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**File#: 394-02-84**

# **Report of the Evaluation of CSC's Community Corrections Chapter 1: Correctional Interventions**

**March 2011**



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## **ACKNOWLEDGEMENTS**

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## EXECUTIVE SUMMARY

According to the Correctional Service Canada's (CSC) *2010-2011 Report on Plans and Priorities* (2010a) CSC contributes to public safety by providing custody, correctional interventions, and supervision of offenders. CSC's activities start upon intake to the institutions and span throughout the period of incarceration and into the community until the end of an offender's sentence. Three inter-related activities form the basis of CSC's community corrections operations: (1) correctional interventions; (2) community supervision; and, (3) community engagement.

In accordance with the Treasury Board of Canada Secretariat (TBS) *Policy on Evaluation* (2009), in 2009-2010, the Evaluation Branch commenced a multi-year evaluation to assess the relevance and performance, including effectiveness, efficiency, and economy, of CSC's community corrections operations. The evaluation utilized a multi-method approach that incorporated quantitative (e.g., data extracted from CSC's Offender Management System) and qualitative data (e.g., interviews with offenders in the institutions and community, and focus group sessions with CSC staff members and community partners and stakeholders). Given the scope of community corrections operations, the evaluation used a thematic approach. Five themes were identified: (1) Continuum of Care; (2) Risk Assessment and Case Preparation; (3) Supervision of Offenders in the Community; (4) Community Staff Safety; and, (5) Community Engagement and Collaboration. The evaluation was structured in four chapters and the five themes can be found in various chapters of the report. The present report was the first chapter and focused on *Correctional Interventions*, under which fall the themes of continuum of care and risk assessment and case preparation. Chapter 2, *Community Supervision*, will focus on the themes of supervision of offenders in the community and community staff safety. Chapter 3, *Community Engagement*, will examine the theme of community engagement and collaboration. Finally, Chapter 4 will summarize community corrections operations in its entirety.

In 2009-2010, correctional interventions constituted 5% of CSC's total annual financial resources and 6% of CSC's direct program spending. According to *Commissioner's Directive 700: Correctional Interventions* "correctional interventions are the sequence, combination and interaction between the activities of assessment, planning, intervention and decision-making involving the offender" (CSC, 2006a, s.6). The process of correctional interventions starts at intake, where the offender's individual needs and level of risk are assessed, and a correctional plan is developed to direct the offender to correctional interventions developed to assist in preparing for reintegration into the community. These correctional interventions include correctional programs, mental health interventions, and employment and education programs.

The evaluation found that correctional interventions continue to be relevant given the Government of Canada's priorities, CSC's mandate to contribute to public safety, and the current offender profile. However, the evaluation identified gaps in services throughout the sentence that impact on the continuity of services that offenders receive. In examining the criminogenic needs of offenders, the evaluation found that the majority of offenders have some or considerable difficulty in five of the seven dynamic factor domains upon admission to federal institutions.

CSC provides correctional programs to address these needs and these programs have been found to be effective in increasing offenders' likelihood of release and decreasing offenders' likelihood to return to custody. However, the present evaluation found that 35.6% to 50.3% of offenders (depending on the program area) did not complete their assigned programs prior to release. This finding had implications for release decisions as offenders who participated in correctional programs to address their needs were more likely to have been released on discretionary release than offenders who did not participate in programs. In addition, for the large majority of offenders, the ratings on the dynamic factor domains, overall risk, and overall need remained unchanged from intake to release.

Results from focus group sessions with CSC staff members indicated that there was a gap between the design of national correctional program referral criteria and the implementation of the guidelines. One of the implications of this gap was the offenders were not referred to programs for which they had assessed needs. Furthermore, CSC staff members also indicated that the new generation of CSC programs may not effectively address the individual needs of offenders. Altogether, offenders were released to the community with outstanding program needs. However, the availability of programs and services in the community presented challenges with respect to the continuity of services. Gaps in services were also identified with respect to employment programs and services and mental health assessment and interventions.

The evaluation also identified gaps in collaboration and communication across multiple areas that interfere with effective offender reintegration. Gaps were identified between CSC institutional and community staff members, CSC and the Parole Board of Canada (PBC), and CSC and community partners and stakeholders. Although these gaps were identified, correctional interventions, namely correctional programs, employment programs and services, and mental health services were found to have positive effects on correctional results where offenders who participated in programs or received services were less likely to return to custody than their counterparts who did not participate in programs or receive services. The role of community supervision in achieving these results was beyond the scope of the present chapter. However, community supervision will be addressed in Chapter 2 of the evaluation.

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## **LIST OF ACRONYMS**

ACDO	Aboriginal Community Development Officer
CCRA	Corrections and Conditional Release Act
CCRR	Corrections and Conditional Release Regulations
CD	Commissioner's Directive
CEC	Community Employment Centres
CMHI	Community Mental Health Initiative
CMP	Community Maintenance Program
CoMHIS	Computerized Mental Health Intake Screening System
CPPR	Correctional Plan Progress Report
CSC	Correctional Service Canada
EEP	Employment and Employability Program
FAA	Financial Administration Act
ETA	Escorted Temporary Absences
FASD	Foetal Alcohol Spectrum Disorder
FPS	Finger Print System
HRSDC	Human Resources and Skills Development Canada
ICPM	Integrated Correctional Program Model
IIS	Intensive Intervention Strategy
IMHI	Institutional Mental Health Initiative
IMRS	Integrated Management Reporting System
MAP	Management Action Plan
MBIS	Motivation-Based Intervention Strategy
MOU	Memorandum of Understanding
NESP	National Employability Skills Program
NPB	National Parole Board
OIA	Offender Intake Assessment
OMS	Offender Management System
PAA	Program Activity Architecture

PBC	Parole Board of Canada
PSC	Public Safety Canada
RNR	Risk, Need, and Responsivity
SPAC	Strategic Plan for Aboriginal Corrections
UTA	Unescorted Temporary Absences
LTSO	Long-Term Supervision Orders
WED	Warrant Expiry Date

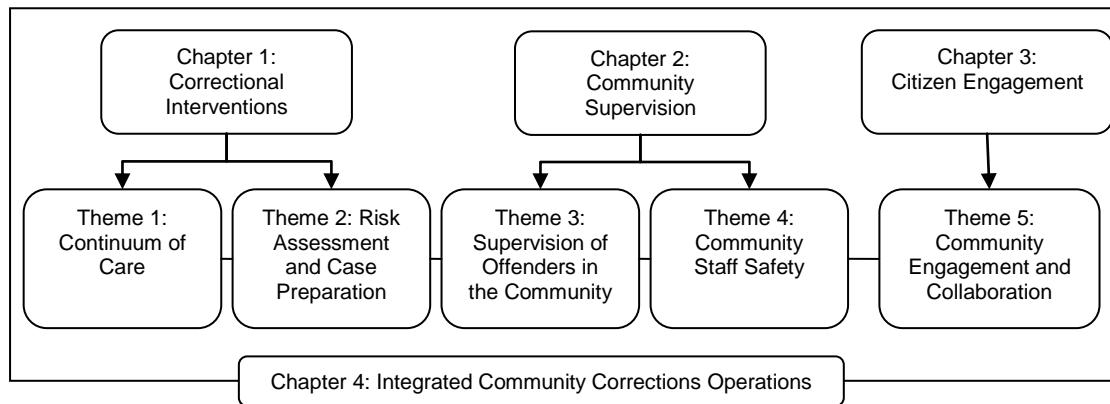
# 1. INTRODUCTION

According to the Correctional Service Canada (CSC) *2010-2011 Report on Plans and Priorities* (CSC, 2010a), CSC's custody, correctional interventions, and supervision of offenders, in communities and institutions, contribute to public safety. Two key program activities, the custody of offenders and the supervision of those transferred to communities under various types of discretionary release, are critical to the achievement of CSC's public safety strategic outcome. In institutions and the community, all offenders are given a correctional plan that includes correctional interventions to foster their reintegration into society as law-abiding citizens.

Community corrections program activities include correctional interventions, community supervision and community engagement. These three interrelated activities complement institutional management and program activities that prepare offenders for release into the community. The evaluation of CSC's community corrections operations assesses the relevance and performance (effectiveness, efficiency and economy) of CSC activities in achieving its public safety mandate.

The evaluation was structured along five key themes and integrated into the three inter-related community corrections operations of correctional interventions, community supervision, and community engagement. All community corrections activities are presented by five key themes in the evaluation: (1) continuum of care; (2) risk assessment and case preparation; (3) supervision of offenders in the community; (4) community staff safety; and, (5) community engagement and collaboration represent community corrections activities. The final evaluation report will contain four chapters (as depicted in Figure 1), organized according to the CSC community corrections operational processes and program activities per the Program Activity Architecture (PAA; CSC, 2010a). The evaluation will, therefore, be presented in four chapters, each representing an individual evaluation.

**Figure 1. Schematic Outline of the Evaluation of Community Corrections Operations**



Chapter 1 focuses on the continuum of care, risk assessment and case preparation. Chapter 2 will address the supervision of offenders in the community and community staff safety. Chapter 3 will assess engagement of community stakeholders in fostering correctional operations in the community. The final evaluation, Chapter 4, will describe key findings across all community program activities. These four chapters will be prepared iteratively in order to support CSC’s decision-making and community corrections operations program enhancement, particularly the development of CSC’s community strategy (2020; CSC, 2010i). The community strategy is intended to enhance offender reintegration practices and to address the needs of specialized groups of offenders, including women offenders, offenders with mental health disorders, Aboriginal offenders, and other specific offender groups (e.g., gang members, offenders under long-term supervision orders).

## 1.1. Background

The *Corrections and Conditional Release Act* (CCRA, 1992) mandates CSC to be responsible for “the provision of programs that contribute to the rehabilitation of offenders and to their successful reintegration into the community” (s.5 [b]), and “parole, statutory release supervision and long-term supervision of offenders” (s. 5[d]), among other responsibilities. The majority (90%) of federal offenders are eventually released to the community (CSC, 2009a). In 2010, the total number of offenders under CSC jurisdiction was 22,240, of which 33% ( $n = 7,338$ ) were under active supervision in the community (Public Safety Canada [PSC], 2010).<sup>1</sup> The day and

<sup>1</sup> Number of offenders under CSC jurisdiction as of the end of the 2009-2010 fiscal year.

full parole<sup>2</sup> grant rates in 2009-2010 were 66% and 41%, respectively, which is a decrease from the grant rates in 2000-2001 (72% and 42%, respectively). Parole grant rates have been declining over the last several years, and the 2010 day and full parole grant rates were at their lowest in the past 10 years (PSC, 2010a). In 2009-2010, offenders served an average of 33% and 38% of their sentences in institutions prior to release on day and full parole, respectively, which has changed little since 2000-2001 (31% and 39%, respectively; PSC, 2010a). In the same time frame, the percentage of offenders supervised in the community on statutory release has increased from 29% to 34% (PSC, 2010a). These results underscore the importance of an integrated approach to correctional interventions, community supervision, and community engagement in order to foster the safe reintegration of offenders into communities.

The primary goal of community corrections is the effective reintegration of offenders into the community with due regard for public safety. This goal is directly related to one of CSC's six strategic priorities, namely, "the safe transition to and management of eligible offenders in the community" (CSC, 2011), and indirectly related to the priorities which address the needs of Aboriginal offenders and offenders with mental health needs, as well as the need for productive relationships with community partners (CSC, 2011). The three main activities of community corrections play a significant role in the achievement of these strategic priorities and objectives. While brief summaries of each of these activities are provided in the next section, they will be discussed extensively in each of their respective chapters.

## **1.2. Program Description**

The CCRA (1992) mandates CSC to provide programs that contribute to the rehabilitation of offenders and to their successful reintegration into the community. In fulfilling this mandate and according to CSC's PAA, community supervision is directly linked to public safety results in Canadian communities. In 2008, the Government of Canada committed \$122 million over two years to support CSC's "new vision to achieve better public safety results" (Department of Finance Canada, 2008, p. 149). The then new vision, referred to as CSC's Transformation

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<sup>2</sup> Day parole refers to an offender's release to the community "to prepare for full parole or statutory release, the conditions of which require the offender to return to a penitentiary, a community-based residential facility or a provincial correctional facility each night, unless otherwise authorized in writing" (CCRA, 1992, s. 99). Full parole refers to "the authority granted to an offender by the Board or a provincial parole board to be at large during the offender's sentence" (CCRA, 1992, s. 99).

Agenda, included the goal of strengthening community corrections as one of five foci (CSC, 2008g). The development of CSC's community strategy (2020; CSC, 2010i) is intended to foster the enhancement of the three critical operational areas of community corrections in CSC.

### ***1.2.1. Correctional Interventions***

*Commissioner's Directive (CD) 700: Correctional Interventions* states that "correctional interventions are the sequence, combination and interaction between the activities of assessment, planning, intervention and decision-making involving the offender. The process is organized into three main components: a) intake assessment and correctional planning; b) interventions with the offender; and, c) decision-making processes" (CSC, 2006a, s.6). The process of correctional interventions starts at intake, where the offender's individual needs and level of risk are assessed, and a correctional plan is developed to direct the offender to correctional interventions developed to assist the offender in preparing for reintegration into the community. These correctional interventions include correctional programs, mental health interventions, and employment and education programs. A key factor of Correctional Interventions is the continuum of care, where "offender risk assessment and management are ongoing processes starting at sentence commencement, and continuing until sentence expiry or beyond [in the case of offenders with Long-Term Supervision Orders (LTSOs), etc.]" (CSC, 2006a, s.21). This involves long-term planning, as well as the re-assessment of offenders throughout their incarceration, and while under community supervision.

CSC provides many programs and services within the institutions and in the community that are designed to help offenders at many different levels of risk and need, including programs developed for women and Aboriginal offenders, who have different needs than the overall offender population. For example, CSC provides a variety of programs addressing risk levels and specific criminogenic needs such as substance abuse, violence, and sexual offending, that are not only designed to address offenders' level of risk (e.g., high, moderate, or low intensity), but are also designed specifically for women and Aboriginal offenders. In their evaluation of Correctional Programs, Nafekh and colleagues (2009) found that if offenders participated in programs that addressed their assessed needs, there were generally positive results in regard to increased likelihood of discretionary release, and decrease in readmission, although results



differed based on the level of need of the program. The correctional programs delivered in the institutions were found, overall, to be cost-efficient.

Another example of correctional interventions that demonstrate the importance of programs for offenders is the Community Employment Centres (CEC) initiative. CECs were developed to address the employment needs of offenders released into the community, and the evaluation conducted by Brews, Luong, and Nafekh (2010) found that offenders who participated in this program were more likely to find employment and less likely to be readmitted to custody than offenders who did not participate in this program. In addition, CECs were found to be cost-effective.

Other culturally-based interventions have been developed to address the specific needs of Aboriginal offenders, such as Pathways and Healing Lodges, which also take into consideration the offender's Aboriginal social history. Pathways Healing Units are structured living environments within medium security and multi-level institutions that were designed to provide a healing and traditional environment for offenders dedicated to following an Aboriginal healing path. Aboriginal Healing Lodges are structured living environments that utilize culturally-based, holistic healing approaches to contribute to the reintegration of Aboriginal offenders. Healing lodges are either operated by CSC or by Aboriginal communities through agreements with CSC pursuant to section 81<sup>3</sup> of the CCRA (1992). The evaluation into the Strategic Plan for Aboriginal Corrections is currently being conducted.

### ***1.2.2. Community Supervision***

Community supervision includes those activities related to monitoring offenders on discretionary release in the community.<sup>4</sup> It includes assisting and supporting offender reintegration through the provision of accommodation options, the application of tools and strategies used to monitor

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<sup>3</sup> Section 81 of the CCRA (1992) states that "The Minister, or a person authorized by the Minister, may enter into an agreement with an Aboriginal community for the provision of correctional services to Aboriginal offenders and for payment by the Minister, or by a person authorized by the Minister, in respect of the provision of those services".

<sup>4</sup> Discretionary release is the release of an offender under community supervision at the discretion of the Parole Board of Canada that allows an offender to participate in community-based activities, while living in a community residential facility or halfway house (day parole) or in their own accommodation (full parole). Non-discretionary release or statutory release is granted automatically to most inmates after serving two-thirds of their sentence.

offenders in the community, taking into account the offender's levels of risk, need, and dynamic needs, and utilizing community resources and collateral contacts to monitor progress in the community. Offenders are accountable for their behaviour, and community supervision is intended to actively encourage them to assume responsibility for their actions while on discretionary release in the community. CSC's activities in the area of community supervision are intended to foster community safety. Chapter 2 of this evaluation will assess CSC community supervision activities and community staff safety measures.

### ***1.2.3. Community Engagement***

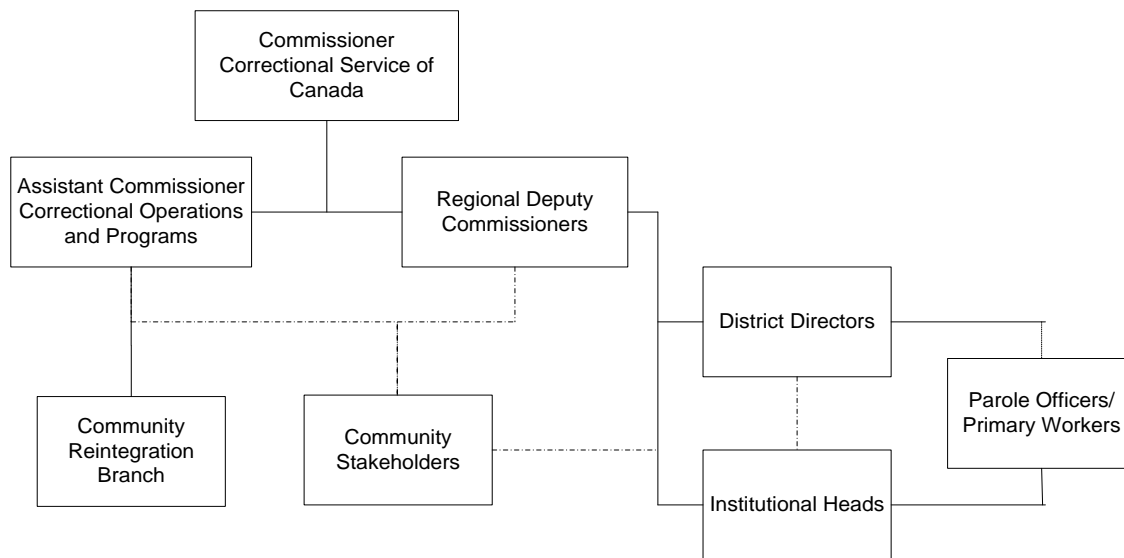
CSC community corrections policy framework recognizes that "successful reintegration requires the support of citizens and communities" (CSC, 2010l, p.22). This is in line with CSC's priority of "productive relationships with increasingly diverse partners, stakeholders, and others involved in public safety" (CSC, 2011).

According to *CD 715, Community Supervision Framework*, "the safest correctional strategy for the protection of society requires a gradual and structured supervised release fully supported by the community through a network of collateral support and community resources" (CSC, 2008c, s.25). Thus, CSC works with a range of government and non-governmental agencies, many of which are involved in the delivery of programs and services, while others manage community-based residential facilities across the country to facilitate the effective supervision of offenders in the community. Examples of partnerships include agencies such as the National Associations Active in Criminal Justice (NAACJ), the Canadian Criminal Justice Association (CCJA), John Howard Society of Canada (JHS), the police and others. Citizens' groups, such as Citizens' Advisory Committees, provide advice and act as a liaison between communities and CSC. Correctional services and programs are also provided through exchange of service agreements with provincial and territorial correctional and justice authorities. Other CSC partners include Aboriginal communities to provide custody and supervision of Aboriginal offenders, faith-based communities, and experts in victim-offender mediation and restorative justice. The intended intermediate outcome is increased acceptance of offenders into the community. Chapter 3 of this evaluation will examine the impact of community engagement on CSC correctional results.

### **1.3. Governance Structure**

*CD 700, Correctional Interventions*, indicates that "each employee is essential to the delivery of the best possible service to CSC's clients" (CSC, 2006a, s.60). As seen in Figure 2, the direct supervision and accountability for community corrections across CSC operations, including the Community Reintegration Branch, is the Assistant Commissioner of Correctional Operations and Programs (ACCOP). Regional Deputy Commissioners (RDC) provide functional operational and management support to ACCOP for community corrections activities in their respective regions. Institutional heads (with the authority granted to them in *CD 705: Intake Assessment Process*; CSC, 2007a) and District Directors, through their sub-delegates provide case management direction to parole officers and encourage private sector agencies to participate in aspects of case management such as the preparation for release and the supervision of offenders. Parole officers and primary workers, develop offenders' correctional plans and orient interventions and services, modify the intervention where necessary, measure the results, and make recommendations for security classifications, transfers and discretionary releases at the appropriate time. According to *CD 712: Case Preparation and Release Framework*, parole officers and primary workers present recommendations to the Parole Board of Canada (PBC), following comprehensive risk assessments and input provided by all members of the case management team, based on ongoing correctional interventions and evaluations (CSC, 2007d). The PBC has the ultimate authority to grant, deny and revoke discretionary release in accordance with the provision of the CCRA (1992).

**Figure 2: Governance Structure of Community Corrections Operations**



□

#### 1.4. Financial Resources

In 2009-2010 CSC allocated \$106.8 million to community supervision and \$411.9 million to correctional interventions which includes offender case management and programs in the institution and community (CSC, 2010a). For the purpose of this evaluation, financial resources related to correctional interventions only include community-specific program activities. Table 1 presents the financial resources allocated to these program activities.

In 2009-2010, the previously identified correctional interventions constituted 5% of the total annual financial resources at CSC, and 6% of CSC's direct program spending.

**Table 1. Financial Resources Related to Correctional Interventions from 2007-2008 to 2009-2010**

	Financial Resources					
	FY 2007-2008		FY 2008-2009		FY 2009-2010	
	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure
Case Management - Delivery	\$35,614,336	\$36,339,707	\$24,416,379	\$20,152,684	\$22,639,791	\$25,075,776
Community Parole Officer Resource Formula <sup>a</sup>	-----	-----	\$68,104,019	\$69,754,502	\$66,791,703	\$82,254,932
Community Integration Program	\$95,343	\$109,792	\$99,793	\$163,599	\$91,376	\$123,423
Community Maintenance Program	\$410,274	\$600,429	\$1,223,958	\$1,186,846	\$2,669,188	\$2,605,498
Community Corrections Liaison Officers	\$68,972	\$35,793	\$1,521,047	\$1,172,155	\$1,782,690	\$1,641,554
Community Employment Centres	\$2,310,209	\$2,201,031	\$2,539,975	\$2,561,851	\$2,501,809	\$2,279,839
Aboriginal Community Development Officers	\$922,021	\$535,302	\$762,379	\$325,254	\$618,914	\$759,204
Community Mental Health Initiative	\$6,966,653	\$4,565,041	\$6,863,336	\$7,038,266	\$7,536,277	\$8,183,866
<b>Total</b>	<b>\$46,387,808</b>	<b>\$44,387,095</b>	<b>\$105,530,886</b>	<b>\$102,355,157</b>	<b>\$104,631,748</b>	<b>\$122,924,092</b>

Note: <sup>a</sup> The budget and expenditure for the community parole officer resource formula was not reported for FY 2007-2008 because the financial code for that activity was only implemented part way through that fiscal year. These amounts were also excluded from the total budget and expenditures for that year.

Source: CSC's Integrated Financial and Material Management System (IFMMS) and Integrated Management Reporting System (IMRS), February 1<sup>st</sup>, 2010.

## **2. EVALUATION METHOD**

### **2.1. Scope of the Evaluation**

The goal of the evaluation of community corrections was to examine the extent to which community corrections operations support CSC's contribution to public safety by assisting in offenders' transition from the institution to the community. Given the large scope of community corrections operations, a thematic approach which integrated the three activities of community corrections (interventions, supervision, and community engagement) into five themes was used to frame the evaluation questions. Although results for each of the three activities will be presented in separate chapters, the same evaluation methodology was used across chapters depending upon the analyses required to answer specific evaluation questions.

The evaluation was conducted to assess the relevance and performance, including effectiveness, efficiency and economy of community corrections operations, in accordance with the Treasury Board Secretariat's *Policy on Evaluation* (TBS, 2009). Specifically, the evaluation assessed the extent to which community corrections address a demonstrable need, are relevant to the federal government, and are responsive to the public safety needs of Canadians. Similarly, section 42.1 of the *Financial Administration Act* (FAA, 1985) requires that every department conduct, every five years, a review of the relevance and effectiveness of each ongoing program. This evaluation is also completed in accordance with the FAA requirements as a critical tool for assessing the performance of government programs.

In addition, the evaluation also addressed the following three core issues under relevance: (1) continued need for the program; (2) alignment with government priorities; and, (3) alignment with federal roles and responsibilities. The two performance levers (i.e., assessment of progress towards the achievement of desired outcomes and resource utilization in relation to the production of outputs and progress toward expected outcomes), were also examined.

#### **Evaluation Core Issue: Relevance**

- Is there a continued need for community corrections activities?;



- To what extent do community corrections activities align with government priorities?; and,
- To what extent do community corrections activities align with the roles and responsibilities of the federal government?

### **Evaluation Core Issue: Performance - Achievement of Expected Outcomes (Effectiveness)**

- The extent to which the integration of the key community corrections activity achieve the following intermediate outcomes:
  - Enhanced community safety;
  - Safe transition into the community;;
  - Improved offender behaviour and reduced recidivism; and,
  - Increased acceptance of offenders into the community.

### **Evaluation Core Issue: Economy**

- The extent to which the most appropriate and efficient means are used to achieve the outcomes of community corrections:
  - Resources are used in a cost-effective manner; and,
  - Resources are used in a cost-efficient manner.

## **2.2. Thematic Overview of Community Corrections**

This evaluation used five key themes to address the Relevance and Performance assessment areas, including: (1) Continuum of Care, (2) Risk Assessment and Case Preparation, (3) Supervision of Offenders in the Community, (4) Community Staff Safety, and (5) Community Engagement and Collaboration. The evaluation was structured in four chapters and the five key themes can be found in various chapters within the report. For example, Chapter 1, *Correctional Interventions*, is focused on the continuum of care, risk assessment and case preparation; Chapter 2, *Community Supervision*, examines supervision of offenders in the community and community staff safety; Chapter 3, *Community Supervision*, discusses community engagement; and, Chapter 4 summarizes community corrections in its entirety. These five themes described below represent the framework for evaluating the operational imperatives of community corrections.

### *2.2.1. Theme 1: Continuum of Care*

<b>Expected result: CSC provides appropriate programs and services to assist in the rehabilitation and reintegration of offenders into the community with due regard to the safety of Canadians.</b>
--

The continuum of care provided by CSC supports the timely and successful release and reintegration of offenders into society by assessing risk and need at intake, offering effective interventions in the institution, re-assessing risk and need at release, and providing interventions, support and supervision in the community.

Research on effective correctional interventions suggests that interventions based on the principles of risk, need, and responsivity (RNR model) are more effective in successfully rehabilitating and reintegrating the offender back into the community. Specifically, when offenders have been assessed and assigned to participate in interventions based on their risk, needs and responsivity to programming, they are less likely to re-offend (Andrews & Bonta, 2006; Andrews, Bonta & Hoge, 1990; Andrews, Zinger, et al, 1990; Lipsey, 1989; Lösel, 1995; Redondo, Garido, & Sanchez-Mecca, 1999). A number of meta-analyses (e.g. Andrews & Bonta, 2006; Hanley, 2006; Lovins, Lowenkamp, Latessa, & Smith, 2007; Lowenkamp, Latessa, & Holsinger, 2006, etc.) found that institutional interventions that were based on the RNR principle had a greater positive treatment effect than institutional intervention programs that were not based on the RNR principle. In fact, one meta-analysis by Andrews, Zinger and colleagues (1990) found that while participation in programs that adhered to the RNR principle resulted in reductions in recidivism, participation in programs that did not adhere to the RNR principle resulted in increased recidivism rates for offenders.

Therefore, under the Continuum of Care, CSC provides activities which facilitate the appropriate assignment and participation of offenders in interventions that are likely to support a timely release and successful re-integration into the community.

### *2.2.2. Theme 2: Risk Assessment and Case Preparation*

<b>Expected result: CSC conducts risk assessment of offenders and effectively prepares offenders' conditional release applications and statutory reviews in a timely manner and manages and supports offenders released to the community.</b>
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Risk assessment and case preparation activities contribute to the timely and successful release and reintegration of an offender. For example, the appropriate assignment of offenders to interventions based on their risk, need and responsivity requires that an offender's risk level, criminogenic needs, and learning style, motivation, abilities and strengths have been strategically assessed and considered in the development of a correctional plan (Bourgon, Bonta, Rugge, Scott & Yessine, 2009). Indeed, when correctional plans are based on strategic risk assessments, the offender will more likely be assigned to a program that will effectively meet their risk level, needs and responsivity to programming, and as a result, they will be better prepared for release and for a successful reintegration into the community (Andrews & Bonta, 2006).

