Introduction

Ken McMaster & David Riley

Ronald Jorgensen and Dirk Gillies were the perpetrators of a machine gun murder in a gangland attack on sly groggers in Bassett Road, Remuera in 1956. Both received life imprisonment. While in jail, Ron discovered a talent for art and held two acclaimed exhibitions in the 1970s. After being recalled to prison, he was finally paroled in 1992. He subsequently disappeared, leaving his car crashed over a cliff near Kaikoura — his body was never found. Now, as with Elvis, there are stories that Ron Jorgensen escaped to Australia and still lives there. The painting on the cover is a still life he painted at Napier Prison in 1972. It is titled *Toilet* and reflects the relatively primitive nature of incarceration until quite recently.

If Ron was in the system today, what difference would rehabilitation have made? What savings to the taxpayer could be expected? Would pursuing his artistic abilities have prevented him from reoffending? Would more opportunities for pro-social engagement with the community have helped to keep him from crime? The contributors to this book argue that rehabilitation makes sense not only from a social justice perspective, but also economically. This book is a reflection on lessons learned from years of intervention work with offenders.

The focus of this book is the struggle experienced by most societies with the question of what to do with members who break their laws, and whether it is prudent to invest in the rehabilitation of those offenders. The origin of the word 'recidivism' connotes a fall from grace. Once that has occurred, the justice system, as an agent of the wider community, must respond. Victims of crime have the right to expect that some consequence or sanction will be inflicted on the perpetrator in proportion to the harm done.

Society has dealt with those who offend in three main ways: retribution, deterrence, and rehabilitation. While these are not mutually exclusive, they generate very different responses to the problem of breaches of social order. While the first two appeal to human nature, as a vehicle for changing behaviour they are ineffective and enormously expensive.[1]

Retributive approaches (such as incarceration, home detention, and reparation) do little to deter people from criminal activity. Prisons are essentially a modern response to crime. Historically incarceration was a temporary state for people awaiting adjudication, or punishment in the form of mutilation, banishment or death. Modern prisons were developed in the New World by the Quakers and were based on the idea that putting people in impoverished environments would lead them to do penance (the word penitentiary comes from this concept), reflect on their misdeeds, and develop a different morality.

However, modern research has found that the longer and harsher the prison sentence the worse the outcome.[2] Furthermore, the threat of incarceration, or the death penalty for certain offences, does little to deter others from following in the footsteps of those who have gone before. For example, one Canadian study brought together the results of 50 studies (involving more than 300,000 offenders), on the deterrent effect of imprisonment. The study found that imprisonment instead of a community sentence did not reduce recidivism. It also found that longer prison sentences did not reduce reoffending, and may have increased it by three percent. The writers argued that this finding supported the notion of contamination through 'the school of crime' theory.[3]

Deterrent approaches (such as fines, social exclusion, shaming or labelling and public denunciation) risk leading to the removal of structures and social supports necessary for a successful reintegration into a community. The stigma attached to a person labelled as a criminal offender may lead to others in society limiting possibilities for change. As a result, there is currently a move within the New Zealand Department of Corrections to reconstruct terms related to criminal offending. For example, to avoid the stigmatisation attached to the term

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1 Department of Corrections 2001.
2 Gendreau, Goggin & Cullen 1999.
3 *Ibid.*

'Maori offenders', the preferred term is 'Maori who have offended'. In this book we have used the terms 'offender' or 'inmate' to describe those who have offended as these are still the generic titles used. However, when we use these terms we are always mindful that offending remains an aspect of the person's life, not their total identity.

Rehabilitation, if implemented within the standards of service provision, is not only effective, it is also fiscally responsible. Effective rehabilitation is not an easy option and may involve a good deal of discomfort and distress on the part of the person who has offended as it invites them to be accountable for their behaviour, develop pro-social norms, and engage fully with the community through social participation. Rehabilitation requires commitment from not only the offender but also from others involved in the rehabilitation process. People involved in the rehabilitation of an offender may find it emotionally and intellectually challenging. Vigilante justice has no place in this tradition.

An argument for rehabilitation

Over the last 15 years some Department of Corrections programmes have shown promising results. Since the mid-1990s, there have been three evaluations of psychological treatment, the results of which suggest that such treatment leads to a significant reduction in both the frequency and the severity of reoffending.

Both of the intensive prison-based treatment units for men who offend sexually against children (Kia Marama at Rolleston Prison and Te Piriti at Auckland Prison) have been comprehensively evaluated, with each programme showing a halving of further sexual offending.[4] In the case of Kia Marama, the evaluation involved checking the progress of treated participants for almost 20 years.

