



Ministry
of Justice

Transforming Rehabilitation: a summary of evidence on reducing reoffending

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Ministerial foreword

For too long, reoffending rates have remained stubbornly high, particularly among short sentence prisoners. This Government is absolutely committed to addressing this problem.

This is why, on 9 May, we published *Transforming Rehabilitation: A Strategy for Reform*. This document sets out the Government's plans for transforming the way in which offenders are managed in the community in order to bring down reoffending rates.

For the first time in recent history, every offender released from custody will receive statutory supervision and rehabilitation in the community. We want to make sure that all those who break the law are not only punished, but also engage in rehabilitation.

Our reforms will put in place a system that encourages innovation to improve outcomes. We are introducing new payment incentives for market providers to focus relentlessly on reforming offenders, giving providers flexibility to do what works and freedom from bureaucracy, but only paying them in full for real reductions in reoffending.

Using evidence to inform service delivery is not necessarily a straightforward matter, and is certainly not a simple case of selecting from a menu of options. We know that for some interventions the evidence on effectiveness is strong, with convincing evidence of the impact on reoffending levels. For other interventions, evidence is only just emerging, or it is very weak; this may be because the interventions are new, under-researched or difficult to research (for instance, because of their complexity).

This should not hold us back from trying to improve the quality of our services. There is no excuse for not seeking to reduce reoffending rates, to turn lives around and achieve improved rehabilitation outcomes.

In those cases where there is no clear evidence about effectiveness, that should not prevent us from considering new approaches. In the absence of decisive evidence, partners will want to have a sound theoretical rationale for their approaches, and will want to draw on the extensive insight and learning offered from a range of different research types, both qualitative and quantitative, to inform their thinking.

Expertise, whether scientific or operational, will inform the best approaches. We should be using the best available evidence and the best thinking, the best minds to take well-informed

decisions about the most effective and efficient approaches to take, to support innovation and improve rehabilitation outcomes.

To support organisations working with offenders, we have also launched the pilot Justice Data Lab. This new service will support organisations, in particular the voluntary, community and social enterprise sector, to understand their specific impact on reducing reoffending. We will also be publishing the results from the Justice Data Lab, enabling all those working with offenders to see clearly what works and to help create a culture of best practice and transparency.

Taken together, these diverse sources of information, data and evidence will support the day-to-day work of ensuring the right individuals receive the right interventions, and that sentences are implemented in the best possible way and to best effect.

We look forward to continuing to work with providers of rehabilitative services to improve outcomes, reduce reoffending, and improve and build the evidence base for the future.

Jeremy Wright

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1. Introduction

1.1 Purpose of this evidence summary

This summary provides an overview of key evidence relating to reducing the reoffending of adult offenders. It has been produced to support the work of policy makers, practitioners and other partners involved in offender management and related service provision.

The summary outlines evidence on factors associated with reoffending as well as desistance. It also presents evidence on aspects of general offender management and supervision, and on particular interventions and approaches that can reduce reoffending. These include drug and alcohol treatment, accommodation, education, mental health services, offending behaviour programmes and mentoring.

The summary does not aim to be exhaustive and is not a formal systematic review. Evidence is drawn from the UK where possible, and reference is also made to international studies. A number of in-depth reviews of evidence on reducing reoffending have also been produced by UK and international researchers and should be referred to for detailed information. Annex B sets out useful information sources.

The summary is not intended to be prescriptive. It does not offer direction or recommend particular activities. The aim is to provide a starting point for understanding the range of evidence available to support policy and practice in this area.

This summary does not cover all activities and interventions that can contribute to reductions in reoffending among the adult population. These are numerous and include, for instance, activities by local partners such as the police, Police and Crime Commissioners, local authorities, and local and national health bodies. However, reference is made to general public services linked to reducing reoffending and to key partners, with examples of responsibilities for commissioning services set out briefly in Annex E to illustrate their breadth.

1.2 Structure of the document

The remainder of this document sets out:

- Information on reoffending, including factors linked to reoffending and those associated with desisting from offending (Chapter 2).
- A description of the features of effective working with offenders (Chapter 3).
- Evidence on specific approaches to reducing reoffending (Chapter 4).
- Further information on factors linked to reoffending, sources of data, prevalence of offending, assessments of evidence and the commissioning of services (Annexes A to E).

