Targeting recidivism : an evaluation study into the functioning and effectiveness of a prison-based treatment program

Bosma, A.Q.

2 The Prevention of Recidivism Program

2.1 Introduction

In general, recidivism rates among ex-detainees are high. Studies in the United States and the United Kingdom have reported re-arrest rates of approximately sixty percent within two to three years after release (Hughes & Wilson, 2002; SEU, 2002). In The Netherlands, research has shown that within six years, over seventy percent of released prisoners were reconvicted, while almost fifty percent was re-incarcerated within that same period of time (Wartna et al., 2010). In the last decade, the Dutch government has therefore focused attention on the development and implementation of policy measures that prevent criminal behavior among formerly incarcerated offenders. The most important measure taken was the development of the Prevention of Recidivism Program, which was implemented nationwide in 2007. The Prevention of Recidivism Program is a prison-based rehabilitation program aimed at reducing re-offending rates among ex-detainees with a remaining prison sentence (after sentencing) of at least four months (Dutch Prison Service & Dutch Probation Organizations, 2007). This concerns a limited number of offenders in The Netherlands, since about sixty percent of all offenders in Dutch prisons are incarcerated for a period of less than three months (Linckens & De Looff, 2015). Offenders who qualify for program entry are asked to participate in a customized rehabilitation program that is directed at an offender's criminogenic needs; factors that influence future re-offending behavior (Dutch Prison Service & Dutch Probation Organizations, 2007; Van der Linden, 2004). The program was operational up until March 2014, at what time it was replaced by a new policy measure that applies a similar approach, but for which offenders have to qualify trough showing pro-social behavior and motivation.

The development, implementation, and execution of a large-scale nationwide rehabilitation program, such as the Prevention of Recidivism Program, has been time-consuming and most likely involved great costs. The program may have affected many incarcerated offenders: In theory, each year a few thousand detainees were eligible to participate. Surprisingly, little is known to date about the functioning and effectiveness of the program. This of great concern, since rehabilitation practices carried out today involve the same methods, as applied in light of the Prevention of Recidivism Program. This dissertation therefore aimed to assess if the program has been successful in reaching the goals it has set out, by conducting a broad and comprehensive evaluation study. The first step in evaluation research is to conduct a plan

evaluation. A plan evaluation aims to assess what results may be expected based on the program plans laid out (Leeuw, 2003; Van der Laan, Kea & Verwers, 2009; Todd & Wolpin, 2008; Wartna, 2009). It is ideally conducted before a policy or program is implemented, but can also be of great value when evaluating a program that has already been implemented (Wartna, 2005), in which case it can give meaning to results found in an effect study.

2.2 The current study

In this chapter, a plan-evaluation is described that aimed to answer the following central research question: *To what extent can the Prevention of Recidivism Program, based on theoretical and empirical knowledge, be considered an effective rehabilitation program?*

Out of the several approaches to plan evaluation (see e.g. Leeuw, 2003; Van der Laan, Kea & Verwers, 2009; Wartna, 2009), we chose to evaluate the potential effectiveness of the Prevention of Recidivism Program (in line with Van Noije & Wittebrood, 2008) by means of *evaluation of program logic*. Program logic (also referred to as program theory) can be described as the sum of all assumptions and mechanisms, underlying a program, that combined explain how a program and its methods intend to reach its goals (Leeuw, 2003; 2005). In an evaluation of program logic, all explicit and implicit assumptions and theories underpinning a program are gathered, and tested against theoretical and empirical knowledge (Leeuw, 2003; 2005). Unfortunately, the program logic is often only implicitly referred to in many policy documents (Van Noije & Wittebrood, 2008). Consequently, *reconstruction of program logic* is necessary in order to gain full insight in the mechanisms and assumptions that are believed to explain how the program intends to reach its goals. Such a reconstruction is done by gathering and examining relevant documentation, from which assumptions and mechanisms relating to program *means*, *methods* and *goals* are deduced. Then, each of these assumptions and mechanisms are summarized and visually represented in a means-goals analysis (a program logic model), in which arrows represent the mechanisms that connect methods to goals, which provides a comprehensive overview of the program logic (Hoogerwerf, 1998). Using this model, the plausibility of the assumptions gathered (now represented by arrows) can then be tested against empirical knowledge (evaluation of program logic), by answering the following question: *Are the assumed mechanisms (or arrows in our logic model) considered plausible based on theoretical knowledge and knowledge based on insights from previous studies*?