In addition, timely and effective case preparation requires close institutional and community collaboration to develop a specific, individualized correctional plan to manage the offender within the institution, transition the offender when eligible to the community and manage the offender in the community once released. Included in this is the utilization of community supports and resources starting early on in the offender's sentence.

Overall, the use of risk assessment tools and the completion of case preparation documents by CSC professionals facilitate the assignment and participation of offenders in interventions, as well as their resulting release and reintegration.

### *2.2.3. Theme 3: Supervision of Offenders in the Community*

<b>Expected Result: Offender transition into the community, post-release assessment, and supervision measures are responsive to offenders' risk levels and needs and the measures are enforced to ensure public safety. Timely and appropriate interventions are utilized to manage offenders who demonstrate increased risk to violate parole conditions or to re-offend.</b>
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Supervision of offenders in the community is comprised of programs and activities that support offender reintegration and continue to facilitate reductions in re-offending after the offender's

warrant expiry date (WED). Community supervision that is consistent with the RNR principles provides offenders with effective correctional practices during supervision interactions. This type of structured supervision is critical to the successful reintegration of offenders to the community (Bourgon, et al. 2009). Specifically, community supervision that involves the delivery of certain behaviours (i.e., skills and interventions) is more effective for assisting offenders in one-on-one supervision settings, than unstructured and informal discussions.

Similarly, the Executive Steering Committee for the evaluation recommended specifically examining the availability and types of resources that may be utilized as alternatives to suspensions (e.g., tools, resources, and training to assist in the management of supervision and risk). These alternative resources can also provide a means for meeting the unique risk, need and responsivity needs of the offender once in the community.

#### ***2.2.4. Theme 4: Community Staff Safety***

<b>Expected Result: The safety of community staff members is of paramount importance and is addressed through the provision, use, and effectiveness of appropriate tools and safety measures.</b>
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Safety concerns are inherent in the work conducted by CSC and staff safety is, therefore, a relevant issue to examine in the context of community correctional operations. The Executive Steering Committee recommended that the relevance and effectiveness of current safety measures be specifically examined. As part of this assessment, the evaluation examined staff members' perception of safety and security, with the understanding that interventions will vary for actual versus perceived risks. Additionally, safety and security practices that other federal agencies or departments and provincial and territorial correctional jurisdictions have in place, were examined.

#### ***2.2.5. Theme 5: Community Engagement and Collaboration***

<b>Expected Result: Relationships that have been established between CSC and criminal justice partners, stakeholders, and non-government organizations (NGO) are instrumental in the safe transition of offenders into society and the successful completion of their sentences in the community.</b>
---

The focus of this part of the evaluation was to examine the value of the partnerships that CSC has developed with community partners. Identification of best practices and any existing gaps will assist in providing strategic direction regarding the development and maintenance of future partnerships to facilitate the safe reintegration of offenders and maintained low recidivism rates beyond warrant expiry.

## 2.3. Sample Composition

### 2.3.1. Study Groups for Quantitative Analyses

In order to determine the impact of community corrections activities on discretionary release and correctional results in the community, CSC's Offender Management System (OMS)<sup>5</sup> was used to identify all offenders released on their first-term release (i.e., day parole, full parole, statutory release, or release at WED)<sup>6</sup> from April 1, 2005 to March 31, 2010. These releases made up the study group (referred to as the release cohort) which was used in the quantitative analyses reported in this evaluation. Table 2 summarizes demographic and sentence information for the release cohort.

**Table 2. Demographic and Sentence Type Characteristics for the Release Cohort**

	Frequency (n)	Percentage (%)
All Offenders	24,315	100%
Sex		
Men	22,835	93.9%
Women	1,480	6.1%
Ethnicity <sup>a</sup>		
Aboriginal	4,360	18.1%
Non-Aboriginal	19,713	81.9%
Sentence type		
Determinate sentence	23,686	97.4%
Indeterminate sentence	629	2.6%
Offence type <sup>b</sup>		
Schedule I	12,804	52.7%
Schedule II	6,203	25.5%

*Note:* <sup>a</sup> Ethnicity data were not available for all cases. <sup>b</sup> Frequencies denote those offenders who were serving a sentence for a Schedule I and Schedule II offence.

*Source:* OMS.

<sup>5</sup> OMS is an electronic filing system designed to monitor and track offenders under the supervision of CSC. Data captured in OMS include the Offender Intake Assessment (OIA), a comprehensive and integrated examination of offenders at the time of their admission.

<sup>6</sup> First-term release refers to the first time an offender is granted conditional release on their current sentence.

As noted in Table 2, the release cohort was comprised of 24,315 first-term releases between April 1, 2005 and March 31, 2010. A large proportion (93.9%) of the release cohort was men offenders, whereas women offenders accounted for 6.1% of the release cohort. Aboriginal and non-Aboriginal offenders comprised 18.1% and 81.9% of the release cohort. The majority (97.4%) of offenders in the release cohort were serving determinate sentences. The mean sentence length among offenders with determinate sentences was 3.49 years ( $SD = 2.40$  years; refer to Table 3). The majority (52.7%) of offenders were serving a sentence for a Schedule I offence and one-quarter (25.5%) of offenders were serving a sentence for a Schedule II offence. At release, the average age of offenders in the release cohort was 36 years ( $SD = 11$  years).

**Table 3. Mean Age at Release and Sentence Length for the Release Cohort**

	Mean in years	Std. Deviation
Age at Release	36.052	11.242
Sentence length <sup>a</sup>	3.49	2.40

<sup>a</sup> Sentence lengths were calculated for offenders who were not serving a life sentence.

Table 4 summarizes the proportion of offenders assessed at each level of risk and need at intake and at release.

**Table 4. Risk and Need Profiles of the Release Cohort**

	Frequency (%)	
	Intake <sup>a</sup>	Release <sup>b</sup>
Overall Static Risk		
Low	4,448 (18.4%)	4,206 (17.4%)
Moderate	10,286 (42.5%)	10,313 (42.6%)
High	8,472 (39.1%)	9,666 (40.0%)
Overall Dynamic Need		
Low	2,807 (11.6%)	2,774 (11.5%)
Moderate	8,063 (33.3%)	8,897 (36.8%)
High	13,336 (55.1%)	12,515 (51.7%)

Notes: <sup>a</sup> Intake risk and need data were not available for 109 cases. <sup>b</sup> Release risk and need data were not available for 130 cases.

Source: OMS.



As can be seen in Table 4, the highest proportions of offenders at intake and release were rated as moderate risk and high need.

### ***2.3.2. Automated Data***

Offender data (such as offender risk, need, demographic characteristics, parole applications and outcomes, program participation, and other pertinent information) were extracted from CSC's OMS for offenders who met the criteria described in section 2.3.1. The key data source of financial information was drawn from CSC's Integrated Management Reporting System (IMFS).

### ***2.3.3. Sources of Qualitative Data***

Focus groups and interviews were conducted in order to contextualize quantitative data and provide insight into specific evaluation questions. Semi-structured interview and focus group protocols were developed by the evaluation team and reviewed by the consultative group. Informed consent was obtained from all participants prior to the start of each interview and focus group session.

For the purpose of this evaluation, feedback was obtained through three key informant groups: (1) community partners and stakeholders; (2) CSC staff members; and (3) offenders. Information on each of these groups is provided below.

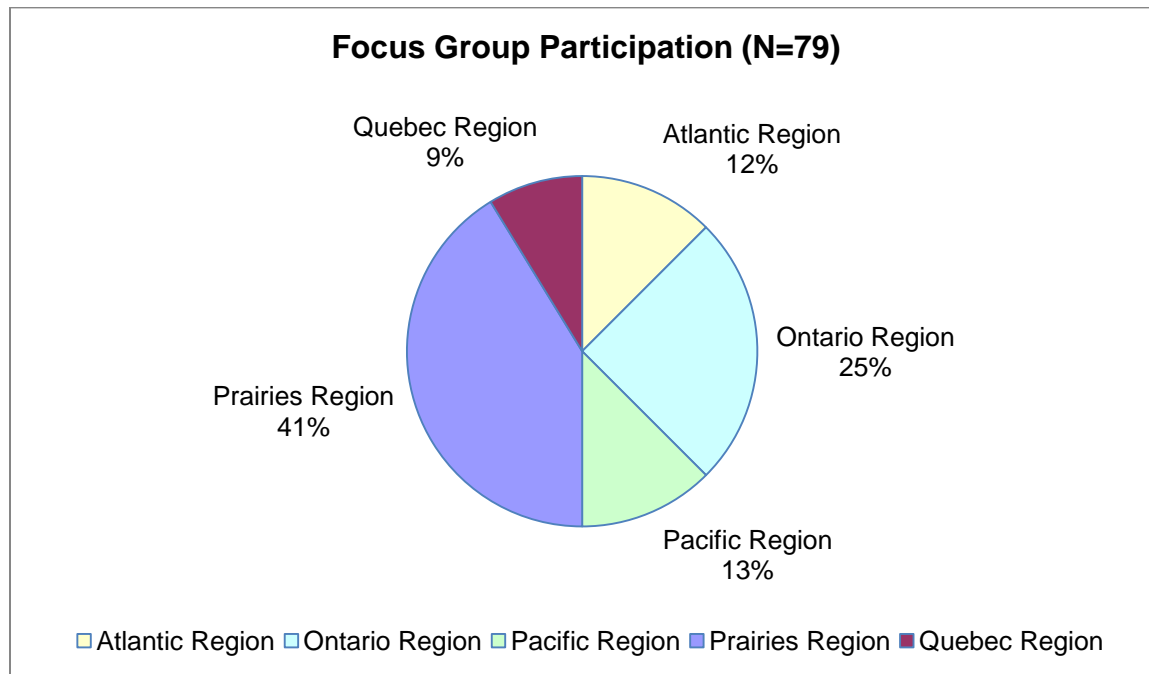
#### ***Community Partners and Stakeholders<sup>7</sup>***

Focus group sessions were conducted with individuals from community corrections partner organizations and stakeholders across Canada representing several CSC program activities such as employment, community residential services, mental health services, Aboriginal programs, and healing centres. Eleven focus group sessions were conducted with a total of 79 participants, with over 40 partner organisations represented in the focus groups (refer to Figure 3 for the participant representation per region).

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<sup>7</sup> The complete results of the focus group sessions are reported in MacDonald, Luong, and Olotu (2010).

**Figure 3. Community Partners and Stakeholders Focus Group Session Participants per Region**

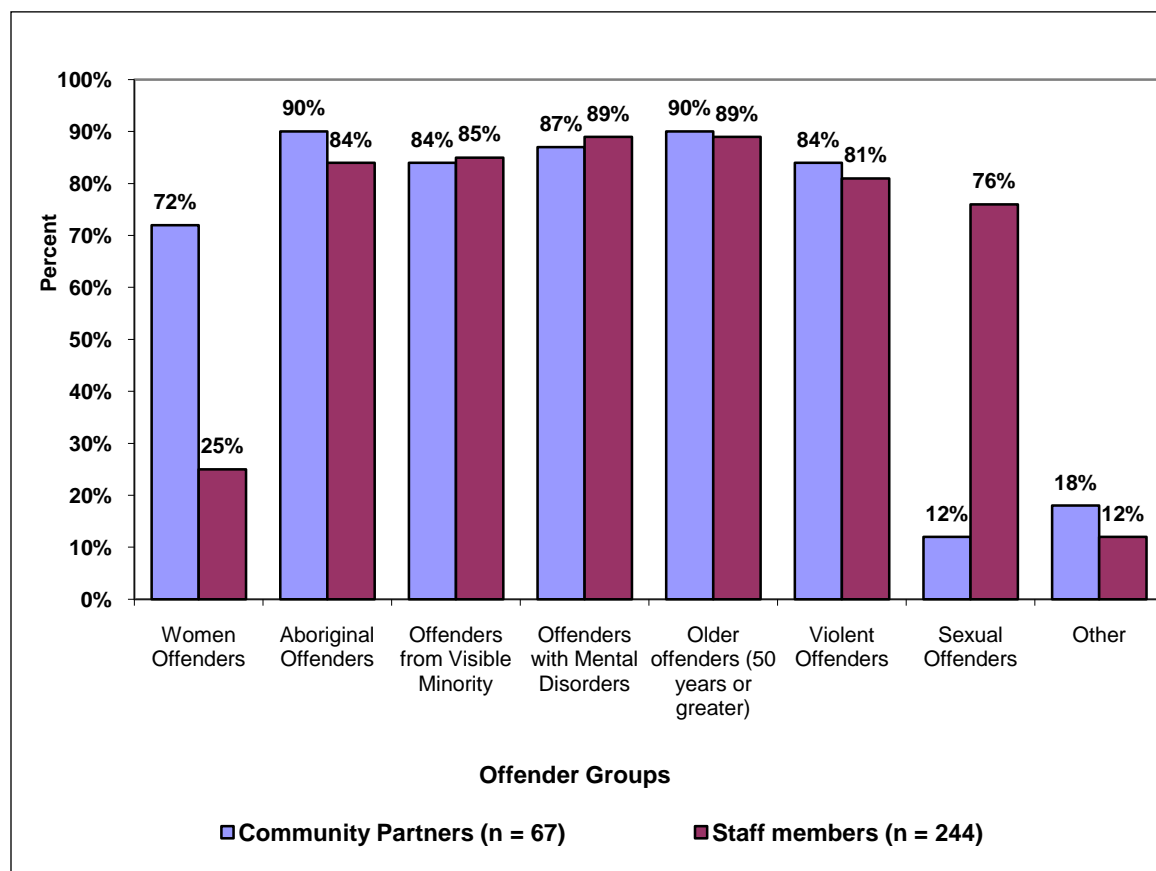


*Source:* Data presented in this figure were obtained through a demographic questionnaire distributed to all focus group participants as part of the present evaluation.

The majority of participants (80%;  $n = 63$ ) indicated that they had a formal contract, memorandum of understanding (MOU), or memorandum of agreement with CSC. Eighty percent (84%;  $n = 66$ ) of participants identified themselves as community-based service providers, while 16% ( $n = 13$ ) indicated other (e.g, Citizen Advisory Committee members, volunteers, police, and provincial services).

Information on offender groups to whom these community partners provided services is presented in Figure 4.

**Figure 4. Offender Groups for whom Community Partners and CSC Staff Members Provided Services**



*Source:* Data presented in this figure were obtained through a demographic questionnaire distributed to all focus group participants as part of the present evaluation. Participants were provided with a list of offender groups and were asked to indicate the groups to whom they have provided services. Therefore, for each offender group, the maximum numbers of affirmative responses were 67 for community partners or 244 for CSC staff members.

The majority of community partners who participated in focus groups provided services to women offenders (72%;  $n = 48$ ), Aboriginal offenders (90%;  $n = 60$ ), offenders from visible minority groups (84%;  $n = 56$ ), offenders with mental disorders (84%;  $n = 56$ ), older offenders (90%;  $n = 60$ ), and violent offenders (84%;  $n = 56$ ).

### ***CSC Staff Members***

Focus group sessions were conducted with CSC staff members who were involved in offender pre-release planning in the institution and those who were responsible for managing and

supervising offenders in the community. A total of 279 staff members<sup>8</sup> participated in the focus groups. One-half (50%;  $n = 130$ ) of staff members worked primarily in the institution, 45% ( $n = 118$ ) worked primarily in the community and several staff members (5%;  $n = 12$ ) indicated that they worked in both settings. Among staff members who worked in the institution, the majority worked in a medium (61%;  $n = 87$ ) or minimum (22%;  $n = 31$ ) security facility. Sixty-two percent ( $n = 172$ ) of staff members who participated in the focus groups were female and 38% ( $n = 106$ ) were male.<sup>9</sup> The majority of these staff members provided services in English (94%;  $n = 245$ ) whereas approximately one-third (29%;  $n = 76$ ) provided services in French. Several (23%;  $n = 61$ ) also provided services in both official languages. Staff member position titles and region of work are described in Table 5.

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<sup>8</sup> Staff members who participated in the focus groups completed a brief demographic questionnaire. However, 19 staff members did not complete the second page of the questionnaire and others questions were left unanswered. Respondent results are calculated out of the total number of valid responses.

<sup>9</sup> One participant did not respond to this question.

**Table 5: Staff Member Focus Group Participants**

	Staff Members (N = 279)	
	Frequency	Percent
Position		
Parole officer	159	57%
Parole office supervisor	21	8%
Correctional program officer/manager	20	7%
Psychologist	16	6%
Community mental health initiative staff member	17	6%
Aboriginal specific positions (e.g., Aboriginal liaison officers and elders <sup>a</sup> )	15	5%
Area/district directors	8	3%
Other/unspecified	22	9%
Region		
Atlantic	24	9%
Quebec	51	18%
Ontario	47	17%
Prairies	79	28%
Pacific	78	28%
Total	279	100%

Note. <sup>a</sup> Elders are not CSC staff members but rather provide services to CSC through contracts. However, since they play substantial roles in the reintegration of offenders, particularly in conjunction with ACDOs and Aboriginal Liaison Officers and as part of Section 84 applications, they were invited to participate in the CSC staff focus groups.

Source: Data presented in this figure were obtained through a demographic questionnaire distributed to all focus group participants as part of the present evaluation.

More than one-half of staff member focus group participants were parole officers (57%;  $n = 159$ ) while 9% ( $n = 21$ ) were parole office supervisors and 7% ( $n = 20$ ) were correctional program officers/managers. Approximately one-third were from the Prairie (28%;  $n = 79$ ) and Pacific (28%;  $n = 78$ ) Regions, followed by Quebec (18%;  $n = 51$ ), and Ontario (17%;  $n = 47$ ) Regions. The Atlantic Region had the fewest participants (9%;  $n = 24$ ).

Figure 4 summarizes the offenders with whom staff members have worked. The majority of staff members reported that they worked with Aboriginal offenders (85%;  $n = 238$ ), offenders aged 50 years or older (90%;  $n = 251$ ), offenders with mental disorders (90%;  $n = 250$ ), offenders from visible minority groups (85%;  $n = 238$ ), violent offenders (92%;  $n = 256$ ), and sexual offenders (78%;  $n = 217$ ). Twenty-three percent of staff members worked with women offenders (23%;  $n = 63$ ) and 14% ( $n = 39$ ) with other offenders such as offenders with foetal alcohol

spectrum disorder (FASD), attention deficit hyperactivity disorder (ADHD) and/or other intellectual disabilities, lifers, and offenders under long term supervision orders.

Finally, interviews with members of CSC's Executive Committee were conducted to obtain their views of CSC's community corrections operations. Responses were not reported separately throughout the report because doing so would potentially identify the interviewed individuals.

### *Offenders*

Individual interviews were conducted with offenders in institutions who were scheduled for release or a release hearing within six months of the interview date, as well as with offenders supervised in the community. A total of 269 offenders were interviewed, 61% ( $n = 164$ ) from the institution and 39% ( $n = 105$ ) from the community.<sup>10</sup> Demographic data are presented in Table 6.

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<sup>10</sup> Two offender interviews were terminated at the discretion of the interviewer and were excluded from analysis. However, since Finger Print System (FPS) numbers and consent forms were collected for all offenders ( $n = 269$ ) and stored separately from the completed interviews, it was not possible to identify the corresponding FPS numbers. As a result, these offenders were included in results retrieved using FPS numbers (i.e., demographic, security level, and release type data).

**Table 6. Characteristics of Interviewed Offenders**

	Interviewed Offenders Frequency (% <sup>a</sup> )		
	Institution ( <i>n</i> = 162)	Community ( <i>n</i> = 105)	Total ( <i>n</i> = 267)
	( <i>n</i> = 161)	( <i>n</i> = 103)	<i>N</i> = 264
Men	142 (88%)	91 (88%)	233 (88%)
Women	19 (12%)	12 (12%)	31 (12%)
Ethnicity	( <i>n</i> = 161)	( <i>n</i> = 104)	<i>N</i> = 265
Non-Aboriginal	116 (72%)	78 (75%)	194 (73%)
Aboriginal	45 (28%)	26 (25%)	71 (27%)
Region	( <i>n</i> = 161)	( <i>n</i> = 104)	<i>N</i> = 265
Atlantic	16 (10%)	16 (15%)	32 (12%)
Quebec	20 (12%)	30 (29%)	50 (19%)
Ontario	24 (15%)	15 (15%)	39 (15%)
Prairie	49 (30%)	13 (13%)	62 (23%)
Pacific	52 (32%)	30 (29%)	82 (31%)

*Note.* <sup>a</sup> Total percent may not sum to 100% due to rounding. Two offender interviews were discontinued at the discretion of the interviewer and have been excluded from the results presented in this table. There are missing data in the institution and community categories. This may be due to data entry error and/or non response.

The majority of offender interviews were conducted in the Pacific Region (31%; *n* = 82). Among all offenders interviewed, 88% were male (*n* = 233) and 27% (*n* = 71) were identified as being Aboriginal (First Nations, Métis or Inuit).

The security level and release type of interviewed offenders are summarized in Table 7.

**Table 7: Security Level and Release Type (Current and Upcoming<sup>a</sup>)**

	Interviewed Offenders Frequency (% <sup>b</sup> )		
	Institution ( <i>n</i> = 163) <sup>c</sup>	Community ( <i>n</i> = 104)	Total ( <i>n</i> = 267)
<b>Current Security Level</b>			
Minimum	81 (50%)	59 (57%)	140 (52%)
Medium	82 (50%)	41 (39%)	123 (46%)
Maximum	0 (0%)	4 (4%)	4 (1%)
<b>Type of Release</b>			
	Upcoming Release/ Hearing	Current Release	
Day Parole	33 (20%)	30 (29%)	63 (24%)
Full Parole	14 (9%)	33 (32%)	47 (18%)
Day Parole or Full Parole	34 (21%)	-	34 (13%)
Statutory Release	79 (48%)	38 (37%)	117 (44%)
Long-Term Supervision Order	-	3 (3%)	3 (1%)
Warrant Expiry Date	2 (1%)	-	2 (0.7%)
Detention Review	1 (0.6%)	-	1 (0.3%)

*Note:* <sup>a</sup> Upcoming releases for interviewed offenders in the institutions were obtained from OMS and referred to pending release at the time of the interview. <sup>b</sup> Total percent may not sum to 100% due to rounding. <sup>c</sup> One interviewed offender could not be located in OMS which may have been due to error in recording the FPS number, while another offender was missing information in OMS. These offenders have been excluded from the results presented in this table.

The majority of interviewed offenders were classified at the minimum security level (52%; *n* = 140). Among offenders in the community (*n* = 104), most were on statutory release (37%; *n* = 38). Among offenders who were incarcerated at the time of the interview (*n* = 163), the highest percentage were awaiting their statutory release (48%; *n* = 79).

## 2.4. Evaluation Design and Quantitative Data

To address the evaluation questions, the present evaluation examined a sample of offenders that was comprised of offenders released on their first-term release from April 1, 2005 to March 31, 2010. Data on these offenders were extracted from the OMS. A detailed description of this sample was provided earlier in this report.

For all analyses conducted related to release and the offender's community supervision outcome, the analyses were restricted to offenders who were released on discretionary or statutory release. The correctional outcome measure used for this evaluation was revocation, defined as a revocation, with or without a new offence, until the WED. This does not include account



suspensions. The offenders were followed until either revocation, warrant expiry, or were still in the community under supervision at the time of data extraction. The follow-up period was the period from release to first revocation or the WED for offenders who were not revoked.

All data related to program assignment, participation, and outcome pertained to the period of incarceration prior to the release of interest. Program participation in the community was not examined in these analyses because recent evaluations have found that community program data were not reliably available for all community programs and services. Furthermore, comprehensive and standardized data regarding program assignment and participation and utilization of services delivered by contract service providers were not available.

In response to data limitations identified during previous evaluations (e.g., Luong et al., 2010; Nafekh et al., 2009), a new operational definition of program need was utilized in the present evaluation. Program need was defined as assignment to a program categorized under the need area.<sup>11,12</sup> Program participation and outcome data pertained to the period of incarceration prior to the first-term release date. Program outcome data referred to the highest level of program completion. For example, if an offender started a substance abuse prevention program, dropped out, and subsequently started and successfully completed substance abuse prevention program prior to his or her first release, program outcome would be coded as successful completion of a substance abuse prevention program.

In order to examine program effectiveness on revocation, a series of Cox regression analyses was completed. Previous evaluations (e.g., Luong et al., 2010; Nafekh et al., 2009) have examined the effectiveness of individual programs effectiveness in isolation (i.e., participation in multiple programs was not controlled) using the intent-to-treat model.<sup>13</sup> The present evaluation extended

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<sup>11</sup> Refer to Appendix A for a complete list of programs that comprised each program area.

<sup>12</sup> Revised national correctional program referral guidelines were implemented in June, 2009. It is possible that some offenders who were initially assigned to participate in a program were no longer eligible for participation when the revised guidelines were implemented, and the program assignment may have been subsequently cancelled. Program assignments may also have been cancelled for other reasons and it was not possible to isolate cancellations as a result of revisions to the program referral criteria. Furthermore, since the revised guidelines were implemented in June, 2009, very few offenders within the release cohort would have been impacted.

<sup>13</sup> The intent-to-treat model compares offenders who were assigned to, and participated, in a program to offenders who were assigned to, but did not participate in, the program. Within this model, individuals who receive any

the intent-to-treat model by examining participation in multiple programs within the same step of the analysis. Therefore, outcomes for one program corresponded to the treatment effect for the program while controlling for participation in other programs.

## **2.5. Limitations**

The present report was the first of four reports for the evaluation of community corrections. A number of limitations should be taken into consideration when interpreting the results of the present report.

For focus group sessions with community partners and stakeholders, the initial site selections were made by reviewing a list of community partners who were invited to participate in CSC's Executive Development Symposium that was held in Cornwall in the fall of 2009. The list was then augmented to include additional community partners and stakeholders from the local areas. Since the focus groups were conducted in major urban centres, results from the focus group sessions may not have been representative of all community partners and stakeholders.

Institutions and parole offices were identified for site visits (to conduct interviews with offenders and focus groups with CSC staff members) based on a number of factors including proximity to other institutions and parole offices, the type of programs and services provided by the sites (e.g., the Integrated Correctional Program Model [ICPM] in the Pacific Region), and specific groups of offenders (e.g., women offenders, Aboriginal offenders). Only minimum and medium security institutions were selected in order to focus on release planning and preparation for release. Furthermore, in order to examine release planning and readiness for release, the evaluation team conducted interviews with offenders in minimum and medium security institutions who were within six months of their release. As such, the interviewed offenders may not have been representative of all offenders released to the community in 2010-2011. Furthermore, interviews were conducted with offenders who were actively supervised in the community at the time of site visits. These offenders were initially contacted by their parole officers or parole office

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dosage of a program were included in the treatment group in order to reduce bias associated with attrition (PSC, 2007).

supervisors. Since all offenders volunteered to participate in interviews with members of the evaluation team, there may have been a selection bias effect. Therefore, the views expressed by staff members and offenders may not have been representative of all staff members and offenders in the institutions and community.

The release cohort was comprised of all offenders released for the first time on their current sentence between April 1, 2005 and March 31, 2010. During this timeframe, the national correctional program referral guidelines were revised and the ICPM was being piloted in the Pacific Region. Other initiatives (e.g., Community Mental Health Initiative [CMHI] and Institutional Mental Health Initiative [IMHI]) were also in various stages of implementation. These considerations should be taken into account when interpreting the findings within this report.

The present evaluation examined program participation and program outcome in the institution only. Previous evaluations (e.g., Luong et al., 2010) have found that community program data were not reliably available for all community programs and services. Furthermore, comprehensive and standardized data regarding program assignment, and participation and utilization of services delivered by contract service providers, were not available. Although results that pertained specifically to the programs in the community (i.e., CECs, CMHI, and Community Maintenance Program [CMP]) were reported, it was not possible to examine the effectiveness of programs in the community while controlling for participation in multiple programs and services.

The follow-up period was the time from first-release to first return as a result of a revocation, the WED (for offenders in the release cohort who reached the end of their sentences), or the program extraction date (January 2011; for offenders who were actively supervised in the community at the time of the evaluation). New convictions were not examined for this chapter of the evaluation.

### **3. CHAPTER 1: CORRECTIONAL INTERVENTIONS**

#### **Background**

The Correctional Interventions Program Activity, which is delivered in both institutions and communities, addresses identified offender risks and needs and is necessary to help bring positive changes in offender behaviour and to safely and successfully reintegrate offenders into Canadian communities. This program activity aims to address problems that are directly related to offenders' criminal behaviour and that interfere with their ability to function as law-abiding members of society (CSC, 2009b).

*CD 700, Correctional Interventions* (CSC, 2006a), defines correctional interventions as “the sequence, combination and interaction between the activities of assessment, planning, intervention and decision-making involving the offender” (s. 6) and is comprised of three main components: (1) intake assessment and correctional planning; (2) interventions with the offender; and (3) decision-making processes. The intake assessment process commences upon an offender’s admission to CSC. Over a period of ninety days, several actuarial tools and assessments are used to determine the offender’s level of risk, criminogenic needs, and security requirements. These assessments guide the placement of the offender into an appropriate institution, determine the required security level, and assist in the development of a correctional plan. Throughout the offender’s sentence, programs and other interventions are used to address risk and needs, which contribute to recommendations pertaining to conditional release.