2. Reoffending and desistance

This chapter outlines levels of reoffending and describes evidence on factors that are known to be associated with reoffending and desistance. It concludes by setting out some key data sources on offender populations.

2.1 Measures of reoffending

Reoffending rates are based on the number of offenders who reoffend within a set timescale. Reoffending which results in a court conviction or caution is referred to as *proven*.¹ Recent proven reoffending rates show that the proportion of adults reoffending within 12 months is as follows:

- 58 per cent of prisoners released from under 12 months' custody.
- 35 per cent of prisoners released after 12 months or more in custody (excluding public protection and life sentences).
- 34 per cent of those starting a court order.²

2.2 Factors which influence reoffending

Although offenders are not a homogeneous group, a range of problems or needs are more frequently observed in offender populations than in the general population. These include substance misuse problems, pro-criminal attitudes, difficult family backgrounds including experience of childhood abuse or time spent in care, unemployment and financial problems, homelessness and mental health problems.^{3 4 5} Many of these factors are interlinked. They will vary from individual to individual and group to group, for instance by gender and age.

A series of individual or social factors are understood to be associated with an increased risk of reoffending⁶ and these are routinely assessed as part of offender management practice. These factors or 'criminogenic needs' can be particularly associated with certain types of crime. For example, heroin and crack use is particularly associated with some types of acquisitive offending such as shoplifting, and binge drinking of alcohol is particularly associated with violence.

These factors can be divided into those that are *static* and those that are *dynamic*. Static factors, such as criminal history, age and gender, cannot be altered and can be among the strongest predictors of reoffending. Dynamic factors, such as education, employment and drug misuse, are amenable to change. Table 2.1 lists a series of dynamic risk factors and

briefly outlines their link to reoffending. In many cases, reoffending may be related to a combination of several factors, rather than just a single factor.

While the same factors may be relevant for both men and women, the strength of their relationship with reoffending can vary. For instance, substance misuse has been found to have a stronger relationship with reoffending for women than for men,⁷ and women have been found to be more likely than men to offend to support others' drug misuse⁸ as well as their own.

In addition to those factors known to have a direct link with reoffending, offenders may have other needs that require addressing in order to support effective rehabilitation and engagement.

Table 2.1: Dynamic factors commonly associated with reoffending

Criminogenic need	Link to reoffending
Drug misuse	There are well-established links between drug misuse and offending, with a particularly strong link between the use of opiates and crack and acquisitive offending. Drug misuse is also associated with reoffending: higher reconviction rates have been observed among prisoners who said they had used drugs in the month before custody compared with those who had never used drugs or had used them less recently. The links between drug use and reoffending have been found to be particularly pronounced for 'poly-drug use' and Class A drug use (including opiates, crack and cocaine). ⁹
Alcohol misuse	Problematic alcohol consumption is associated with crime, particularly heavy or binge drinking and violent crime. However, the links between alcohol, crime and reoffending are complex: other mediating factors, for example personality disorder, childhood experiences of violence and social/cultural norms, are likely to play a role in the relationship between alcohol misuse and violent crime. ¹⁰ There is a link between alcohol misuse and reoffending: for example, prisoners who had drunk alcohol every day shortly prior to custody were more likely to be reconvicted within a year following release than those who had not. ¹¹
Impulsivity or low self-control	A temperament which is highly impulsive and sensation-seeking has been identified in a number of theories of anti-social behaviour. ¹² High levels of impulsivity have also been identified as a significant factor that predicts general ¹³ as well as violent ¹⁴ reoffending.
Attitudes that support crime	An attitude that supports crime, such as anticipating and evaluating crime as worthwhile, has been found to link to reoffending. ¹⁵ Pro-criminal attitudes can be just as strongly associated with reoffending as factors such as homelessness and employment. ¹⁶
Social networks	Relationships with 'anti-social' peers are regarded as important in supporting or maintaining criminal behaviour among offenders. There is evidence that negative peer influences are a relevant factor in adult reoffending, ¹⁷ although the negative influence of peers is understood to reduce with age.
Lack of/poor family and intimate relationships	Strong and supportive family and intimate relationships are widely considered important factors in the desistance from crime (see below). Prisoners receiving family visits have been found to be less likely to reoffend and more likely to have employment or training and accommodation arranged for their release than prisoners who receive no family visits. ¹⁸
Lack of employment	There is a complex interplay between employment, offending and reoffending. Evidence points towards employment status affecting and being influenced by offending. It has also been found to affect other factors linked to offending and reoffending, particularly accommodation and drug and alcohol misuse. ¹⁹ Studies have shown that the extent and frequency of offending diminish when offenders gain employment, ^{20 21 22} and offenders with stable and quality employment are less likely to reoffend. ²³
Suitable accommodation	Offenders with accommodation problems have been found to be more likely to reoffend. ²⁴ Access to stable accommodation is important in enabling ex-offenders to access employment and training opportunities, which may in turn support their rehabilitation. ²⁵ Accommodation needs can also impact on family relationships and the chances of successful reintegration into the community on release from prison, which are important in reducing reoffending. ²⁶ Accommodation problems have been found to be linked to other offender needs: a survey of prisoners identified greater accommodation-related needs, including homelessness, among prisoners with alcohol or drug problems. ²⁷

