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RESPONSE OF THE GOVERNMENT OF CANADA [1] TO NOTE CU 2011/26

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CURRENT BEST PRACTICES FOR THE TREATMENT OF OFFENDERS IN CANADA

This overview of current best practices for the treatment of offenders in Canada has two sections: offender risk assessment and community supervision.

1. Offender Risk Assessment in Canada

Background

The cornerstone of effective corrections is the reliable and valid classification of offenders with respect to their risk to re-offend. Categorizing offenders into different categories of risk (e.g., low, medium, high risk) is important for public safety for a number of reasons. It helps to ensure that the offender is placed in an appropriate correctional facility (e.g., minimum, medium or maximum security), and assists in determining the programs and psychological interventions that would provide the offender with the best opportunities for rehabilitation. Finally, accurate risk assessments help to control the costs associated with corrections by allowing scarce resources to be targeted to the offenders who are most in need.

Traditionally, risk assessment has depended upon professional judgments of risk by psychiatrists and psychologists. However, research has shown that professional judgment alone is a relatively poor way to assess the offender's likelihood of re-offending. In the 1970s, researchers began to develop statistically significant standardized risk instruments, referred to as "second generation" risk assessment instruments. Although these tools predicted the chance that an offender would re-offend better than professional judgment alone, they could not inform treatment interventions because they were based on static factors, such as past criminal history. They did not include dynamic factors that are amenable to treatment, such as addictions.

Canadian researchers developed a number of offender risk assessment instruments that measure both static risk factors and criminogenic needs to produce what is called "risk-need" or "third generation" risk assessment instruments. Research has demonstrated that these have increased predictive validity and utility over previous instruments as they assess the criminogenic needs that should be targeted for treatment. The seven major risk/need factors that research has identified are: anti-social personality pattern, pro-criminal attitudes, social supports for crime, substance abuse, family or marital relationships (e.g., marital instability, poor parenting), social achievement (e.g., education, employment) and pro-social recreation and leisure activities.

Fourth generation risk assessment instruments were developed by Canadian researchers in the late 1990s. These tools integrate the assessment of risk and criminogenic needs into an offender's correctional plan to ensure that the offender is matched with the appropriate interventions and that they are delivered in a manner that is responsive to the offender's style and abilities. Fourth generation risk assessment instruments are an integral part of the Risk-Need-Responsivity (RNR) model that has three principles:

- Risk principle: intensive services need to be directed to the highest risk offenders and fewer services to low-risk offenders;
- Need principle: target criminogenic needs (i.e., factors that can change such as addictions, employment and anti-social attitudes) in treatment; and
- Responsivity principle: provide the treatment in a way that is responsive to the offender's learning style and abilities.

Research has shown that treatment programs that adhere the RNR model can reduce re-offending by up to 35%.

Current Use/Practice

The third and fourth generation offender assessment instruments developed by Canadian researchers are widely used today, both in Canada and abroad. They have become essential for delivering effective treatment programs (e.g., placing the right offender into the appropriate program), informing parole decisions (e.g., releasing low risk offenders or higher risk offenders but with a reasonable case plan), and institutional security classification (e.g., the highest risk inmates are assigned to maximum security). Specifically:

Federal Context

Third and fourth generation risk instruments are used by the Correctional Service of Canada (CSC) to assign offenders to institutional security levels and programs. Therefore, all offenders undergo a period of intensive assessment upon entry into a penitentiary. The result of the intake assessment determines the security classification of the offender and identifies the offender's risk and criminogenic needs so that a correctional plan is prepared to include treatment programming designed to address these risk and needs. A Custody Rating Scale and the security classification of the offender assists in determining the type of institution the offender will be placed in for some, and possibly all, of their incarceration and the degree of supervision needed within the institution. An offender's classification can change and the offender's progress is normally reviewed annually using the Custody Rating Scale.

The Parole Board of Canada also relies on third and fourth generation risk instruments to make conditional release decisions. All new appointments to the Parole Board of Canada receive training on the most recent advances in risk assessment technology.