In detail, the above described method of reconstruction and evaluation of program logic involves several steps (in line with Hoogerwerf, 1998; Hoogerwerf & Herweijer, 2003; Leeuw, 2003; 2005; Van Noije & Wittebrood, 2008), each of which were undertaken in this study. First, relevant documentation was gathered. This first of all included the Prevention of Recidivism Program manual (Dutch Prison Service & Dutch Probation Organizations,

2007), which was used as a key resource of information, but also involved policy papers, parliamentary papers, relevant published articles and websites. In order to collect as many relevant documents as possible, a literature review was also conducted, for which the following databases and sources were consulted (using the following keywords (in Dutch) *"(Programma) Terugdringen Recidive")*: the online repository of the Second Chamber (House of Representatives), online repository of the Ministry of Security and Justice/WODC, Web of Science, and the online journal portal Boom legal publishers. Additionally, a search was set out via Google and Google Scholar. Finally, the snowball method was used, in which reference lists of retrieved publications and survey studies were searched for relevant publications. The literature found was then studied, and searched for key statements that refer to relationships between means and goals and causes and consequences (for example "the Prevention of Recidivism Program *aims* to decrease the negative effect of detention"). Next, assumptions (mechanisms that were supposed to intermediate between goals and means, and causes and consequences) were filtered from these key statements. In the third and final step, these assumptions were gathered and integrated to form a coherent program logic, which was then represented in a logic-model. An evaluation of program logic was then conducted, in which the vital assumptions (the arrows in the logic-model) in the program logic were then tested for potential effectiveness in light of (criminological) theories and previous studies conducted.

2.3 Reconstruction of program logic

The coherent assembly of assumptions derived from the key documents studied (the reconstructed program logic) is presented in Figure 1. In order to clarify the key elements that form the program logic, three elements will be discussed in detail below: (a) the target population; (b) the methods; and (c) the program (sub)goals.

Target population

As articulated in the program manual, the Prevention of Recidivism Program focuses on a target population of adult detainees who, after their sentence has been imposed, have a remaining prison sentence (which is the total sentence imposed minus the time spent in pre-trial detention) of at least four months (including special conditions that, combined with their remaining prison sentence, add up to a total of four months). Certain groups of offenders were excluded from participation based on (as referred to by the program manual) *objective* criteria, such as offenders who are sentenced to prison for life, and offenders who are placed in psychiatric facilities or penitentiary hospitals. Additionally, some (as referred to by the program manual) *subjective* exclusion criteria were formulated, such as insufficient Dutch language skills or not being willing to participate. If one or more contra-

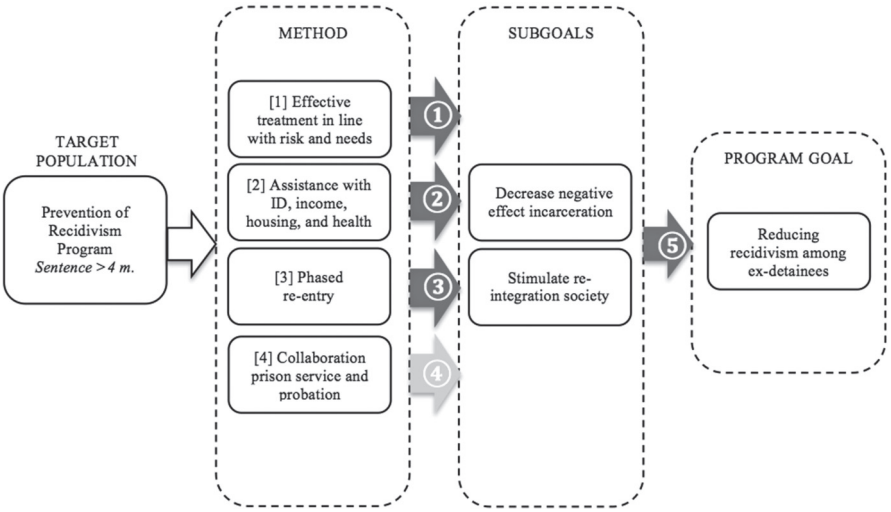

Figure 1. Prevention of Recidivism Program: program logic

indication is present, the start or continuance of the program can be postponed or shut down. If a contraindication expires, the program can start or be continued (Van der Linden, 2004; Dutch Prison Service & Dutch Probation Organizations, 2007). Table 1 provides an overview of in- and exclusion criteria.

Table 1. Overview of in- and exclusion criteria

Central inclusion criterion
Remaining sentence length of at least four months
Objective exclusion criteria
Offenders who are detained under hospital orders (TBS)
Offenders who are detained for life
Detainees under psychiatric care
Illegal aliens in detention
Detainees in a penitentiary hospital
Detainees staying in a forensic observation clinic (Pieter Baan Centrum)
Detainees with an indication *special group*, such as those who are under maximum security
Subjective exclusion criteria
Insufficient Dutch language skills
Inadequate motivation
Flight risk

Method

The Prevention of Recidivism Program manual[1] states that the program aims to achieve a decrease in re-offending rates among detainees with a prison sentence of at least four months, by applying an approach that leans on four pillars: (1) the development and nation-wide implementation of a risk assessment instrument, and the use of evidence-based behavioral interventions designed to target an offender's individual criminogenic needs; (2) the introduction of a new model of collaboration between the Dutch Prison Service and Dutch probation organizations; (3) and an improved transmission from the correctional system to non-correctional social services; and (4) a phased re-entry of detainees in society.