#### **Policy and Legislation**

CSC is mandated by the CCRA (1992) to provide correctional programs to offenders. The CCRA, section 5(b) and sections 76, 77, 79 and 80 provide the legislative framework guiding the development, implementation, and maintenance of reintegration programming for CSC. Specifically, section 5 (b) states that CSC is responsible for “the provision of programs that contribute to the rehabilitation of offenders and to their successful reintegration into the community”, while section 76 states that CSC “shall provide a range of programs designed to address the needs of offenders and contribute to their successful reintegration into the community”. In addition, sections 80 to 84 provide the legislative framework for the provision of

programs and services to Aboriginal offenders and the involvement of Aboriginal communities in the release and reintegration of offenders to the community.

*CD 700, Correctional Interventions* (CSC, 2006a), states that correctional interventions are to be “based on the use of professional judgment and objective tools to justify, support and explain decisions or recommendations” which “requires an ever-increasing knowledge of the offender which can be best achieved through regular and meaningful interaction” (s. 25). The importance of continuity of monitoring and interventions throughout the offender’s sentence is stressed in sections 26, 51, and 67. Specifically, section 26 states that “Continuity in monitoring and intervention is essential to effective correctional practice from the beginning of the sentence to the end to achieve safe reintegration” (s.26). Continuity of care is specifically highlighted in *CD 726, Correctional Programs* (CSC, 2003), as a criterion to which correctional programs must adhere.

CSC recognizes that various groups of offenders, such as Aboriginal and women offenders, have unique needs that require targeted correctional interventions. Given the current offender profile, CSC offers a wide range of programs and initiatives in the institution and community that are structured to address the specific needs of offenders. Some of these programs and initiatives include: aboriginal initiatives; chaplaincy services; correctional programs; ethnocultural initiatives; educational services; and vocational training.

### **Evaluation Context**

Over the past three years, CSC has completed evaluations of some of the programs and initiatives that comprise correctional interventions in both the institution and community. These include the evaluations of CSC’s correctional programs (Nafekh et al., 2009), CMP (Luong et al., 2010), Employment and Employability Program: Institutional component (Taylor et al., 2008), National Employability Skills Program (NESP; Didenko, Luong, & Carré, 2010), Community Employment Centres Initiative (Brews, et al., 2010), Pathways Healing Units (Jensen & Nafekh, 2009b), Aboriginal Community Development Officers (ACDO; Jensen & Nafekh, 2009a), and CMHI (Allegri et al., 2008). These interventions are offered by CSC to

offenders at various stages of their sentences from intake through supervision in the community. Results of these evaluations are briefly summarized below.

### **Correctional Programs**

CSC's correctional programs were evaluated by Nafekh and colleagues (2009), who found that participation in correctional programs was associated with an increased likelihood of discretionary release and decreased likelihood of returning to custody. Results varied by program, intensity level, as well as offender population, and were moderated by the extent to which the programs met the needs of the offenders but generally overall, correctional programs were found to be effective and cost-effective.

The evaluation also found that program referrals were not made for a high proportion of offenders who satisfied the program referral criteria. Conversely, some offenders were enrolled in programs for which they did not meet the program referral criteria. Incongruence between need and program participation has implications for outcomes, as the need principle of effective correctional interventions requires that programs should target offenders' identified criminogenic needs (Andrews, Zinger et al., 1990). Indeed, Nafekh and colleagues (2009) found that more positive outcomes were observed when there was a match between the program and offenders' assessed needs than when there was no match program and assessed need.

The CMP, developed in 2001 and revised in 2008, is a generic follow-up program to gradually replace specialized maintenance programs in the community. A recent evaluation of the CMP (Luong et al., 2010) found that participants in the CMP were less likely to return to custody than non-participants. However, Luong and colleagues (2010) found that specialized substance abuse and family violence maintenance programs were more effective in reducing likelihood of return to custody than the CMP for non-Aboriginal offenders.

In addition to the CMP, to address challenges such as financial and resource allocation, changes to the offender profile, and access to programs (CSC, 2010i), CSC approved a pilot program of an ICPM in September 2008, with implementation commencing in the Pacific Region in January, 2010 (CSC, 2010m). This program, designed for men offenders, is an integrated model

consisting of three separate programs: a multi-target program, a multi-target that is specific to Aboriginal offenders, and sex offender programs. As many federal offenders have needs in multiple need domains, each of the ICPM programs was designed to target multiple needs in order address the needs in a holistic manner.

The ICPM also includes the Motivation-Based Intervention Strategy (MBIS) and the CMP.<sup>14</sup> MBIS is designed to increase motivation to change problematic behaviour and active participation in correctional plans (including programs), thereby contributing to the safety and security of staff members and other offenders in the institution and a safe reintegration into the community (Nolan & Carré, 2010). However, a recent evaluation of MBIS found that MBIS did not have an effect on offenders' participation in correctional plans and programs, institutional misconduct, transfers to lower security, or parole application success (Nolan & Carré, 2010). The Community Program implemented to complement the ICPM targets offenders who have been released without participation in, or completion of, a correctional program.

A research study on the effectiveness of the pilot ICPM, of which the CMP is a part, is scheduled for completion by March 2011. In addition, in accordance with CSC's approved five-year evaluation plan, the evaluation of CSC's Correctional Reintegration Programs, of which the CMP and other correctional programs are a part, is scheduled to be completed by the end of fiscal year 2013/2014.

## **Employment**

CSC provides a number of opportunities for offenders to develop employment and employability skills throughout their sentences which begins at intake and continues into the community. Taylor and colleagues (2008) conducted an extensive evaluation of the institutional component of the employment continuum, namely, the Employment and Employability Program (EEP). It was found that participation in various EEP programs were related to improved institutional conduct (e.g., fewer institutional incidents), higher levels of offender motivation to attain third party certification programming, gaining confidence with job skills, and other positive outcomes

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<sup>14</sup> However, the ICPM includes revised versions of the Community Maintenance Program and MBIS (A/Director General, Community Reintegration Branch, personal communication, March 4, 2011).

(Taylor et al. 2008). In addition, Taylor and colleagues found that participation in any CSC core employment program was associated with increased likelihood of obtaining employment in the community, although participation was not related to job retention. However, attrition was a limitation as data were available for only 27% of the subsample of offenders who attained employment at the 6-month follow-up. With respect to recidivism, offenders who were unemployed were more likely to return to custody than those who were employed. In particular, offenders who were employed in positions that were congruent with their vocational interests remained in the community longer than offenders who were unemployed and offenders who were employed in positions that were not consistent with their vocational interests.

A recent evaluation of an institutional employability skills program (i.e., NESP), found that although NESP participants were as likely to attain and maintain employment in the community as non-participants, men offenders and Aboriginal (both men and women) offenders were less likely to return to custody (defined as readmission for a technical violation with or without a new offence) than their counterparts who did not participate in NESP (Didenko et al., 2010). In addition, women NESP participants were more likely to attain employment in the community but there was no effect on likelihood to return to custody. One of the findings from the NESP evaluation that has particular relevance to the continuum of care was that there were no formal linkages between NESP and employment services and employment opportunities in the community (e.g., CECs). This was surprising since NESP is embedded within the employment continuum that spans from the institution to the community; therefore, there are gaps in the continuum of employment services. Furthermore, the evaluation of the CEC initiative (an employment service available to federal offenders in the community; Brews et al., 2010) found that participation in this initiative was related to a number of positive outcomes, such as a reduction in readmissions for both technical violations and new offences.

Brews and colleagues (2010) found that CECs resulted in a number of positive outcomes for participants including enhanced employment opportunities, quality of work, and participant self-esteem and confidence. In addition, participants were more likely to attain, and be satisfied with, employment in the community than non-participants. With respect to recidivism, participants were less likely to return to custody compared to non-participants. However, community



employment coordinators and CSC staff members noted two areas that could improve the continuity of employment services, namely to increase awareness of the centres and to increase collaboration between institutional and community staff members. Brews and colleagues recommended CSC expand CEC in-reach services in order to ensure that more offenders would become aware of the services.

### **Mental Health Needs of Offenders**

Services to address the mental health needs of offenders have become a focus in corrections in recent years. The Standing Senate Committee on Social Affairs, Science and Technology published a report in 2006 (known as the *Kirby Report*), which represented the first national study of mental health and mental illness in Canada. This report specifically recommended that CSC provide services to ensure continuity of mental health services as offenders are released from institutions to the community (Kirby, 2006). The Canadian Public Health Association (2004) completed a large-scale survey of health needs among federally incarcerated offenders over a three-year period beginning in 1999. They found that 11.9% of men offenders and 20.5% of women offenders had mental health needs upon admission to the institutions. In 2007-2008, 11% of offenders (22% of women and 10% of men offenders) admitted to federal jurisdiction had a mental health diagnosis at intake and 16% of offenders (30% of women and 15% of men) had a history of psychiatric hospitalization (PSC, 2009). The proportion of Aboriginal offenders who had mental health problems at intake increased from 5% to 14% between 1996-1997 and 2006-2007 (CSC, 2010n). In 2008-2009, 9% of Aboriginal offenders admitted to CSC presented with mental health problems at intake (CSC, 2010n). In 2010, the Office of the Correctional Investigator highlighted the increase in prevalence of mental health issues among federal offenders and submitted nine recommendations that specifically addressed this issue.

CSC is mandated by section 86(1) of the CCRA (1992) to provide mental health services to offenders. Furthermore, addressing the mental health needs of offenders is one of CSC's six corporate priorities (CSC, 2010a) and is further supported by *CD 850: Mental Health Services* (CSC, 2002a). A series of plans and actions have been implemented by CSC in order to address the mental health needs of offenders (CSC, 2010a). Initiatives underway to address the needs of women offenders are covered later in this section under Women Offenders.

In 2004, CSC's Mental Health Strategy, which encompassed a five-pronged approach to ensure a continuum of services from intake through incarceration, supervision in the community, and warrant expiry (i.e., mental health screening at intake, primary mental health care, intermediate mental health care, intensive care at regional treatment centres, and transitional care; CSC, 2010k), was approved. In 2005, funding was approved to implement the CMHI (i.e., the transition component of the Mental Health Strategy) for a five-year period ending in fiscal year 2009/2010.<sup>15</sup> The CMHI consists of four key components: (1) clinical discharge planning in the institutions; (2) community mental health specialists; (3) provision of resources and services to address the needs of offenders with mental disorders in the community; and (4) staff training in mental health awareness (Champagne, Turgeon, Felizardo, & Lutz, 2008).

An evaluation of the CMHI (Allegri et al., 2008) found that offenders who received community mental health specialist services were less likely to be suspended or revoked than offenders who did not receive services from the CMHI. Further, the evaluation highlighted multiple issues that impeded continuity of services, including assessment and identification of mental health needs early in the sentence, staff training in mental health issues, continuity of services from institutions to the community vis-à-vis referral from clinical discharge planning to community mental health specialist services, and access to services beyond WED (Allegri et al., 2008). It was recommended that "procedures or processes to improve early identification of offenders' mental disorder and treatment needs be explored in order to enable accurate identification of offenders with mental health needs, to better facilitate treatment referrals, and to establish continuity of care from an earlier stage" (Allegri et al., 2008, p. 53). Moreover, it was recommended that mental health training be provided to institutional staff members in order to assist in the early identification of mental health needs and referrals to CMHI services and to explore additional partnerships with organizations to facilitate continuity of services beyond WED.

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<sup>15</sup> Although funding was approved in 2005, a number of staffing challenges resulted in delays in the implementation of the CMHI such that the first referral for services did not occur until May 2007 (Prairie region) and the CMHI was fully operational in all regions in January, 2008 (Allegri et al., 2008).

Since the completion of the evaluation of the CMHI, CSC has implemented a number of actions to address these and other recommendations in the report. Ongoing monitoring of offenders who receive clinical discharge planning and/or services from community mental health specialists is being monitored and CMHI service delivery guidelines have been revised to include referrals to community mental health specialists within clinical discharge planning reports. Staff training in mental health issues has been included in CSC's National Training Standards for correctional officers, and primary workers at maximum and medium security facilities, and institutional staff members at treatment centres and women's institutions, identified as priority groups for training in 2009/2010. According to the Management Action Plan (MAP) update of March, 2010, more than 600 institutional staff members received the training.

In 2007, CSC made another step towards the implementation of the Mental Health Strategy by launching the IMHI, which constitutes three of the five key components of the Mental Health Strategy. The goal of IMHI is "to provide a comprehensive continuum of mental health care within institutions from offender intake to release and to contribute to offender institutional adjustment and preparation for successful reintegration into the community" (CSC, 2010o, p. 10). Permanent annual funding of \$16.6 million was granted in 2008 to support the IMHI (CSC, 2010k), which consists of three components: (1) a computerized mental health intake screening system (CoMHIS) to ensure early identification of mental health issues in order to inform interventions, correctional planning, and case management;<sup>16</sup> (2) primary mental health care in institutions; and, (3) training and professional development for CSC staff members. Immediate goals of the IMHI include early identification of mental health needs, increased integration of mental health needs in offenders' correctional plans, increased mental health awareness among staff members, and increased knowledge and skills to identify, interact with, and refer offenders with mental health needs to required services. Intermediate goals include enhanced institutional behaviour and ability to participate actively in correctional plans, offender and staff safety in the institution through improvements or maintenance of offenders' mental health needs, improved interaction between staff members and offenders with mental health needs, and engagement of non-mental health staff members on mental health teams and

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<sup>16</sup> Pilot mental health screening was implemented in 2008 while full implementation occurred in 2010 (CSC, 2010i)

committees. Ultimately, the IMHI aims to contribute to public safety by addressing the mental health needs of offenders and increasing their potential for success in the community.

The implications of the IMHI and CMHI on community corrections cannot be understated, given the prevalence of mental health needs among federal offenders. The IMHI is designed to ensure early detection of mental health issues in order to inform and facilitate case management and interventions in the institution. The CMHI specifically addresses continuity of mental health services during offenders' transition from institutions to the community. In addition, the IMHI<sup>17</sup> could potentially address some of the issues and recommendations identified in the CMHI evaluation.

### **Aboriginal Offenders**

Aboriginal peoples are over-represented in the criminal justice system. While Aboriginal men and women represent less than 4% of the Canadian population (Statistics Canada, 2008), they constitute 17.9% of the federal offender population in 2009-2010 (PSC, 2010a). Since 2004-2005, the number of Aboriginal offenders has increased by 14% from 3,498 to 3,989 (PSC, 2010a). The gap in correctional results between Aboriginal and non-Aboriginal offenders has also remained significant throughout sentence. For instance, compared to non-Aboriginal offenders, Aboriginal offenders are more likely to have been classified at the medium or maximum security levels, spend more time incarcerated and less time under community supervision, have lower parole grant rates, be revoked while on community supervision, and be re-admitted to federal custody following WED (CSC, 2009j).

CSC is mandated by the CCRA (1992) to respond to the specific criminogenic needs of Aboriginal offenders that have led to their over-representation in the correctional system. Enhancing capacities to provide effective interventions to Aboriginal offenders has been one of CSC's long-standing strategic priorities. In 2003, CSC developed the Aboriginal Corrections Continuum of Care model to ensure continuity of services for federal Aboriginal offenders from intake to federal custody through to release into the community (CSC, 2008b). CSC later developed its Strategic Plan for Aboriginal Corrections (SPAC) with the goal to implement the

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<sup>17</sup> An evaluation of the IMHI is scheduled for fiscal year 2011/2012.

Aboriginal Continuum of Care and improve correctional results for Aboriginal offenders, thereby decreasing the gap in correctional results between Aboriginal and non-Aboriginal offenders (CSC, 2006b). The Strategic Plan was implemented between fiscal years 2006-2007 and 2010-2011 and included a number of Aboriginal-specific initiatives and services aimed at supporting Aboriginal offender healing and reintegration.

A number of initiatives within SPAC have recently been evaluated, for example the Pathways Healing Units (Jensen & Nafekh, 2009b),<sup>18</sup> ACDOs (Jensen & Nafekh, 2009a) and several Aboriginal Healing Lodges (Delveaux et al., 2007; Nafekh, Allegri & Li, 2006; Trevethan, Crutcher, Moore & Mileto, 2007). Overall, evaluations demonstrated that these initiatives provided offenders with improved access to Aboriginal-specific services, such as access to Elders and Aboriginal program staff members, and improved correctional outcomes, for example increased likelihood of discretionary releases on day and full parole or reduced likelihood of re-offending. Other studies similarly suggested that Aboriginal-specific interventions were equally or more effective for Aboriginal offenders than mainstream types of correctional interventions that were not Aboriginal-specific (Kunic & Varis, 2009; Nathan, Wilson & Hillman, 2003; Sioui & Thibault, 2001; Stewart, Hamilton, Wilton, Cousineau & Varrette, 2009; Wormith & Olver, 2002). However, Nafekh and colleagues (2009) found that offenders who participated in the Aboriginal Offender Substance Abuse Program (AOSAP) or the In Search of Your Warrior (ISOYW) program were significantly less likely to return to custody (for technical violations or new convictions) than offenders who were assigned to, but did not participate in, each of those programs. At the time of this evaluation, a comprehensive evaluation of SPAC was being conducted concurrently. The evaluation of Aboriginal Healing Lodges represented the first chapter of the evaluation of SPAC. As described in the evaluation, Healing Lodges demonstrated their continued relevance and made progress towards achieving expected outcomes. The extent to which expected outcomes were achieved varied; however, results from Healing Lodges were generally comparable to, or slightly better than, those from minimum security institutions for men and multi-level security institutions for women (Didenko & Marquis, 2011).

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<sup>18</sup> Pathways Units are located in select medium and multi-level security institutions and serve to provide offenders with a structured living environment that fosters Aboriginal spirituality and culture. Pathways Units offer opportunities for offenders to engage in Aboriginal-specific programs, ceremonies and activities in preparation for transition into a lower security institution or a Healing Lodge.

## **Women Offenders**

In 1989, a Task Force on Federally Sentenced Women was established in order to address long-standing concerns with the inequitable treatment of women offenders. This resulted in the 1990 report, *Creating Choices*, which made recommendations for a new correctional approach to managing women that was responsive to their unique needs, while emphasizing the need for improved access to appropriate mental health care (CSC, 1990). The findings of this report led to a number of advances for women offenders, including the closing of the Prison for Women and the creation of five regional women's facilities and a Healing Lodge for Aboriginal women offenders.

The five guiding principles outlined in *Creating Choices* (CSC, 1990) - empowerment, meaningful and responsible choices, respect and dignity, supportive environment, and shared responsibility - continue to serve as the philosophy for the management of women offenders in CSC and are the foundation for programs offered to women offenders (CSC, 2009h).

CSC has been faced with a changing offender profile for both men and women. The number of women admitted from the courts to federal jurisdiction has increased over the past decade. The overall increase in this population has been accompanied by an increase in the age of women offenders at time of admission to federal jurisdiction, the number of Aboriginal women, and the number of women with mental health issues (PSC, 2009). The issue of mental health among women offenders has long been a topic of concern, placing it as a priority for CSC. Women offenders are twice as likely as men offenders to have a mental health diagnosis at the time of admission (CSC, 2002b).

In order to better respond to the needs of women identified as higher risk or as having significant mental health concerns, the Intensive Intervention Strategy (IIS) was announced in 1999. The IIS was designed to address the needs of two specific populations: (1) women classified at a maximum security level, and (2) women classified at a minimum or medium security level and who experience severe mental health difficulties. The intervention (Dialectic Behaviour Therapy and Psychosocial Rehabilitation) and accommodation approaches implemented as part of IIS are

intended to ensure safety and security within institutions and to decrease maladaptive behaviours and emotional distress among women offenders. Overall, the strategy is expected to contribute to the successful reintegration of women offenders and to reduce recidivism. An evaluation of the IIS was being conducted by the Evaluation Branch at the time of writing.

### **3.1. Evaluation Objective 1: Relevance**

**FINDING 1. Qualitative data demonstrated that community corrections are closely aligned with the Government of Canada’s priorities and are supported by CSC departmental policies.**

#### ***3.1.1. Government and CSC Priorities***

In the 2010 Government of Canada's Speech from the Throne, the Government of Canada committed to “making Canada the best place for families” by protecting the safety of Canadian families and communities through an increased focus on dealing with crime and offenders in order to ensure safe neighbourhoods and communities (Government of Canada, 2010). The work that CSC undertakes in community corrections in the areas of correctional interventions, community supervision and community engagement directly addresses Canada’s priority of protecting Canadian families and communities while fostering an environment where offenders can be accountable for making meaningful changes in their lives.

CSC’s mission, to contribute to public safety “by actively encouraging and assisting offenders to become law-abiding citizens, while exercising reasonable, safe, secure and humane control” (CSC, 2010a, p.5) is aligned with several of CSC’s six strategic priorities (CSC, 2011), particularly the safe transition to, and management of, eligible offenders in the community. It is also related to two other priorities: enhanced capacities to provide effective interventions for First Nations, Métis and Inuit offenders; and, improved capacities to address mental health needs of offenders (CSC, 2011).

A government review, *The Report of the CSC Review Panel: A Roadmap to Strengthening Public Safety* identified a number of important areas in support of the Government of Canada’s efforts to

protect Canadians (CSC Review Panel, 2007). Among the key areas most directly related to community corrections operations were: assessment and correctional interventions; education; employability and employment; and comprehensive community reintegration planning, which includes the areas of preparing offenders and assisting their transition to the community (CSC Review Panel, 2007).

With respect to community reintegration, the CSC Review Panel (2007) emphasized the importance of offenders' participation and completion of programs as set out in their correctional plans starting at intake. In regard to comprehensive release planning, they specifically identified the need to address the areas of programming, education, employment and the provision of mental health services upon admission. This is directly in line with CSC's strategic priorities. These key priorities provide the foundation and impetus for both institutional and community correctional practices that facilitate the gradual reintegration of offenders into society as law abiding citizens.

Also identified in the review as areas to address were issues relating to statutory release, including: the failure rate of offenders on statutory release, which was almost 40%; and, violent re-offence rates, which were three times higher for offenders on statutory release as compared with offenders on conditional release. For example, in 2009-2010, 62.2% of statutorily released offenders successfully completed their sentences to their WED, compared to 76.5% of offenders released on full parole and 86.5% of offenders released on day parole (PSC, 2010a). These rates of successful completions have been relatively stable since 2000-2001. Although conditional release successes are consistently higher than statutory release success, and have been increasing since 2005-2006, conditional release grant rates have been declining since 2005-2006 and reached their lowest rates in 2009-2010. Regarding violent offence rates, revocations for violent offences decreased in the same time period for statutory release and day and full parole (PSC, 2010a).

The Commissioner's Directives direction on correctional issues outlined in the CCRA and *Corrections and Conditional Release Regulations* (CCRR) provide directives and procedures for CSC staff and offenders to follow. According to the Commissioner's Directives' 700 series, the



primary goal of community corrections operations is the effective correctional practices through enhanced capacities to provide appropriate intervention that fosters the reintegration of offenders into the community with due regard for public safety.

### **Legislation and Departmental Policies**

According to the CCRA (1992) CSC contributes

to the maintenance of a just, peaceful and safe society by: (a) carrying out sentences imposed by courts through the safe and humane custody and supervision of offenders; and, (b) assisting the rehabilitation of offenders and their reintegration into the community as law-abiding citizens through the provision of programs in penitentiaries and in the community (s. 3).

In terms of implementation, CDs provide the policy framework and guidelines for CSC operations and accountabilities in respect to its program activities.

Several CDs outline CSC's policy and operational requirements and performance expectations with respect to correctional interventions as one of community corrections key activities. The following CDs directly relate to correctional interventions:

- *CD 700: Correctional Interventions* (CSC, 2006a);
- *CD 712-1: Pre-Release Decision Making* (CSC, 2009d);
- *CD 712-2: Detention* (CSC, 2007c);
- *CD 712-4: Release Process* (CSC, 2010g);
- *CD 715: Community Supervision Framework* (CSC, 2008c);
- *CD 715-1: Community Transition and Post-Release Assessment* (CSC, 2008d);
- *CD 715-2: Community Supervision and Monitoring* (CSC, 2008e);
- *CD 715-3: Post-Release Decision Process* (CSC, 2008f);
- *CD 720: Education Programs and Services for Offenders* (CSC, 2007e); and,
- *CD 726: Correctional Programs* (CSC, 2003).<sup>19</sup>

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<sup>19</sup> A full list of Commissioner's Directives is available at <http://www.csc-scc.gc.ca/text/plcy/toccd-eng.shtml>.

In addition, *CD 702: Aboriginal Offenders* (CSC, 2008b) provides “clear and concise direction to the specific needs of Aboriginal offenders through the provision of effective interventions” (s. 1).

These policies were subject to assessment as part of a recent internal audit of community supervision (CSC, 2010b), and were found to be consistent with legislation (i.e., the CCRA and the CCRR). In addition, the audit concluded that community supervision activities were supported by a management framework (CSC, 2010b).

**FINDING 2. There exist opportunities for CSC to collaborate with other federal departments and agencies, levels of government, and/or community partners to better respond to the needs of federal offenders.**

CSC is one department within the PSC portfolio. Agencies within the PSC portfolio include the PBC,<sup>20</sup> the Royal Canadian Mounted Police (RCMP), Canada Border Services Agency (CBSA), and the Canadian Security Intelligence Service (CSIS). The Public Safety mandate includes keeping Canadians safe from crime (PSC, 2010b), which CSC supports through its work, and through ongoing collaboration with the other PSC agencies.

CSC is mandated by the CCRA (1992) to provide “programs that contribute to the rehabilitation of offenders and to their successful reintegration into the community” (s. 5[b]), for “the preparation of inmates for release” (s. 5[(c)]), and for “parole, statutory release supervision and long-term supervision of offenders” (s. 5[d]). In addition, according to the CCRA, CSC is also responsible for providing offenders with programs (s.3[b]), health services (s. 86), and Aboriginal-specific and women-specific interventions (s.4[h]) in order to facilitate their safe reintegration into the community. In fulfilling its mandate, CSC provides correctional interventions to offenders directly as well as through collaboration with communities (e.g., Aboriginal communities), community-based agencies, and volunteers. One example of this process are Community Residential Facilities (CRFs) through which CSC provides

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<sup>20</sup> Formerly known as National Parole Board (NPB). The present evaluation made references to documents that were published prior to the name change but PBC was cited instead of NPB.

accommodation and day-to-day support for offenders under conditional release via contracts with community-based organizations, such as the Elizabeth Fry Society and St. Leonard's Society of Canada. CRFs are important for federal offenders who are released with residency conditions or who require more structured services that may not be available at CSC-operated community correctional centres.

In support of its goal to strengthen community corrections, in 2009, CSC committed to developing a comprehensive federal community corrections strategy intended to guide CSC's community corrections activities to the year 2020 (CSC, 2010i). The strategy is intended to integrate existing strategies, such as the National Community Strategy for Women Offenders, the Employment and Employability Strategy, the Strategic Plan for Aboriginal Corrections, and the Mental Health Strategy, in order to provide a comprehensive strategy for federal offenders to facilitate their reintegration into the community. At the time of writing, the strategy was in the engagement phase (September 2010 to April 2011) whereby consultations with internal and external stakeholders were taking place across the country. The results of the present evaluation will be integrated into the development of the strategy.

Although CSC is the appropriate department to provide correctional interventions, the scope of community interventions is vast and includes services that are a part of the mandates of other organizations and departments. For example, Human Resources and Skills Development Canada (HRSDC) is the department that provides programs related to employment, including skills development (2010), whereas health care is the focus of Health Canada, although the provision of health and mental health services fall within provincial and territorial jurisdiction. Therefore, there are opportunities for CSC to leverage the services of other agencies or to establish partnerships.

### **Opportunity for Collaboration/Shared Services**

As a federal organisation, CSC provides care and custody of offenders, and supervision to offenders released to the community on discretionary release, statutory release, and long-term supervision orders. In the community, CSC provides parole supervision, which requires complementary services such as accommodation and services pertaining to mental health,

physical health, employment, and other day-to-day living requirements. Although CSC is responsible for providing interventions and services to federal offenders, there are areas of opportunities for CSC to meet its corporate priority of productive relationships with partners by collaborating and leveraging the expertise of other federal departments, levels of government, and community partners to deliver effective and efficient correctional services to offenders. Indeed, recent evaluations identified offender employment and employability, and mental health as two of many potential areas in which CSC could potentially benefit from collaborations with other departments and organizations (Allegri, et al, 2008; Brews, et al, 2010).

With respect to employment, Service Canada, an agency within the HRSDC portfolio, has the primary mandate for social services for Canadians. Given their established infrastructure in remote communities across the country, collaborating with such a federal department could enhance employment services currently being provided by CSC to offenders. HRSDC and organizations such as the John Howard Society have established employment skills programs in remote communities across Canada. Didenko and colleagues (2010) recommended that CSC conduct an assessment of existing skills training programs, services and supports to determine their appropriateness for utilization by federal offenders.

