In order to facilitate this process in England and Wales (and now in other countries, such as Australia, which have since followed suit and developed similar systems to the one described here), the government’s Crime Reduction Programme provided funding not only for the development of programmes, but also for the establishment of an accreditation system for these programmes. This system comprised a Joint Prison and Probation Accreditation Panel (now entitled the Correctional Services Accreditation Panel – CSAP) which was set up in order to ensure that programmes developed for offenders in prison and on probation were grounded in the best available research evidence of the day. From the results of the meta-analyses, the panel of inter- national experts in offender rehabilitation drew up a set of criteria to which all future programmes should adhere. Only programmes that met these criteria were to be adopted and implemented by the Prisons and Probation Service for delivery to the offenders under their supervision. The box above summarizes the evidence-based criteria that the CSAP have adopted.

The development of these ‘What Works’ principles has inevitably been reliant on the conclusions of research studies. In this sense, our knowledge about what constitutes an effective intervention can only ever be as good as the standard of research that is conducted in this area. If the standard of the research is poor, then the conclusions may be incorrect and our knowledge base will contain errors.

As within most branches of psychology, there have been (and continue to be) debates concerning what constitutes the gold standard of treatment–outcome research. The UK Home Office has recently proposed that research adopting arandomized control trial design (RCT: offenders are randomly assigned to either the intervention or a no-intervention group and their outcomes compared) is the highest standard possible. However, even research incorporating the best methodological designs can suffer from other problems that could still result in poor quality research.

The number of participants utilized in the research is import- ant, as the statistics employed to measure any effect brought about by participation in the programme are sensitive to the size of the sample under investigation. Studies with smaller samples of participants are therefore less likely to detect any effect of treatment (if indeed one exists). The author of a study with a small sample size that yields no detectable treatment effect may conclude that the treatment is ineffective and should therefore be dis- continued. However, an alternative explanation could be that the sample size used in the research was not large enough to detect the treatment effect. The call to discontinue the treatment programme based on such small studies could therefore be premature. Large-scale research projects are needed.

The choice of which indicator of treatment success (or failure) to use is also an important consideration in this type of research (which is often called treatment–outcome research). Most research in this area uses reconviction (either ‘reconvicted’ or ‘not reconvicted’) as the measure by which treatment success or failure is evaluated. While this indicator is useful from a policy perspective, it is only an approximation of reoffending. Someone who completes a programme may have subsequently committed a dozen or more crimes but as he or she was not caught and reconvicted, it would appear that the programme was effective. Conversely, the programme could have reduced the severity or frequency of an individual’s offending behaviour but the crude measure of reconviction would not detect this positive change. Some researchers have tried to counter these problems by utilizing self-report information from the individuals themselves or asking their family, friends and other associates about the individuals’ behaviour. This type of research, however, can be time-consuming, expensive to conduct and is only ever as good as the accuracy of the reports received.

assessment of offenders.

As mentioned above, it is clear from the research findings of the last twenty years or so that not all treatment programmes will reduce recidivism rates for all offenders, and that some programmes of rehabilitation may be more effective with certain types of offenders than with others. For example, it stands to reason that an offender who has been caught committing a residential burglary may not be responsive to a treatment programme which aims to address aggressive behaviour. If the burglar does not display aggressive behaviour, or if aggressive behaviour does not relate to his or her offending behaviour, then a programme with aggression as its main treatment target is not going to equip the burglar with the necessary skills to stop burgling homes.

Similarly, someone who has a long history of offending or has been convicted of a serious offence (such as a violent or sexual offence) may have different treatment needs from someone who has been caught committing an offence for the very first time. Those offenders who have made crime their way of life may only benefit from a more intense intervention which addresses a range of needs. Their behaviour may well be more engrained than that of the first time offender and hence a greater depth of behaviour modification is needed.