Similar results were achieved in a Te Piriti evaluation. In addition to highlighting the efficacy of the Te Piriti programme, the evaluation also demonstrated that a psychologically based, bicultural treatment programme achieved excellent results for Maori who have offended.[5]

Furthermore, a pilot study involving short-term motivational interviewing in the treatment of community-based offenders also yielded

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4   Bakker, Hudson & Ward 2000; Nathan, Wilson & Hillman 2005; Bakker, Hudson, Wales & Riley 1999.
5   Nathan, Wilson & Hillman 2005.

Table 1: Reoffending rates by intervention

Intervention (All 2010 except 1st Maori Therapeutic Programme)	% reductions		
	Re-imprisonment	Reconviction	Seriousness
Drug Treatment Units (prison)	10%*	12%*	31%*
Medium-intensity programme (prison)	2%	9%*	16%
Medium-intensity programme (community)	2%	−2%	17%
Child sex offender special treatment unit (prison) — 60 months follow-up	2%	11%	7%
Maori Therapeutic Programme (prison, 2009)	7%	8%	**
Maori Therapeutic Programme (prison)	6%	14%	**

* Statistically significant at level of 5%
** Insufficient sample size for this indicator

Figures supplied by Peter Johnston; Department of Corrections, NZ Government.

positive results,[6] and the intensive group-based programme for violent offenders at Rimutaka Prison is generating good results for those individuals at high risk of violent offending.[7]

The Department of Corrections is extending its efforts to include evaluation of programmes provided by the Rehabilitation and Reintegration Service facilitation group. It will also investigate whether inmate employment while in prison leads to employment when released into the community. Additionally, the Department will look into the impact of greater provision of drug treatment services.

In recent years, interventions have achieved positive results by matching two groups of offenders: one group who have undertaken rehabilitation with a group who haven't, both of whom share similar
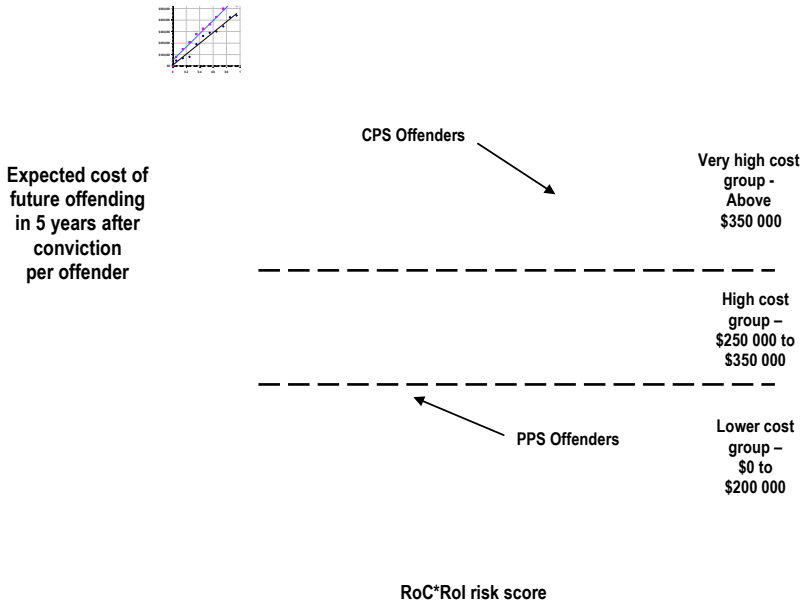
6 Anstiss 2005.
7 Polaschek, Wilson, Townsend & Daly 2005.

characteristics such as age, risk level, or gender. As shown in Table 1, there appear to be positive trends that support the notion that intervention reduces reoffending rates.

Another argument for rehabilitation is purely economic. The financial costs carried by the Department, the wider justice sector, and the victims, the wider social costs (such as benefits and ACC), and the cost of medical care for inmates, increase with the level of risk each offender presents. The following graph shows the average financial cost of offending at different risk levels for both community and prison populations. Those on community-based sentences (the higher of two)

Expected cost of future offending

Expected cost of future offending in 5 years after conviction per offender

CPS Offenders

Very high cost group - Above $350 000

High cost group – $250 000 to $350 000

PPS Offenders

Lower cost group – $0 to $200 000

RoC*RoI risk score

CPS: Community Probation Service
PPS: Public Prison Service

For each successfully treated offender who had previously fallen into the group of a risk score of 0.8 on the RoC*RoI (risk of conviction × the risk of imprisonment) the cost savings would amount to $4–500,000. If we assume a ten percent effect size, then the savings will be on average $45,000 per offender. In our view this is a good return on investment made in rehabilitation.

have a slightly higher cost due to greater liberty in the community. This is because, once the offender's risk has been established they are assigned to a group in which the average cost to society for members of that group can be determined.