With regard to mental health services (and as previously discussed), a recent evaluation of the CMHI identified challenges with respect to continuity of mental health services beyond an offender's sentence (Allegri et al, 2008). Two challenges are associated with continuity of care beyond WED that present opportunities for collaboration: first, CSC does not have jurisdiction to provide services beyond the end of an offender's sentence; and, second, health care is a provincial responsibility and therefore, continuity of services beyond WED would require linkages between the federal correctional system and the provincial/territorial health system. Allegri and colleagues recommended that CSC explore additional partnerships with community-based organizations to offer mental health services to offenders under community supervision and past warrant expiry (2008). Furthermore, CSC's Mental Health Strategy recommends a comprehensive, integrated Corrections Mental Health Strategy for Canada that involves collaboration with provincial and territorial departments to address the mental health needs of offenders (CSC, 2010k). Given the elaborate shared responsibility (federal, provincial/territorial,

and private) that is inherent in mental health services, an integrated, multi-stakeholder community mental health strategy will help to foster the availability of effective and efficient mental health services to federal offenders particularly in remote Aboriginal communities.

**FINDING 3. Given the current offender profile and CSC's mandate to contribute to public safety in Canada, correctional interventions will continue to be critical activities in managing federal offenders, thereby contributing to Canada's public safety agenda.**

### ***3.1.2. Federal Offender Population Trends***

According to PSC (2010a), there have been many changes in regards to the number of federal offenders in CSC institutions or under supervision in the community from 2005-2006 to 2009-2010. In this time period, there was a net increase of 1.8% in the number of offenders admitted to federal jurisdiction, a net increase of 9.6% in admissions as a result of convictions, an increase of 6.7% in the number of federally incarcerated offenders, and an increase in the number of offenders supervised in the community from 6,758 to 8,709 (PSC, 2006; 2007; 2008; 2009; 2010a).

However, in 2009-2010, day and full parole grant rates were the lowest in 10 years (PSC, 2010a). According to CSC OMS data (refer to Table 8), the day parole grant rates for the five-year period from 2005-2006 to 2009-2010 have decreased from 45.2% to 40.5%. Similarly, full parole grant rates have also decreased from 4.4 % in 2005-2006 to 3.2% in 2009-2010. While the percentage of offenders released on day and full parole have decreased since 2005-2006, releases on statutory release increased from 2005-2006 to 2009-2010 (from 44.0% to 50.3% respectively). These data suggest that the increase in number of offenders supervised in the community may be influenced by increases in statutory releases.

**Table 8. Distribution of Releases from 2005-2006 to 2009-2010 by Type of Release**

Release Type	Frequency (%)				
	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Day parole	2,107 (45.2%)	2,043 (43.6%)	2,096 (43.5%)	1,936 (39.1%)	1,982 (40.5%)
Full parole	204 (4.4%)	143 (3.1%)	149 (3.1%)	207 (4.2%)	156 (3.2%)
Statutory release	2,052 (44.0%)	2,211 (47.2%)	2,295 (47.6%)	2,523 (50.9%)	2,464 (50.3%)
Warrant Expiry Date	165 (3.5%)	155 (3.3%)	140 (2.9%)	135 (2.7%)	175 (3.6%)
Long term Supervision Orders	28 (0.6%)	30 (0.6%)	40 (0.8%)	34 (0.7%)	31 (0.6%)
Other Release Types <sup>a</sup>	108 (2.3%)	106 (2.3%)	101 (2.1%)	118 (2.4%)	88 (1.8%)
<b>Total</b>	<b>4,664 (100.0%)</b>	<b>4,688 (100.0%)</b>	<b>4,821 (100.0%)</b>	<b>4,953 (100.0%)</b>	<b>4,896 (100.0%)</b>

*Note:* Results in the table were based on data extracted from OMS for offenders who were released on their first-term release between April 1, 2005 and March 31, 2010. WED = warrant expiry date; LTSO = long-term supervision order; % of releases based on the total offenders released in each year.

<sup>a</sup> Other types of release include: release by court order, death of offender, expiration of sentence, or transfer to a foreign agency.

*Source:* OMS.

These trends have implications for institutional capacity, as the number of offenders who were admitted to institutions increased and the number of offenders who were released decreased. Implications include the potential for overcrowding in institutions, which can lead to difficulties in providing programs to offenders and increased stress on staff.

### **3.1.3. Offender Needs**

Research has consistently found that a system of gradual, structured and supervised release of offenders to the community contributes to reduced rates of re-offending after release and ultimately contributes to a safer society (e.g., Motiuk, Cousineau, & Gileno, 2005). Specifically, compared to offenders released on statutory release, offenders who were released on day or full parole were less likely to be convicted of a violent offence while under supervision (Motiuk et al., 2005). In addition, offender participation in correctional programs has been found to be associated with increased likelihood of discretionary release (Nafekh et al., 2009) decreased likelihood of returning to custody (e.g., Nafekh et al., 2009). Moreover, offender participation in other services (e.g., mental health and employment services) has also been associated with

decreased likelihood of returning to custody (e.g., Allegri et al., 2008; Brews et al., 2010). Therefore, providing offenders with programs and services may be an effective strategy to increase rates of discretionary release and contribute to public safety.

The majority of offenders released on community supervision between FY 2005-2006 and 2009-2010 had been assessed as having some or considerable difficulty in five of the seven dynamic need domains that are assessed at intake for all offenders. Eighty-one percent ( $n = 18,482$ ) of first releases within this timeframe had some or considerable difficulty in the personal and emotional domain, while 71% and 69% had needs in the domains of substance abuse and associates, respectively (refer to Table 9).

**Table 9. Percentage of First Releases with Some or Considerable Difficulty in the Dynamic Factor Domains at Intake**

Dynamic Factor Domains <sup>a</sup>	Frequency (%)				
	Total	Aboriginal <sup>b</sup>	Non-Aboriginal <sup>b</sup>	Women	Men
Attitudes	13,982 (61.3%)	2,539* (63.1%)	11,348* (61.1%)	499*** (32.5%)	13,483*** (63.1%)
Community Functioning	6,238 (27.4%)	1,575*** (39.1%)	4,611*** (24.8%)	429* (30.3%)	5,809* (27.2%)
Employment	13,612 (59.0%)	3,320*** (80.0%)	10,272*** (55.3%)	1,020*** (71.9%)	12,592*** (58.9%)
Marital/Family	8,514 (36.9%)	2,310*** (57.4%)	6,136*** (33.1%)	711*** (50.1%)	7,803*** (36.5%)
Personal and Emotional	18,543 (80.3%)	3,634*** (90.2%)	14,763*** (79.5%)	1,085*** (76.4%)	1,758*** (81.7%)
Associates	15,822 (68.5%)	3,045*** (75.6%)	12,641*** (68.1%)	240 (16.5%)	6,431 (29.7%)
Substance Abuse	16,193 (70.1%)	3,620*** (89.9%)	12,448*** (67.0%)	973* (68.6%)	15,220* (71.2%)

*Notes:* Results in the table were based on data extracted from OMS for offenders who were released on their first-term release between April 1, 2005 and March 31, 2010. <sup>a</sup> Data were not available for all releases. <sup>b</sup> Ethnicity data were not available for some releases.

\*  $p < .05$ ; \*\*\*  $p < .001$ .

*Source:* OMS.

Consistently, a higher proportion of Aboriginal offenders had been assessed as having some or considerable need in each of the dynamic factor domains compared to non-Aboriginal offenders, with the greatest proportional difference in the dynamic factor domains of family (73%

difference), community functioning (58% difference), employment (45% difference), and substance abuse (34% difference).

The need profiles also differed between men and women offenders. Compared to men offenders, a significantly higher proportion of women offenders had been assessed as having some or considerable needs in the dynamic factor domains of marital/family needs (37% difference), employment (22% difference), and community functioning (11% difference). Conversely, a significantly higher proportion of men offenders had been assessed as having some or considerable need in the dynamic factor domains of attitudes (94% difference), personal and emotional needs (7% difference) and substance abuse (4% difference). No significant difference was found between men and women on the domain of substance abuse.

Research shows that offenders benefit from programs that target their criminogenic needs and offenders who participate in correctional programs are less likely to re-offend (e.g., Andrews & Bonta, 2006; Brews et al., 2010; Nafekh et al., 2009). As will be discussed throughout this chapter, correctional interventions such as correctional programs and services and gradual release activities are important components of an integrated system of offender management. Since the majority of offenders were assessed as having some or considerable needs in the dynamic factor domains at intake, combined with increasingly diverse offender profiles and discretionary release trends, providing correctional interventions to address offenders' needs continues to be important and contribute to the safe return of offenders to the community.

**FINDING 4: For a large majority of offenders, ratings on dynamic factor domains and overall dynamic need rating did not change from intake to release.**

According to CSC policy (refer to the relevance section of this report), results of risk assessments are used to inform the correctional plan, including the interventions that the offender should receive. Therefore, the ratings on the dynamic factor domain should change if interventions have been implemented to address the needs. However, this does not necessarily occur consistently. For example, a recent evaluation of CSC's NESP found that dynamic assessment indicators reported in Correctional Plan Progress Reports (CPPR) remained largely



unchanged from intake to release, regardless of participation in employment programming (Didenko et al., 2010). Other evaluations have also found little variability with respect to the employment need indicator (Delveaux, Blanchette, & Wickett, 2005; Taylor et al., 2008). The present evaluation examined whether or not offenders' ratings on the dynamic factor domains changed from intake to assessment. Table 10 presents the proportion of offenders with some or considerable needs on each dynamic factor domain at release.<sup>21</sup>

**Table 10. Percentage of First Releases with Some or Considerable Difficulty in the Dynamic Factor Domains at Release**

Dynamic Factor Domains <sup>a</sup>	Frequency (%)				
	Total	Aboriginal <sup>b</sup>	Non-Aboriginal <sup>b</sup>	Women	Men
Attitudes	13,626 (59.0%)	2,426 (60.3%)	11,106 (59.9%)	476*** (33.6%)	13,150*** (61.6%)
Community Functioning	6,237 (27.0%)	1,558*** (38.7%)	4,625*** (24.9%)	422* (29.8%)	5,815* (27.3%)
Employment	13,459 (58.3%)	3,182*** (79.1%)	10,155*** (54.7%)	1024*** (72.4%)	12,435*** (58.2%)
Marital/Family	8,502 (36.8%)	2,292*** (57.0%)	6,143*** (33.1%)	702*** (49.5%)	7,800*** (36.5%)
Personal and Emotional	18,482 (80.1%)	3,613*** (89.8%)	14,721*** (79.3%)	1,083*** (76.3%)	17,399*** (81.5%)
Associates	15,691 (68.0%)	2,995*** (74.4%)	12,560*** (67.7%)	958 (67.6%)	14,733 (69.0%)
Substance Abuse	16,124 (70.8%)	3,597*** (89.4%)	12,396*** (66.8%)	964* (68.0%)	15,160* (70.9%)

*Notes:* Data reported in the table were for offenders who were released on their first-term release between April 1, 2005 and March 31, 2010. <sup>a</sup> Data were not available for all releases. <sup>b</sup> Ethnicity data were not available for some releases.

\*  $p < .05$ ; \*\*\*  $p < .001$ .

*Source:* OMS.

At release, the majority of offenders had been assessed to have some or considerable difficulty in the domains of personal and emotional (80.1%;  $n = 18,482$ ), substance abuse (70.8%;  $n = 16,124$ ), associates (68.0%;  $n = 15,691$ ), attitudes (59.0%;  $n = 13,626$ ), and employment (58.3%;  $n = 13,459$ ). Across six domains, a significantly higher proportion of Aboriginal offenders was assessed to have some or considerable difficulty than non-Aboriginal offenders. The exception was in the domain of attitudes. A significantly higher proportion of men offenders was assessed as having some or considerable difficulty in the domains of attitudes (83%

<sup>21</sup> These data pertain to the offenders whose intake ratings were presented in Table 9.

difference), substance abuse (4% difference) and personal and emotional issues (7% difference) than women offenders. In contrast, a significantly higher proportion of women offenders had needs in the domains of community functioning (9% difference), employment (24% difference), and marital/family issues (36% difference). No difference between men and women offenders was found in the domain of associates.

A direct comparison of ratings on each of the dynamic factor domains was conducted and the results are presented in Table 11.

**Table 11. Change in Offender Needs in Each of the Dynamic Factor Domains from Intake to Release**

Dynamic Factor Domains	Frequency (%)			Z-score
	No Change	Decrease in Need	Increase in Need	
Attitudes	21,128 (92.9%)	1,305 (5.7%)	313 (1.4%)	-24.637***
Community Functioning	22,365 (98.4%)	218 (1.0%)	149 (0.6%)	-3.550***
Employment	22,056 (97.0%)	506 (2.2%)	181 (0.8%)	-12.361***
Marital/Family	21,807 (95.9%)	704 (3.1%)	224 (1.0%)	-15.724***
Personal and Emotional	20,623 (90.6%)	1,949 (8.6%)	175 (0.8%)	-38.471***
Associates	21,699 (95.4%)	844 (3.7%)	207 (0.9%)	-19.618***
Substance Abuse	20,396 (89.6%)	2,119 (9.3%)	242 (1.1%)	-38.609***

*Notes:* Data reported in the table pertain to offenders who were released on their first-term release between April 1, 2005 and March 31, 2010.

\*\*\*  $p < .001$ .

*Source:* OMS.

As can be seen in Table 11, although there were statistically significant changes on the need domains from intake to release, it is important to note that with a large sample size, as in the cohort examined for this evaluation, even small differences would result in statistically significant results. When the proportions of change were examined, there was no change in the level of need on each of the domain rating among the majority offenders released between April 1, 2005 and March 31, 2010. For example, on the attitudes domain, 92.9% of offenders had

no change in their need rating from intake to release. The most improvement was observed in the substance abuse domain where the need rating improved in 9.3% of first-term releases.

Similar results were found when the change in overall risk and need from intake to release were examined (refer to Table 12).

**Table 12. Change in Offender Risk and Need Level from Intake to Release**

	Frequency (%)			Z-score
	No Change	Decrease in Risk/Need	Increase in Risk/Need	
Risk	21,362 (93.5%)	568 (2.5%)	904 (4.0%)	-8.732***
Need	20,138 (88.2%)	1,749 (7.6%)	948 (4.2%)	-15.405***

*Notes:* Data reported in the table were for offenders who were released on their first-term release between April 1, 2005 and March 31, 2010.

\*\*\*  $p < .001$ .

*Source:* OMS.

As can be seen in Table 12, although there were statistically significant changes in both risk and need from intake to release, for the majority of offenders, the risk and need ratings remained unchanged from intake to release (93.5% and 88.2%, respectively). The high proportions of offenders for which risk, need, and need domain ratings remained unchanged from intake to release were perplexing in light of program participation and completion rates. A potential explanation for these findings was that progress in correctional and employment programs was not reflected in the dynamic need domain ratings.

The overall risk rating is comprised of static factors that do not improve with interventions. The overall need and dynamic factor domains, however, are ratings of dynamic need and should, therefore, change with intervention. The present evaluation could not determine the reason why the majority of these ratings did not as this was beyond the scope of the present evaluation. However, three potential explanations were explored.

The first potential explanation was that, although offenders participated in programs to address their dynamic needs, the interventions were not sufficient to reduce their overall ratings on these

variables. However, results from previous studies (e.g., Nafekh et al., 2009) and the present evaluation indicated that participation in correctional programs resulted in reduced likelihood of revocation compared to offenders who were assigned to, but did not participate in, correctional programs. Therefore, participation in correctional programs had sufficient effect to impact recidivism and should, therefore, be reflected in ratings on the dynamic factor domains and overall need.

The second potential explanation was that offenders with needs for programs did not receive programs to address their needs. Results from the evaluation of correctional programs (Nafekh et al., 2009) found that a high proportion of offenders who met program referral criteria were not referred to the corresponding programs. Results from the evaluation of the EEP (Taylor et al., 2008) found that 22% of offenders with identified employment needs did not participate in any employment-related activities in the institution while 81% of offenders who did not have an identified employment need participated in employment-related activities in the institution. Results from the present evaluation indicated that between 35.6% and 50.3% of offenders who were assigned to participate in correctional programs did not complete those programs by their release date. In addition, findings from an internal audit of CSC's institutional supervision framework (CSC, 2010b) highlighted a number of obstacles to offender program compliance in the institution. According to the audit report, program days were shortened in part by population management concerns related to the physical transfer of offenders to programs, which in turn resulted in extended program length. Other barriers identified during the audit which impacted program compliance included the limited capacity of programs in the institution, the trend towards increasingly shorter sentence lengths also created program capacity pressures, and the need for bilingual and vocational programs. According to the audit report, these obstacles, in addition to other factors, may have impeded offenders' ability to complete programs in the institution which resulted in offenders released with outstanding program needs.

The third potential explanation for the lack of change in the overall need and dynamic factor domains ratings was that progress in programs was not reflected in the CPPR. During focus group sessions conducted for the present evaluation, CSC staff members indicated that sections in various reports, including the CPPR, were often completed using previous versions of the

report. Therefore, the CPPRs (which include ratings on the dynamic factor domains) were not accurately updated throughout the sentence. In addition, staff members indicated that, in their experience, they were not able to re-assess offenders on the domain need levels after the initial intake assessment as a result of factors such as existing workload. These views were consistent with the present findings that ratings on the overall risk, overall need, and dynamic factor domains remained relatively unchanged from intake to release.

In summary, three potential explanations were posited to explain the present findings that, for the majority of offenders within the release cohort, the ratings on the overall risk, overall need, and dynamic factor domains remained unchanged from intake to release. It was not possible to determine the reason as this was beyond the scope of the evaluation. Further examination of the dynamic factor domains is required to determine the reasons why there was relatively little change on the dynamic need indicators in the face of program participation and completion rates. However, in light of the finding that the majority of ratings on the dynamic factor domains remained unchanged between intake and release, the present evaluation adopted an alternative operational definition of program need, whereby need was defined as assignment to a program categorized under the need area.<sup>22</sup> Using this definition, summarizes the proportion of offenders who were assigned to participate in programs in each of the program areas while the offenders were incarcerated.

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<sup>22</sup> For a detailed description of program assignment, refer to this report's section on evaluation method.

**Table 13. Proportion of Offenders with Identified Program Assignments**

Program Areas	Frequency (%)				
	Total	Aboriginal <sup>a</sup>	Non-Aboriginal <sup>a</sup>	Women	Men
Violence Prevention	2,870 (12.6%)	1,057 (26.5%)	1,793 (9.6%)	164 (11.3%)	2,706 (12.6%)
Sex Offenders	1,945 (8.5%)	421 (10.6%)	1,511 (8.1%)	11 (0.8%)	1,934 (9.0%)
Substance Abuse	11,542 (50.5%)	2,704 (67.8%)	8,745 (46.9%)	850 (58.7%)	10,692 (50.0%)
Family Violence	2,462 (10.8%)	613 (15.4%)	1,830 (9.8%)	-	2,462 (11.5%)
Living Skills	6,469 (28.3%)	1,203 (30.2%)	5,244 (28.1%)	226 (15.6%)	4,677 (29.2%)

*Note:* Data presented in the table pertain to all offenders released on their first-term release from April 1, 2005 to March 31, 2010. Program assignments occurred while the offender was incarcerated.

<sup>a</sup> Ethnicity data were not available for some releases.

*Source:* OMS.

As can be seen in Table 13, offenders were most frequently assigned to participate in substance abuse prevention programs for Aboriginal (67.8%), non-Aboriginal (46.9%), men (50.0%), and women (58.7%) offenders. Living skills programs were the second most frequently assigned programs for all offenders (Aboriginal offenders, 30.2%; non-Aboriginal offenders, 28.1%; women offenders, 15.6%; and men offenders, 29.2%).

Research shows that offenders benefit from programs that target their criminogenic needs (e.g., Andrews & Bonta, 2006), which also facilitate their return to the community through discretionary release (e.g., Nafekh et al., 2009). Temporary absences also play a role in the reintegration of offenders by providing offenders with opportunities to maintain ties with the family and community as well as to participate in rehabilitative activities (CSC, 2010k). In addition, one of the purposes of temporary absences and work release as outlined in *CD 710-3: Temporary Absences and Work Releases* (CSC, 2010f) is to allow offenders to partake in treatment activities to reduce their risk to re-offend. In addition, reductions in recidivism not only enhance public safety, but also could potentially prevent economic and personal hardships for the offender and their families and communities (e.g., lost income, separation from family and the community as a result of incarceration). As indicated previously, offenders who participated in correctional programs were less likely to return to custody (e.g., Nafekh et al., 2009; findings

from the present evaluation). In consideration of population and release trends and with respect to offenders' needs, it is clear that there is a continued need for correctional interventions.

## **3.2. Evaluation Objective 2: Performance**

### **3.2.1. Continuum of Care**

**SUMMARY FINDING 1 Continuity of care begins at intake and continues through incarceration to supervision in the community until warrant expiry. Gaps exist in a number of areas throughout the sentence that impact on the continuity of services that offenders receive.**

#### *Setting the Foundation: Correctional Interventions in the Institution*

The process by which CSC assists in the safe reintegration of offenders to the community begins within five days of sentencing with a comprehensive intake assessment to identify and refer offenders to programs and services to address their program and security needs (CSC, 2007a).<sup>23</sup> Results of the intake assessment are used to develop the offender's correctional plan which "provides a succinct description of the critical information that is required to understand how the offender's sentence is to be managed from beginning to end" (s. 24). The correctional plan includes the results of the initial assessment and identifies the interventions proposed to address needs identified through the initial assessment.

One of the goals of correctional interventions is to ensure that offenders are managed and supported according to their individual needs, particularly their criminogenic needs. Furthermore, the CCRA (1992) indicates that CSC "shall provide programs designed particularly to address the needs of Aboriginal offenders" (s. 80). Three major types of correctional interventions directly relevant to the present evaluation are correctional programs, mental health services, and employment programs. In addition, although temporary absence programs are not specifically identified as a correctional intervention in *CD 700: Correctional Interventions* (CSC, 2006a), temporary absence programs are discussed within the context of correctional interventions because they allow offenders to participate in activities in the community to reduce

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<sup>23</sup> During the intake assessment, offenders are also provided with information and counselling about the federal correctional system (CSC, 2007a).

their risk to re-offend. The following sections provide a discussion of the need for, and utilization of, each of these interventions as well as specific challenges that have been encountered in each area.

## *Programs*

### ***Correctional Programs***

Although there are a number of theoretical models of criminal behaviour, research has consistently found certain need factors that are related to criminal behaviour. These factors include history of antisocial behaviour, antisocial personality pattern, antisocial cognition (e.g., thoughts, attitudes, and beliefs), antisocial associates, family/marital issues, school/work, leisure/recreation, and substance abuse (Andrews & Bonta, 2006).<sup>24</sup> CSC offers a range of programs options, collectively referred to as correctional programs, as well as services which address the factors that contribute to offending (CSC, 2003).

**FINDING 5: Depending on the program area, 35.6% to 50.3% of offenders did not complete their assigned programs prior to release to the community.**

The number of offenders who were assigned to, participated in, and completed, programs in the areas of violence prevention, sexual offending, substance abuse, family violence, and living skills is in Table 14.

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<sup>24</sup> For instance, although Smith, Cullen, and Latessa (2009) found that the risk, need, and responsivity (RNR) model was applicable for women offenders, Taylor and Blanchette (2009) argued that other factors need to be considered when working with women offenders. Others have criticized that the RNR model does not address offender motivation and well-being (e.g., Ward, Melser, & Yates, 2007). In addition, there are additional needs beyond those outlined in the RNR model that are specific to offender groups such as sexual offenders (e.g., Hanson & Morton-Bourgon, 2004; 2005).



**Table 14. Program Need, Participation, and Successful Completion**

	Program Assignment	Participated in Program <sup>a</sup>	Frequency Successful Completion <sup>b</sup>	Percentage among Participants (D=C/B*100)	Percentage of Program Assignment <sup>c</sup> (E=C/A*100)
	(A)	(B)	(C)		
Violence Prevention	2,870	1,805 (62.9%)	1,426	79.0%	49.7%
Sexual Offender	1,945	1,506 (77.5%)	1,252	83.1%	64.4%
Substance Abuse	11,542	8,861 (76.8%)	7,434	83.9%	64.4%
Family Violence	2,462	1,571 (63.8%)	1,259	80.1%	51.1%
Living Skills	6,469	4,847 (74.9%)	3,871	79.9%	59.8%

*Notes:* Data reported in the table pertain to offenders who were released on their first-term release (discretionary release or statutory release) between April 1, 2005 and March 31, 2010.

<sup>a</sup> Percentage was calculated from the number of offenders with identified need within the program area who were released on discretionary release and statutory release because subsequent analyses on outcome were examined for offenders who were released on these types of releases. <sup>b</sup> Offenders whose program status code in OMS indicated successful completion were included in this group. <sup>c</sup> It was important to examine the proportion of offenders who completed programs relative to the total number of offenders who were assigned to participate in the programs because this comparison directly assessed the number of offenders who were released from the institutions to the community with outstanding program needs.

*Source:* OMS.

As can be seen from Table 14, across five programs areas, the majority of offenders who were identified to have a need for a particular program area participated in the corresponding program while they were incarcerated. Furthermore, the majority (79.0% to 83.9%) of program participants completed the programs successfully prior to release. However, when the number of offenders who successfully completed programs was compared to the number of offenders who were assigned to participate in programs, between 35.6% and 50.3% of offenders did not complete their assigned programs prior to release to the community. This pattern of findings was found for Aboriginal and non-Aboriginal offenders (refer to Table 15) as well as men offenders (refer to Table 16). For women offenders, family violence was not examined because family violence programs were not available for women offenders. In addition, the small number of women offenders who were assigned to, and who participated in, sexual offending prevention programs were small. Aside from these two exceptions, the pattern of results for women offenders was largely consistent with the results for Aboriginal offenders, non-Aboriginal offenders, and men offenders.

**Table 15. Program Need, Participation, and Successful Completion for Aboriginal and Non-Aboriginal Offenders**

	Frequency									
	Aboriginal <sup>a</sup>					Non-Aboriginal <sup>a</sup>				
	Program Assignment	Participated in Program <sup>b</sup>	Successful Completion	Percentage among Participants (D=C/B*100)	Percentage of Program Assignment <sup>c</sup> (E=C/A*100)	Program Assignment	Participated in Program <sup>b</sup>	Successful Completion	Percentage among Participants (D=C/B*100)	Percentage of Program Assignment <sup>c</sup> (E=C/A*100)
	(A)	(B)	(C)	(D=C/B*100)	(E=C/A*100)	(A)	(B)	(C)	(D=C/B*100)	(E=C/A*100)
Violence Prevention	1,057	756 (71.5%)	609	80.6%	57.6%	1,793	1,032 (57.6%)	870	78.2%	48.5%
Sexual Offender	421	320 (76.0%)	263	82.2%	62.5%	1,511	1,175 (77.8%)	981	83.5%	64.9%
Substance Abuse	2,704	2,075 (76.7%)	1,670	80.5%	61.8%	8,745	6,712 (76.8%)	5,697	84.9%	65.1%
Family Violence	613	402 (65.6%)	300	74.6%	48.9%	1,830	1,154 (63.1%)	948	82.1%	51.8%
Living Skills	1,203	861 (71.6%)	678	78.7%	56.4%	5,244	3,967 (75.6%)	3,175	80.0%	60.5%

*Notes:* Data reported in the table pertain to offenders who were released on their first-term release (discretionary release or statutory release) between April 1, 2005 and March 31, 2010. <sup>a</sup> Ethnicity data were not available for all releases. <sup>b</sup> Percentage was calculated from the number of offenders with identified need within the program area who were released on discretionary release and statutory release because subsequent analyses on outcome were examined for offenders who were released on these types of releases. <sup>c</sup> It was important to examine the proportion of offenders who completed programs relative to the total number of offenders who were assigned to participate in the programs because this comparison directly assessed the number of offenders who were released from the institutions to the community with outstanding program needs.

*Source:* OMS.

As can be seen from Table 15, the majority (65.6% to 76.7%) of Aboriginal offenders who were assigned to participate in a particular program area participated in the corresponding programs and the majority (74.6% to 82.2%) of program participants successfully completed the program. However, when compared to the total number of offenders who were assigned to the programs, only 48.9% to 62.5% of Aboriginal offenders who were assigned to the programs completed the programs prior to release to the community. Similarly, the majority (57.6% to 77.8%) of non-Aboriginal offenders who were identified to have a program need for a particular program area participated in the corresponding program and the majority (74.6% to 82.2%) of program participants completed the program successfully. However, when compared to the total number of offenders who were assigned to the programs, only 48.5% to 64.9% of non-Aboriginal offenders who were assigned to the programs completed the programs prior to release to the community.