The first, and appointed by several program-documents studied as most important (see e.g. Van der Linden, 2004), pillar first of all rests development and nation-wide implementation of a diagnostic instrument with which the overall risk for recidivism and criminogenic needs (factors that were shown related to repeated offending) of each individual detainee could be assessed. As a result, the Dutch-language Recidivism Assessment Scales (RISc) were developed; an instrument based on and highly similar to the British Offender Assessment System (Howard, Clark & Garnham, 2003). The RISc was designed to (1) assess an offender's likelihood of recidivism (defined as a new conviction), categorized as low, moderate or high, (2) identify and classify offending-related needs on twelve domains (offending history; current offence and pattern of offences; accommodation; education, work, and training; financial management and income; relationships with partner, family, and relatives; relationships with friends and acquaintances; drug misuse; alcohol misuse; emotional wellbeing; thinking and behavior; and attitudes and orientation), (3) assess an offender's responsivity to treatment, and (4) indicate the need for further specialized risk evaluation (Bosker, 2009; Adviesbureau van Montfoort & Reclassering Nederland, 2004; van der Knaap, Leenarts, Born & Oosterveld, 2012). Studies conducted since have indicated that the reliability and internal consistency, as well as the predictive validity of the RISc seem adequate (see Van der Knaap, Leenarts & Nijssen, 2007; Van der Knaap & Alberda. 2009).

Second, this pillar rests on the use of evidence-based behavioral interventions designed to target an offender's individual criminogenic needs (Ministry of Justice, 2005). To achieve this, in 2005 the Dutch Ministry of Justice and Safety had established the *Judicial Behavioral Intervention Accreditation Committee*.[2] This committee (modeled after the British accreditation panel; see Maguire, Grubin, Losel & Raynor, 2010) assesses the *potential* effectiveness of behavioral interventions based on criteria derived from the central principles for effective correctional practices (such as adherence to risk

1 The program manual describes the entire program working process in great detail, an elaborate description of which is provided in Chapter 1.

2 Note that the *Judicial Behavioral Intervention Accreditation Committee* was replaced by the *accreditation committee interventions* in 2015 (Parliamentary Papers, 2014/15).

and need factors). All interventions (or modules) imposed within the Prevention of Recidivism Program must be accredited by this committee. Currently, four types of prison-based behavioral modules have been evaluated as potentially effective. These include *Cognitive Skills Training* and *Cognitive Skills-Plus Training* (an extended version meant for detainees with limited mental capacities), aimed at improving the cognitive skills that are necessary in order to independently live, develop and function in society. Also, a short and extended (depending on the severity of problems) version of *Lifestyle Training for Addicted Offenders* was accredited, which was designed to help offenders cope with addiction to alcohol, drugs and/or gambling. And finally, *Job Skill Training*, aimed at offenders with limited work experience and/or problems with getting or maintaining a job, and a Dutch version of the *Aggression Replacement Training*, which aims to help offenders cope with violence and anger, were accredited and are applied within the scope of the Prevention of Recidivism Program. Currently, none of these accredited behavioral interventions have been evaluated for effectiveness. Studies aimed at assessing the effectiveness of these programs have in some cases been started, but no results have been published to date (source: www.erkenningscommissie.nl). Behavioral modules are supposed to be applied in line with risk assessment scores (for example, an offender with needs with regards to substance abuse, should be allocated to lifestyle training). The extent to which an offender has criminogenic needs, and has a low, moderate or high risk to re-offend is important in determining the content of an offenders individualized treatment program. Detainees with a high risk that score high on specific criminogenic need scales qualify for specialized treatment modules (such as cognitive skill training or job skill training). Detainees with a low recidivism risk can take part in the Prevention of Recidivism Program, but are, in accordance with the risk principle, not referred to further specialized treatment modules. They do however meet the requirements to enter the Prevention of Recidivism Program and can participate without being referred to further (specialized) treatment modules. Their program will then merely consist of phased re-entry and assistance with aftercare needs (identity documents, income, housing, and health care).

