a tendency for inmates to use habilitation centres as a way of getting out of prison (Bras and Brown, 1992; Newbold, 1992). Inmates who only go to the habilitation centres so as to be out of jail are not likely to be rehabilitated or habilitated because they are not motivated to change their behaviour and lifestyles. Dixon and Polaschek (1992) pointed out that inmates who were required to attend Montgomery House (Hamilton) as a condition of parole were less motivated and more difficult to work with than offenders on community sentences.
- 29 In contrast, Antonowicz and Ross (1994) found no empirical evidence to show that correctional programmes were only effective with motivated, voluntary participants. On balance, it would appear appropriate to assess the success or failure of the habilitation centres on their own merits.
- 30 Retention of participants was a problem for most of the rehabilitation centres reviewed in the literature. Calathes (1991) showed that 50% of the clients in Project Green Hope, a halfway house for women in the United States, failed within 30 days. Newbold (1992) pointed out that 60% of the residents of Odyssey House in Auckland were also lost within 30 days, and high drop out levels have been noticed elsewhere (see, for example, DeLeon 1984; and Wexler et al, 1990). Eisenberg and Fabelo

(1996) also identified retention in programme as one of the 4 key issues in programme implementation.

Location of programmes: within prisons or in the community

- 31 There is a lack of consistency in the literature with regards to the best location of habilitation or rehabilitation programmes. Antonowicz and Ross (1994) disputed the assumption that prison based programmes could not be successful. They suggested that an alternative community or unit away from the general inmate population needed to be created to isolate residents of the programme from the prison subculture. Kia Marama programme in Rolleston Prison operates along similar lines. Inciardi (1995) found that while in-prison therapeutic community was effective, the community based treatment programme was even more effective. However, the body of evidence presented by Wexler et al (1990) showed that prison based therapeutic communities can significantly reduce recidivism. Similarly, McCallum and White (1989) disagreed with the view expressed in Te Ara Hou (1989) that there should be a system of habilitation centres separate from the traditional prison system.
- 32 Other researchers found no marked difference between prison based and community based programmes with regard to recidivism (see, for example, Asher and Norris, 1991; and Lloyd et al, 1994). According to Andrews et al (1990), community based treatment was preferred to residential; however, the legislation requires the habilitation centres to provide residential programmes. However, a gradual release of offenders to the community, through residential and non-residential community based treatment, has the potential to succeed in reducing recidivism. During the period of evaluation, a prison based drug treatment programme was established in Arohata. This programme, which was operated by NSAD, involved a period of attendance at the Arohata Prison programme, followed by a period of attendance at the NSAD residential programme at Marton.

Types of referral and widening the net of social control

- 33 Bonta and Andrews (1993), Nouwens 1993, Broadhurst (1991) and Asher (1988) showed that prison parolees have a lower rate of recidivism than prisoners released unconditionally on statutory release. However, it will suffice to point out that this assertion is highly debatable, and will depend largely on the individual offenders involved. Dixon and Polaschek (1992) found that, in Montgomery House, those directed by the Courts to attend the programme did better than prison parolees. Calathes (1991) attributed the high failure rate of a women specific halfway house for crack/cocaine addicts to the type of addiction rather than the programme. According to Broadhurst (1991), prisoners on parole did significantly better on first release than prisoners released unconditionally, even after time served and age factors were controlled for.

- 34 To be cost effective, intermediate sanctions, such as habilitation centres, must be used as an alternative to prison. Evidence from the existing literature on community based programmes suggests that alternatives to incarceration increases the base population subject to correctional supervision, as well as the long term costs (Mainprize, 1992). Lauren (1992) suggested further that intermediate sanctions are being used more frequently without clear policy direction or purpose (see also Pratt, 1992). One way of addressing these issues is by using sentences, such as residence in habilitation centres, as a correctional classification option rather than a sentencing option. Mainprize (1992) supported the position of selecting offenders for programmes after they have served some time in prison.
- 35 In New Zealand, the Habilitation Centres Pilot Programme operates mainly as a parole option, and most residents spend some time in prison before they come to the habilitation centre. The habilitation centres also accept offenders who have served community based sentences, even though preference is given to inmates on parole. During the period of this evaluation, Aspell House accepted residents who were on temporary release from prison.

Cost

- 36 While it is extremely difficult to compare the costs of different correctional options directly, Mainprize (1992) suggested that alternatives to prison cost more in the long run. McCallum and White (1989) noted that habilitation programmes in New Zealand should not cost more per resident than the cost of keeping an inmate in a minimum security prison. However, they acknowledged that their costing did not include issues related to net widening and reduced recidivism. This point was raised by Dyer (1994) who noted that McCallum and White did not attempt to quantify the impact of habilitation centres on the crime rate, including victim costs and wider social costs. Gray (1994) concluded that prisons cost more and generate less in terms of rehabilitation.
- 37 The Habilitation Centres Pilot Programme is not intended to reduce prison numbers and prison costs. As stated in paragraph 1.1, the purpose of the programme is to provide residential programmes, which identify and address the cause or causes of offending of the residents, and assist the residents to reintegrate into the community. While the Habilitation Centres Pilot Programme has cost implications, cost reduction is not a stated objective. However, it has the potential to reduce the costs of crime if it becomes effective in reducing recidivism.