**Table 16. Program Need, Participation, and Successful Completion for Women and Men Offenders**

	Frequency									
	Women					Men				
	Program Assignment (A)	Participated in Program <sup>a</sup> (B)	Successful Completion (C)	Percentage among Participants (D=C/B*100)	Percentage of Program Assignment <sup>b</sup> (E=C/A*100)	Program Assignment (A)	Participated in Program <sup>a</sup> (B)	Successful Completion (C)	Percentage among Participants (D=C/B*100)	Percentage of Program Assignment <sup>b</sup> (E=C/A*100)
Violence Prevention	164	137 (83.5%)	112	81.8%	68.3%	2,706	1,668 (61.6%)	1,314	78.8%	48.6%
Sexual Offender	11	7 (63.6%)	2	28.6%	18.2%	1,934	1,499 (77.5%)	1,250	83.4%	64.6%
Substance Abuse	850	731 (86.0%)	492	67.3%	57.9%	10,692	8,130 (76.0%)	6,945	85.4%	65.0%
Family Violence <sup>c</sup>	-	-	-	-	-	2,462	1,571 (63.8%)	1,259	80.1%	51.1%
Living Skills	226	170 (75.2%)	156	91.8%	69.0%	6,243	4,677 (74.9%)	3,715	79.4%	59.5%

*Notes:* Data reported in the table pertain to offenders who were released on their first-term release (discretionary release or statutory release) between April 1, 2005 and March 31, 2010. <sup>a</sup> Percentage was calculated from the number of offenders with identified need within the program area who were released on discretionary release and statutory release because subsequent analyses on outcome were examined for offenders who were released on these types of releases. <sup>b</sup> It was important to examine the proportion of offenders who completed programs relative to the total number of offenders who were assigned to participate in the programs because this comparison directly assessed the number of offenders who were released from the institutions to the community with outstanding program needs. <sup>c</sup> According to the national correctional program guidelines (CSC, 2009f), for women offenders, family violence was combined with general violence. In contrast, for men offenders, violence prevention programs were available for family violence, general violence, and sexual violence.

*Source:* OMS.

As can be seen in Table 16, for men offenders, the majority of offenders who were assigned to particular program areas participated in (61.6% to 77.5%), and completed (78.8% to 85.4%), the corresponding programs. However, when compared to the total number of offenders assigned to the programs, only 48.6% to 64.6% of men offenders who were assigned to the programs completed the programs prior to release to the community. For women offenders, this pattern of results was true for violence prevention, substance abuse, and living skills programs. Very few ( $n = 11$ ) women offenders were assigned to a program to address sexual offending needs and only two women participated in the program prior to release. However, when compared to the total number of offenders assigned to each program area, only 68.3%, 57.9%, and 69.0% of women offenders who were assigned to the violence prevention, substance abuse prevention, and living skills programs, respectively, completed the programs prior to release to the community.

### ***National Correctional Programs Referral Guidelines***

In 2009, the Reintegration Programs Division implemented national correctional programs referral guidelines (CSC, 2009f) in order to prioritize programs to higher risk offenders with needs in the areas of violence prevention and substance abuse and to ensure that program referral criteria considered the nature of the offence and results from actuarial assessments where possible (CSC, 2009g). According to these guidelines, program needs are determined by results of the relevant supplementary assessment and review of offender criminal history while program intensity is determined by risk level assessed using the Statistical Information on Recidivism, Revised 1 (SIR-R1), Custody Rating Scale (CRS; Porporino, Luciani, Motiuk, Johnston, & Mainwaring, 1989) or STATIC-99 (Hanson & Thornton, 1999). These tools are primarily comprised of items that assess static risk (i.e., items that are historical in nature and that generally do not change). Although static risk may be used to inform some aspects of case management (e.g., supervision levels), it provides little direction with respect to interventions to address criminogenic or dynamic needs (Andrews & Bonta, 2006).

In addition to prioritizing programs for higher risk offenders, the program guidelines indicate that lower risk offenders are not eligible for correctional programs unless they meet specific criteria that can be used to override the guidelines (CSC, 2009f). These criteria are:

- An offender who meets the criteria for detention referral;<sup>25</sup>
- An offender who is assessed as moderate or high risk according to: the Spousal Assault Risk Assessment (SARA; Kropp, Hart, Webster, & Eaves, 1995) for family violence and “has a documented history of one incident of violence against a female partner” (p. 15); or, Computerized Assessment of Substance Abuse (CASA; Kunic & Grant, 2006) for substance abuse and there is an established link between the current offence and substance abuse; and,
- An offender on supervision in the community whose risk increased to moderate or high.

By design, the program referral guidelines were developed to ensure that both static and dynamic risk were taken into account in program referrals to determine the intensity and type of programming the offender requires, respectively.

**FINDING 6: There was a gap between the design of the national correctional program referral criteria and the implementation of the guidelines.**

The national program referral guidelines were identified during focus group sessions with CSC staff members in all regions as a significant barrier to addressing offenders needs. Specifically, staff members indicated that, in practice, static risk was being used to direct program referrals, while dynamic risk or needs were not being used to inform program assignment. Staff members indicated that offenders who had been assessed to have specific criminogenic needs were not referred to participate in programs because their static risk was assessed as low and, therefore, they were not eligible according to the program guidelines. For example, an offender who scored as high or moderate need for substance abuse on the CASA, but low risk according to the SIR-R1 score, would not be referred for substance abuse programming. However, according to the design of the national correctional program referral guidelines, this offender would be

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<sup>25</sup> Offenders are generally released to the community no later than their statutory release dates unless a decision to detain an offender is rendered by PBC. CSC is legislated by s. 129(2) of the *CCRA* (1992) to submit offenders to PBC for detention review when there are “reasonable grounds to believe the offender is likely to commit, before the expiration of the sentence: an offence causing death or serious harm to another person; a sexual offence involving a child [subpar. 129(2)(a)(ii)]; or c) a serious drug offence” (CSC, 2007c, s. 4). Complete detention criteria can be found in *CD 712-2: Detention* (CSC, 2007c).

eligible to participate in a moderate intensity substance abuse prevention program if there was a direct link between the current offence and substance abuse.

In addition, during focus groups conducted as part of the present evaluation, CSC staff members indicated that the guidelines limited the nature and intensity of interventions and restricted their ability to apply professional discretion with respect to program referrals. Staff members suggested that offenders might under-report the extent of their needs during the intake assessment process for various reasons, so results of the intake assessment may underestimate the offenders' needs. Staff members indicated that, in their experience, factors such as existing workloads precluded their ability to re-assess offenders' needs after the initial assessment. This is consistent with results from the present evaluation that indicated that the dynamic factor domains largely unchanged from intake to release.

Regardless of being designed to ensure that both need and risk are factored into program referrals, the implications of offenders not receiving programs for which they have needs are many. For example, during focus groups, staff members noted that some needs should be addressed before others in order to maximize learning and prepare offenders to work on other factors that contribute to their criminality. Furthermore, the recent evaluation of CSC's correctional programs (which was completed prior to the implementation of the new program guidelines) found that participation in correctional programs was associated with increased likelihood of discretionary release and reduced likelihood of returning to custody (Nafekh et al., 2009). Results from the present evaluation also indicate that program participation facilitated discretionary release to the community.

**FINDING 7: Assessing and identifying mental health, developmental, or other cognitive needs among offenders and, subsequently, providing services to offenders in the institution and the community represents a challenge.**

In 2007, CSC launched the IMHI that consists of CoMHISS, primary mental health care, and mental health training/professional development to CSC staff members.<sup>26</sup> CoMHISS is a self-report instrument that was designed to assist in the identification of mental health needs at intake and referral for follow-up psychological assessments. Primary mental health care teams were integrated within existing mental health services in the institutions. The goals of the IMHI were to assist in early identification of mental health needs, increase integration of mental health needs and services in correctional plans, and increase mental health awareness and knowledge among staff members to identify, interact with, and work with offenders with mental health needs.

Although the IMHI was launched in 2007, paper-and-pencil versions of the CoMHISS were implemented as part of a pilot project in February, 2008. Implementation of the electronic version of CoMHISS began at pilot sites in June 2009, with full implementation scheduled June, 2010. Furthermore, CoMHISS was piloted only at the Regional Reception Centres, women's institutions, and select institutions in the Prairie Region (refer to CoMHISS National Guidelines, CSC, 2009e). Since the assessment is utilized only with newly admitted offenders,<sup>27</sup> it does not directly impact on early identification of mental health issues among offenders who were already serving their sentence at the sites selected for the pilot study or other institutions.

A comprehensive evaluation of the IMHI is scheduled to begin in June, 2011. However, a recent research study examining the pilot implementation of the CoMHISS found that 38.4% of newly admitted men offenders self-reported significant psychological distress (Stewart et al., 2010).

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<sup>26</sup> Permanent annual funding of \$16.6 million was granted to support the IMHI (CSC, 2010i)

<sup>27</sup> In addition, since CoMHISS was administered early in the sentence, some offenders who were assessed were assigned temporary identifiers because they had not been assigned their FPS numbers (T. Witte, personal communication, November 29, 2010). Manual verification was required to track mental health service utilization among those offenders for whom temporary identifiers were assigned. At the time of writing, this data integrity issue had not been resolved.



This is likely to underestimate the prevalence of mental health concerns among federal offenders, as Stewart and colleagues found that the frequency of mental health needs among incarcerated men (using the OIA indicator of current mental health problems) was 33% greater than the frequency of mental health needs of men who were admitted and assessed using CoMHISS.<sup>28</sup>

At the present time, there are no standardized reliable data to determine the extent of mental health needs among all (newly admitted and currently incarcerated) federal offenders. A lack of reliable tools to facilitate early identification of offenders with mental health issues was identified in the evaluation of the CMHI as a factor that may have contributed to the finding that some offenders with mental health issues were not referred to mental health services. Although CoMHISS and other mechanisms have been put into place that could potentially facilitate early identification of mental health needs among incarcerated offenders (e.g., according to the management action plan to address the recommendations of the evaluation, mental health training among institutional staff members, hiring of additional mental health professionals as part of the IMHI), it is possible that mental health needs have continued to be undiagnosed or under-diagnosed among incarcerated offenders.

Timely diagnosis with regards to mental health disorders and learning disabilities is necessary in order to refer offenders to appropriate programs and services. Furthermore, the responsivity principle of effective correctional interventions states that programs should be delivered in a manner that matches the learning styles, motivation, abilities, and strengths of offenders (Andrews, Zinger et al., 1990). *CD 726: Correctional Programs* (CSC, 2003) also highlights responsivity as a criterion to which correctional programs should adhere. Undiagnosed mental health, developmental, or cognitive deficits hinder offenders' ability to participate in their correctional plans.

The majority of CSC staff members and community partners who participated in the focus group sessions indicated that they worked with offenders with mental health issues (90%,  $n = 250$  of CSC staff members and 84%,  $n = 56$  of community partners). Staff members indicated that a

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<sup>28</sup> At the time of writing, IMHI implementation challenges and ongoing data integrity issues precluded the ability to accurately identify the proportion of federal offenders who have mental health problems.

shortage in mental health professionals impacted CSC's ability to identify mental health issues and learning disabilities early in the sentence in order to integrate the appropriate services into offenders' correctional plans. In addition, staff members reported that, in their experience, offenders with undiagnosed mental health, developmental, or cognitive deficits did not perform well in group settings as they required more individual attention than others in the group require a disproportionate amount of the facilitator's time, or could be disruptive to the group session or interfere with other participants' learning. This was particularly problematic for offenders with FASD who have specific learning and programming needs that cannot be adequately accommodated in a group setting. Lastly, CSC staff members indicated that obtaining informed consent for assessments (to diagnose or identify mental health issues) and treatment were challenging for individuals with such special needs.

According to CSC staff members, notwithstanding issues related to assessment and diagnosis, offenders with mental health disorders may also have limited access to programs in the institution because they spend considerable time in segregation. The CSC Review Panel (2007) reported that offenders with mental health needs received minimal care until their needs reached a crisis level as a result of a limited number of psychologists in the institutions and the amount of time required to conduct risk assessments for parole hearings. Furthermore, as a result of their inability to function in the general population, offenders with mental health needs often found themselves in administrative segregation. A research study by Zinger and Wichmann (1999) found that men offenders who were admitted to, and spent at least 60 days in, segregation had more mental health issues than men offenders from the general population. Specifically, although the two groups did not differ on the dynamic factor domains, segregated offenders were assessed to have more symptoms of depression and state anxiety. In addition, segregated offenders also reported significantly more psychosocial problems than the non-segregated offenders.

During focus group sessions conducted as part of the present evaluation, CSC staff members indicated that provision of mental health services in the institution was a challenge, particularly with respect to resources. One component of the IMHI is to provide primary mental health care in the institutions. According to the management action plan produced to respond to the evaluation of the CMHI, as of December, 2009, 119.5 of the 125 full-time employee IMHI

positions (including clerical support) were staffed across the country, and contracts had been put into place to provide mental health services in the institutions. Since the IMHI has only recently been implemented, it was not possible, at the time of writing, to determine whether or not the mental health resources sufficiently meet the needs of the offenders. However, during focus group sessions conducted for the present evaluation, CSC staff members indicated that there was a shortage of mental health professionals which limited their ability to identify mental health issues among offenders.

In addition, according to CSC staff members, the availability and accessibility of mental health services in the community varied. Initial funding for the CMHI provided for 16 community mental health specialist sites. The evaluation of the CMHI found that, although CMHI sites were placed in areas where there were high proportions of offenders supervised in the community, several sites, such as Montreal, Ottawa, Saskatoon, and Victoria, also had large proportions of offenders with mental health needs (Allegri et al., 2008). Allegri and colleagues recommended that these sites be considered for CMHI services. According to the management action plan to respond to the recommendations from the evaluation, decisions regarding expansion of services had been deferred pending funding decisions. Since then, additional funding for the CMHI for a five-year period has been approved. Therefore, discussions and decisions regarding expansion of CMHI services to other sites are expected as per the management action plan prepared in response to this evaluation.

CSC staff members also indicated experiencing considerable challenges facilitating the reintegration and continuity of mental health services to offenders with FASD because the community does not have the infrastructure in place to adequately work with these offenders. Indeed, CSC staff members and community partners who received mental health training as part of the CMHI frequently reported that they wanted to receive follow-up training in FASD among other areas (Allegri et al., 2008). Results from the CMHI evaluation also suggested limited community capacity to address the needs of offenders with mental health needs and other co-occurring conditions such as developmental disabilities and substance abuse issues. According to the management action plan prepared in response to the evaluation of the CMHI, two supplementary training initiatives were developed, namely training with respect to FASD and

effective interventions for offenders with mental disorders. Furthermore, according to the management action plan, community capacity building activities were conducted on an ongoing basis.

### *Employment*

**FINDING 8: The majority of offenders with some or considerable employment needs participated in core employment programs and/or CSC work assignments in the institutions. Participation in employment-related activities resulted in a number of benefits to program participants. However, gaps in the continuity of employment services from the institution to the community were found.**

Research has consistently found that a high proportion of offenders have needs in the employment domain (e.g., Boe, 2005; Brews et al., 2010; Delveaux, et al., 2005; Didenko et al., 2010; Taylor et al., 2008). Similar to results found by Taylor and colleagues (2008), the current evaluation found that among the sample of offenders released to the community between April 1, 2005 and March 31, 2010, 59.0% had some or considerable difficulty in the employment domain upon admission to federal custody and 58.3% continued to have some or considerable difficulty at the time of their release. Results also indicated that, compared to men offenders, a significantly higher proportion of women offenders had some or considerable difficulty in the employment domain at release.

CSC provides a number of opportunities for offenders to develop employment and employability skills throughout their sentences that can be applied and used in a wide range of daily activities (e.g., fundamental skills, personal management skills and teamwork skills). Within the institution, employment activities include core employment programs (e.g., vocational training and employability skills training such as NESP) and CSC work assignments (i.e., institutional service duties such as cleaning). Together these activities assist offenders' reintegration to the community by providing necessary skills and employment experience.

Previous evaluation reports found that the majority of offenders with identified employment needs participated in employment activities (e.g., core employment programs and CSC work assignments) and the majority of offenders who participated in core employment programs (e.g., EEP and NESP) completed the program (Didenko et al., 2010; Taylor et al., 2008). In addition, participation in various employment and employability programs was also related increased likelihood of obtaining employment in the community (Brews et al., 2010; Taylor et al., 2008), and reduced likelihood of return to custody (Brews et al., 2010).

Gaps in the continuity of employment services was identified in Didenko and colleagues' (2010) evaluation of NESP as well as Brews and colleagues' (2010) evaluation of the CEC initiative. For example, Didenko and colleagues found that there was no formal linkage between NESP and employment services and employment opportunities in the community (e.g., the community employment centres) although NESP is embedded within the employment continuum that spans from the institution to the community. In addition, Brews and colleagues found that although the majority of community employment coordinators and institutional staff members (i.e., parole officers, program officers, work supervisors and shop instructors) rated communication among these two groups to be important, community employment coordinators rated actual levels of communication with institutional staff members were high between 20% and 60% of the time. Since participation in CSC's CEC initiative was associated with increased likelihood of obtaining employment and reduced likelihood of return to custody, Didenko and colleagues recommended that formal linkages between NESP and employment services in the community be established to potentially increase benefits to offenders.

#### *Temporary Absences and Work Release Programs*

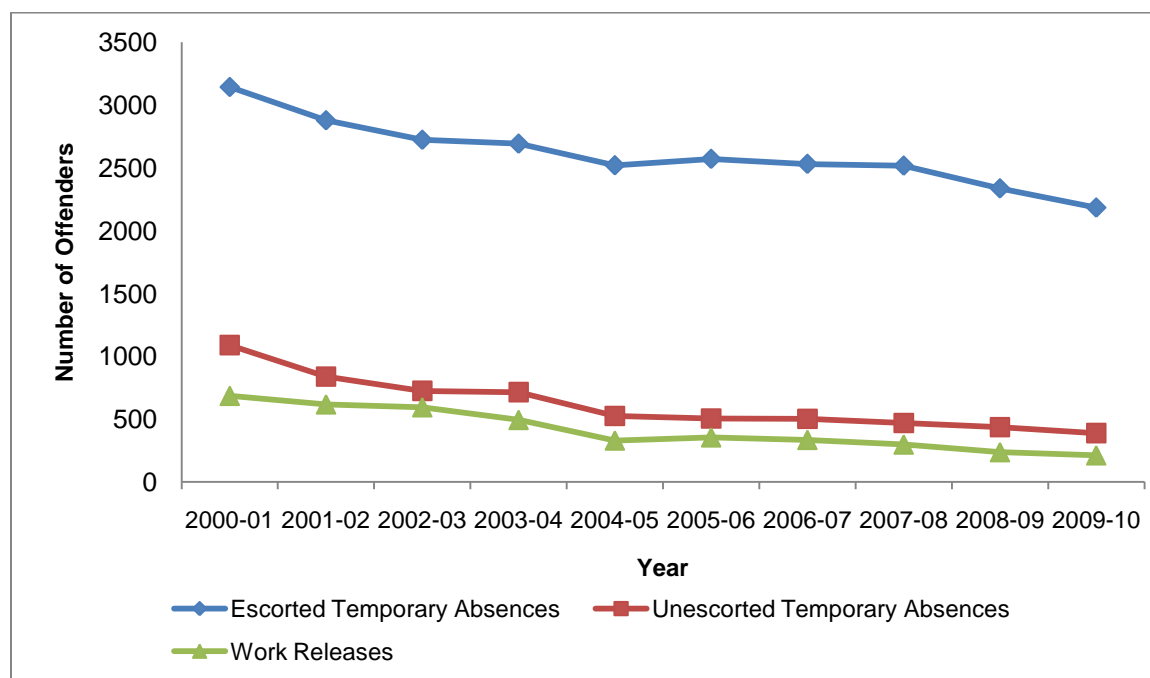
As legislated by the CCRA (1992), CSC may grant offenders temporary absences from the institution. Two types of temporary absences may be granted: escorted temporary absences (ETAs) or unescorted temporary absences (UTAs). The CCRA also allows CSC to authorize work releases to offenders. Work release is defined as "a structured program of release of specified duration for work or community service outside the penitentiary, under the supervision of a staff member or other person or organization authorized by the institutional head" (CCRA, 1992, s. 18[1]). According to *CD 710-3: Temporary Absences and Work Releases* (CSC, 2010f),

one of the objectives of temporary absences<sup>29</sup> and work releases is “to provide offenders with opportunities to maintain family and community ties and avail themselves of rehabilitative, employment, personal and cultural activities with the goal of reintegrating them into the community and enhancing public safety” (s. 1).

**FINDING 9: CSC staff members and interviewed offenders reported that temporary absences assisted in the reintegration of offenders into the community. However, the number of temporary absences granted to offenders has declined over the past ten years.**

The number of ETAs, UTAs, and work releases have declined from 2000-01 to 2009-10 (PSC, 2010a; refer to Figure 5).

**Figure 5. Temporary Absences From 2000-2001 to 2009-2010**



Source: Figure reproduced from Public Safety Canada (2010a). *Corrections and Conditional Release Statistical Overview 2010* (Cat no. PS1-3/2010E). Ottawa, ON: Public Works and Government Services Canada, p.97.

<sup>29</sup> Temporary absences may be escorted or unescorted. Escorted temporary absence (ETA) is defined as “a temporary absence under escort from a penitentiary” (CSC, 2010f, s. 7) while an unescorted temporary absence (UTA) is defined as “a temporary absence without escort from a penitentiary into the community (CSC, 2010f, s.8).

From 2000-2001 to 2009-2010, the total number of work releases declined by 69% (from 686 to 212 respectively). Over the same period, the total number of UTAs and ETAs declined by 64% (from 1,089 to 389) and 31% (from 3,142 to 2,182), respectively.<sup>30</sup> Among our sample of offenders released on their first-term release between April 1, 2005 and March 31, 2010, 57% ( $n = 13,849$ ) completed at least one ETA, 5% ( $n = 1,123$ ) completed at least one UTA, and 3% ( $n = 795$ ) completed at least one work release.<sup>31</sup> Among offenders who completed each type of temporary absence, the median number of ETAs, UTAs, and work releases was 3 ( $SD = 46.907$ ), 6 ( $SD = 20.584$ ), and 2 (6.548), respectively.<sup>32</sup> Table 17 provides a summary of the frequency of temporary absences by release type.

**Table 17. Proportion of Offenders Release on Temporary Absences by Release Type**

Temporary Absence	Discretionary Release	Frequency (%) Statutory Release	Total
ETAs $\chi^2(1) = 348.089, p < .001$			
Did not complete an ETA	5,547 (50%)	4,379 (37%)	9,926 (43%)
Completed at least 1 ETA	5,611 (50%)	7,307 (63%)	12,918 (57%)
UTAs $\chi^2(1) = 167.945, p < .001$			
Did not complete an UTA	10,403 (93%)	11,327 (97%)	21,730 (95%)
Completed at least 1 UTA	755 (7%)	359 (3%)	1,114 (5%)
Work Releases $\chi^2(1) = 97.039, p < .001$			
Did not complete a work release	10,635 (95%)	11,417 (98%)	22,052 (97%)
Completed at least 1 work release	523 (5%)	269 (2%)	792 (3%)

*Note:* Analyses conducted on a sample of offenders first released between April 1, 2005 and March 31, 2010. Frequencies of temporary releases reported by PSC (2010a) excluded temporary absences (escorted or unescorted) for medical reasons whereas the data reported in this table included these temporary absences.

*Source:* OMS.

As can be seen in Table 17, most offenders released on their first release did not complete any UTAs or work releases (95%,  $n = 21,730$  and 97%,  $n = 22,052$ , respectively). However, a significantly higher proportion of offenders who completed at least one UTA or work release were released on discretionary release than statutory release ( $\chi^2(1) = 167.945, p < .001$  and

<sup>30</sup> Frequencies of temporary releases reported by PSC (2010a) excluded temporary absences (escorted or unescorted) for medical reasons whereas the data reported in this table included these temporary absences.

<sup>31</sup> In the present evaluation, absences for medical reasons were included in the frequencies of ETAs and UTAs because the data that were extracted from OMS included absences for medical reasons.

<sup>32</sup> The medians were reported because the mean is more susceptible to influence of outliers.

$\chi^2(1) = 97.039, p < .001$  for UTA and work release, respectively). Offenders released on discretionary release were as likely to have completed an ETA as they were not to have completed any ETA. However, offenders released on statutory release were more likely to have completed at least one ETA (63% vs. 37%,  $\chi^2(1) = 348.089, p < .001$ ) than offenders released on discretionary release. Altogether, in addition to being released to the community without parole, offenders who were released on statutory release had fewer opportunities to be in the community through temporary releases prior to their statutory release date.

The majority (87%;  $n = 89$ ) of interviewed offenders who took part in ETAs, UTAs, or work releases indicated that participation in temporary absences or work releases assisted in their transition from the institution to the community. Specifically, 66% ( $n = 60$ ) indicated that these temporary absences assisted them to familiarize themselves with the community while others indicated that indicated that they provided them with opportunities to connect with community resources (52%;  $n = 47$ ), employers (32%;  $n = 29$ ), and family members (27%;  $n = 25$ ; refer to Table B3). In addition, 34% ( $n = 31$ ) reported that the temporary absences helped to manage their anxieties pertaining to their return to the community.

*CD 710-3: Temporary Absences and Work Releases* (CSC, 2010f), *CD 566-6: Security Escorts* (CSC, 2009c), and *CD566-5: Non-Security Escorts* (CSC, 2001) outline individuals who are eligible to provide security and non-security escorts. Although only CSC staff members and peace officers qualify as escorts for security escorts requiring restraints (CSC, 2009c), the institutional head may authorize non-CSC persons for non-security escorts provided that these individuals have been trained in accordance with national standards (CSC, 2001). According to focus group sessions with staff members, one way in which some institutions and CCCs have addressed this concern was to leverage volunteers to provide citizen escorts to offenders on temporary absences.

#### *Availability of Programs and Services in the Community*

During focus group sessions, staff members indicated that they encountered a number of barriers to enrolling offenders into community correctional programs because offenders were required to balance basic needs in the community such as accommodations and employment. According to



staff members, the program delivery model in the community was based on institutional settings and did not take into account the differences in priorities that offenders face in the two settings. CSC staff and community partners indicated during focus group sessions that it was their view that offenders should complete core correctional programs in the institutions where they have time and where the opportunities for programs are available. In addition, in the community, offenders faced conflicting priorities of such as housing, employment, programs, and fulfilling supervision requirements. According to CSC staff members, in the face of these competing priorities, offenders were not motivated to participate in programs to address criminogenic needs. Furthermore, while 73% ( $n = 72$ ) of interviewed offenders in the community indicated that they did not have any difficulty managing their time in the community, 15% ( $n = 15$ ) reported moderate difficulty and 11% ( $n = 11$ ) reported extreme difficulty. Moreover, while 64% ( $n = 62$ ) of interviewed offenders in the community indicated that there was a need for them to be referred to programs or services in the community, 30% ( $n = 29$ ) reported having encountered barriers to their participation such as waitlists for programs ( $n = 6$ ) and program schedules that conflicted with their work schedules ( $n = 5$ ). Staff members also noted that they may prioritize other issues (e.g., employment and housing) prior to programs,<sup>33</sup> particularly since meeting basic needs was also important to facilitate offender reintegration.

**FINDING 10: The availability of programs and services varied across communities which presented a barrier to continuity of services from institutions to the community.**

As discussed in the Limitations section, quantitative data were not available for programs in the community. However, according to focus group sessions with CSC staff members and community partners, the availability and accessibility of programs in the community varied across communities. In some areas, it was necessary to rely on programs and services offered by community partners and other government departments (e.g., municipal, provincial/territorial, and federal). For example, funding for the CMHI was used to staff 16 community sites across Canada. Although these sites were generally located in areas where there were high concentrations of offenders with mental health needs, other areas such as Montreal, Ottawa, Saskatoon, and Victoria also had high proportions of offenders with mental health needs.

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<sup>33</sup> Employment is discussed further within Theme 2 of this report.

According to the most recent progress update on the management action plan to address the recommendations from the CMHI evaluation report (March, 2010), regions will continue to augment mental health services in the community through contracts at sites with high proportions of offenders with mental health needs.

Approximately one-half of CSC staff members and service providers who responded to a questionnaire as part of the evaluation of the CMP (Luong et al., 2010) indicated that the accessibility of programming in remote locations did not improve as a result of the CMP. However, the rate of enrolment in CMP was significantly higher in remote locations than in urban locations (48% and 38%, respectively). Luong and colleagues (2010) noted that the completion rate of the CMP was significantly lower than the completion rate for specialized community maintenance programs (49% and 60%, respectively). The treatment effects for Aboriginal and non-Aboriginal offenders participating in CMP were positive, where both groups were less likely to return to custody than the non-participants.

The evaluation of the CEC initiative (Brews et al., 2010) found that CECs were located in 30 of the 75 largest cities in Canada; however, the number of employment coordinators in each city was not commensurate to the local population. Brews and colleagues highlighted the need to examine the allocation of CECs to ensure coverage and potentially expand services to other areas. According to a progress update on the management action plan prepared in response to the evaluation of the CEC initiative (updated as of April, 2010), all contracted CEC positions in the Pacific Region were terminated in 2010-2011. In addition, CORCAN funding to support CEC services in the Quebec Region was also terminated.