Contemporary challenges facing rehabilitation

We have so far argued that rehabilitation is not only worthy, but fiscally sensible. However, some issues remain, particularly regarding reoffending. A diverse array of approaches, rather than a solitary solution, is the best method of attempting to achieve reductions in offending in our communities. Targeting the right person, with the right approach, at the right time, is also the challenge for rehabilitation. The following areas show promise as we try to make rehabilitation more effective.

Cultural institutions as a means of supporting change

As Toch has noted, a significant factor in New Zealand's high recidivism rate is the emotional distance that separates the incarcerated from the general public.[8] The general public believes that they are removed from the crimes of the incarcerated, and the prison population sees itself as unwelcome in society and continues to rebel once released. This can generate a culture of 'might is right', which is the antithesis of a civil society based on the ideals of empathy, compassion and concern for others. The rejection of these ideals and other pro-social values leads to a focus on individual 'manliness' and the ability to exert power. As a result, the reintroduction of offenders into society is often difficult and many times unsuccessful.

Maintaining practice consistency

The challenge of incorporating, maintaining, and objectively assessing operational integrity is an area where there is little agreement. However, it is acknowledged that therapist hostility is often reflected in confrontational styles of working with inmates. Therapist hostility can be observed in a number of ways, including judgemental comments in files related to increased reoffending (for example, describing the inmate as lazy, or a no-hoper); approaches that blame, punish or judge

8   Toch 2000.

those who have offended in the hope that their behaviour will change; approaches that attempt to scare those who have offended into going straight; the use of aggressive tactics; uncertainty by all parties about the purpose of the intervention on the part of staff (as social controller or helper?) and about how authority should be used. Last, the therapist may have a pessimistic view about the inmate's ability to change, an exclusive focus on what the person is doing wrong, or a reluctance to encourage and reward positive behaviours.

Some researchers have argued for adopting what they call a 'positive approach treatment'.[9] This approach precludes a confrontational style and emphasises those features of practice that have been shown to maximise treatment benefits. Table 2 shows reliably identifiable factors associated with effective practice.

This work is also supported by that of Hubble, Duncan and Miller, who have identified that change is comprised of four different but related conditions.[10] The first is what the person brings with them into the room. These factors include the client's strengths, persistence, faith, sense of personal agency, problem solving skills, and community of peers. They estimate that this can account for up to 40 percent of change. The second condition for successful change is the relationship formed between the intervention worker and the person. Hubble *et al* argue that this relationship can account for up to 30 percent of change. The last two conditions are of particular interest. The next variable is in relation to hope instilled, which accounts for up to 15 percent of change. This factor underpins much of motivational interviewing thinking.[11] Belief in the person's agency and ability to effect change has also been identified as a core factor in moving from risk to resilience, as it is the hopes and expectations that accompany the intervention (rather than the intervention itself) that have been identified as being of greatest impact.[12] Finally, model/technique is thought to account for 15 percent of change. In conclusion, it is clear that intervention staff can make a difference by forming strong working relationships (therapeutic alliance), instilling hope and using evidence-based techniques even

9   Hubble, Duncan & Miller 1999; Marshall, Anderson & Fernandez 1999; Ross, Polasheck & Ward 2008..
10 Hubble, Duncan & Miller 1999.
11 Prochaska & DiClemente 1984.
12 Bernard 2002.

Table 2: Factors associated with effective practice

Reinforcing and modelling pro-social values	▪ Non-sexism, non-racism, openness and tolerance ▪ Being clear about values you wish to promote and encouraging them through praise, e.g. reinforcing pro-social comments ▪ Challenging antisocial or pro-criminal expressions and actions ▪ Making use of empathy and reflective listening practices
Collaborative problem-solving	▪ Working with the person's definition of problems and goals ▪ Developing modest achievable goals which are the person's not the intervention worker's ▪ Identifying strategies with the person for achieving the goals ▪ Specifically defining problems
Approaches that sometimes work	▪ Concern for the person and their predicament ▪ Commitment to and acceptance of obligations towards the person who has offended ▪ Acceptance of the person (as distinct from their actions) ▪ Expectation or belief that people can change ▪ Empathy or understanding of the person's feelings and point of view ▪ Genuineness and congruence (or openness and consistency) ▪ Appropriate use of authority and power ▪ Sense of humour arising from practice situation rather than telling jokes (more likely to be viewed by the person who has offended as helpful, skilful and trustworthy) ▪ Optimism (belief in the ability to change and the person's belief that the intervention worker can help them) ▪ Some self-disclosure (e.g. 'I had a similar problem at your age') ▪ Viewing the offender within their family and social context

with people who are quite restrained or locked into positions of low motivation.