The second key program-pillar was the introduction of a new model of collaboration between the Dutch Prison Service and Dutch probation organizations (3RO). The main goal of which was to optimize the transfer of detainees between the prison and probation system. In 2003, a collaboration model was developed in which roles were defined and the distribution of tasks en responsibilities between the prison and parole system was formalized (Van Bostelen, Davio, Mehlkopf & Woerlee, 2005). This collaboration model was implemented in pilot areas in 2003 and was implemented nationwide in 2008 (Dutch Prison Service & Dutch Probation Organizations, 2007).

The programs third key pillar, which was believed to contribute to reaching the overall program goals, was to improve the transmission from the correctional system (i.e. prison) to non-correctional social services. In order to achieve this, an aftercare trajectory was developed (that is available

for every person detained in The Netherlands, so not just offenders that take part in the Prevention of Recidivism Program) that aims to achieve a seamless transfer on four target areas; identity documents, income, housing, and health care (Van Duijvenbooden, 2005). This aftercare program involves: (a) screening an offender's needs on four target areas; (b) assistance on areas that can be assisted on (such as helping a detainee acquire an identity document); and (c) sharing information on areas that were not yet accomplished with the municipality in which an ex-detainee will settle. By doing so, a better transfer from prison to the community is supposed to be achieved. The Dutch prison system is responsible for the preparation of aftercare. After an offender has been released, the municipality or residential care institution (depending on whether an offender returns to a private accommodation or residential institution) takes over this responsibility. This aftercare-protocol was implemented nation-wide in 2010.

One program element that is not considered (or at least not mentioned) as an important pillar, but which is brought up in various documents and articles, is that offenders who take part in the Prevention of Recidivism Program, are eligible for phased re-entry. This fourth pillar, phased re-entry, implies that an offender is gradually granted more freedom until the moment of (early) release. Which means they can, in the final stages of their prison sentence, be placed in (half) open prison facilities where they have more privileges and security measures are less strict. Detainees who decide not to participate in the program will have to spend the remainder of their detention period in a fully guarded correctional facility with limited or no options to go on leave (Van der Linden, 2004; Dutch Prison Service & Dutch Probation Organizations, 2007).

To summarize; the Prevention of Recidivism Program sets out to reach its aims by offering treatment to offenders that meet a set of inclusion criteria, during the time they are incarcerated, after which they are gradually released in society, for which they are prepared during the time they spent imprisoned. As visually represented in Figure 1, the program applies a method resting on *four* focal pillars: (1) the assessment of risk and needs, and the application of treatment modules in line with an offenders risk and need assessment outcomes, the pillar that was pronounced as the most important (see e.g. Van der Linden, 2004); (2) assistance with post-release ID, income, housing, and health care; (3) phased re-entry, and (4) collaboration between the Dutch prison service and Probation Organization.

Program (sub) goals

The Prevention of Recidivism Program was developed within the scope of a governmental policy program (to a safer society), which was initiated in 2002. The aim of this new policy was to reduce criminal behavior, violence and nuisance in the public domain by 20 to 25 percent, which was supposed to be achieved by intensifying surveillance and law enforcement (Parliamentary Papers, 2002/03). Because repeated offending represents a large proportion of the overall crime figure, the prevention of recidivism

was made a major priority (which could contribute to the overall reduction of crime in The Netherlands). Therefore, several policy measures were introduced that were meant to reduce re-offending rates among young offenders with a criminal case and adult ex-detainees. One of these measures was a correctional modernization program that, besides an increased prison-capacity and more austere prison regimes, introduced a measure directed at increasing the *effectiveness* of corrections; the Prevention of Recidivism Program (Parliamentary Papers, 2003/04). The overall goal of the Prevention of Recidivism Program was to reduce recidivism among ex-detainees (see Figure 1, program goal), by decreasing the negative effects of incarceration and stimulating the re-integration of ex-detainees in society (see Figure 1, subgoals), by using an effective, efficient and person-centered approach (Parliamentary Papers, 2007/08).

2.4 Evaluation of program logic

The reconstruction of program logic presented in Figure 1 shows that the Prevention of Recidivism Program is believed to reach its program goal (reducing recidivism among ex-detainees) by means of five proposed mechanisms: The program relies on an approach that consist of: (Arrow 1) Applying effective treatment in line with an offenders risk and need assessment outcomes; (Arrow 2) preparing offenders for release by offering assistance on four (practical) target areas; (Arrow 3) gradually releasing detainees into society by means of a phased re-entry and early release, and (Arrow 4) providing a prisoner with a case-manager that closely cooperates with both the prison- and probation service. This combined approach is supposed to lead to a decrease in the harmful effect of imprisonment and is believed to: stimulate re-integration, which in turn is supposed to reduce re-offending rates among program participants (Arrow 5). Each of these assumed relationships that combined form the program logic, will now be tested for plausibility in light of theoretical knowledge, as well as knowledge based on previous studies conducted.