APPENDIX 2: ASPELL HOUSE RECOMMENDATIONS

The evaluator makes the following recommendations for consideration: That the Department:

- a) **notes** that the habilitation centre programme at Aspell House is established;
- b) **negotiates** with NSAD to improve management practices at Aspell House by;
 - (i) improving communication between the Manager and staff and among staff;
 - (ii) improving communication between staff and residents;
 - (iii) adopting a fair and equal application of the rules to all residents;
 - (iv) developing a plan to return discharged residents safely to their place of usual residence;
 - (v) improving staff morale and reducing staff resignations.
 - (vi) developing safety and training guidelines for staff.
- c) **considers** marketing the programme through the
 - (i) Habilitation Coordinator organising forums in prisons;
 - (ii) distribution of brochures among inmates and Community Corrections clients;
 - (iii) Prison Officers including a habilitation centre option in case management/sentence management;
 - (iv) development and display of posters in prison wings.
- d) **directs** NSAD to prepare a treatment plan individually for each resident of Aspell House;
- e) **negotiates** with NSAD to improve the counselling and anger management components of the programme;
- f) **considers** including a clear policy on home leave for residents on temporary release in the contract;
- g) **advises** the residents of the home leave policy before they leave prison for Aspell House.

APPENDIX 3: SALISBURY STREET FOUNDATION RECOMMENDATIONS

The evaluator recommends that the Department:

- a) **notes** that Salisbury Street Foundation Habilitation Centre has improved in terms of occupancy rates, records keeping, breaches, re-offending rates and programme offered;
- b) **notes** that the proportion of residents who complete the programme is still low;
- c) **notes** that Salisbury Street Foundation has increased the Maori component of the programme it offers;
- d) **notes** that the programme is still not being marketed adequately;
- e) **considers** marketing the programme through
 - (i) the Habilitation Centre Coordinator organising forums in prisons;
 - (ii) the development and distribution of brochures among inmates and offenders on community corrections;
 - (iii) Prison Officers including habilitation centre option in case management;
 - (iv) the Centre Director visiting prisons to talk about the habilitation centre;
 - (v) the Habilitation Centre Coordinator attending case management meetings in prisons.
- f) **notes** that Contracts Group is developing brochures on the Habilitation Centres Pilot Programme for departmental staff;
- g) **agrees** to define the role of Prison Officers and to communicate this to them and all parties;
- h) **considers** including the Habilitation Centre Coordinator in future Contract negotiations with Salisbury Street Foundation;
- i) **considers** directing Salisbury Street Foundation to provide residents' release information to the Habilitation Centre Coordinator in advance to allow arrangements to be made for post-release parole supervision where required;
- j) **agrees** to extend the operation of Salisbury Street Foundation Habilitation Centre, subject to the Government's overall decision on the future of the habilitation centres concept.

APPENDIX 4: WAIPAREIRA TRUST RECOMMENDATIONS

The evaluators recommend that the Department:

- a) **agrees** to develop a strategy to jointly market all the existing habilitation centres, including using videos and pamphlets for staff and inmates in all prisons in New Zealand;
- b) **agrees** that the habilitation centre should develop a more comprehensive set of procedures for providing counselling to residents including
 - (i) the purpose for which counselling is to be provided;
 - (ii) the specific types of counselling to be provided
 - (iii) who will provide the counselling
 - (iv) what information should be recorded on each resident's personal file about counselling needs and counselling received;
 - (v) a trained counsellor is available for residents.
- c) **notes** that the Manager should continue to monitor the causes of incidents and continue to develop effective ways of handling incidents;
- d) **agrees** that the programme should develop increased involvement with a wider range of community organisations, especially Maori organisations
- e) **agrees** that the initiative by the Manager to continue to maintain contacts with residents, after they leave the centre, is an important part of the habilitation process, and that the initiative should be maintained;
- f) **negotiates** with Waipareira Trust to improve staff-Manager communication at the centre;
- g) **directs** the Manager to report to the Department on the following aspects of the operation of the habilitation centre:
 - (i) Providing structured programmes for all residents, ie. details of the structured programme which is provided for each resident;
 - (ii) Security at the habilitation centre by confirming that a staff member is present at all times when residents are at the centre;
 - (iii) The adequacy of staffing and other resources for all the components of the programme.

APPENDIX 5: TE IHI TU TRUST RECOMMENDATIONS

The evaluators recommend that the Department:

- a) **develops** a more effective marketing strategy, including the provision of resources to support Te Ihi Tu programme's marketing initiatives;
- b) **considers** increasing overall funding to Te Ihi Tu Trust;
- c) **seeks** to influence Te Ihi Tu Trust to develop procedures for maintaining contact with residents after they leave the centre;
- d) **directs** Te Ihi Tu Trust to communicate to residents and staff any programme changes, and the reasons for the changes, as soon as possible after the decision to change has been made;
- e) **Agrees** to include recommendations a, c, and d in the next contract negotiations.