Areas unexplored

There are a number of rehabilitation areas that are yet to be fully explored. Porporino claims that we may have reached a glass ceiling in cognitive behavioural approaches and that any further benefits to be found may be limited.[13] Therefore we need to explore complementary interventions and approaches. For example, there is developing work around psychopathy, although a validated treatment approach has yet to be developed. Furthermore, the interrelationship between psychopathy, other personality factors and their interactions with other features, such as intellectual disability, mental illness and the like, have yet to be fully explored.

Relatively little is known about the role that faith plays in rehabilitation. Although we are seeing the development of faith-based programmes it is too early to see what results are being achieved. The release from prison of high risk child sex offenders who no longer have community support remains a serious concern for Parole Boards and related authorities. Without adequate social support these offenders will continue to pose a risk to children in the community, despite the fact that they have served long prison sentences. Over the past ten years, Corrections Services in Canada and the UK have successfully introduced support for these offenders through what is known as Circles of Support and Accountability. These are currently also being introduced to New Zealand. Typically, a Circle is comprised of two concentric circles; the inner circle consisting of the core member (offender) and between five and eight volunteer members. The outer circle features various professionals involved with the management of the offender's release process, including Probation Officers, Police and others. The main purpose of the inner circle members are to support the offender in his reintegration efforts and to ensure regular interaction with him. Equally important is their task to keep the offender accountable should he show signs of engaging in high risk behaviour or attitudes. Members of the outer circle have a similar role, but will have less frequent interaction with the offender and in addition give support

13 Porporino 2010.

and encouragement to volunteer members of the inner circle. Circles of Support and Accountability have a proven track record in the countries where they have been introduced. Their success is directly related to the ability of the volunteer supporters to engage with the offender in a non-judgemental manner and to consistently support him and give feedback that will mirror a pro-social lifestyle and habits.

Programmes that focus on promoting a positive sense of Maori cultural identity are a major strategic direction for the Department of Corrections. It employs a two-pronged approach in increasing effectiveness with Maori who have offended. The first, which is to encourage and support positive participation of Maori inmates in Te Ao Maori (the Maori world) while in a Corrections environment, aims to help participants reconnect with the pro-social traditional Maori cultural world view. Participants are supported in this process by staff, whanau–whanui, hapu, iwi, Maori service providers and other community members. The second part of the approach is to encourage positive participation of Maori inmates in Te Ao Hurihuri (the global world) while in a Corrections environment to help them learn skills and gain knowledge that will contribute to their success in wider society.

The results of an evaluation of the Maori Therapeutic Programme[14] can be summarised as follows:

- Many participants who completed the programme reported greater understanding of their own triggers and influences towards reoffending (percentage of participants claiming 'very good understanding' grew from 41% to 77%).

- Many participants reported having acquired skills or techniques to help them stop reoffending (49% to 77%). When probed, participants were able to describe the self-control techniques taught in the MTPs.

- All but one of the participants interviewed indicated that their enhanced cultural commitment would strengthen their resolve to avoid future offending (72% to 80%).

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14 One of the authors co-developed this programme.

- Participants displayed more realistic views about the challenges they faced in avoiding further offending. Furthermore, fewer were pessimistic about their ability to cease offending.

- By programme end, every interviewed participant regarded whanau support as 'very important' in assisting them to avoid reoffending (up from 84%).[15]

The role played by reintegrative processes

One of the areas that is gaining greater attention is the relationship between reintegrative processes and desistance to offending. McNeill cites a number of writers who have identified the gains to be made from investing in processes that develop social capital and are generative — these go beyond the traditional intervention processes and focus on the social conditions that contribute to desistance to further offending.[16] Simply defined, social capital refers to the social and relational networks that people connect with that both create and support opportunities to change. According to Putnam:

> the core idea in social capital theory is that social networks have value … social contacts affect the productivity of individuals and groups … [Social capital refers] to connections amongst individuals — social networks and the norms of reciprocity and trustworthiness that arise from them.[17]

This concept is close to ideas of obligation, reciprocity, information flow and reputational issues. Social capital is the glue that holds democratic systems together. To act in a pro-social manner is to anticipate the impact of one's actions on the collective before doing them. The second area of research that McNeill explores is 'generativity'.[18] Generative activities are those that generate meaning (purposeful activity), social participation (work and leisure), relational skills (e.g. parenting) and giving back (volunteering). These activities, it is argued, provide a route out of offending by beginning to reverse the social narrowing that occurs, particularly starting in adolescence, for early onset pathways into offending.

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15 Policy Strategy and Research Group 2009.
16 McNeill 2009.
17 Putnam 2000, p 18–19.
18 McNeill 2009.