Effective treatment in line with risk and needs can decrease the negative impact of incarceration, and stimulate re-integration in society (1), which will reduce recidivism rates (5)

The implementation of a rehabilitation program that focuses on delivering treatment in line with risk for re-offending and criminogenic needs does not come out of thin air. Instead, this is a popular approach in correctional rehabilitation practices, which is based on the renowned *Risk-Need-Responsivity* model [RNR] of crime prevention and correctional rehabilitation (Andrews et al, 1990; Bonta & Andrews, 2007). The RNR-model argues that, in order to be effective, treatment should be matched to the characteristics of individual offenders. According to the model, effective treatment focuses on targeting high risk offenders, is directed at altering criminogenic needs, and

is matched to an offender's characteristics (such as motivation; (Andrews, 1995; Andrews & Bonta, 2010; Andrews, Bonta & Hoge, 1990; Andrews & Dowden, 1999; Lowenkamp & Latessa, 2005). A fourth principle, added to the model at a later date, is program integrity, which relates to program delivery (for example, optimal selection of participants, proper referrals to treatment, proper trained treatment staff; Andrews & Dowden, 2005; Hollin, 1995; Leschied, Bernfeld & Farrington, 2001; Moncher & Prinze, 1991).

Based on previous studies, it appears that a risk-need-responsivity approach can effectively reduce post-release re-offending rates among ex-detainees. Theoretically, the mechanisms trough which treatment is supposed to achieve its goals can be explained by marshaling the General Personality and Cognitive Social Learning Perspective of Criminal Behavior (Andrews & Bonta, 2006), a theory that was designed to underpin the Risk-Need-Responsivity framework. According to this theory, criminal behavior signifies a personality predisposition (such as an antisocial personality pattern) that is learned and regulated or re-enforced trough social interactions. Behavior that is (expected to be) rewarded is likely to occur, and behavior that is (expected to be) punished is unlikely to occur (see Andrews & Bonta, 1998; Andrews & Bonta, 2006; Bonta, 2002; Bonta & Andrews, 2007). Criminal behavior can be expected when the rewards and costs for crime outweigh the rewards and costs for pro-social behavior. For example, if an offender has a drug addiction, criminal behavior is expected to be rewarded (for example by getting high after using drugs), which strengthens a person's attitude towards crime, while not doing drugs may trigger withdrawal symptoms such as nausea, anxiety and depression. If risk factors are removed by correctional treatment, the rewards for criminal behavior are removed, and rewards for pro-social behavior may be installed. Chances of successful re-integration are then enhanced, and the risk for re-offending is decreased. As theorized by Andrews and Bonta, providing treatment to detainees aimed at helping them desist from future criminal behavior has been shown effective in a vast number of previous empirical studies (see e.g. Andrews et al., 1990; Bonta & Andrews 2007; Cullen & Gendreau, 1989; French & Gendreau, 2006; Gendreau, 1996; Gendreau & Ross, 1980; 1987; Gendreau et al., 2006; Landenburger & Lipsey, 2005; Lipsey & Cullen, 2007; Lipsey & Wilson, 1993; Lowenkamp, Latessa & Holsinger, 2006; Lösel, 1995; McGuire & Priestley, 1995; Polaschek, 2012; Sherman et al., 1997).

As mentioned, in order to provide a risk- and need based approach, the Prevention of Recidivism Program had implemented a number of criminogenic need-specific treatment modules; the most important of which (Bosma, Kunst & Nieuwbeerta, 2013) are cognitive skill- and lifestyle training. These programs rely on their own set of mechanisms, and theories that can be marshalled to explain their effectiveness. First, the impact of cognitive skill training can theoretically be explained by social learning theory (Bandura, 1986; Ross & Fabiano, 1985), and cognitive social learning theory (McGuire, 2004), which both claim that a number of individual factors (adherence to antisocial attitudes and beliefs; a pattern of deficits in (social-interactive)

problem-solving; a lack in social perspective; and problems concerning self-management; Andrews & Bonta, 2003; McGuire, 2004; Ross & Fabiano, 1990), in interaction with the environment and opportunities for crime, are associated with involvement in criminal behavior. Cognitive skill training was developed to target or alter the individual factors believed to be associated with criminal behavior, leading to reductions in post-release criminal activity. The effectiveness of cognitive skill training was confirmed by studies focusing on the effectiveness of cognitive skills programs in reducing the re-offending among ex-detainees, which have found a small to moderate, but significant treatment effect (see e.g. Friendship, Blud, Erikson & Travers, 2002; Lipsey, Chapman & Landenburger, 2001; Robinson, 1995; Sadlier, 2010; Travers, Wakeling, Mann & Hollin, 2013; Joy Tong & Farrington, 2006; 2008).