During focus group discussions, CSC staff members and community partners recognized the advantages and the important role of programs and services offered by community partners in the successful transition and reintegration of offenders into the community. Non-CSC programs have the potential to allow offenders the opportunity to address their programming needs away from negative associates, such as other federal offenders, which may assist offenders in successfully completing their release. Programs offered by non-CSC organizations may be able to operate in communities where CSC programs are not readily available (e.g., rural areas or Aboriginal

communities). Community partners and stakeholders can also provide offenders with programs and services they cannot access through CSC after the WED. According to CSC staff members, referrals to local programs provided by community partners and stakeholders would benefit offenders who are released shortly before their WED, in terms of continuity of services as a result of the limited options of CSC programs in the community, the specific needs of the offenders, or the limited time for which offenders are under CSC's jurisdiction.

CSC staff members reported that, at the time of the evaluation, there was a shortage of programs and services offered by community partners and engagement with community organizations should be increased. Both CSC staff members and community partners indicated that more corporate support and recognition for the value of these programs and services was required. This may be a challenge to address as the national correctional program referral guidelines state that "referrals to non-accredited or non-standardized local or regional programs, or to individual counselling, cannot replace a national [c]orrectional [p]rogram and must not be used when an accredited or standardized [c]orrectional [p]rogram is made available to target need(s)" (CSC, 2009f, s.20). *CD 726: Correctional Programs* (CSC, 2003) does not make reference to the use of non-accredited or non-standardized local or regional programs.

During the present evaluation, the majority (68%;  $n = 183$ ) of interviewed offenders independently identified access to appropriate programs and services as one of the most important things that CSC could do to ensure that offenders succeed in the community. The other most important items identified by interviewed offenders were employment/vocational training (36%;  $n = 98$ ), support, motivation, and encouragement (31%;  $n = 83$ ), opportunities for gradual transition to the community (19%;  $n = 52$ ), comprehensive release planning (19%;  $n = 52$ ), and incorporating cultural/spiritual considerations in correctional plans (6%;  $n = 16$ ).

### *Integrated Correctional Programs*

**FINDING 11: According to focus group sessions with CSC staff members, the new generation of CSC programs may not effectively address the individual needs of offenders.**

CSC had been operating within a multi correctional program model with specialized programs designed to address specific need areas. Offenders with multiple needs would participate in multiple programs, each to address one need area. A multi-correctional program model presents certain challenges such as financial and resource allocation, access to programs, and capacity to respond to changes to the offender profile (CSC, 2010j). In order to address these challenges and to support CSC's strategic priorities, in September 2008, CSC approved the implementation of the ICPM for men offenders and implementation of the pilot program commenced in the Pacific Region in January, 2010 (CSC, 2010m). For men offenders, the ICPM consists of three separate programs: multi-target, Aboriginal-specific multi-target, and sex offender programs. Since many federal offenders have needs in multiple need domains, the ICPM was intended to target multiple needs in order address offender needs in a holistic manner. The model also includes a skills-based preparatory intervention at intake, institutional and community maintenance programs for three offender groups, and motivation modules that operate throughout the ICPM continuum to provide additional support to offenders and enhance engagement in correctional programs.

While the ICPM includes a revised Community Maintenance Program (CMP; Community Reintegration Branch, personal communication, March 4, 2011) – a follow-up program in the community that targeted a more generic set of needs – the original CMP was first implemented in 10 pilot sites in 2003. Enrolment increased steadily through 2007-2008 at which point there was a 135% increase in enrolment from 2007-2008 to 2008-2009 (Luong et al., 2010). As of March, 2008, CMP has become “the priority intervention in the community” and “the follow-up relapse prevention/self-management program for all CSC programs (with the exception of [S]ex [O]ffender programs)” (Memorandum, March 7, 2008, p.1 and p.3).<sup>34</sup> Since June 2009, offenders who complete any correctional program and who have a moderate or high risk rating are eligible to participate in CMP (CSC, 2009f).

CMP was evaluated as part of the evaluation of correctional programs (Nafekh et al., 2009) and more recently, by Luong and colleagues (2010). Nafekh and colleagues found that CMP participants were less likely to return to custody than an untreated comparison group. Luong and

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<sup>34</sup> Memorandum from Director, Reintegration Programs Division to Regional Administrators Reintegration on the Community Maintenance Program, March 7, 2008.

colleagues replicated this finding but conducted additional analyses to examine the relative effectiveness of CMP compared to other specialized maintenance programs in the community. Luong and colleagues found that specialized maintenance programs for substance abuse and family violence were more effective than the CMP for non-Aboriginal offenders. Specifically, non-Aboriginal offenders who participated in specialized substance abuse maintenance programs in the community were 0.73 times less likely to return to custody than non-Aboriginal offenders who participated in the CMP. In addition, non-Aboriginal offenders who participated in specialized family violence maintenance programs in the community were 0.35 times less likely to return to custody than CMP participants. In both cases, only offenders with identified needs in substance abuse and family violence were included. For Aboriginal offenders, there was no difference in likelihood to return to custody between CMP participants and participants in specialized substance abuse maintenance programs. The small sample sizes of Aboriginal offenders who participated in specialized family violence maintenance program precluded comparative analyses.

According to focus group sessions with CSC staff members conducted as part of the present evaluation, integrated programs such as the CMP and the ICPM have some advantages over specialized programs. Offenders who have needs unrelated to their criminality or who have needs that are identified later in the sentence may still access programs to address some of these needs. They indicated that the programs are particularly beneficial in light of challenges associated with re-assessing offender needs or the justification required to override program referral guidelines. Furthermore, upon completion of a correctional program, offenders may not participate in the same or lower intensity level programs within the same program area (CSC, 2009f). The CMP therefore allows offenders to receive follow-up intervention or maintenance programming.

Staff members also identified a number of challenges with integrated program models, most notably that they do not take into account individual differences among offenders or groups of offenders. In addition, they indicated it may be more important to address some needs before others and this is not possible within the integrated program model. Moreover, the integrated

program models may not sufficiently address the needs of offenders who have moderate or high needs in multiple areas.

Another feature of the CMP and ICPM Community Programs<sup>35</sup> is continuous intake, which, according to CSC staff members, has both advantages and disadvantages. CSC staff members reported that continuous intake resulted in reduced time on waitlists, avoided the need to cancel programs as result of low enrolment, reduced the gaps in time between program completion and start dates, and allowed offenders to complete programs in a timely manner. However, staff members indicated that continuous intake can interfere with group dynamics if it is not implemented in a structured and careful manner. Specifically, CSC staff members noted that continuous intake was not conducive to developing trust, promoting sharing and disclosure in the group, and allowing offenders the opportunity to address specific issues. In contrast, closed groups are more likely to provide an environment that facilitates disclosure without fear of judgment or reprisal since group membership remain relatively constant. The ability to disclose information within the group setting was identified by CSC staff members as particularly important for Aboriginal offenders, women, and sexual offenders. In fact, the Prairie Region has adopted closed-group models in order to overcome these obstacles. In addition, continuous intake demanded more of program facilitators' time to complete administrative tasks than closed groups, and therefore, resulted in less time spent working directly with offenders.

The ICPM was implemented as a pilot project in the Pacific Region in January 2010 and a research study to examine its effectiveness is scheduled for completion in January 2012. In January, 2011, CSC approved the implementation of the ICPM in the Atlantic Region and complete implementation is expected to occur by August 2011.

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<sup>35</sup> The Community Program has five modules and although offenders may participate in the first four modules in any order, the fifth module must be completed last. In addition, although the Community Program does allow for continuous intake, offenders must enter at the start of each module. The Institutional ICPM is modular and must be completed in sequence as subsequent modules build on work completed in preceding modules. (Manager of Programs, personal communication, February 8, 2011).

### ***3.2.2. Risk Assessment and Case Preparation***

As discussed within the Relevance section of this report, CSC is responsible for conducting risk assessments, developing and implementing offenders' correctional plans, and preparing offenders for release to the community.

**SUMMARY FINDING 2 CSC provides programs and services that contribute to the safe return of offenders to the community. However, there are gaps in collaboration and communication across multiple areas that interfere with effective offender reintegration.**

#### *Gaps in Collaboration and Consultation between CSC and PBC*

CSC is responsible for the operational aspects of the correctional system (CCRA, 1992, s.5); whereas the authority to grant discretionary release lies with the PBC. CSC is legislated to provide PBC with “all information under its control that is relevant to release decision-making or to the supervision or surveillance of offenders” (CCRA, 1992, s. 25[1]).

According to the PBC policies, (2010) in reviewing an offender's application for parole, the PBC must conduct a review to determine whether or not an offender may be safely released to the community. As part of this review, the PBC will examine:

- the offender's criminal and social history, and his/her functioning and attitude on any previous conditional release;
- the functioning and attitude of the offender during incarceration indicating a modification of the offender' behaviour, as well professional reports and relevant actuarial scales; and the concrete results and treatment gains of interventions as acknowledged by correctional authorities and others... [relevant personnel involved in offender's cases];
- the release plan and the community management strategy. (PBC, 2010, pp.8-9.)

**FINDING 12: The concordance rate between CSC recommendations for, and PBC decisions to impose, residency conditions on full parole applications has decreased. In addition, 29% of residency conditions imposed on full parole releases were not originally recommended by CSC.**

CSC prepares reports with recommendations regarding an offender's progress and application for discretionary release.<sup>36</sup> However, the PBC may render decisions that are not consistent with recommendations from CSC. At the time of writing, data on the concordance rate between CSC recommendations and PBC decisions were not available. A review of minutes of meetings of the Ontario Regional Interlinkages Committee,<sup>37</sup> however, found that the concordance rate, and particularly the trend towards decreasing concordance rates, has been identified as an area of concern by both CSC and PBC (Ontario Regional Interlinkages Committee, 2010).

Data on concordance between CSC recommendations and PBC decisions related to residency conditions were available and reviewed for the current evaluation. Supervised residency is a requirement for offenders released on day parole,<sup>38</sup> however, this residency condition is not a legislated requirement for offenders released on full parole and statutory release. Nevertheless, CSC may recommend, or PBC may impose, a residency condition as part of the release conditions. The concordance rates between CSC recommendations to impose residency conditions for full parole and statutory releases and PBC decisions from 2004-2005 to 2008-2009 are presented in Table 18.

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<sup>36</sup> In accordance with *CD 712: Case Preparation and Release Framework* (CSC, 2007d)

<sup>37</sup> Interlinkages committees are national and regional committees comprised of senior executives of the CSC and PBC. Members of these committees work together to facilitate access to necessary information about CSC and PBC policies and operations. In addition, members of these committees consult one another on major initiatives that such as "legislative and regulatory proposals, policy proposals, case management and case preparation processes, automated information systems, or new administrative procedures that will have an impact on the functioning on the other party" (CSC & PBC, 2009, p. 4). Individuals from either organization may bring issues to the Interlinkages committees; however, they are encouraged to first attempt to resolve issues at the local or regional level.

<sup>38</sup> According to the CCRA (1992), offenders released on day parole are required "to return to a penitentiary, a community-based residential facility or a provincial correctional facility each night, unless otherwise authorized in writing" (s. 99 [1])



**Table 18. Concordance Rates between CSC Recommendations to Impose Residency Conditions and PBC Decisions**

Year	Concordance Rate	
	Full Parole	Statutory Release
2004-2005	93.2%	92.8%
2005-2006	91.0%	92.7%
2006-2007	95.5%	94.1%
2007-2008	86.5%	95.5%
2008-2009	84.7%	97.5%

*Notes:* Data reported in the table were derived from NPB (2009).

The concordance rate is derived “by dividing the number of residency conditions imposed by the Board which were recommended by CSC by the number of residency conditions recommended by CSC” (NPB, 2009, p. 97)

As can be seen in Table 18, for both full parole and statutory releases, the PBC imposed a residency condition in the majority of cases where CSC recommended the condition (for full parole: 84.7% to 95.5%; for statutory releases: 92.7% to 97.5%). However, the concordance rate for residency conditions for full parole releases decreased by 8.5% from 2004-2005 to 2008-2009 (from 93.2% to 84.7%). The concordance rate for statutory releases, however, increased by 4.7% over the same period.

In addition to reviewing the proportion of agreement between CSC recommendations and PBC decisions, it was necessary to examine the proportion of releases where a residency condition was imposed by PBC but was not recommended by CSC. Table 19 summarizes the proportion of residency conditions granted by PBC that were originally recommended by CSC from 2004-2005 to 2008-2009.

**Table 19. Proportion of Residency Conditions Granted by PBC that were Recommended by CSC**

Year	Concordance Rate	
	Full Parole	Statutory Release
2004-2005	64.4%	84.5%
2005-2006	64.9%	86.6%
2006-2007	67.2%	88.4%
2007-2008	69.9%	88.5%
2008-2009	71.1%	83.6%

*Notes:* Data reported in the table were derived from NPB (2009).

The concordance rate is derived “by dividing the number of residency conditions recommended by CSC and which were imposed by the Board by the total number of residency conditions imposed by the Board” (NPB, 2009, p. 97).

As can be seen from Table 19, from 2004-2005 to 2008-2009, the residency concordance rates have increased by 6.7% for releases on full parole and decreased by 0.9% for statutory releases. However, in 2008-2009, 28.9% and 16.4% of residency conditions imposed on offenders released on full parole and statutory release (respectively) were not initially recommended by CSC (National Parole Board [NPB], 2009). The implication of these decisions was that parole officers were be required to find suitable accommodations for approximately 29% of offenders released on full parole and 16% of offenders released on statutory release where residency was not originally a part of the community management strategy. In addition, although concordance rate data were not available for 2009-2010, according to minutes from the Ontario Regional Interlinkage meeting (2010), the proportion of residency conditions imposed by PBC that were not recommended by CSC in increasing. Furthermore, the decision timeframes for statutory release seem to be decreasing (i.e., decisions are being rendered increasingly close to the statutory release date) which presented challenges for case management teams and community partners with respect to release planning (Ontario Regional Interlinkage Committee, 2010). These challenges were echoed during focus group sessions with CSC staff members: CSC staff members reported that changes to release locations and release conditions, particularly imposition of a residency condition which was not originally recommended by CSC, were barriers to preparing feasible and comprehensive release plans.

A recent review of community-based residential facilities in Canada reported a shortage of all types of community residential facility options available to offenders in various locations across the country (CSC, 2008a). The shortage was most noticeable with respect to community residential options for women offenders, Aboriginal offenders, and offenders with mental or physical health needs.

**FINDING 13: CSC staff members expressed concerns regarding PBC's expectations with respect to program participation and CSC's correctional program referral guidelines.**

During focus group sessions conducted as part of the present evaluation, CSC staff members indicated that PBC frequently denied offenders' applications for release because the offenders had not completed correctional programs. However, staff members reported that these offenders were not eligible to participate in correctional programs according to the CSC's national correctional program referral guidelines (CSC, 2009f). Thus, according to staff members, increasingly more offenders were incarcerated until statutory release as a result of the discrepancy between PBC's expectations regarding program participation and CSC's correctional program eligibility criteria.

Nafekh and colleagues (2009) found that participation in correctional programs increased offenders' likelihood for discretionary release. Results from the present evaluation (discussed later in this report) also indicated that offenders who participated in programs were more likely to be released on discretionary release than statutory release. Program participation was also cited frequently as reasons for parole waivers, postponements, and withdrawals (Cabana, Beauchamp, Emeno, & Bottos, 2009). Specifically, timely access to programs was reported by 32 of the 44 offenders who reported program-related reasons (i.e., offenders were currently participating in the programs or were waitlisted at the time of their decision). Other reasons frequently reported by offenders were the lack of support from the parole officers or case management team (34.6%), and incidents that reflected poor behaviour (11.5%) such as revocation on a previous release and institutional misconduct. With respect to offenders' perceived support from parole officers or case management teams, the majority (72%) of

offenders reported that their parole officers recommended waiver, postponement, or withdrawal of parole application based on the offenders' current circumstances.

In response to Cabana and colleagues' finding that program-related reasons were frequently reported as a factor to offenders' decisions to waive, postpone, or withdraw their parole applications (2009), CSC and PBC developed a joint action plan that included conducting follow-up research to track the link between program participation and completion and parole waivers and postponements; and, improving program capacity to reduce related waivers (e.g., quarterly monitoring of program performance, clarifying accuracy of data, recruitment of supplementary program officers, and implementing and evaluating the Integrated Correctional Program Model; CSC & PBC, 2010).

Request for psychological/psychiatric risk assessments were another area of concern with respect to differing expectations of PBC and CSC. A review of minutes from meetings of the National Interlinkages Committee (2010) and the Ontario Regional Interlinkages Committee (2010) found references to CSC's need to review the referral process for psychological assessments in order to meet the mental health needs of offenders, this review is currently underway and revisions are imminent (CSC, 2010d). Incomplete psychological/psychiatric risk assessments were reported by CSC staff members during focus group sessions conducted for the present evaluation as a contributing factor to decisions to postpone or cancel parole applications. According to CSC staff members, a shortage of mental health professionals contributed to delayed completion of psychological/psychiatric assessments. Furthermore, they indicated that the PBC has requested psychological risk assessments for offenders who do not meet CSC's criteria for psychological risk assessments. Incomplete case preparation, including incomplete psychological assessments, was also reported by offenders interviewed as part of the study by Cabana and colleagues (2009) as a reason why parole applications were waived, postponed or withdrawn.

It was clear from minutes of Interlinkages meetings that CSC and PBC were collaborating to address some barriers to offenders' successful application for discretionary release. In addition, in recognition of the need to work in a collaborative manner, in 2009, PBC and CSC entered into

the *Administrative Agreement*<sup>39</sup> to promote “the sharing of information and co-operation regarding:

- the provision of improved and cost-effective service to the public;
- carrying out roles and responsibilities in administering the *Corrections and Conditional Release Act*;
- meeting the needs of particular groups, such as Aboriginal peoples, women, cultural/religious minorities and other groups having special needs;
- sharing and integration of best practices developed within each organization;
- the establishment of effective lines of communication; and,
- the enhancement of administrative efficiency” (CSC & NPB, 2009, pp. 2-3).

A document review identified the following initiatives underway to assist in case preparation and decision-making:

- policy and procedural revisions on how CSC shares protected information with PBC (CSC, 2010e);
- development of an offender file chronology template to be used by CSC and PBC staff members in their review of offender cases and a plan to provide access to the file chronology to both agencies (National Interlinkages Committee, 2010);
- collaborative development of parole officer training materials and offender orientation to the parole process (CSC & PBC, 2010, National Interlinkages Committee, 2010); and,
- a joint process to review and define the roles and responsibilities of each agency pertaining to case file preparation and the parole review process (CSC & PBC, 2010).

#### *Gaps in Collaboration and Consultation between Institutional and Community CSC Staff Members*

Feasible and realistic release plans delineate the supports and resources required by offenders in the community to address their individual risk factors. Past evaluations of community programs and initiatives have found that improved collaboration and communications between institutional

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<sup>39</sup> The *Administrative Agreement* was signed on February 16, 2009 between the Correctional Services of Canada and the National Parole Board (2009). This agreement also gave rise to the formation of national and regional Interlinkages committees.

and community case management teams would benefit program and service delivery for offenders.<sup>40</sup> For example, community employment coordinators and CSC staff members reported that increased level of collaboration between institutional and community staff members would improve the continuity of employment services across settings (Brews et al., 2010). From the evaluation of CSC's ACDO initiative, Jensen and Nafekh (2009a) recommended that guidelines be established in relation to Section 84 release planning and "designate the roles and responsibilities of ACDOs, institutional parole officers, community parole officers, and any other staff members required to facilitate the entire continuum of the Section 84 release process" (Recommendation 2). Results from the evaluation of CSC's CMHI indicated that some offenders were not referred to mental health interventions in the community as a result of lack of collaboration or communication with CMHI staff members and a recommendation was made to explore strategies to improve information sharing across settings (Allegri et al., 2008).<sup>41</sup>

The need for improved collaboration and communication among institutional and community staff members was also identified during focus group sessions with CSC staff members conducted as part of the present evaluation. According to staff members, increased collaboration and communication would facilitate the timely completion of reports (e.g., community strategies, community assessments, and CPPRs), development of realistic and feasible release plans, and continuity of services from the institution to the community.

#### *Collaboration and Consultation between CSC and Community Partners*

Focus group sessions with community partners and CSC staff members indicated multiple ways in which effective collaboration and consultation between CSC case management teams and community partners contribute to positive correctional outcomes. As previously discussed, strong relationships with community partners supports the effective transition of offenders into the community and information sharing between CSC and community partners/stakeholders contributes to the timely access of services in the community by offenders. Additional areas of focus identified by staff members and community partners and stakeholders during focus group discussions included increasing the level of operational support for community-based programs

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<sup>40</sup> E.g., the CEC (Brews, et al., 2010), ACDO (Jensen & Nafekh, 2009a), and CMHI (Allegri et al., 2008)

<sup>41</sup> During focus group sessions, CSC staff members indicated that access to mental health information has improved.

and services and enhancing the integration of volunteer services provided by community partner organizations to meet the unique needs of specific groups of offenders.

Suggestions to increase corporate support for community-based programs and services included increasing the use of memoranda of agreements and implementing formal procedures with respect to reporting practices. CSC staff members indicated that community-based programs and services provided valuable support to offenders, support that often continued past warrant expiry; however, because community partners or other local agencies operate independently, staff members reported encountering challenges in tracking and reporting offender progress in OMS. Community partners identified the need to harmonize security screening procedures for community staff members and volunteers, challenges around access to institutions and passes by volunteers was also found in the evaluation of CSC's volunteer's initiative (Gillis, Beriau, Pepin, Nafekh, & Jeffery, 2005).

CSC has approximately 9,000 volunteers across Canada active in institutions and the community contributing to the enhancement of public safety (CSC, 2010a). Volunteers provide important services and facilitate the safe reintegration of offenders into the community through various activities including religious programs, self-help, visits, and citizen escorts (Gillis et al, 2005). To support the involvement of volunteers in the reintegration of offenders into the community, and in particular to meet the unique needs of specific groups of offenders, CSC developed a two-year (2010-2012) communications plan and is undertaking a volunteer recruitment strategy to enlist volunteers from representative groups (e.g., women offenders, Aboriginal offenders, visible minority offenders, and offenders with mental health problems; CSC, 2010a). During focus groups conducted as part of the present evaluation, community partners highlighted the challenges community-based organizations face with regard to adequately resourcing volunteer programs and the need for increased training opportunities for volunteers working directly with offenders.

### *Program Participation and Release Decisions*

**FINDING 14: Offenders who successfully completed programs to which they were assigned were more likely to be released on discretionary release than offenders who were assigned to, but did not participate in, programs and offenders who did not complete their assigned programs.**

The evaluation of CSC's correctional programs found that participation in correctional programs increased offenders' likelihood of discretionary release (Nafekh et al., 2009). Results from the present evaluation were also consistent with their findings (refer to Table 20).



**Table 20. Proportion of Offenders Granted Discretionary (Full Parole and Day Parole) Release by Level of Need Interventions (LNIs)<sup>42</sup>**

Program Areas	Comparison Group (Intent to Treat)	Level of Need Interventions Frequency (%)		Total
		Incomplete/Failure	Successful	
Violence Prevention $\chi^2 (2) = 280.343, p < .001$				
Release Granted	147 (13.8%)	29 (7.7%)	559 (39.2%)	735 (25.6%)
Release Denied	918 (86.2%)	350 (92.3%)	867 (60.8%)	2,135 (74.4%)
Sex Offenders $\chi^2 (2) = 185.082, p < .001$				
Release Granted	61 (13.9%)	56 (22.0%)	595 (47.5%)	712 (36.6%)
Release Denied	378 (86.1%)	198 (78.0%)	657 (52.5%)	1,233 (63.4%)
Substance Abuse $\chi^2 (2) = 478.477, p < .001$				
Release Granted	748 (27.9%)	329 (23.1%)	3,483 (46.8%)	4,560 (39.5%)
Release Denied	1,933 (72.1%)	1,095 (76.9%)	3,954 (53.2%)	6,982 60.5%)
Family Violence $\chi^2 (2) = 122.233, p < .001$				
Release Granted	157 (17.6%)	25 (8.0%)	420 (33.4%)	602 (24.5%)
Release Denied	734 (82.4%)	287 (92.0%)	839 (66.6%)	1,860 (75.5%)
Living Skills $\chi^2 (2) = 492.679, p < .001$				
Release Granted	381 (23.5%)	113 (11.6%)	1,697 (43.8%)	2,191 (33.9%)
Release Denied	1,241 (76.5%)	863 (88.4%)	2,174 (56.2%)	4,278 (66.1%)

*Notes:* Release denied refers to statutory releases, LTSO, and releases at WED. Intent-to-treat refers to offenders who were assigned to but did not participate in the program. Incomplete/failure includes offenders who were assigned to the program, participated to varying degrees, but did not complete the program or completed the program unsuccessfully.

*Source:* OMS.

As can be seen in Table 20, across all program areas, offenders who successfully completed the programs that they were assigned were more likely to receive discretionary release than those who had an identified need but did not participate in the program or those who participated but did not successfully complete the program. Conversely, offenders who were assigned to, but did not participate in, programs and offenders who failed to complete or completed the programs unsuccessfully were more likely to be denied discretionary release. Consistent with these results, the majority of interviewed offenders in the community indicated that participation in

<sup>42</sup> Other types of release were excluded from this analysis. Other types of release include: release by court order, death of the offender, expiration of sentence, or transfer to a foreign agency.

correctional programs contributed to their successful parole application (72%;  $n = 53$ ) while approximately one-quarter (24%;  $n = 18$ ) indicated that they did not.<sup>43</sup>

### *Challenges Related to Offenders Released on Statutory Releases*

**FINDING 15: Compared to offenders released on discretionary release, offenders released on statutory release were less likely to have completed correctional programs and were more likely to have some or considerable needs in the dynamic need domains at release.**

In the present evaluation, one-half of all offenders were released within 1.4 years (i.e., 518 days) of their WED and half of Aboriginal offenders were released within 1.1 years (i.e., 400 days) of their WED (refer to Table 21).

**Table 21. Time from First Release to Warrant Expiry**

	Time from First Release to Warrant Expiry (in Days) Median (Standard Deviation)
All Offenders <sup>a</sup>	518 (503.67)
Aboriginal Offenders	400 (420.04)
Non-Aboriginal Offenders	545 (518.62)
Women Offenders	552 (459.38)
Men Offenders	506 (506.42)
Release Type <sup>b</sup>	
Day Parole	701 (512.29)
Full Parole	608 (629.60)
Statutory Release	348 (415.42)

*Notes:* <sup>a</sup> Data reported in the table were for offenders with determinate sentences who were released on their first-term release between April 1, 2005 and March 31, 2010. <sup>b</sup> Only offenders who were released on day parole, full parole, or statutory release were included in the analysis.

*Source:* OMS

As can be seen in Table 21, one-half of offenders released on statutory release were released within 348 days of their WED. In addition, offenders released on statutory release were less likely to have participated in (and/or completed) correctional programs (refer to Table 20) and therefore, would have more outstanding program needs upon release. As can be seen from Table

<sup>43</sup> Few (4%;  $n = 3$ ) reported a neutral response.

22, a higher proportion of offenders released at statutory release have needs in each of the need domains than offenders released on either day parole or full parole.

**Table 22. Frequency of Offenders with Needs in Each of the Domain Areas at Release by Release Type**

Need Domains	Frequency of Offenders with Needs at Release <i>n</i> (%)			$\chi^2$ (2)
	Day Parole	Full Parole	Statutory Release	
Attitudes	4,812 (47.9%)	389 (46.1%)	8,287 (71.0%)	1265.475***
Community Functioning	2,093 (20.9%)	149 (17.7%)	3,918 (33.6%)	480.879***
Employment	5,566 (55.4%)	410 (48.6%)	7,362 (63.1%)	171.992***
Marital/Family	2,903 (28.9%)	209 (24.8%)	5,279 (45.2%)	671.313***
Personal and Emotional Associates	7,168 (71.4%)	561 (66.4%)	10,541 (90.3%)	1381.958***
Substance Abuse	6,971 (69.3%)	536 (63.6%)	8,075 (69.2%)	12.338***
	6,329 (62.9%)	288 (34.1%)	9,341 (80.0%)	1325.995***

*Notes:* Data reported in the table were for offenders who were released on their first-term release between April 1, 2005 and March 31, 2010.

\*\*\* $p < .001$ .

*Source:* OMS.

The exception was in the domain of associates where the proportion of offenders released on full parole with needs was significantly lower than the proportion released at day parole and statutory release. In light of the availability of programs and services in the community, the high proportion of offenders released on statutory release with some or considerable needs in the dynamic need domains, and the limited time within which offenders released on statutory release were under CSC jurisdiction, it was not surprising that CSC staff members and community partners indicated, during focus groups sessions, that there was a need to leverage programs and services provided by community organizations and partners.