*Why some people go through good programmes of high integrity
and still fail*

An interesting puzzle that remains is that despite some programmes having a high degree of treatment fidelity (integrity), some offenders just don't make it through and desist. We don't know enough about treatment failure. Promising work around desistance does point in the direction that pathways out of offending — like pathways in — are complex and unique to each person.[19]

Blending field

An area with significant scope for development is the blending of learning from criminal justice approaches into the field of interpersonal violence (IPV). While cognitive behavioural approaches have been the cornerstone of intervention programmes, along with a gendered analysis of power, there is room to incorporate a wider range of intervention approaches based on the variety of pathways into abusive behaviour.[20] Of course the influence can also operate in the other direction. More traditional correctional programmes can learn from the IPV field about gendered power, particularly related to what is modelled during intervention when co-gendered facilitation pairs are working. For example, we know that men in the criminal justice system who exhibit violent behaviour in public are likely to have beliefs and attitudes that are supportive of violence in general as a problem-solving method and have disrespectful attitudes to women. As fields of practice begin to deal with the whole person rather than narrowly targeting the offence, we will begin to see a wider range of intervention targets and approaches.

Mechanisms and strategies for delivering interventions

Does a group format give the best form of intervention for someone who offends? We will see a whole range of innovative approaches to delivering interventions emerge in the coming years. These will include the staples of group work augmented by individual sessions. We will also see online delivery of programme materials that can be self-paced. This would free up intervention staff to concentrate on the critical areas where they truly add value. For community-based interventions

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19 Farrall 2002; McNeill 2009.
20 McMaster 2006.

it is likely that technology such as texting will be used to augment intervention. Technological literacy will also be developed concurrently as offenders engage with these processes.

What lies ahead

In this book we have asked contributors to reflect on their practice and identify lessons learnt that can improve the effectiveness and reach of rehabilitation. We believe that despite the attacks on the notion of investing in rehabilitation, to not invest leaves those who have offended little chance of re-engaging with the norms of pro-social communities. This is an expensive and nonsensical approach when we are faced with the burgeoning costs of incarceration. An overview of each chapter follows.

Chapter One — The changing nature of interventions,
by David Wales and Nicola Tiller

The argument of this chapter is that the sceptical view of rehabilitation programmes that prevailed in the 70s — 'nothing works' — should not exert the influence it still does, because the evidence for the success of properly focused programmes has never been stronger. In the last 20 years over 2000 published evaluations and 75 meta-analyses 'all provide reassuringly similar results — that carefully designed and delivered interventions that focus on offending-related behaviour and attitudes and use recognised psychological methods can have a significant effect on reducing reoffending rates.'

However, the effort needed to ensure that programmes are effective was underestimated in the 1980s and 1990s. The disconcerting discovery was made that when programmes that worked on a small scale were scaled up for mass delivery their effectiveness declined from an 11–14 percent reduction in offending to only a few percent or no effect at all. Wales and Tiller search for explanations for this and note that when 273 outcomes used in meta-studies were re-coded on the basis of ten points of 'programme integrity', the effectiveness was in the region of 30 percent, which is higher than many expensive but widely accepted medical interventions, such as heart bypasses, which have a success rate of 15 percent.

A key requirement for programmes to be effective is that those responsible for training and programme delivery have a strong investment in the success of the programme. Scaling up programmes for mass delivery needs to be at a pace that preserves the essential aspects of programme integrity, and the programmes should not be filled with offenders who do not want or need them. Wales and Tiller conclude their chapter by identifying gaps in our understanding and opportunities for further improving rehabilitation programmes.

Chapter Two — Treatment of offending behaviour: Is it a legal right? by Kris Gledhill

Most contributions to this book come from practising psychologists or other treatment experts in the area of criminal offending. This paper is included for its contribution from a different perspective. It applies specialist skilled legal reasoning to the important question of whether or not treatment, thought by key bodies such as parole boards to reduce risk of further offending, is an offender's legal right or entitlement? If so, providing such treatment is not a matter of discretion but an obligation for the Department of Corrections. Gledhill argues that at present the department does not fully accept this, largely for practical reasons.

The article examines the purposes of detention, such as punishment, deterrence and incapacitation to commit crime (particularly in the instance of protective detention), and the wider context of international standards. It also examines the scope and ability of available programmes and the mental health system to provide validated forms of treatment. These are knotty problems with which other jurisdictions also struggle; for example, severely personality-disordered, violent, sexual predators may have impaired volition — comparable to someone with hallucinations and delusions — but may not respond to any mental illness treatment modalities. What does this mean for the entitlement to treatment? The Department of Corrections cannot be expected to give treatment that does not exist. In this case, does it fall to the mental health service to take responsibility for the person's preventative incarceration?