Provinces/Territories

All Canadian provinces and territories have adopted a third or fourth generation risk assessment instrument to guide decisions regarding custody and supervision levels and program delivery. Four Canadian jurisdictions use a fourth generation risk instrument (Quebec, Ontario, Manitoba, Nova Scotia).

International Context

The third and fourth generation instruments developed by Canadian researchers have been adopted in many jurisdictions. For example, it is estimated that 12 of the Department of Corrections of U.S. states have adopted third or fourth generation risk assessment instruments. In addition, jurisdictions in Australia, Europe, Singapore and Hong Kong are also using these instruments. Specialized assessments for sexual offenders developed by researchers at Public Safety Canada are also used in the United States, Finland, Japan, Singapore, Hong Kong, Australia, New Zealand, Switzerland, Belgium, Denmark, Sweden, and the United Kingdom.

Women Offenders

Women offenders represent a small proportion of the overall offender population. For example, less than 6% of all new admissions to the CSC in 2009-10 were women offenders. Due to the relatively small number of women in the Canadian correctional system, most of the research on the assessment and treatment of offenders has been conducted with male populations. The Risk-Need-Responsivity (RNR) model was developed from research mostly conducted on men, and the appropriateness for women of the assessment instruments and treatment programs based on RNR has been questioned.

Gender informed models have been suggested as either an alternative or an adjunct to the RNR model. Such models emphasize risk factors that may be specific to women (e.g., victimization experiences) and treatment approaches that are more responsive to their needs (e.g., family and child relationships).

Canadian researchers have been actively exploring the appropriateness of the RNR and the gender informed models to risk assessment and treatment. They have been assessing the predictive validity of gender specific factors and testing new risk instruments that have been developed using women offender samples. A sub-principle of the Responsivity principle, Specific Responsivity, states that the treatment intervention should be sensitive to the learning styles of women. This sub-principle may form a bridge between the RNR and the gender informed models. Much of the research is still in the early stages but Canada is committed to continuing the work and addressing the potential value of each model with respect to women offenders.

Sex Offenders

Although sexual offenders represent a small proportion of offenders, sexual offences are of particular concern to correctional systems and the general public.

Canadian researchers have created a number of specialized risk assessment instruments for sexual offenders, such as STATIC-99 and STABLE 2007/ACUTE 2007. STATIC-99, which is a relatively simple 10-item scale including criminal history and demographic information, is the sexual offender risk assessment instrument most commonly used in the world. It is widely used in Canada and the US, as well as in many countries in Europe (e.g., Latvia, Austria, Belgium, UK, Ireland, Finland, Sweden, Denmark, Holland, Switzerland) and in Asia (e.g., China, Japan,

Singapore). STABLE-2007/ACUTE-2007 is another major contribution to risk assessment for sexual offenders. These instruments identify targets for treatment and help community supervision officers recognize when recidivism is most likely.

Canadian research has demonstrated that interventions targeting the criminogenic needs specified in these instruments can reduce sexual recidivism rates by 11-19% after six years, whereas treatment programs targeting other factors have little or no effect on recidivism.

2. Community Supervision

i. Strategic Training Initiative in Community Supervision (STICS)

Background

Efforts to assist offenders to become pro-social citizens and reduce re-offending are an important component of the criminal justice system. Empirical research is seen as critical in the development of interventions that are effective in reducing re-offending.

Research on treatment effectiveness has demonstrated that treatment can reduce recidivism, on average, by 12 percentage points. However, not all treatments are equally effective. The more closely interventions follow the principles of the Risk-Need-Responsivity (RNR) model, the greater the reductions in recidivism.

Reviews of the offender treatment literature have shown that programs that adhere to only one principle result in an average decrease of recidivism of just 2%. However, when treatment follows two of the RNR principles the reduction in recidivism is 18% and this rises to 26% when all three principles are followed. The effectiveness of treatment increases still further when treatment that follows all three principles is delivered in the community (35% vs. 17% for programs delivered in prisons).

There has been little empirical research regarding the effectiveness of community supervision to reduce re-offending. A recent review of the research suggests that community supervision has minimal impact on re-offending, reducing recidivism by approximately 2%. Also, a study conducted by Public Safety Canada, examining how closely probation officers followed the RNR principles when supervising their clients, found that officers demonstrated minimal adherence to the RNR principles of effective treatment.