### *Important Areas to Address in Release Planning*

A number of challenges related to the development of release plans have been identified thus far. Data from the PBC indicate that in 2008-2009, CSC did not recommend residency conditions on 29% and 16% of residency conditions imposed on full parole and statutory releases (NPB, 2009). As a result, parole officers were required to find suitable accommodations for offenders for

whom CSC did not recommend residency conditions. This task was further challenged further as a result of a shortage of community residential facility options available to offenders in various locations across the country, particularly for women offenders, Aboriginal offenders, and offenders with mental or physical health needs (CSC, 2008a). Discrepancies between PBC and CSC with respect to program participation and requirements for psychological assessments have also been identified. Challenges in consultation and coordination between CSC institutional and community staff members have impacted the continuity of services from the institution to the community (e.g., Allegri et al., 2008; Brews et al., 2010; Didenko et al., 2010). In addition, according to CSC staff members, gaps in consultation among institution and community case management teams have impacted the timely completion of reports and the development of feasible and realistic release plans.

According to focus group sessions with CSC staff members, other areas that need to be addressed include offenders' expectations related to employment, ensuring offenders have their identifications, and engaging offenders to participate in the development of their release plans.

CSC staff members reported that they have encountered challenges with respect to managing offenders' expectations with respect to the time required to secure employment and the challenges of maintaining employment, such as financial and logistical practicalities and balancing work, personal and parole obligations. CSC staff members suggested that it would be beneficial for institutional parole officers to discuss such issues with offenders prior to their release in order to allow offenders to have more realistic employment expectations. In addition, these could present as valuable opportunities to refer offenders to employment services such as CSC's CEC. Previous research has shown that participation in CECs was associated with an increased likelihood of securing employment for Aboriginal, non-Aboriginal, men, and women offenders and offenders with high and low employment needs, significantly higher levels of satisfaction with the employment that they secured, and reduced likelihood of returning to custody (Brews et al., 2010). Over one-third (36%;  $n = 98$ ) of offenders interviewed as part of the present evaluation reported employment or vocational training as important to ensure they succeed in the community.

During focus group sessions, CSC staff members and community partners reported that one of the challenges that offenders faced immediately upon release was a lack of proper identification, such as social insurance cards, health cards, or birth certificates. CSC staff members and community partners emphasized the importance of obtaining these documents prior to release from the institutions in order to ensure that offenders are able secure employment, accommodations as well as to access services that they require in the community.

Several regional initiatives have been developed to address issues related to offenders' identification. In April 2008, CSC and HRSDC entered into a MOU to pilot a project to ensure that offenders obtain identification upon release. As part of this MOU, HRSDC provided CSC with \$80,000 which was used to fund an agreement between CSC and the Ontario Halfway House Association. The Ontario Halfway House Association provided inmates at participating institutions with assistance in obtaining birth certificates and social insurance cards. In July 2010, CSC and HRSDC signed a new MOU to continue to provide offenders with assistance in obtaining their social insurance cards. The Ontario Region also partnered with Canada Revenue Agency assist offenders at one Ontario institution to complete their income tax returns. In the Pacific Region, CSC entered into an agreement with the British Columbia Ministry Housing and Social Development in June 2005 in order to assist offenders to access social assistance prior to release.

Engaging offenders in the development of their release plans was also identified as important by CSC staff members, community partners, and interviewed offenders during focus group sessions and interviews conducted as part of the present evaluation. Among interviewed offenders who indicated that they were prepared for their release to the community, 31% ( $n = 59$ ) indicated that involvement in their release planning contributed to their preparedness. More than one-half (54%;  $n = 145$ ) of interviewed offenders reported involving members of their families in their pre-release planning and 52% ( $n = 139$ ) reported exploring residential options. Thirty-six percent ( $n = 97$ ) reported having participated in the development of their community strategy, while 41% ( $n = 110$ ) reported connecting with community resources and 34% ( $n = 91$ ) reported exploring the availability of programs and services at the release locations (refer to Table 23). Offender engagement early in the release process is particularly important for offenders who express

interest in being released to an Aboriginal community in order to ensure that there is sufficient time to engage the Aboriginal community in the release process. As part of the evaluation of the ACDO initiative, Jensen and Nafekh (2009a) found that 35% of the initial community contacts completed pursuant to Section 84 occurred during the reintegration phase of an offender's release. Furthermore, release plans were completed for only 31% of all offenders who applied for Section 84 release. However, offenders whose Section 84 applications were completed were significantly more likely to be granted discretionary release than offenders whose applications were not complete.

**Table 23. Frequency in which Interviewed Offenders Participated in Various Components of Their Pre-Release Planning**

Components of Release Planning	Frequency of Offenders		
	Institution (n = 162)	Community (n = 105)	Total (n = 267)
Developing the community strategy	53 (33%)	44 (42%)	97 (36%)
Connecting with community resources	60 (37%)	50 (48%)	110 (41%)
Connecting with family supports	92 (57%)	53 (51%)	145 (54%)
Employment seeking/searches	56 (35%)	31 (30%)	87 (32%)
Exploring residential options	89 (55%)	50 (48%)	139 (52%)
Exploring available programs/services	57 (35%)	34 (32%)	91 (34%)
Other	21 (13%)	5 (5%)	26 (10%)

*Notes:* Offenders in the community were asked to indicate the components of release planning in which they participated prior to their release. Offenders in the institutions were asked to indicate the components that they involved in preparation for their upcoming release.

*Source:* Offender Interviews conducted from November to December, 2010.

### *Correctional Results*

Although work needs to be done to improve the gaps in services and address issues related to consultation and collaboration within CSC, between CSC and PBC, and CSC and community partners and stakeholders, many positive correctional results have been achieved through correctional interventions. The following sections will review the correctional results for correctional programs, mental health services, employment programs, and temporary absences and work release programs.

**FINDING 16: Participation in violence prevention, substance abuse, family violence prevention, sexual offender, and living skills programs was associated with decreased likelihood of return to custody for non-Aboriginal offenders and men offenders. For Aboriginal offenders, significant positive treatment effects were found for violence prevention and sexual offender programs. There was no evidence to suggest that participation in violence prevention, substance abuse, or living skills programs were effective for women offenders after controlling for participation in multiple programs, although small sample sizes may have affected the power to detect significant results.**

A series of analyses was conducted to assess the effectiveness of correctional programs on likelihood of revocation by comparing offenders who were assigned to, and participated in,<sup>44</sup> a particular program (treatment group) and the comparison group comprised of offenders who were assigned to but did not participate in the program (i.e., intent-to-treat group). When no significant program effect was found between the treatment and intent-to-treat groups, a closer examination of program participation was conducted. Specifically, offenders who partially completed the program (e.g., for various reasons such as dropping out, removal for population management purposes, unsuccessful completion) were examined separately from offenders who successfully completed the assigned program. In addition, analyses were conducted to examine the outcome for offenders without a need for the program (defined as offenders who were not assigned to the program) compared to the intent-to-treat group in order to determine whether or not offenders without identified needs were less likely to be revoked. These analyses were conducted to validate the assessment procedures where offenders were expected to be more likely to be readmitted if they were assessed to have a need for the program than if they were assessed not to have the need. The results of these analyses can be found in Appendix B - Detailed Statistical Analyses.

The correctional outcome measure used for this evaluation was revocation and this is defined as a revocation, with or without a new offence, until the WED; this definition does not take into

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<sup>44</sup> Regardless of completion status or dosage.

account suspensions. When interpreting these findings, it is important to consider that the model examined the first incident of revocation only. In other words, if an offender returned to custody for a technical revocation and was re-released and returned on a subsequent revocation, the second revocation would be excluded from the analyses.

To examine the effectiveness of program involvement on revocation, a series of Cox regression analyses was conducted, each controlling for age at release and risk level. These variables were statistically controlled because they have been found to be related to recidivism, regardless of one's involvement in a particular program. In addition, only one Cox regression analysis was conducted for each sample, and as a result, the involvement of an individual in multiple programs was considered and controlled in the analyses. That is, the model examined program participation and readmission to custody for five programs within the same step. Therefore, results for one program represented the program effect while controlling for participation in the other programs.

A summary of the results from the Cox regression analyses for all offenders is presented in Table **24**. A summary of results for non-Aboriginal and Aboriginal offenders are presented in Table **25**. A summary of results for women and men offenders are presented in Table 26. Detailed statistical results for the complete models are presented in Appendix B - Detailed Statistical Analyses. To facilitate the interpretation of the results, findings are presented separately for each program area. For each program area (i.e., violence prevention, substance abuse, family violence, sexual offending prevention, and livings skills), the comparison group was defined as the group of offenders who were assigned to, but did not participate in, the program.



**Table 24. Readmission Outcome by Program Types for all Offenders as a Function of Program Participation**

Comparisons	Any Return to Custody	
	$\chi^2$	Hazard-Ratio
A. Violence Prevention Program		
Treatment Group vs. Intent-to-Treat Group	34.734***	0.724
B. Substance Abuse Prevention Program		
Treatment Group vs. Intent-to-Treat Group	6.547*	0.926
C. Family Violence Prevention Program		
Treatment Group vs. Intent-to-Treat Group	19.414***	0.761
D. Sex Offender Program		
Treatment Group vs. Intent-to-Treat Group	34.962***	0.542
E. Living Skills Program		
Treatment Group vs. Intent-to-Treat Group	37.956***	0.783

*Notes:* In all analyses, the reference category (coded as 0) was the category of offenders who were assigned to, but did not participate in, the program (i.e. the intent to treat category). A hazard ratio significantly less than 1 indicates a positive treatment effect.

\* $p < .05$ . \*\*\* $p < .001$ .

*Source:* OMS

**Table 25. Readmission Outcome for Aboriginal and non-Aboriginal Offenders as a Function of Program Participation**

Comparisons	Aboriginal Offenders		Non-Aboriginal Offenders	
	$\chi^2$	Hazard-Ratio	$\chi^2$	Hazard-Ratio
A. Violence Prevention Program				
Treatment group vs. Intent to Treat group	26.428***	0.639	19.551***	0.726
B. Substance Abuse Prevention Program				
Treatment group vs. Intent to Treat group	.002	1.003	9.451*	0.897
C. Family Violence Prevention Program				
Treatment group vs. Intent to Treat group	.024	0.982	28.217***	0.675
D. Sex Offender Program				
Treatment group vs. Intent to Treat group	18.972***	0.468	20.589***	0.556
E. Living Skills Program				
Treatment group vs. Intent to Treat group	2.605	0.877	37.373***	0.756

*Notes:* In all analyses, the reference category (coded as 0) was the category of offenders who were assigned to, but did not participate in, the program (i.e. the intent to treat category). A hazard ratio significantly less than 1 indicates a positive treatment effect.

\* $p < .05$ . \*\*\* $p < .001$ .

*Source:* OMS.

**Table 26. Readmission Outcome for Men and Women Offenders as a Function of Program Participation**

Comparisons	Men Offenders		Women Offenders <sup>a</sup>	
	$\chi^2$	Hazard-Ratio	$\chi^2$	Hazard-Ratio
A. Violence Prevention Program				
Treatment group vs. Intent to Treat group	35.658***	0.715	0.142	1.129
B. Substance Abuse Prevention Program				
Treatment group vs. Intent to Treat group	6.449*	0.925	0.215	1.073
C. Family Violence Prevention Program				
Treatment group vs. Intent to Treat group	19.573***	0.760	-	-
D. Sex Offender Program				
Treatment group vs. Intent to Treat group	35.045***	0.541	-	-
E. Living Skills Program				
Treatment group vs. Intent to Treat group	36.088***	0.784	1.968	0.738

*Notes:* In all analyses, the reference category (coded as 0) was the category of offenders who were assigned to, but did not participate in, the program (i.e. the intent-to-treat category). A hazard ratio significantly less than 1 indicates a positive treatment effect – indicates that the program was not included in the analysis due to small sample sizes.

<sup>a</sup>The Cox regression analysis only looked at violence prevention, substance abuse and living skills program participation for women, as either no female offenders or very few female offenders had program assignments in these areas.

\* $p < .05$ . \*\*\* $p < .001$ .

Source: OMS

### **Analysis A: Violence Prevention Program Group vs. Violence Prevention Program**

#### **Comparison (i.e., Intent-to-Treat) Group**

Offenders who participated in the violence prevention program were significantly less likely to return to custody than offenders who had been assigned to a violence prevention program but did not participate in the program (i.e., intent-to-treat comparison group). Specifically, violence prevention program participants were 0.724 times less likely ( $\chi^2(1) = 34.734, p < .001$ ) to return to custody than their counterparts in the comparison group. Significant positive treatment effects were found for Aboriginal offenders, non-Aboriginal offenders, and men offenders. Specifically, Aboriginal and non-Aboriginal offenders in the treatment group were 0.639 ( $\chi^2(1) = 26.428, p < .001$ ) and 0.726 ( $\chi^2(1) = 19.551, p < .001$ ) times less likely to have been revoked than offenders in the comparison group. Men offenders who participated in violence prevention programs were 0.715 times ( $\chi^2(1) = 35.658, p < .001$ ) less likely to have been revoked than their counterparts in the comparison group. For women offenders, there was no evidence to suggest

that participation in violence prevention programs was effective for reducing their likelihood of returning to custody.

### **Analysis B: Substance Abuse Prevention Program Group vs. Substance Abuse Prevention Comparison (i.e., Intent-to-Treat) Group**

Significant positive treatment effects were found for substance abuse prevention programs. Specifically, participants in substance abuse programs were 0.926 times ( $\chi^2(1) = 6.547, p < .001$ ) less likely to have been revoked than offenders in the comparison group. Significant treatment effects were also found when the analyses were conducted specifically for non-Aboriginal offenders and men offenders. Non-Aboriginal offenders and men offenders who participated in substance abuse prevention programs were 0.897 ( $\chi^2(1) = 9.451, p < .05$ ) and .925 ( $\chi^2(1) = 6.449, p < .05$ ) times less likely than their counterparts in the comparison groups to have been revoked, respectively. No significant treatment effect was found for Aboriginal offenders and women offenders after controlling for participation in other programs.

### **Analysis C: Family Violence Prevention Program Group vs. Family Violence Prevention Comparison (i.e., Intent-to-Treat) Group**

There was a significant positive violence prevention program effect for all offenders. Offenders who participated in family violence prevention programs were 0.761 times less likely to have been revoked than offenders in the comparison group ( $\chi^2(1) = 19.414, p < .001$ ). Significant treatment effects were also found when analyses conducted separately for non-Aboriginal offenders and men offenders. Non-Aboriginal offenders and men offenders who participated in family violence prevention programs were 0.675 ( $\chi^2(1) = 28.217, p < .001$ ) and 0.760 ( $\chi^2(1) = 19.573, p < .001$ ) times less likely to have been revoked than their counterparts in the comparison groups. There was no significant effect for Aboriginal offenders who participated in family violence program after controlling for participation in other programs.

### **Analysis D: Sexual Offender Prevention Program Group vs. Sexual Offender Prevention Comparison (Intent-to-Treat) Group**

There was a significant positive sexual offender prevention program effect on all offenders. Specifically, offenders who participated in sexual offender programs were 0.542 times less likely

( $\chi^2(1) = 34.962, p < .001$ ) to have been revoked than offenders who were assigned to, but did not participate in, sexual offender program. The significant treatment effect was found for Aboriginal offenders, non-Aboriginal offenders, and men offenders. Aboriginal and non-Aboriginal offenders who participated in sexual offender prevention programs were 0.468 ( $\chi^2(1) = 18.972, p < .001$ ) and 0.556 ( $\chi^2(1) = 28.589, p < .001$ ) times less likely, respectively, to have been revoked than their counterparts in the comparison groups. Male offenders who participated in sexual offender programs were 0.541 times less likely ( $\chi^2(1) = 35.045, p < .001$ ) to have been revoked than men offenders in the comparison group. Small sample sizes precluded the examination of the effectiveness of sexual offender programs for women offenders.

### **Analysis E: Living Skills Program Group vs. Living Skills Comparison (Intent-to-Treat) Group**

There was a significant positive treatment effect for living skills programs for all offenders. Offenders who participated in living skills programs were 0.783 times ( $\chi^2(1) = 37.956, p < .001$ ) less likely to have been revoked than offenders who were assigned to, but did not participate in, living skills programs. The significant treatment effect was found for non-Aboriginal offenders and men offenders. Specifically, non-Aboriginal offenders and men offenders were 0.756 times ( $\chi^2(1) = 37.373, p < .001$ ) and 0.784 times ( $\chi^2(1) = 36.088, p < .001$ ) less likely to have been revoked than non-Aboriginal and male offenders in the comparison group. No significant treatment effect was found Aboriginal offenders and women offenders. However, when living skills program participation was examined further, Aboriginal offenders who successfully completed a living skills program were 0.824 ( $\chi^2(1) = 5.083, p < .05$ ) times less likely to have been revoked than offenders in the comparison group. Subsequent analysis was conducted for women offenders to examine whether successful completion was effective at reducing revocations compared to the intent-to-treat group, No significant effect was found.

### **Summary**

Overall, the results of the analyses indicated that program participation had significant positive effects on correctional outcomes for offenders. Although the strength of this relationship varied by program type and demographics, program participation appeared to result in a decreased likelihood of revocation in all five program areas. In particular, significant results were found for

non-Aboriginal and men offenders in all five program areas, whereas the same results were only found in the violence prevention, sexual offender, and living skills program areas for Aboriginal offenders. There was no significant effect of program participation and correctional outcomes for women offenders after controlling for participation in other program areas.<sup>45</sup>

*Mental Health: Correctional Results for Participants of the CMHI*

**FINDING 17: Offenders who received services from community mental health specialists as part of the CMHI were significantly less likely to be suspended or revoked than offenders who received CMHI clinical discharge planning only and offenders who did not receive any CMHI services.**

Correctional results for CSC's IMHI are not available at the time of writing but an evaluation was scheduled to begin in July 2011 as per the approved five-year evaluation plan. CSC's CMHI was evaluated in 2008 by Allegri and colleagues. Two CMHI service groups were examined: offenders who received community mental health specialist services and offenders who received clinical discharge planning services. Allegri and colleagues found significant correctional results for offenders who received services from community mental health specialists. Specifically, offenders who received community mental health specialist services were 34% less likely to be suspended than offenders who had mental health needs but did not receive any CMHI services (i.e., comparison group) and 42% less likely to be suspended than offenders who received CMHI clinical discharge planning services. With respect to revocations, offenders who received community mental health specialist services were 59% less likely to be revoked than the comparison group and 60% less likely to be revoked than offenders who received CMHI clinical discharge planning services. There was no evidence to suggest that offenders who received CMHI clinical discharge planning services differed from the comparison group with respect to suspensions or revocations. At the time of that evaluation, data were not available to examine whether or not offenders who received both clinical discharge planning and community mental

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<sup>45</sup> For women offenders, small sample sizes may have reduced the power of the Cox regression analysis to detect any significant treatment effect.

health specialist services had better correctional outcomes than either CMHI service groups or the comparison group.

#### *Employment Programs and Services in the Institution and Community*

**FINDING 18: Offenders who participated in institutional employment-related activities were significantly more likely to return to custody than offenders who did not participate in institutional employment-related activities. Offenders who participated in the CEC initiative, however, were significantly less likely to return to custody than offenders who did not participate in the CEC initiative.**

Taylor and colleagues' (2008) evaluation of CSC's EEP (institutional component) found that offenders who were unemployed were more approximately 2.9 times more likely to be readmitted into custody within one year than offenders who were employed. Those who were unemployed in the community were also almost 2.2 times more likely to commit a new offence within two years than those who were employed and almost 1.2 times more likely to commit a new violent offence within two years than those who were employed. For both Aboriginal and non-Aboriginal offenders, employment appeared to be a significant predictor of the likelihood of committing a new offence. Specifically, Aboriginal offenders who were unemployed in the community were 1.9 times more likely to commit a new offence and non-Aboriginal offenders were 2.2 times more likely to re-offend, than their employed counterparts. Although no significant relationship between employment in the community and readmission to custody was found for women offenders, men offenders who were unemployed in the community were 2.3 times more likely to commit a new offence. In addition, Taylor and colleagues found that a significantly higher proportion offenders who participated in core employment programs in the institution and offenders who participated in work assignments only were returned to custody than offenders in the comparison group.

Didenko and colleagues (2010) found that men offenders who participated in NESP were significantly (0.83 times) less likely to return to custody than their men counterparts who were assigned to, but did not participate in, NESP. Women NESP participants were significantly more

likely to attain employment in the community but there was no effect on recidivism. Brews and colleagues (2010) evaluated CSC's CEC initiative and found that offenders who participated in the CEC initiative resulted in a number of positive outcomes for participants including enhanced employment opportunities, quality of work, and participant self-esteem and confidence. In addition, participants were more likely to attain, and be satisfied with, employment in the community. Furthermore, Brews and colleagues found that participation in the CEC initiative was associated with significant decreases in likelihood of returning to custody. Specifically, women and men participants were 0.68 and 0.88 times less likely, respectively to return than their counterparts who did not participate in the CEC initiative. Similarly, Aboriginal and non-Aboriginal participants were 0.89 and 0.86 times less likely, respectively, to return to custody than their counterparts who did not participate in the CEC initiative.

#### *Temporary Absences and Work Release Programs*

A series of Cox regressions analyses was conducted to compare offenders who completed at least one temporary absence (UTA or ETA) or were released on at least one work release with offenders who were not released on temporary absence or work release on returns to custody. As in the analyses conducted for correctional programs, age and risk at release were statistically controlled in the analyses. Results are presented in Table 27.

**Table 27. Returns to Custody as a Function of Participation in Temporary Absence or Work Release Programs**

	Any Return to Custody	
	$\chi^2$	Hazard-Ratio
All Offenders	2.003	1.031
Aboriginal Offenders	9.516**	0.870
Non-Aboriginal Offenders	3.061	1.044
Women Offenders	1.884	1.031
Men Offenders	0.853	1.123

*Note:* In all analyses, the reference category (coded as 0) was the category of offenders who were not released on ETA, UTA, or work release. A hazard ratio significantly < 1 indicates a positive effect. \*\* $p < .01$ .

*Source:* OMS.

As can be seen in Table 27, a significant effect was found only for Aboriginal offenders. Aboriginal offenders who participated in temporary absence or work release programs were 0.870 times less likely ( $\chi^2(1) = 9.516, p = .002$ ) to return to custody than Aboriginal offenders who did not participate in temporary absence or work release programs.

### **Conclusion on Performance**

The first phase of the evaluation of CSC's community corrections operations, correctional interventions found that there are gaps in the continuity of services that begin in the institution and continue into the community. In addition, collaboration and consultation needs to be improved between CSC staff members in the institution and community, CSC and PBC, and CSC and community partners. However, although gaps in services and collaboration were found, correctional interventions (including correctional programs, mental health services in the community, and employment programs and services) have resulted in positive correctional results. The role of community supervision practices in achieving these results was beyond the scope of the present chapter, but it will be addressed in the next phase of the evaluation of community corrections operations.

### **3.3. Evaluation Objective 3: Economy**

CSC's priorities in relation to the safe transition of eligible offenders into the community (CSC, 2010a) are consistent with other jurisdictions such as, New Zealand, China, the United Kingdom and the United States. Particularly in light of recent economic climates, many jurisdictions are reconsidering the way they structure and provide correctional services. For example, in the US, Scott-Hayward (2009) found reductions in correctional spending among 26 of the 37 states surveyed. In the face of budget cuts, some states have increased their investment in community corrections as a long-term cost-savings measure (Scott-Hayward, 2009). Investment in community corrections appeared in the forms of increased focus on reintegration and preparing offenders for release, improving community supervisions programs, and applying evidence-based practices to reduce recidivism. The most significant reforms have come through changes to release policies that allow correctional departments to identify offenders who can be safely released in a shorter period of time to reduce the number of offenders in institutions, hence reducing costs.



The TBS requires that departmental evaluations provide an evidence-based value for money analysis in order to “support accountability to Parliament and Canadians by helping the government to credibly report on the results achieved with resources invested in programs” (TBS, 2009, Section 3.2.a.). A cost benefit analysis, one way to demonstrate economy or value for money, is the calculation of the cost of a program relative to its benefits.

The functions of incarceration and community supervision are very costly and annual expenditures are increasing (Statistics Canada, 2010). The cost of supervising offenders in the community is less expensive than maintaining offenders in institutions (PSC, 2010a). Community supervision provides an opportunity for offenders to gradually reintegrate into the community as law-abiding citizens while also receiving support from their parole officers. Conditional release by the PBC is “based on the principle that gradual release to the community, in conjunction with effective programs and treatment, quality assessments of the risk of re-offending and effective community supervision enhances community safety” (PBC, 2010, p. 27). This continuum of care from the institution to the community is vital to the successful reintegration of offenders.

The average annual cost of maintaining an offender in an institution for the 2009-2010 year was \$113,974<sup>46</sup> and the average annual cost of supervising an offender in the community was \$29,537.<sup>47</sup> If an offender is supervised in the community rather than in an institution, the cost savings is \$84,437 per offender per year, or \$231 per offender per day (refer to Table 28). This difference presents a potential cost savings to CSC wherein if the PBC deems the offenders’ risk manageable for community release and the offender is successfully supervised in the community, the cost savings per offender is more than \$84,000 per year.

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<sup>46</sup> Cost of Maintaining Offenders 2009-2010. The total average cost includes an average of costs from: maximum security, medium security, minimum security, women’s facilities, and exchange of service agreements with provinces and territories.

<sup>47</sup> Cost of Maintaining Offenders 2009-2010. The total average cost includes an average of costs from: Community Correctional Centres and Parole.

**Table 28. Cost of Maintaining Offenders/Inmates FY 2009-2010**

Cost of Maintaining an Offender - Institution	Cost of Maintaining an Offender - Community	Difference by Year	Difference by Day
\$113,974	\$29,537	\$84,437	\$231

Previous CSC evaluations have determined that a specific correctional intervention can result in cost savings. The cost-effectiveness results described below are relevant to the evaluation of correctional interventions because they are results achieved from targeted, risk-based interventions.

In order to achieve cost savings, the intervention must achieve measurable correctional outcomes (i.e. achieve either an increased number of discretionary releases, or reduced recidivism). The evaluation of correctional programs (Nafekh, et al., 2009) found a substantial cost savings associated with the delivery of correctional programs. By providing targeted, risk-based correctional programs, for every dollar spent on correctional programming, the result was a return ranging from one to eight dollars. For example, for every dollar that CSC spent on sex offender programs, there was a return of \$6.59, and for every dollar spent on substance abuse programs, there was a return of \$2.69. The returns (savings) attributed to program participation were relative to a comparison group and were generated from an increase in discretionary releases (cost savings in managing offenders in the community) and/or a decrease in recidivism.

Further research examined the net benefit to the federal government of Canada for the provision of correctional, and employment programs and education. The results indicated that there was a substantial net benefit (or saving relative to the cost) for each participant of violence prevention, sex offender, substance abuse, living skills, and family violence correctional programs (CSC, 2009i). The net benefit takes into account the cost of administering the program per participant and also the federal government benefits through a variety of means including correctional outcomes and societal cost of crime. The cost savings is considered a net benefit. The net benefits to the federal government ranged from \$8,466 for each participant in sex offender programs to \$2,912 for each participant in living skills programs. There was no net financial benefit found for employment programs or education.

The evaluation of CSC's CEC initiative found that offenders who used the community employment centres were 10% less likely to be readmitted to custody than the comparison group (Brews et al., 2010). As well, offenders who used the community employment centres were more likely to find employment than the control group. The average annual cost of the centre for each offender who used the CEC was \$826.40. The findings indicate that the CECs provide benefits to CSC through achieved correctional outcomes, and to offenders by the achievement of employment and enhanced success in the community.

The evaluation of CSC's EEP also found a substantial cost savings associated with participation in institutional employment programs (Taylor et al., 2008). The average cost per offender participating in institutional core employment programming was \$779. However, as compared to offenders not involved in employment programming, CSC saved an average of \$15,662 per participant.

The CSC results described above link participation in a specific intervention with a cost savings associated with achieved correctional outcomes. It has been shown that if offenders receive correctional programs while they are incarcerated, the PBC is more likely to grant an early release, either on day parole or full parole (Nafekh et al., 2009). Therefore, if they receive an early release, the cost savings are substantial.

The release cohort for the present evaluation was examined to determine if there was a relationship between successful program completion and being granted a discretionary release. Results were significant across all programs areas, indicating that successful completion of a program increased the chance of receiving a discretionary release as compared to the comparison group or those offenders who did not complete the program. For example, offenders who successfully completed a violence prevention program were granted a discretionary release at a rate of 39.2% while those in the comparison group were granted a discretionary release at a rate of 13.8%. The rate of offenders being granted a discretionary release is even lower for offenders who did not complete the program (7.7%). Similar results emerged across all correctional program areas indicating that there was a significant relationship between successful completion

of programs and likelihood of release to the community on a discretionary release. As previously indicated, offenders being effectively supervised in the community is an important step toward their reintegration and also provides a cost savings for CSC.

Offenders who received correctional programs were also more likely to stay in the community. Specifically, for the release cohort in the community, offenders who completed all types of correctional programs were less likely to return to custody after release. This result was most pronounced for offenders who successfully completed sex offender programs wherein they were almost one-half less likely to be returned to custody than their counterparts in the comparison group.