Chapter Three — Programme design: Getting it more right than wrong, by Ken McMaster and Arthur Wells

A well-thought-out programme provides a challenge to offenders' cognitions and pre-existing understandings about their behaviour, while embedding new skills to manage the situations of high risk they will find themselves in. Good programme design involves decisions about dosage, open versus closed interventions, matching delivery to responsivity factors such as learning styles, mental health and drug and alcohol issues, and about how to platform and staircase the learning for greatest effectiveness. Take dosage, for example: it is arguably under-intervening to put serious offenders into a 50-hour, community-based programme when research shows they need 300 hours.

The 1970s and 1980s emphasised social skills but did not adequately address issues of gender and power, enabling some men to become more articulate and skilled abusers. Programmes responsive to feminism burgeoned towards the end of the period, targeting family violence and teaching the nature of gendered power. The assumption was that once this was educated about, behaviour change would follow. We have since had to reconsider this belief. Recent intervention design has tried to blend the best of cultural alignment, social skills training and relapse prevention, in the context of evidence-based therapeutic processes. Offence mapping is at the core of contemporary intervention design, to clarify and reveal the habitual nature of pattern behaviour. Returning to the map frequently during the treatment process enables workers and offenders alike to hold in steady view key information about an individual's criminogenic needs. Gone are the days of delivering a generalised programme in the hope that 'something will get through'.

We now take more account, too, of the difficulty of changing personality styles, compared to changing behaviour that is socially learned. What can be learned can also be unlearned, so increasing a person's opportunities and capacities for pro-social interaction is accomplished more quickly than changing possible underlying personality disorders, important as it is to be aware of these as part of a broader treatment plan. Therefore most current interventions focus on cognitive restructuring, emotional regulation and developing skills that reduce the risk of relapse, including educational and job skills that increase social participation and normalise discipline in a person's life.

Chapter Four — Supervision, by Sam Farmer and Nev Trainor

This chapter confronts the inherent difficulty of human service work, particularly with people mandated rather than voluntary participants in treatment. Workers are likely to be dealing with people who are ambivalent about change, there may be issues of safety, and if offending has been particularly sexual or violent there is a risk of vicarious trauma. The ever-present risk for workers is burn-out and 'compassion fatigue.' In addition, managing multiple demands from the service organisation and maintaining professional boundaries make human services work complex and unique. Good supervision is therefore a key systemic process.

The contemporary view is that supervision has three tasks: administrative oversight, professional development and clinical supervision. The first and second are the work of line managers and academic tutors. The third task, although it focuses on facilitating the worker's therapeutic competence, inevitably involves the first two tasks as well, such as monitoring the quality of work, ensuring ethical standards are maintained and keeping in mind the safety of the client.

A supervisor therefore shoulders complex responsibilities. Farmer and Trainor looks at the models that offer the greatest clarity in conceptualising the interconnected strands of a supervisor's many accountabilities, particularly Hewson's Supervision Triangle and the 3×3×3 multi-dimensional model of Rubel and Okech. The chapter then examines the responsibility of supervision to use evidence-based techniques and interventions and the range of macro and micro skills required for good supervision. Finally, the chapter argues that organisations have a responsibility to resource supervision adequately, as 'a requisite investment in the effort to achieve important social justice outcomes.'

Chapter Five — Do no harm: Equipping facilitators for competent practice, by Sue Dark and Ken McMaster

Pedagogy, or the theory of learning, has changed rapidly over the last ten years. There is a new emphasis on the generic or soft skills that enable people to adapt to change, such as knowing how to access and put into practice new knowledge. The new direction of pedagogy focuses on learning rather than teaching, on workplaces as significant sites of

learning and on learning as a lifelong endeavour. This chapter explores three key ideas: how current pedagogical shifts impact on how to best deliver training to facilitators, the core competencies we expect of facilitators and how to maximise the value of in-room training through blended learning solutions.

Blended learning solutions may include, for example, face-to-face classroom sessions with self-paced, online, distance learning. Dark and McMaster are developing an internet-based, open-source Moodle Virtual Learning Environment to enable people in human resources training to access resources and interact online so they can collaborate and discuss issues in their training and work experience as they arise. The authors note that online learners need a trainer who is available online, not necessarily 24/7, but by arrangement, as they develop self-discipline, self-motivation and independence in learning.