Second, the effectiveness of lifestyle training, which aims to influence an offender's problematic addictive behavior in order to reduce the odds of future criminal re-offending by use of an approach based on the relapse prevention model (Marlatt & Gordon, 1985), can be explained by the assumption that substance (ab)use leads to crime. This mechanism may be explained in several ways. First, it may be the case that the psychopharmacological properties of drugs and alcohol, leading to intoxication (undermining judgment and self-control, causing paranoid thoughts or distorting inhibitions and perceptions), may cause aggression (due to, for example, withdrawal or sleep deprivation; Virkkunen & Linnoila, 1993) and criminal behavior (Collins, 1981; Fagan, 1990; With & Gorman, 2000). Second, as it could be the case that substance users have an economic motivation to acquire drugs and/or alcohol, they may be designated to non-legally acquired income to supply in their (often growing) demand (frequently referred to as pharmacological determinism, which asserts that people who were once exposed to drugs, often require this in increasing amounts; Alexander, 1984). Third, the causal link between substance use and crime may be explained by the assumption that substance abuse is fundamentally connected with (violent) criminal behavior (Goldstein, 1985). Substance abuse treatment, such as lifestyle training, is designed to help offenders cope with their addictive pattern, which is believed to impact each of the above mentioned mechanisms, thereby reducing the odds for post-release criminal behavior. This assumption was tested by several previous studies, which were summarized in a meta-analysis (Irvin, Bowers, Dunn & Wang, 1999). This meta-analysis, which included studies that focused on programs based on a relapse prevention model (Marlatt & Gordon, 1985), concluded that these programs effectively increased the psychosocial functioning of participating offenders, and decreased substance abuse among program participants.

The first assumption extracted from the program logic, which proposes that correctional treatment can aid to decreasing the negative effect of incarceration, as well as stimulate re-integration of ex-detainees in society (premise 1), leading to reduced recidivism rates (premise 5), was therefore, based on theoretical and empirical considerations, considered plausible (see figure 1).

Aftercare assistance with respect to ID, income, housing and health can decrease the negative impact of incarceration, and stimulate re-integration in society (2), which will reduce recidivism rates (5)

The benefits of preparing offenders for release by offering assistance in obtaining an identity document, post-imprisonment income, post-imprisonment housing and health care, and it's relations to future crime-reductions are perhaps somewhat more difficult to theoretically explain. The absence of, for example, an identity document may not be directly related to criminal behavior. However, it may be argued that without a passport or identity card, it will be virtually impossible to get a job, or rent a house. And without health care insurance, former offenders may be confronted with high medical costs, leading to debt and perhaps even economically driven re-offending. In other words, post-release difficulties in areas such as ID, housing, income and health may cause strain (Merton, 1938), friction that arises when people fail to achieve society's expectations (such as getting a job or finding a house), which can cause people to revert to criminal behavior. Helping people achieve these means (before re-entering society) may in that respect prevent future criminal behavior. Additionally, helping offenders to acquire housing and employment can also be seen as endorsing them to engage in key life events. Such life-events, or transitions, that strengthen an individual's ties to society, were often associated with desistance from crime; for instance, by life-course theories of criminal behavior (see e.g. Laub & Sampson, 1993). Previous studies have found support for the assumption that salient life events that promote social bonds are associated with desistance from crime (Farrington & West, 1995; Horney, Osgood & Marshall, 1995; Laub, Nagin & Sampson, 1998; Sampson & Laub, 2003). Studies also provided support for the proposed influence of housing (Metraux & Culhane, 2004; Steiner, Makarios & Travis, 2015; Visher & Courtney, 2007; Yahner & Visher, 2008), acquiring an income, and mental or physical health (Gendreau, Litlle & Goggin, 1996; Visher & Courtney, 2007) on post-release re-offending and re-incarceration.

In conclusion, helping offenders with acquiring ID, income, housing and health care, can prevent further criminal behavior by preventing strain, and can promote life course transitions, helping them to desist from future criminal behavior. The second assumption extracted from the program logic, which proposes that Aftercare assistance with respect to ID, income, housing and health can aid to decreasing the negative effect of incarceration, as well as stimulate re-integration of ex-detainees in society (premise 1), leading to reduced recidivism rates (premise 5), was therefore, based on theoretical and empirical considerations, considered plausible (see figure 1).