In summary, it has been shown through other CSC evaluations that providing correctional interventions actually provides a cost savings through the achievement of correctional outcomes (offenders are managed in the community and are not re-admitted for new offenses). As well, with the present release cohort, offenders who successfully completed correctional programs were released into the community sooner on discretionary release. Further, offenders supervised in the community were more likely to stay in the community and not be returned to custody. As previously discussed, the cost savings for supervising an offender in the community versus incarceration is over \$84,000 per year. In essence, offenders who complete correctional programs are released sooner and stay in the community longer and these results are expected to translate into profound cost savings for CSC.

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## APPENDICES

### Appendix A – Program classification

<b>FAMILY VIOLENCE</b>
ABORIGINAL HIGH INTENSITY FAMILY VIOLENCE PREVENTION PROGRAM
NATIONAL FAMILY VIOLENCE MAINTENANCE PROGRAM
NATIONAL HIGH INTENSITY FAMILY VIOLENCE PREVENTION PROGRAM
NATIONAL MODERATE INTENSITY FAMILY VIOLENCE PREVENTION PRG
ROADWAYS TO CHANGE-NATIONAL TREATMENT PRIMER
<b>LIVING SKILLS</b>
ABORIGINAL BASIC HEALING PROGRAM
ANGER & EMOTIONS
ANGER & EMOTIONS BOOSTER PROGRAM
ANGER AND SELF HELP GROUP
ANGER AND STRESS MANAGEMENT
ANGER MANAGEMENT
ANGER MANAGEMENT BOOSTER PROGRAM
CIRCLES OF CHANGE PROGRAM
COGNITIVE SKILLS PROGRAM
COGNITIVE SKILLS TRAINING
COGNITIVE SKILLS-BOOSTER
COGNITIVE SKILLS-BOOSTER FOR WOMEN
COGNITIVE SKILLS-D.STEPHEN
COMMUNITY INTEGRATION PARENTING
COMMUNITY-COGNITIVE SKILLS PROGRAM
CS - REASONING AND REHABILITATION
FSW - ANGER AND OTHER EMOTIONS MANAGEMENT
FSW - COGNITIVE SKILLS PROGRAM
FSW - UNDERSTANDING ANGER AND OTHER EMOTIONS
LIFE SKILLS
LIVING SKILLS
PARENTING SKILLS PROGRAM FOR FEDERALLY SENTENCED WOMEN
THE PARENTING SKILLS TRAINING PROGRAM
<b>SEX OFFENDER</b>
ABORIGINAL ALPINE WELLNESS PROGRAM
ABORIGINAL MODERATE INTENSITY SEX OFFENDER TREATMENT PROGRAM
B.I. THERAPY GROUP.
BASE EXODUS - SEX OFFENDER INTERMEDIATE
BATH SOTP
CETAS
CIVAS ESTRIE
CRC LA RELÈVE - DÉLINQUANCE SEXUELLE
ENVOL
FAMILY SERVICES KENT - SEX OFFENDER PROGRAM
GTDS
HOLISTIC APPROACH TO RELAPSE PREVENTION (HARP)
INTENSIVE TREATMENT SEX OFFENDER PROGRAM - ODYSSEY
K. P. SEX OFFENDER PROGRAM
MIKOWAHP PROGRAM; LOW INTENSITY SEX OFFENDER TREATMENT
NATIONAL HIGH INTENSITY SEX OFFENDER PROGRAM
NATIONAL LOW INTENSITY SEX OFFENDER PROGRAM

NATIONAL MODERATE INTENSITY SEX OFFENDER PROGRAM
NATIONAL SEX OFFENDER MAINTENANCE PROGRAM
PARENTS-UNIS REPENTIGNY
PHASE I - SEXUAL OFFENDERS CLINIC
PHASE II - SEXUAL OFFENDERS CLINIC
PROGRAMME D'AIDE AUX AGRESSEURS SEXUELS(PAAS) CRC ARC-EN-SOI
ROBERT GIFFARD HOSPITAL
RTC(A) SEX OFFENDER PROGRAM MODERATE
SEX OFFENDER INTENSIVE
SEX OFFENDER INTERMEDIATE
SEX OFFENDER LONG TERMERS' PROGRAM
SEX OFFENDER MODERATE - W. MARSHALL
SEX OFFENDER MODERATE - Y. FERNANDEZ
SEX OFFENDER THERAPY FOR WOMEN WHO SEXUALLY OFFEND
SEX OFFENDERS TREATMENT PROGRAM - MMSI
TUPIQ - HIGH INTENSITY SEX OFFENDER PROGRAM
TUPIQ - MODERATE INTENSITY SEX OFFENDER PROGRAM
TUPIQ SEX OFFENDER MAINTENANCE PROGRAM
VISA
WARKWORTH SEXUAL BEHAVIOUR CLINIC ADVANCED TREATMENT PROGRAM
WARKWORTH SEXUAL BEHAVIOUR CLINIC FULL TREATMENT PROGRAM
WASEYA - SEXUAL OFFENDER
<b>SUBSTANCE ABUSE</b>
ABORIGINAL OFFENDER SUBSTANCE ABUSE PROGRAM
ASU - O.S.A.P.
CHOICES
CHOICES - INTENSIVE
CHOICES - MAINTENANCE PROGRAM
CHOICES : COMMUNITY RELAPSE PREVENTION PROGRAM
CHOICES: COMMUNITY RELAPSE PREVENTION PROGRAM (WOMEN)
CHOIX
CHOIX:PROGRAMME PRÉVENTION DES RECHUTES DANS LA COLLECTIVITÉ
CHOIX-PRÉVENTION DE LA RECHUTE EN TOXICOMANIE
COMMUNITY RELAPSE PREVENTION PROGRAM
COMMUNITY SUBSTANCE ABUSE RELAPSE PREVENTION PROGRAM
FSW - CHOICES - INTENSE PHASE
FSW - SUBSTANCE ABUSE PROGRAM (PHASE 1)
FSW - SUBSTANCE ABUSE PROGRAM (PHASE 2)
FSW - SUBSTANCE ABUSE PROGRAM (RELAPSE PREVENTION)
FSW OFFENDER SUBSTANCE ABUSE PRE-RELEASE PROGRAM (OSAPP)
HIGH INTENSITY OFFENDER SUBSTANCE ABUSE
HIGH INTENSITY SUBSTANCE ABUSE PROGRAM (HISAP)
LONG TERM SUBSTANCE ABUSE PROGRAM
MODULE 2 THERAPEUTIC PROGRAM.
MODULE 3 INST MAINTENANCE/RELAPSE PREVENTION FOR WOMEN
NATIONAL SA PRE RELEASE BOOSTER
NATIONAL SUBSTANCE ABUSE MAINTENANCE PROGRAM
NATIONAL SUBSTANCE ABUSE PROGRAM HIGH INTENSITY
NATIONAL SUBSTANCE ABUSE PROGRAM LOW INTENSITY
NATIONAL SUBSTANCE ABUSE PROGRAM MODERATE INTENSITY
NATIVE TOXICO PROGRAMM
NOVA VITA WOMEN'S SHELTER
OFF. SUBST.ABUSE LONG-SENTENCE PROG.OSAPP



OFFENDER SUBSTANCE ABUSE - RELAPSE PREVENTION
OSAPP - OFFENDER SUBSTANCE ABUSE PRE-RELEASE PROGRAM
RECOVERY RELAPSE PROOFING
SUBSTANCE ABUSE PROGRAM - RTC
SUBSTANCE ABUSE PROGRAM FOR FEDERALLY SENTENCED WOMEN
SUBSTANCE ABUSE RELAPSE PREVENTION (WOMEN)
SUBSTANCE ABUSE TREATMENT READINESS PROGRAM FOR ABORIGINALS
SUBSTANCE ABUSE-PRE-RELEASE PROGRAM
TOXICO - INFORMATION, ÉDUCATION, SENSIBILISATION
TOXICO - SUIVIE STRATÉGIE ANTI-DROGUE
WO - SUBSTANCE ABUSE PROGRAM (PHASE 1)
WO - SUBSTANCE ABUSE PROGRAM (PHASE 2)
WOMEN'S COMMUNITY SUBSTANCE ABUSE PROGRAM
WOSAP - MODULE 1 EDUCATION
WOSAP- MODULE 2 THERAPEUTIC PROGRAM
<b>VIOLENT OFFENDERS</b>
AGGRESSIVE BEHAVIOUR CONTROL
IN SEARCH OF YOUR WARRIOR
MODERATE INTENSITY VIOLENCE PREVENTION PHASE 2
MODERATE INTENSITY VIOLENCE PREVENTION PHASE I
SPIRIT OF A WARRIOR
VIOLENCE PREVENTION PROGRAM
VIOLENT OFFENDER MAINTENANCE PROGRAM

## Appendix B - Detailed Statistical Analyses

**Table B 1. Areas in which CSC could assist to better prepare offenders for release to the community**

	Institution ( <i>n</i> = 44)	Community ( <i>n</i> = 32)	Total ( <i>n</i> = 76)
Ensure relevant documents were obtained prior to/upon release	9 (20%)	9 (28%)	18 (23%)
Ensure 14 days of medication were provided	4 (9%)	3 (9%)	7 (9%)
Establish relationships with community partners	16 (36%)	10 (31%)	26 (34%)
Allow for a more gradual release (e.g., use of TA, WRs, PWCs)	15 (34%)	12 (38%)	27 (36%)
Involve the offender in his/her own release plan	11 (25%)	11 (34%)	22 (29%)
Involve the offender's family in the release plan	10 (23%)	4 (13%)	14 (18%)
Increase involvement of Elder	3 (7%)	4 (13%)	7 (9%)
Increase involvement of ACDOs/ALOs	2 (5%)	3 (9%)	5 (7%)
Increase the involvement of mental health staff members/professionals	4 (9%)	3 (9%)	7 (9%)
Increase involvement of community employment coordinators	16 (36%)	3 (9%)	19 (25%)
Increase access to programs/services	19 (43%)	5 (16%)	24 (32%)
Start release preparation earlier	-	10 (31%)	10 (13%)
Other	23 (52%)	14 (44%)	37 (49%)

*Note:* Responses from interviewed offenders who did not report being prepared for their release.

Other responses included providing additional information about release destinations, conditions, accommodations, programs, and services (57%; *n* = 21); increasing assistance to obtain employment or other financial support (19%; *n* = 7); increasing counselling or personal development opportunities (16%; *n* = 6); and increased connections with community and family supports (14%; *n* = 5).

**Table B 2. Measures of Central Tendency and Dispersion for Offenders with at least one ETA, UTA or Work Release**

	N	% of all DP, FP, and SR	% of all first releases	Mean	Med.	Mode	Std. Dev
ETA	13,849	61%	57%	14.50	3.00	1	46.91
UTA	1,123	5%	5%	12.69	6.00	1	20.58
Work Release	795	3%	3%	3.51	2.00	1	6.55

*Note:* Data reported in the table pertain to offenders who were released on their first-term release (discretionary release of statutory release) between April 1, 2005 and March 31, 2010. DP (Day Parole), FP (Full Parole), SR (Statutory Release)

**Table B 3. Areas in which Temporary Absences Assisted Offenders in their Transition to the Community**

	Institution ( <i>n</i> = 44)	Community ( <i>n</i> = 47)	Total ( <i>n</i> = 91)
Opportunity to connect with community resources	27 (61%)	20 (43%)	47 (52%)
Opportunity to connect with family members	11 (25%)	15 (32%)	25 (27%)
Opportunity to connect with employers	18 (41%)	11 (23%)	29 (32%)
Facilitated adjustment to the environment	25 (57%)	35 (75%)	60 (66%)
Reduced level of insecurity/fear	14 (32%)	17 (36%)	31 (34%)
Other	11 (25%)	13 (28%)	26 (29%)

*Source:* Interviews with offenders in the institution and community.

Within “other” responses, 38% (*n* = 10) indicated that the temporary absences helped them to learn interpersonal skills or to socialize with others.

## Cox Regressions Results

**Table B 4. Return to Custody as a Function of Program Assignment and Participation**

	$\beta$	SE	Wald	df	Sig.	Odds ratio
Block 1						
Age at Release	-.032	.001	817.975	1	.000	.969
Risk (low)			1227.573	2	.000	
Risk (moderate vs. low)	.952	.039	596.247	1	.000	2.592
Risk (high vs. low)	1.383	.041	1165.149	1	.000	3.987
Block 2						
A: Violence Prevention Program						
No Identified Needs vs. Intent-to-treat	-.148	.044	11.348	1	.001	.862
Program participation vs. intent-to-treat	-.324	.055	34.734	1	.000	.724
B: Substance Abuse Prevention Program						
No Identified Needs vs. Intent-to-treat	-.566	.032	316.562	1	.000	.568
Program participation vs. intent-to-treat	-.077	.030	6.547	1	.011	.926
C: Family Violence Program						
No Identified Needs vs. Intent-to-treat	-.113	.049	5.220	1	.022	.893
Program participation vs. intent-to-treat	-.273	.062	19.414	1	.000	.761
D: Sex Offender Program						
No Identified Needs vs. Intent-to-treat	.229	.086	7.109	1	.008	1.257
Program participation vs. intent-to-treat	-.613	.104	34.962	1	.000	.542
E: Living Skills Program						
No Identified Needs vs. Intent-to-treat	-.061	.037	2.772	1	.096	.940
Program participation vs. intent-to-treat	-.245	.040	37.956	1	.000	.783

*Note:* The omnibus test of model coefficients found that program participation added significantly to the model after controlling for age at release and risk level,  $-2 \log \text{likelihood} = 176714.846$ , total model  $\chi^2(13) = 3549.813$   $p < .001$ . Change in  $\chi^2(10) = 951.702$ ,  $p < .001$ .

*Source:* OMS.

**Table B 5. Return to Custody as a Function of Program Assignment, Participation, and Successful Completion for Aboriginal Offenders**

	$\beta$	SE	Wald	df	Sig.	Odds ratio
Block 1						
Age at Release	-.040	.003	236.505	1	.000	.961
Risk (low)			175.984	2	.000	
Risk (moderate vs. low)	.793	.109	53.133	1	.000	2.210
Risk (high vs. low)	1.225	.109	126.860	1	.000	3.403
Block 2						
A: Violence Prevention Program						
No Identified Needs vs. Intent-to-treat	-.144	.077	3.557	1	.059	.866
Partial Program Completion vs. Intent-to-treat	.055	.125	.195	1	.659	1.057
Program Completion vs. Intent-to-treat	-.544	.092	34.862	1	.000	.581
B: Substance Abuse Prevention Program						
No Identified Needs vs. Intent-to-treat	-.282	.066	18.291	1	.000	.754
Partial Program Completion vs. Intent-to-treat	.340	.079	18.345	1	.000	1.405
Program Completion vs. Intent-to-treat	-.058	.061	.893	1	.345	.944
C: Family Violence Program						
No Identified Needs vs. Intent-to-treat	.069	.099	.492	1	.483	1.072
Partial Program Completion vs. Intent-to-treat	.221	.159	1.933	1	.164	1.248
Program Completion vs. Intent-to-treat	-.006	.124	.002	1	.962	.994
D: Sex Offender Program						
No Identified Needs vs. Intent-to-treat	-.021	.146	.020	1	.888	.980
Partial Program Completion vs. Intent-to-treat	-.496	.261	3.606	1	.058	.609
Program Completion vs. Intent-to-treat	-.818	.182	20.208	1	.000	.441
E: Living Skills Program						
No Identified Needs vs. Intent-to-treat	.057	.075	.575	1	.448	1.058
Partial Program Completion vs. Intent-to-treat	.209	.111	3.555	1	.059	1.233
Program Completion vs. Intent-to-treat	-.193	.086	5.083	1	.024	.824

*Note:* The omnibus test of model coefficients found that successful program completion added significantly to the model after controlling for age at release and risk level,  $-2 \log \text{likelihood} = 32705.360$ , total model  $\chi^2(18) = 663.135$   $p < .001$ . Change in  $\chi^2(15) = 214.228$ ,  $p < .001$ .

*Source:* OMS.

**Table B 6. Return to Custody as a Function of Program Assignment and Participation for Aboriginal Offenders**

	$\beta$	SE	Wald	df	Sig.	Odds ratio
Block 1						
Age at Release	-.041	.003	255.435	1	.000	.959
Risk (low)			181.492	2	.000	
Risk (moderate vs. low)	.799	.109	53.951	1	.000	2.223
Risk (high vs. low)	1.238	.109	129.913	1	.000	3.448
Block 2						
A: Violence Prevention Program						
No Identified Needs vs. Intent-to-treat	-.157	.076	4.202	1	.040	.855
Program participation vs. intent-to-treat	-.449	.087	26.428	1	.000	.639
B: Substance Abuse Prevention Program						
No Identified Needs vs. Intent-to-treat	-.279	.066	17.895	1	.000	.757
Program participation vs. intent-to-treat	.003	.059	.002	1	.961	1.003
C: Family Violence Program						
No Identified Needs vs. Intent-to-treat	.014	.098	.019	1	.890	1.014
Program participation vs. intent-to-treat	-.018	.116	.024	1	.877	.982
D: Sex Offender Program						
No Identified Needs vs. Intent-to-treat	-.007	.146	.003	1	.960	.993
Program participation vs. intent-to-treat	-.760	.175	18.972	1	.000	.468
E: Living Skills Program						
No Identified Needs vs. Intent-to-treat	.039	.074	.279	1	.598	1.040
Program participation vs. intent-to-treat	-.132	.082	2.605	1	.107	.877

*Note:* The omnibus test of model coefficients found that program participation added significantly to the model after controlling for age at release and risk level,  $-2 \log \text{likelihood} = 32784.166$ , total model  $\chi^2(13) = 559.109$   $p < .001$ . Change in  $\chi^2(10) = 135.422$ ,  $p < .001$ .

*Source:* OMS.

**Table B 7. Return to Custody as a function of Program Assignment, Participation and Successful Completion for Non-Aboriginal Offenders**

	$\beta$	SE	Wald	df	Sig.	Odds ratio
Block 1						
Age at Release	-.027	.001	490.833	1	.000	.973
Risk (low)			917.293	2	.000	
Risk (moderate vs. low)	.946	.042	505.132	1	.000	2.576
Risk (high vs. low)	1.334	.044	902.557	1	.000	3.796
Block 2						
A: Violence Prevention Program						
No Identified Needs vs. Intent-to-treat	-.076	.054	1.945	1	.163	-.076
Partial Program Completion vs. Intent-to-treat	-.030	.111	.076	1	.783	.970
Program Completion vs. Intent-to-treat	-.361	.079	20.928	1	.000	.697
B: Substance Abuse Prevention Program						
No Identified Needs vs. Intent-to-treat	-.599	.037	267.883	1	.000	.549
Partial Program Completion vs. Intent-to-treat	.225	.051	19.444	1	.000	1.252
Program Completion vs. Intent-to-treat	-.141	.037	14.972	1	.000	.868
C: Family Violence Program						
No Identified Needs vs. Intent-to-treat	-.144	.057	6.336	1	.012	.866
Partial Program Completion vs. Intent-to-treat	-.044	.117	.141	1	.707	.957
Program Completion vs. Intent-to-treat	-.423	.079	28.997	1	.000	.655
D: Sex Offender Program						
No Identified Needs vs. Intent-to-treat	.341	.107	10.232	1	.001	1.407
Partial Program Completion vs. Intent-to-treat	-.195	.179	1.183	1	.277	.823
Program Completion vs. Intent-to-treat	-.703	.137	26.411	1	.000	.495
E: Living Skills Program						
No Identified Needs vs. Intent-to-treat	-.101	.043	5.622	1	.018	.904
Partial Program Completion vs. Intent-to-treat	.156	.060	6.730	1	.009	1.168
Program Completion vs. Intent-to-treat	-.385	.048	64.951	1	.000	.681

*Note:* The omnibus test of model coefficients found that program participation added significantly to the model after controlling for age at release and risk level,  $-2 \log \text{likelihood} = 132300.389$ , total model  $\chi^2(18) = 3025.252$   $p < .001$ . Change in  $\chi^2(15) = 1028.796$ ,  $p < .001$ .

*Source:* OMS.



**Table B 8. Returns to Custody as a function of Program Assignment and Participation for Non-Aboriginal Offenders**

	$\beta$	SE	Wald	df	Sig.	Odds ratio
Block 1						
Age at Release	-.028	.001	514.976	1	.000	.972
Risk (low)			943.384	2	.000	
Risk (moderate vs. low)	.941	.042	500.595	1	.000	2.564
Risk (high vs. low)	1.346	.044	922.746	1	.000	3.842
Block 2						
A: Violence Prevention Program						
No Identified Needs vs. Intent-to-treat	-.106	.054	3.854	1	.050	.899
Program participation vs. intent-to-treat	-.321	.073	19.551	1	.000	.726
B: Substance Abuse Prevention Program						
No Identified Needs vs. Intent-to-treat	-.612	.037	280.339	1	.000	.543
Program participation vs. intent-to-treat	-.109	.035	9.451	1	.002	.897
C: Family Violence Program						
No Identified Needs vs. Intent-to-treat	-.153	.057	7.138	1	.008	.858
Program participation vs. intent-to-treat	-.393	.074	28.217	1	.000	.675
D: Sex Offender Program						
No Identified Needs vs. Intent-to-treat	.358	.107	11.294	1	.001	1.431
Program participation vs. intent-to-treat	-.586	.129	20.589	1	.000	.556
E: Living Skills Program						
No Identified Needs vs. Intent-to-treat	-.102	.043	5.772	1	.016	.903
Program participation vs. intent-to-treat	-.279	.046	37.373	1	.000	.756

*Note:* The omnibus test of model coefficients found that program participation added significantly to the model after controlling for age at release and risk level,  $-2 \log \text{likelihood} = 132498.432$ , total model  $\chi^2(13) = 2732.805$   $p < .001$ . Change in  $\chi^2(10) = 830.753$ ,  $p < .001$ .

*Source:* OMS.

**Table B 9. Return to Custody as a function of Program Assignment, Participation and Successful Completion for Men Offenders**

	$\beta$	SE	Wald	df	Sig.	Odds ratio
Block 1						
Age at Release	-.031	.001	747.691	1	.000	.970
Risk (low)			1074.966	2	.000	
Risk (moderate vs. low)	.975	.042	528.618	1	.000	2.652
Risk (high vs. low)	1.394	.044	1007.128	1	.000	4.030
Block 2						
A: Violence Prevention Program						
No Identified Needs vs. Intent-to-treat	-.128	.045	8.159	1	.004	.880
Partial Program Completion vs. Intent-to-treat	.044	.083	.279	1	.598	1.045
Program Completion vs. Intent-to-treat	-.398	.060	43.581	1	.000	.671
B: Substance Abuse Prevention Program						
No Identified Needs vs. Intent-to-treat	-.559	.032	296.445	1	.000	.572
Partial Program Completion vs. Intent-to-treat	.271	.045	36.142	1	.000	1.311
Program Completion vs. Intent-to-treat	-.114	.032	12.825	1	.000	.892
C: Family Violence Program						
No Identified Needs vs. Intent-to-treat	-.081	.049	2.664	1	.103	.922
Partial Program Completion vs. Intent-to-treat	.052	.093	.310	1	.578	1.053
Program Completion vs. Intent-to-treat	-.303	.066	21.116	1	.000	.739
D: Sex Offender Program						
No Identified Needs vs. Intent-to-treat	.222	.086	6.648	1	.010	1.248
Partial Program Completion vs. Intent-to-treat	-.246	.147	2.785	1	.095	.782
Program Completion vs. Intent-to-treat	-.711	.109	42.407	1	.000	.491
E: Living Skills Program						
No Identified Needs vs. Intent-to-treat	-.040	.038	1.151	1	.283	.960
Partial Program Completion vs. Intent-to-treat	.162	.053	9.229	1	.002	1.176
Program Completion vs. Intent-to-treat	-.339	.042	63.624	1	.000	.713

*Note:* The omnibus test of model coefficients found that program participation added significantly to the model after controlling for age at release and risk level,  $-2 \log \text{likelihood} = 165840.368$ , total model  $\chi^2(18) = 3767.431$   $p < .001$ . Change in  $\chi^2(15) = 1185.837$ ,  $p < .001$ .

*Source:* OMS.

**Table B 10. Return to Custody as a Function of Program Assignment and Participation for Men Offenders**

	$\beta$	SE	Wald	df	Sig.	Odds ratio
Block 1						
Age at Release	-.032	.001	789.733	1	.000	.969
Risk (low)			1128.982	2	.000	
Risk (moderate vs. low)	.979	.042	533.571	1	.000	2.663
Risk (high vs. low)	1.417	.044	1046.382	1	.000	4.124
Block 2						
A: Violence Prevention Program						
No Identified Needs vs. Intent-to-treat	-.155	.045	12.026	1	.001	.857
Program participation vs. intent-to-treat	-.335	.056	35.658	1	.000	.715
B: Substance Abuse Prevention Program						
No Identified Needs vs. Intent-to-treat	-.566	.032	305.407	1	.000	.568
Program participation vs. intent-to-treat	-.078	.031	6.449	1	.011	.925
C: Family Violence Program						
No Identified Needs vs. Intent-to-treat	-.101	.049	4.142	1	.042	.904
Program participation vs. intent-to-treat	-.274	.062	19.573	1	.000	.760
D: Sex Offender Program						
No Identified Needs vs. Intent-to-treat	.236	.086	7.547	1	.006	1.266
Program participation vs. intent-to-treat	-.614	.104	35.045	1	.000	.541
E: Living Skills Program						
No Identified Needs vs. Intent-to-treat	-.047	.038	1.580	1	.209	.954
Program participation vs. intent-to-treat	-.243	.041	36.088	1	.000	.784

*Note:* The omnibus test of model coefficients found that program participation added significantly to the model after controlling for age at release and risk level,  $-2 \log \text{likelihood} = 166101.654$ , total model  $\chi^2(13) = 3351.722$   $p < .001$ . Change in  $\chi^2(10) = 924.552$ ,  $p < .001$ .

*Source:* OMS.

**Table B 11. Return to Custody as a Function of Program Assignment, Participation and Successful Completion for Women Offenders**

	$\beta$	SE	Wald	df	Sig.	Odds ratio
<b>Block 1</b>						
Age at Release	-.028	.005	31.342	1	.000	.972
Risk (low)			50.919	2	.000	
Risk (moderate vs. low)	.699	.111	39.533	1	.000	2.012
Risk (high vs. low)	.878	.138	40.332	1	.000	2.406
<b>Block 2</b>						
<b>A: Violence Prevention Program</b>						
No Identified Needs vs. Intent-to-treat	.120	.301	.159	1	.690	1.127
Partial Program Completion vs. Intent-to-treat	.217	.431	.253	1	.615	1.242
Program Completion vs. Intent-to-treat	.086	.329	.069	1	.793	1.090
<b>B: Substance Abuse Prevention Program</b>						
No Identified Needs vs. Intent-to-treat	-.589	.168	12.271	1	.000	.555
Partial Program Completion vs. Intent-to-treat	.381	.169	5.114	1	.024	1.464
Program Completion vs. Intent-to-treat	-.089	.159	.316	1	.574	.914
<b>E: Living Skills Program</b>						
No Identified Needs vs. Intent-to-treat	-.313	.192	2.646	1	.104	.731
Partial Program Completion vs. Intent-to-treat	.364	.383	.904	1	.342	1.439
Program Completion vs. Intent-to-treat	-.372	.221	2.836	1	.092	.689

*Note:* The omnibus test of model coefficients found that program participation added significantly to the model after controlling for age at release and risk level,  $-2 \log \text{likelihood} = 6623.463$ , total model  $\chi^2(12) = 196.567$ ,  $p < .001$ . Change in  $\chi^2(9) = 62.292$ ,  $p < .001$ .

*Source:* OMS.

**Table B 12. Return to Custody as a Function of Program Assignment and Participation for Women Offenders**

	$\beta$	SE	Wald	df	Sig.	Odds ratio
Block 1						
Age at Release	-.028	.005	31.758	1	.000	.972
Risk (low)			44.012	2	.000	
Risk (moderate vs. low)	.656	.111	34.820	1	.000	1.927
Risk (high vs. low)	.805	.137	34.257	1	.000	2.236
Block 2						
A: Violence Prevention Program						
No Identified Needs vs. Intent-to-treat	.114	.300	.143	1	.705	1.120
Program participation vs. intent-to-treat	.121	.321	.142	1	.706	1.129
B: Substance Abuse Prevention Program						
No Identified Needs vs. Intent-to-treat	-.596	.168	12.547	1	.000	.551
Program participation vs. intent-to-treat	.071	.153	.215	1	.643	1.073
E: Living Skills Program						
No Identified Needs vs. Intent-to-treat	-.264	.192	1.900	1	.168	.768
Program participation vs. intent-to-treat	-.304	.217	1.968	1	.161	.738

*Note:* The omnibus test of model coefficients found that program participation added significantly to the model after controlling for age at release and risk level,  $-2 \log \text{likelihood} = 6642.147$ , total model  $\chi^2(9) = 172.867$ ,  $p < .001$ . Change in  $\chi^2(6) = 43.608$ ,  $p < .001$ .

*Source:* OMS.