Chapter Six — Evaluation in corrections: 'Nothing works' versus 'What works', by David Riley

This chapter by a well-known guardian of evidence-based service provision in New Zealand argues that the weight of evidence from numerous meta-analyses affirms the efficacy of properly focused interventions. The scepticism of past decades that still exerts a powerful inertia on Corrections policy can be traced back to a narrative review in 1974 by Martinson. This created a widely held belief that 'nothing works', and led to the withdrawal of many treatment programmes in the belief that they were a waste of money. Sadly, Martinson's virtual retraction in 1982 had little impact — the damage was done — and later in-depth reviews by others, such as Gendreau and Ross in 1987 and Lipsey's review of 450 studies in 1989, had minimal effect on the atmosphere of pessimism, despite clearly positive results. Then came Andrews, Zinger *et al* in 1990, whose work is the basis of the risk/needs/responsivity principles that underpin effective interventions, while in 2000 McGuire drew attention to 20 systematic reviews covering a huge number of studies that cumulatively support carefully targeted intervention. In 2008, the review by Lowencamp and colleagues reaffirmed McGuire's view that modern psychological approaches have comparable efficacy to some standard medical treatments. Riley then gives careful consideration to what constitutes a robust standard of outcome evidence, sophisticated

enough to identify the type and seriousness of offending, yet containing more straightforward measures, such as re-arrest, in order better to discern the presence of genuine treatment gains.

Chapter Seven — Site implementation issues, by Andrew Frost

The literature on turning lives around from a criminal trajectory shows that transformation does not arise from merely ameliorating symptoms such as poverty or poor anger management. At least as influential are contextual factors, such as commitment to and positive expectation of change and the quality of working relationships. There is a dynamic of transition we need to attend to that involves readiness, relationship and circumstance. We require accurate charts and fine compasses for this hazardous journey, says Frost, to use the wind and sea to best advantage, and any participant who takes a place in this waka (sea-going canoe) must have a functional role in the passage and commit to its rules.

Research assigns about 30 percent of change to relationship factors (therapeutic relationship, partnership and collaboration), 40 percent to the client's own resources, and a further 15 percent to hopeful expectation for the process engaged in (creating a narrative of new identity). This leaves only the last 15 percent for the intervention itself (theory and technical procedure). The first category, relationship factors, should not be thought to be confined to the 'therapeutic alliance' alone, but to include wider therapeutic systems such as therapeutic groups and communities and the additional value of informal connections with fellow clients, whanau (family) members and non-clinical staff. The family and wider community are potentially part of the synergy in the rehabilitation process.

In view of the figures above, the siting of programmes in community and institutional contexts is important, as a matter of attending to the quality of social relationships that support an offender's aspiration to live a 'good life.' Against a background of institutional norms of separation and isolation of offenders, who themselves may come from a background of brutalising abuse and neglect, are grave obstacles in the way of establishing a purposeful and humane therapeutic community that fosters openness, responsibility, respect and collaboration.

Criminal behaviour is predicated on the failure to take into account the needs, rights and feelings of others. The traditional inmate code

in prisons tends to maintain this deficit. A potential solution lies in countervailing community practices: the concerted community expression of anti-abusive sentiment, the public challenging of abusive practices (such as intimidation and stand-overs) and the use of community contact to contribute to a culture of respect, all as part of the 'installation of hope.'

Chapter Eight — Culture and offender rehabilitation in New Zealand:
Implications for programme delivery and development,
by Armon Tamatea and Tansy Brown

In New Zealand 50 percent of the more than 8000 offenders in our prisons are Maori, about a third are European in origin, and 12 percent are Pacific people. This reflects the forces at work in our history and our legacy of conflict, marginalisation and dislocation of Maori resources and political autonomy such that Maori are over-represented in the lower percentiles of most health, education and labour force participation statistics. There are similarities too in the situation of the quarter of a million Pacific people whose home is now New Zealand.

These figures illustrate the extent to which culture is a perceptual lens through which the world is viewed by those on both sides of therapeutic interventions. Cultural awareness should be seen as a routine aspect of clinical care and the responsibility of all workers in human services, not just the domain of specialist advisers or providers, although consultation with a cultural supervisor is a valuable first step.

This chapter offers practical guidelines to help practitioners negotiate cultural differences in their work, to create a therapeutic alliance with Maori and Pacific people. The authors show why clinical conceptualisation of work with Maori and Pacific people should always be accompanied by a cultural formulation to guide treatment plans. If the level of acculturation of a Maori or Pacific Island person is overlooked, workers may fail to appreciate how they are possibly themselves being cast in a role that is culturally familiar to an offender, such as healer, advocate, expert/authority or seer.

Such role-perceptions may determine patterns of responsiveness; for example, deference to an older male or not speaking until asked. There are many things to be aware of; for example, Maori and Pacific people may feel that self-affirmation is inappropriate self-aggrandisement.

There is great importance in meeting a person face-to-face (kanohi te kanohi) and being careful not to isolate them from their spiritual community and significant others. In a communal society responsibility and accountability for wrong-doing is shared, so that the shame (whakamaa) has a wider impact than on the individual alone.