Two recent studies have provided further evidence on factors independently associated with reoffending for prisoners and for offenders on community sentences (see Boxes A and B).

Box A: Risk of reoffending following custodial sentence

For offenders released from custody, the following directly related factors have been identified as being associated with an **increased** likelihood of offending:

- Higher 'Copas rates' (these are scores based on the number of previous sanctions and time elapsed between current and first sanction).
- Additional punishment while in prison (for example, as a result of breaking rules):
- Being homeless or in temporary accommodation prior to custody.
- Use of Class A drugs (ecstasy, LSD, heroin, crack cocaine, cocaine and methadone) after release.
- Reporting regularly playing truant while at school.
- Having an index offence that was acquisitive (robbery, burglary, theft and handling).

The following factors were directly associated with a **reduced** likelihood of reoffending:

- First time in custody.
- Employment in the 12 months before custody.
- Reporting feeling worried about spending time in prison.
- Being older (with each year of age being associated with a two per cent reduction in the odds of reoffending).
- Longer sentences (greater than one year).

Source: Surveying Prisoner Crime Reduction. See Annex A for further details of this analysis.

Box B: Risk of reoffending for offenders on community sentences

For offenders on community sentences (Tiers 2–4*), the following factors were identified in preliminary analysis as independently associated with reoffending:

- Being male.
- Offenders identified by OGRS** as being at higher risk of reoffending.
- Having an index offence that was acquisitive (theft, burglary or fraud).
- Being identified as having a drug use problem.
- Starting a Drug, Alcohol or Mental Health Treatment Requirement***.
- Having a pro-criminal attitude.
- Having short meetings with offender managers.

Source: Offender Management Community Cohort Study Preliminary Findings.

* Offenders are usually assigned to one of four 'tiers' during their management by NOMS, based on a number of factors including their risk of reoffending and risk of serious harm, to identify the level of resource to direct to an offender. Tier 1 is the lowest tier. As the tier number rises, there is an increase in risk, the needs of the offender, demands of the sentence and the level of resource needed to manage them.

** The Offender Group Reconviction Scale, which uses static factors (e.g. age at sentence, gender, offence committed) to predict the likelihood of proven reoffending.

*** These requirements are typically targeted at offenders with the highest levels of need, for which they may require long-term, ongoing treatment (e.g. alcohol dependency as opposed to problematic alcohol use). The association with reoffending may therefore reflect the high level of needs among these offenders rather than the effectiveness of such orders.

2.3 Desistance

Desistance describes the process by which those engaged in a sustained pattern of offending give up crime.²⁸ Research into desistance has tended to focus on high volume ('prolific') offending such as burglary, drug supply and low-level violence, while fewer studies examine desistance from more serious crimes such as sexual offending²⁹ and organised violence.³⁰ However, some evidence suggests that similar factors could also be important in supporting the desistance from more serious offence types.³¹

Desistance is connected both to the external, social aspects of a person's life (such as the supportiveness of those around them) and to internal/psychological factors (such as what they believe in and what they want from life).³² Some of the evidence on factors relating to desistance is set out in Table 2.2.

Table 2.2: What helps individuals desist from crime?