In an effort to improve the effectiveness of community supervision, researchers at Public Safety Canada developed, implemented, and evaluated a new RNR-based model of training in community supervision called the Strategic Training Initiative in Community Supervision (STICS). STICS training involves:

- adherence to the Risk principle by training officers who supervise moderate or higher risk offenders;
- adherence to the Need principle by focusing rehabilitation efforts on addressing procriminal attitudes, one of the most predictive of the criminogenic needs; and

- an emphasis on training in adherence to the Responsivity principle by teaching cognitive-behavioural techniques to influence change in criminogenic needs.

The STICS model also includes monthly clinical support groups and refresher courses to maintain and improve upon the skills taught in training. Evaluation of the STICS model used a Randomized Control Trial (RCT), the "gold standard" for the evaluation of an intervention.

Current Use/Practice

Canada is a world leader in applying the RNR principles for the delivery of treatment to offenders. The RNR principles have been used to guide offender treatment not only to the more general offender population but also to such special populations as violent, sexual, and women offenders. Recently researchers at Public Safety Canada have begun investigating the application of these principles to improve community supervision in an effort to further reduce re-offending.

The results of the RCT found that STICS training was effective at improving the quality and frequency of officers' skills that adhere to the principles of the RNR model. The clients of probation officers trained in STICS demonstrated approximately 15% reductions in re-offending compared to the control group.

Federal Context

STICS has been recognized as one of the most advanced evidence-based community supervision practices. As a result, the Correctional Service of Canada is considering the feasibility of implementing this model and training to enhance the skills, practices and effectiveness of its community supervision officers.

Provinces/Territories

Canadian provincial and territorial correctional jurisdictions have partnered with federal agencies in order to develop and improve the effectiveness of evidence based treatment in line with the RNR model.

Currently, efforts are underway to expand the STICS model and training in the three provinces (British Columbia, Saskatchewan and Prince Edward Island) that participated in the RCT. Follow-up research will explore various organizational factors that have an impact on the integrity and quality of implementing this evidence-based approach to community supervision.

Other provinces and territories are showing interest in adopting the STICS model in their approach to their community supervision.

International Context

Many countries solicit Canadian expertise to assist them in introducing effective evidence-based correctional services. Canadian researchers are often requested to present their research findings

and practical experience world-wide in addition to frequently hosting individuals from numerous countries to inform and demonstrate effective evidence-based correctional practices here in Canada. Over the years, our researchers have consulted with the United States and countries in Europe, Asia and Australia.

Recently, numerous jurisdictions in the US and internationally (e.g., Australia, Sweden, The Netherlands, Norway) have requested further information on and potential training in STICS.

ii. Day Reporting Centres

Background

A day reporting centre is a single-window approach to providing services to offenders under supervision in the community and ensuring their accountability in a way that is tailored to their risk level. Reporting centres can be used as an alternative to residency for low-risk offenders and a tool to provide more supervision and accountability for high-risk offenders. Eligible offenders typically include those under review for the imposition of a residency condition, those offenders under review for a residency condition, or offenders in need of heightened supervision. Typically, a day reporting centre is open seven days a week and provides regular monitoring through scheduled, meaningful visits with the offender. In addition, the centre can connect the offender with a range of community-based support services and programs related to education, employment, health care and addictions.

Day reporting centres use a case management approach and conduct an assessment of the offender's needs at the intake stage, to develop a case management plan. The staff at day reporting centres use the same risk assessment tools, described in the section above, as institutions. The assessment is re-administered every three months in order to assess the offender's progress and to provide concrete data to assist in future decision making regarding supervision strategies.

Current Use/Practice

The first day reporting centre was opened in October 2008. At this time, there are currently 21 day reporting centres operating in five provinces and territories in varying stages of implementation.

Many provinces operate an attendance centre for offenders serving provincial sentences.

International Context

Similar approaches are used in some jurisdictions in the US and the UK. The first day reporting centre in the UK was opened in the 1970s, and the first centre was opened in the US in 1986.