Chapter Nine — Effective programmes for men who use family violence, by Garth Baker

Programmes for men who use family violence grew out of feminist activism 30 years ago and were initially community based and provided by dedicated volunteers. In New Zealand the Domestic Violence Act of 1995 led to men being mandated by the Family Court to attend a programme after being served with a protection order. These programmes are commonly run with most Family Court clients, along with a few voluntary participants and others following sentencing requirements to undertake a course. The prevalent pattern is weekly community-based educational programmes of up to 50 hours for groups of 16 men.

Although funded mainly by the court systems, these programmes lack the heritage of academic backing and institutional provision that the Corrections programmes draw on. Their evaluation and staff development practices are haphazard, yet they have arguably significantly increased public awareness of the prevalence of family violence and have influenced the wider social environment in ways that are hard to measure. Studies of programme effectiveness indicate that factors such as maintaining a clear focus on violent behaviour, incorporating participants' cultural values and identities, consistent attendance and the length of programme are important. A change that may improve effectiveness but has not yet been attempted in New Zealand is to match interventions to offenders, of which three are commonly identified: those abusive in a family setting who do not have significant pathology; those with dysphoric/borderline tendencies who are very clingy and controlling in close relationships; and those with severe antisocial behaviours.

A recent development is that programme providers are augmenting the Duluth model, with its gendered power and control focus, by including other therapeutic approaches such as: a Cognitive Behaviour Therapy focus on changing unhelpful thinking patterns and paying more

attention to alcohol and drug problems; the clients' own experience of being a victim; cultivating shared decision-making and parenting skills; increasing empathy, and managing complex issues of wider family relationships. The use of offence mapping adds an important tool in accord with this new direction in men's programmes of paying closer attention to individual needs and motivations.

Chapter Ten — Interventions with women offenders, by Lucy King

Lucy King challenges us to develop a gender-informed approach to women's offending, and identifies gender-specific pathways to antisocial behaviour and crime, such that men and women have some overlapping and some differing criminogenic needs. She notes significant differences; for instance, having a harsh and adverse childhood is more predictive of offending in women than in men. A profile of women offenders in New Zealand suggests that women enter the criminal justice system with extensive gender-related problems, indicating a need to develop gender-responsive treatment programmes to address these multiple needs.

Women offenders have more mental health problems and more frequent suicide attempts than men, and widespread experiences of physical and sexual abuse or neglect as children. Offender biographies reveal that 37.5 percent of offending women come into the category of 'harmed and harming women' (compared with 20% of men), and 25 percent of women offenders come into the category of 'street women' who have run away from abusive households. Both categories typically involve heavy use of drugs and alcohol. In addition, offending women tend to have extensive relationship and childcare problems, combined with educational, employment and financial disadvantages.

There are also protective factors in being a woman. Women rate less often on measures of low self-control than men, and much lower in terms of violent offending. Women make up only six percent of New Zealand prisoners and 20 percent of community sentenced offenders. However, the number of women in prison in New Zealand has grown four-fold since 1986, while the number of men increased two and a half times over the same period. Alarmingly, 60 percent of imprisoned women and 50 percent of offenders on community sentences (male and female) identify as Maori.

Chapter Eleven — Youth offenders, by Bronwyn Moth and Nikki Evans

What makes treatment of young people effective? Research shows that cognitive behavioural therapy (CBT) is less effective with youth offenders than with adult offenders (and also less effective for youth in some mental health contexts). Cognitive approaches therefore need to be supplemented with other ways of promoting behaviour change in young offenders.

Meeting the criminogenic needs of youth — which means all factors that call for intervention to stop the criminal behaviour — requires us to take into account the complex, dynamic risk factors that abound for youthful offenders. While 'static risk factors', such as the age of onset of offending, type of offending, age and gender, cannot be changed, 'dynamic risk factors' are responsive to intervention. These include poor school attendance, association with antisocial peers, lack of adult monitoring, interpersonal relationship problems, lack of social skills and self-control/self-management skills, problem-solving skills, alcohol and drug dependence and abuse and a lack of positive activities that reward a young person for non-criminal behaviour.

The research shows the superior effectiveness of a multi-modal approach, as you would expect when interventions are properly matched with the multiple dynamic risk factors in a youthful population. Many people are impacted by crime committed by youths, so it is no surprise that in New Zealand the community advocates contrary approaches to youth offending; we see punitive interventions being sanctioned and trialled alongside the proven advances discussed in this chapter. While questions remain unanswered and further work is needed to address the gender, ethnic, and specific cultural needs of youth offenders, providers of programmes can be confident that various relevant, appropriate and effective interventions are already available.

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