Desistance factor	Link to desistance
Getting older and maturing	Getting older and maturing tend to support desistance, particularly for those involved in street crime where, typically, offending rates peak in the late teens or early 20s, then decline steadily before dropping off sharply around the age of 30. ³³ This may be due to ex-offenders giving more attention to their families and relationships (see below). The likelihood of reoffending after release from custody reduces with age. ³⁴
Family and relationships	There is evidence that forming strong and supportive intimate bonds with others appears to help desistance from crime, although more contemporary research is needed on this subject. ³⁵ Such relationships can reduce the amount of time spent in groups of same-age, same-sex friends (a known risk factor for young male offending). ³⁶ Strong partnerships and relationships with his or her children also provide an individual with something to lose if there is a return to prison. ³⁷ Living with non-offending parents can have the same sort of effect on ex-offenders who have returned to the family home. ³⁸ Finally, family and intimate attachments may give offenders a sense of purpose, meaning and direction. ³⁹ Individuals who devote themselves to raising their children ⁴⁰ or caring for elderly parents ⁴¹ may find that crime and imprisonment are incompatible with such roles.
Sobriety	Drug and alcohol dependency and misuse are associated with offending. Recovery from addiction is often a key part of desistance processes, although the effect is not automatic, and some individuals may abstain from addictive substances but not crime, or vice versa. ⁴²
Employment	Evidence suggests that steady employment – particularly if it offers a sense of achievement, satisfaction or mastery – can support offenders in stopping offending. ⁴³ Employment has been identified as an important factor in supporting desistance among offenders aged over 27. ⁴⁴ However, employment alone cannot prevent offending, and some offenders can desist without employment. ⁴⁵
Hope and motivation	Research suggests that individuals who desist from crime are usually very motivated and confident that they can change their lives: offenders who clearly say they want to stop offending are the most likely to desist. ⁴⁶ The impact of these motivational factors has even been found in long-term studies up to ten years after release from prison. ⁴⁷
Having something to give to others	People who feel and show concern and empathy for others are more likely to desist from crime. ⁴⁸ Offenders who find ways to contribute to society, their community or their families appear to be more successful at giving up crime. ⁴⁹ If these achievements are formally recognised, the effect may be even stronger. ⁵⁰
Having a place within a social group	Those who feel connected to others in a (non-criminal) community are more likely to stay away from crime. Social networks that help desistance include extended family, mutual aid groups, clubs and cultural or religious groups. ⁵¹
Not having a criminal identity	People with criminal records who do not define themselves purely as ‘offenders’ but see themselves as basically good people who made a mistake may find it easier to desist. ^{52 53}
Being believed in	Research with desisters has identified that having someone believe in them is important ⁵⁴ and that desistance can be supported by interactions with others who communicate a belief that they can and will change, that they are good people, and that they have something to offer society or other people. ⁵⁵

2.4 Understanding different offender populations

A range of published information is available on offenders in England and Wales. This includes official statistics as well as reports from specifically designed cohort studies such as the Ministry of Justice's Surveying Prisoner Crime Reduction Study and the Offender Management Community Cohort Study. Annex B describes a number of key information sources, while Annex C presents figures on the prevalence of factors commonly associated with reoffending, using the above cohort studies and the system of assessment for offenders known as OASys.

The evidence from these and other sources cited in this chapter highlights the variability of characteristics and criminogenic needs among offenders. For example, it shows that: men are more likely than women to reoffend; reoffending peaks in the mid-teens and then declines steadily; and the highest reoffending rates are among those whose last offence was an acquisitive one.⁵⁶ In terms of criminogenic needs, analysis indicates that, for example, drug use patterns vary by area and age.^{57 58} Evidence also shows that a number of criminogenic needs, such as drug and alcohol misuse problems, education, training and employment needs, and accommodation problems, are identified more frequently among prisoners sentenced to under 12 months' imprisonment than among those given longer prison sentences or community sentences.⁵⁹ The heterogeneity of offender cohorts needs to be borne in mind when considering how best to work with offenders and approaches to reduce reoffending, with these being the subject of the next two chapters.