Phased re-entry can decrease the negative impact of incarceration, and stimulate re-integration in society (3), which will reduce recidivism rates (5)

Our third premise states that gradually releasing offenders into society (earlier than the total duration of their sentence would originally imply) can minimize the potentially harmful effect of incarceration, can stimulate re-

integration and will thereby reduce the odds for future re-offending. This proposition is linked to two assumptions. First, a phased re-entry implies that offenders, in the final stage of their prison sentence, can be placed in (half) open prison facilities where they have more freedom and security measures are less strict. They can, for example, spend their weekday outside the prison walls for occupational or educational purposes. Second, phased re-entry means offenders are eligible for early release, which implies that they spend less time in detention. Both assumptions are based on the notion that imprisonment has a negative impact on offenders, with longer prison sentences leading to increased harm done. This negative effect of imprisonment can be explained by referring to the differential association tradition (Sutherland, 1939), which relies on the notion that criminal attitudes, values, and techniques are learned in association with deviant others. Some scholars in this context refer to the process of *prisonization*; the process in which imprisoned offenders learn the norms of an antisocial subculture during the time they remain incarcerated (Clemmer, 1940). Others state that imprisonment is damaging because it removes offenders from society, which weakens interpersonal-, familial-, workplace- and economic bonds (Orsagh & Chen, 1988), thereby relating to a social bonds perspective of criminal behavior (Hirschi, 1969). Finally, a long incarceration time can also prevent people from life-course transitions that according to Laub and Sampson (1993) are related to a decrease in criminal behavior, such as getting and maintaining a relationship and/or employment.

In line with these theories, it may be expected that a shorter prison-sentence may decrease the harmful effect of imprisonment. Similarly, a prison sentence spent in a half-open facility may stimulate re-integration in society through strengthening social (conventional) bonds, and/or life-course transitions. Previous empirical studies conducted evidenced the hypothesized relationship between length of incarceration and post-release recidivism. Smith, Gendreau & Goggin (2002) for example compared re-offending rates by length of incarceration and concluded that the time served in prison was positively related to the probability of re-offending. Similar results were also found in other studies (see for example Baay, Liem & Nieuwbeerta, 2012; Gottlieb & Gabrielsen, 1990; Roberts, Zgoba & Shahidullah, 2007).

In conclusion, the premise made, stating that phased re-entry (implicating detention in a (half) open facility, and early release from prison) can decrease the negative impact of incarceration, and stimulate re-integration in society (premise 3), which will reduce recidivism rates (premise 5), was considered plausible based on theoretical and empirical considerations (see figure 1).

Improved collaboration between the prison- and probation service can decrease the negative impact of incarceration, and stimulate re-integration in society (4), which will reduce recidivism rates (5)

The fourth assumption asserts that an improved collaboration between the prison- and probation service can contribute to decreasing the nega-

tive impact of incarceration, and stimulate re-integration in society, which in turn will reduce re-offending rates among program participants. This hypothesis mostly relies on a method in which a case-manager has a care-coordinating role and in which there is a collaboration model in place for the prison- and probation service. This is believed to have major advantages for the efficiency and effectiveness of treatment.

In prison-based treatment practices, as is the case in the broad spectrum of human service organizations (under which a prison system that provides rehabilitation-services can be grouped), fragmentation of services forms a threat to effective delivery of services (Kane & Kane, 1981; Rapp & Chamberlain, 1985; Sonsel, Paradise & Stroub, 1988). In many cases, human service organization have to deal with a variety of clients, with their own characteristics and motivations, perform various types of tasks (such as diagnosing, training and educating) and programs, in an often changeable and complex context (Hasenfeld & English, 1974; Hasenfeld, 1984; Scott 1981). In short: the more goals organizations want to achieve, the more complex the system becomes. This can cause conflicting goals and a lack in the continuity of services. Case management is a method used that is expected to streamline care in a fragmented service delivery system (Loomis, 1988), and optimize treatment results. Studies have indicated that a continuity of care (especially concerning the contact that human service agents have with a client), and a coordinated transfer from one phase to the next are effective enhancing elements of case-management models (Partridge, 2004).

We can therefore conclude that case management can be an effective way to maximize treatment retention and optimize treatment outcomes. It does however seem highly unlikely that case management itself can decrease the harmful effect of imprisonment, increase re-integration among ex-detainees, and finally, reduce re-offending rates among ex-detainees, because case management itself is not believed to have a direct effect on (the causes of) criminal re-offending. Consequently, the premise stating that an improved collaboration between the prison- and probation service can decrease the negative impact of incarceration, and stimulate re-integration in society (premise 4), and can contribute to reduced recidivism rates (premise 5), was considered implausible based on theoretical and empirical considerations (see figure 1). Perhaps it is better to view case management as an important prerequisite for effective rehabilitation in a program in which multiple practitioners from different organizations have to cooperate.

2.5 Conclusion

In the current chapter, a plan-evaluation was presented that aimed to assess the potential effectiveness of a prison-based rehabilitation program implemented in The Netherlands: the Prevention of Recidivism Program. This evaluation was conducted by (a) reconstruction of program logic, in which all explicit and implicit assumptions and theories underpinning the Preven-

tion of Recidivism Program were gathered, and (b) evaluation of program logic in light of theoretical knowledge and knowledge based on previous studies conducted.