Finally, offenders who are illiterate or have good reason why they would not be able to cope in a treatment group setting may need a different type of treatment programme from those who perform well in groups and can read and write adequately. Likewise, female offenders may require different types of programmes from male offenders, and the needs of ethnic minority groups may again be different. These may range from requiring materials to be provided in their first language, to the programme needing to address cultural or religious issues which may impact on the process of treatment. For example, some ethnic minority groups may find it particularly difficult to talk about their criminal behaviour within a group setting.

The above factors have been conceptualized into the three principles of risk, need and responsivity of offender rehabilitation. In order for treatment to reach its maximum effectiveness, it should be appropriate for those individuals in attendance. Programmes are deemed appropriate if they adhere to three principles mentioned above. The following section will explore these principles in more depth and will assess how they are important when matching an offender to the right intervention.

the risk principle.

The risk principle states that those offenders who are more likely to reoffend, or, in other words, are at a higher risk of reoffending, should receive a greater level or intensity of intervention than those who are at a lower risk of reoffending. The thinking behind this is that those who are lower risk are less likely to reoffend and hence are less likely to need an intervention to help them desist from crime. In contrast, those offenders who are high risk need some form of intervention in order to prevent future criminal behaviour. With a limited pool of resources, the risk principle states that intervention should be targeted towards those who are most likely to gain from it. Herein lies the dilemma of the risk principle. In a recent evaluation of community-based offending behaviour programmes carried out by the Universities of Leicester and Liverpool in the UK, those offenders who failed to complete programmes and those who failed even to start the programmes were the very people who are judged by the risk principle to be in greater need of treatment. This research found that those who dropped out of treatment at that time were at a higher risk of reconviction than those who went on to complete it. Thus it would seem that not only is it necessary to target those individuals who are most in need of treatment, but it is also necessary to support such individuals through to successful completion of the programme. Further investigation needs to examine the reasons for non-completion, especially within high-risk groups. Once this evidence is available it will then fall to treatment services to ensure that their provision is adapted in line with these findings in order to achieve maximum levels of treatment completion.

the need principle

While the risk principle states that the duration or dosage of the treatment should be linked to the risk that the particular offender presents, the need principle states that the programme should address the criminogenic needs of the offenders that attend it. But what is meant by criminogenic needs?

It is often the case that offenders have problematic issues in many areas of their lives that need resolution in order to aid their desistence from crime. For example, they could be homeless, or have problems with their finances, or they may have relationship problems or substance use habits. Offenders may have low levels of educational ability or have problems getting and holding onto employment, or it may be that their associates (family and friends) are involved in crime.

Offenders, then, can often present for treatment with a whole host of issues, or needs, that require addressing. These needs can be classified into two different types: criminogenic and non-criminogenic. Criminogenic needs are those that are related to the individual’s offending behaviour. It is these problems or issues that contribute to the individuals continuing in their pattern of criminal behaviour. Since these criminogenic needs are dynamic or theoretically changeable, treatment that focuses on the resolution of these problems is more likely to be associated with a reduction in recidivism.

To demonstrate this point an analogy can be drawn between an offender attempting to abstain from offending and a person who is attempting to abstain from smoking cigarettes. Smoking can be conceptualized as problem behaviour in much the same way as criminal behaviour can. It could be that both the smoker and the criminal see that their behaviour is having a detrimental effect on their lives and the lives of their loved ones. In addition, it could be that both individuals have tried to stop their problem behaviour but, while they may have managed to do so for a short time, eventually they have lapsed back into their old habits.

In order for smokers to give up smoking they will need to look at what is contributing to their continuing habit. It could be that their partner also smokes and encourages them to continue smoking or it could be that they use smoking as a way of controlling their weight by having a cigarette instead of eating. Just as smokers need to work out what it is about their circumstances that prevent them from giving up cigarettes, it is necessary for offenders and their case managers to assess what circumstances or issues within their lives are likely to be contributing to the continuation of their offending behaviour. It is these criminogenic needs that the treatment programme should address in order to attempt to alter the behaviour of those in attendance.