3. Working effectively with offenders

This chapter sets out some of the key learning about what works in supporting offenders' rehabilitation through the supervisory relationship and case management. For example, the principles of Risk, Need and Responsivity⁶⁰ are known to be important to successful management of offenders. These involve the accurate assessment of individual offenders' needs and providing tailored responses. Such approaches caution against over-treatment of low risk offenders, and ensure that interventions are targeted where they are most needed and likely to be useful. Identifying styles of delivery that offenders are most likely to respond to is also an important aspect, since different offender groups may have different needs (including, for instance, women offenders, those with learning disabilities or mental health issues, or LGBT offenders). More broadly, a number of studies emphasise the importance of the quality of individuals' relationships with their offender manager in the context of reducing reoffending.⁶¹ A recent study found that 30% of offenders who said they had an 'excellent' relationship with their offender manager reoffended, compared with 40% who said their relationship was 'not very good' or 'bad'.⁶²

The remainder of this chapter considers some key aspects of effective working with offenders, including:

- The role of skilled, trained practitioners.
- Well-sequenced, holistic approaches.
- Delivery of services and interventions in a joined-up, integrated manner.
- Delivery of high quality services.

3.1 Skilled supervision

There is evidence that supervision can reduce reoffending: a recent study, for example, found that offenders with zero or one previous convictions and released from custody on licence had a one-year reoffending rate between 14 and 17 percentage points lower than those released from custody not on licence.⁶³ The skills of practitioners in supervising offenders and delivering interventions are known to contribute to reducing reoffending and also to improving other outcomes.^{64 65} Core correctional practices include offender managers consistently and clearly 'modelling' behaviours and attitudes that are anti-criminal; reinforcing desired behaviour and disapproval of undesirable behaviour; using natural opportunities to enhance problem solving; cognitive restructuring (helping people consider alternatives to their attitudes and beliefs); developing a warm, empathic and non-judgemental relationship;

and motivational interviewing. Such effective practice skills require staff training,⁶⁶ and evaluations have identified the positive impact of such training on reoffending rates.⁶⁷

3.2 Addressing offender needs in a holistic and sequenced manner

As set out in Chapter 2, offenders can often have multiple problems linked to their offending, and addressing them in a holistic manner is an important part of rehabilitation and the prevention of further offending. ‘Multi-modal interventions’, which address a range of problems, are viewed as effective in reducing reoffending.⁶⁸ The sequencing of interventions can also be important in supporting good outcomes. This includes ensuring services and interventions are provided in a way that optimises an offender’s ability to engage in change; for example, by taking steps to stabilise a chaotic drug dependent offender through appropriate treatment, before engaging him or her in an offender behaviour programme. It also includes ensuring continuity of services by, for example, providing end-to-end, through-the-gate services to support transitions from prison to the community.⁶⁹

3.3 Integrated offender management and multi-agency partnership

Integrated case management and multi-agency working can play an important part in addressing the complex needs of offenders and reducing reoffending. There are indications of potential benefits from joint working at a local level and adopting a case management approach to addressing individual circumstances. The way such initiatives have been implemented makes it difficult to establish evidence on their impact on reducing reoffending. However, there is some useful evidence that supports this approach involving, for instance, the police, probation, voluntary sector, health services, local authorities and other partners at the local level. Examples include evaluations of Integrated Offender Management,⁷⁰ the Drug Interventions Programme,⁷¹ and the prison-based Ministry of Justice Payment by Results pilots.⁷² For more on the Payment by Results pilots, see Box C below.

3.4 Quality

Delivering an intervention in the way it was designed to be delivered (known as programme integrity) and the quality of delivery are necessary for successful outcomes.⁷³ There is good evidence that, when quality assurance is taken seriously and programmes are implemented as designed, the intervention has a greater impact on reoffending.^{74 75} Features of high quality delivery include adherence to specific treatment models, manualised treatment protocols, structured sessions, staff possessing general interpersonal skills, and staff being appropriately trained and supervised in programme delivery.

Box C: Payment by Results: the Peterborough and Doncaster pilots

What do the pilots do?

The **Peterborough pilot**, based at HMP Peterborough, provides support to prisoners on short sentences who would not have previously been subject to statutory supervision on release from custody. It is funded by a Social Impact Bond, delivered by Social Finance Ltd with voluntary sector organisations, including St Giles Trust. The pilot focuses on addressing the individual needs of prisoners, enabling them to access the resources and support they will need in order to break the cycle of offending once they are out of prison.

The **Doncaster pilot** is based at HMP Doncaster, a privately run prison managed by Serco. It operates an 'end-to-end' case management approach, entailing a community-based team of case workers. The pilot aims to support rehabilitation and reduce reoffending via providing continuity of support to prisoners as they make the transition from prison to the community.

How does payment by results work?