Reconstruction of program logic made clear that the program relied on a method consisting of: (1) Applying effective treatment in line with an offenders risk and need assessment outcomes; (2) preparing offenders for release by offering assistance on four (practical) target areas; (3) gradually releasing detainees into society by means of a phased re-entry and early release, and (4) providing an inmate with a case-manager that closely cooperates with both the prison- and probation service. This combined approach is assumed to lead to a decrease in the harmful effect of imprisonment and is believed to stimulate re-integration, which in turn is supposed to reduce re-offending rates among program participants (5). Based on detailed evaluation of program logic it was concluded that three of four treatment methods (applying treatment in line with risk and needs, preparing offenders for release by offering assistance on four target areas, and phased re-entry) were considered plausible based on theoretical considerations and previous studies conducted. The influence of a case-manager, which ensures close cooperation between the prison- and probation service, on post-release re-offending outcomes was however not considered plausible, although it was concluded that this approach could potentially increase treatment retention, a direct effect of case management on recidivism was not considered probable.

Concerns and overall conclusion

Although it was concluded that the Prevention of Recidivism Program can be considered potentially effective based on theoretical considerations and previous studies conducted, two concerns need mentioning.

First, this study reasoned that the Prevention of Recidivism Program can be considered as potentially effective, an assumption that was largely based on the fact that the program was developed in line with the RNR-model (Andrews et al, 1990). The RNR-model was based on evidence from a large body of previous studies that have shown that treatment can be effective, generally referred to as the *What Works* literature (see e.g. Cullen & Gendreau, 2001; Gendreau, Cullen & Bonta, 1994; McGuire, 1995; McGuire & Priestley, 1995). There are however also critical voices who have risen concerns about the What Works literature. Van der Hurk and Nelissen (2004) assembled some of these criticisms, the most important of which is perhaps its insufficient empirical foundation; relating mostly to the poor quality of studies on which the What Works movement was built (see e.g. Palmer, 1994; Pawson & Tilly, 1994). Furthermore, they discuss the fact that most studies conducted have used a rather simplistic evaluation approach, mostly focusing on the question *if* programs work, instead of determining *how* treatment programs work (Pawson & Tilly, 1994; Farrall, 2002). Other authors have also criticized the RNR-framework for its poor theoretical assumptions and narrow, negative approach, solely focused on risk, which

according to them makes the model difficult to implement in practice (Ward & Brown, 2004; Ward, Melser & Yates, 2006; Ward & Stewart, 2003; Ward, Yates & Willis, 2012). These authors might argue that we should be cautious about drawing firm conclusions about the potential effectiveness of the Prevention of Recidivism Program, relying merely on the RNR-model.

Second, The Prevention of Recidivism Program was implemented within the scope of a governmental policy program (to a safer society), for which several policy measures were introduced, that combined were believed to contribute to reducing re-offending rates in society by ten percent, and finally, was believed to contribute to a reduction of crime in society by twenty to twenty-five percent (Parliamentary Papers, 2002/03). In The Netherlands, prison sentences are relatively short; about sixty percent of all offenders that enter the Dutch penitentiary system remain detained for a period up to three months; while well over seventy percent of detainees return home after having spent less than six months in a Dutch prison (Kalidien & Zuiderwijk van Eijk, 2010; Linckens & De Looff, 2014). When we take into account the time it takes to bring an offender to trial and impose a sentence, a remaining sentence of four months will only apply to a limited number of detainees. In fact, a study by Bosma, Kunst & Nieuwbeerta (2013) found that on a yearly basis, just over ten percent of the total inflow of detainees in Dutch correctional institutions was eligible to take part in the Prevention of Recidivism Program (Bosma, Kunst & Nieuwbeerta, 2013). International studies found the impact of prison-based treatment to be moderate, with effect sizes of around .17 (Andrews & Bonta, 2003). Given the somewhat ambitious policy aims set out (a reduction of recidivism rates in society by ten percent, and a reduction of crime in society of twenty to twenty-five percent), one could wonder if such an aspiring objective could be reached by a moderate reduction in recidivism rates, among what will probably be a fairly small population of participants.

In conclusion, the Prevention of Recidivism Program can be considered theoretically strong. However, expected treatment effects are probably limited, and most likely only apply to the small population of offenders that qualify for the program. Expectations with regards to the impact of the Prevention of Recidivism Program on re-offending among ex-detainees in general, as well as the impact of the program on crime in society should perhaps be tempered. Regardless, further study into the functioning and effectiveness of the program should make clear how the program is implanted, and if it effective in reducing re-offending among former program participants.