Peterborough: Social Finance will be rewarded if it achieves a ten per cent or greater reduction in reconviction events (based on offences committed within 12 months of release from prison and convicted at court within those 12 months or a further six-month period) compared with a control group of comparable offenders from other prisons.

Doncaster: Serco will only receive full payment if it reduces the reconviction rate (the proportion of offenders who commit one or more offences in the 12 months following release from prison and are convicted at court in those 12 months or in a further six months) by five percentage points or greater against a baseline year of 2009 for Doncaster prison. For each additional percentage point reduction achieved, additional reward payments will be made, up to an overall cap at ten percentage points.

Where to find out more information

Process evaluations of the early implementation of both pilots have been published at:

<https://www.gov.uk/government/publications/findings-and-lessons-learned-from-the-early-implementation-of-the-hmp-doncaster-payment-by-results-pilot>

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/162335/social-impact-bond-hmp-peterborough.pdf.pdf

The final results will be available in 2014. Interim reconviction figures for both pilots have been published and are summarised in Annex F. For more on these pilots, see:

<https://www.gov.uk/government/publications/interim-re-conviction-figures-for-the-peterborough-and-doncaster-payment-by-results-pilots>

4. Evidence on reducing reoffending

This chapter summarises the evidence on the effectiveness of existing approaches and interventions which contribute to reducing reoffending. It describes specific approaches and gives an assessment on the quality of the evidence base. In terms of coverage, consideration is first given to generic services relevant to reducing reoffending, including relating to drug and alcohol misuse, employment, accommodation and mental health. The chapter then concentrates on interventions that specifically focus on reducing reoffending.

4.1 Scope and quality of evaluation evidence on reoffending

The extent and quality of evidence on interventions and approaches to reducing reoffending vary widely. There are a number of reasons for this. For example, the availability of evidence tends to reflect the dominant theoretical approaches to rehabilitation, which have naturally shaped practice as well as research and evaluation efforts. This means that some interventions and services designed to reduce reoffending have been much more heavily evaluated than others. In addition, many interventions are often delivered as part of wider packages of support, meaning that isolating the impact of individual components is difficult. The absence of evaluation does not necessarily mean that those not yet robustly evaluated are less effective.

The following sections consider a range of offender interventions. Experts may disagree about the relative value of different theoretical models and the effectiveness of different approaches. In order to assist the reader, each section provides an assessment of the strength of the existing evidence. These assessments are based primarily on the robustness of evaluation designs, which determine the confidence we can have in the findings. Box D provides a guide to the categories used to assess the evidence in a consistent way.

Box D: Categories for assessing the evidence on reducing reoffending

Good

- One or more high quality study that shows a direct relationship between the intervention and a reduction in binary and/or frequency of reoffending.

Mixed/promising

- Where either the quality of studies or their findings vary so that it is difficult to find consensus regarding effectiveness.
- Where there is a strong theory of change underpinning the intervention, and (good quality) process evaluation has identified positive findings regarding implementation.
- Where there is strong evidence of success in tackling intermediate outcomes, and these outcomes have been shown to be linked to reoffending or desistance.
- Where there are multiple studies of lower quality that point in the same positive direction of travel.

Insufficient evidence to determine impacts on reoffending

- Some attempt has been made to evaluate approaches/interventions but this is of unknown or low quality, such that it is difficult to identify impacts.
- Where no evaluation has been found on the approaches/interventions.

Evidence on effectiveness can be provided by impact evaluations, which typically give a quantitative assessment of the impact of interventions upon a reoffending measure. These are referred to as 'effect sizes' and illustrate, often in percentage points, the difference in reoffending rates between a group who received an intervention and some form of 'control' or 'comparison' group. This summary draws upon a number of meta-analyses and evidence reviews, which use different measures of reoffending and have different ways of presenting effect sizes. It has therefore not been possible routinely to present findings on effect sizes. However, Table 4.1 sets out effect sizes for four recent evaluations that were UK-based and well designed. Effect sizes on reoffending are typically less than ten percentage points. For effect sizes based predominantly on North American evidence, see a review conducted by the Washington State Institute for Public Policy at www.wsipp.wa.gov/pub.asp?docid=06-01-1201.

Table 4.1: Evaluations of effectiveness in reducing reoffending

Type of intervention/ approach	Example reduction in reoffending	Source
Evaluation of cognitive/ motivational programmes – <i>Enhanced Thinking Skills Programme</i>	<p>A six percentage point reduction in one-year reconviction rates was found when the treatment group was compared with a matched comparison group.</p> <p>Sixty fewer recordable offences were found per 100 released prisoners within one year when the treatment group was compared with a matched comparison group.</p>	<p>Sadlier (2010)</p> <p>http://www.justice.gov.uk/downloads/publications/research-and-analysis/moj-research/eval-enhanced-thinking-skills-prog.pdf?type=Finjan-Download&slot=00000344&id=00000343&location=0A64020C</p>
Comparison of short custodial sentences, community orders and suspended sentence orders	<p>Offenders sentenced to less than 12 months in custody had a higher one-year reoffending rate than similar, matched offenders receiving:</p> <ul style="list-style-type: none"> • a community order, of 6.4 percentage points for 2010 • a suspended sentence order, of 8.6 percentage points for 2010 • a 'court order' (either a community order or a suspended order), of 6.8 percentage points for 2010. <p>Offenders sentenced to less than 12 months in custody also had a higher reoffending rate than offenders given an immediate custodial sentence of between one and four years. The difference was 12 percentage points for 2010.</p>	<p>Ministry of Justice (2013)</p> <p>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/211811/compendium-reoffending-stats-2013.pdf</p>
Comparison of different forms of community sanctions	<p>Adding a punitive requirement (unpaid work or a curfew) to a supervision requirement had no impact on the likelihood that the offender reoffended, but reduced the number of reoffences committed within the first year of the community order by 8.1 per cent. This effect was sustained over time, so that the number of offences committed over the two years following the start of the order was reduced by 7.5 per cent. It appeared that this effect was largely driven by the impact of curfew requirements, rather than unpaid work.</p> <p>Adding a supervision requirement to a punitive requirement reduced the rate of reoffending one year after the start of the community order by 11.5 per cent, and the number of reoffences committed over this period by 12.7 per cent. It reduced the rate of reoffending in the two years after the start of the community order by 6.8 per cent, and the number of reoffences committed over this period by 8.7 per cent.</p>	<p>Bewley (2012)</p> <p>http://www.justice.gov.uk/publications/research-and-analysis/moj/effectiveness-community-order-requirements</p>
Comparison of those released from custody on licence with those not on licence	<p>Offenders with zero or one previous convictions and released from custody on licence had a one-year reoffending rate between 14 and 17 percentage points lower than those released from custody not on licence. The two-year reoffending rate was between 16 and 20 percentage points lower. There was no statistically significant difference in the three-year offending rate.</p>	<p>Lai (2013)</p> <p>https://www.gov.uk/government/publications/does-supervision-after-release-from-prison-reduce-re-offending-analytical-summary</p>

The following sections also draw upon smaller-scale research studies and good qualitative studies. While findings from the latter studies cannot, on their own, be regarded as evidence of an impact on reoffending, they can greatly add to our understanding of how and why particular interventions do or do not work, and of how and why interventions may be more or less effective in different delivery contexts or with different types of offender. They may also offer useful points for practitioners, for instance with regard to implementation or service delivery.

4.2 Addressing drug misuse

There is evidence of the importance of both prison- and community-based drugs interventions in reducing reoffending. Prison-based approaches include abstinence-focused approaches (such as 12-step), substitute prescribing (such as prescribing methadone for opiate users) and psycho-social approaches (such as cognitive behavioural programmes). Various approaches have been used in community settings, including early interventions such as those aiming to divert offenders with drug dependence into treatment, as well as residential and community-based treatment interventions.⁷⁶

What is the impact on reoffending?

There is **good evidence** that a wide range of drug interventions have a positive impact on reducing reoffending.⁷⁷ This includes methadone treatment, heroin treatment, therapeutic communities, psychosocial approaches, drug courts and probation and parole supervision. Various approaches are used in community settings, including those that divert or route drug offenders into treatment, typically with testing and supervision requirements. Key messages from research on community-based interventions include:

- Some **good evidence** on drugs courts regarding their impact on recidivism from the US,⁷⁸ but findings may not be directly relevant in the UK, where there is no robust evidence on the impact of drugs courts on reoffending. Qualitative evidence has identified that access to and quality of treatment services are important factors underpinning the effectiveness of drugs courts in England and Wales. The continuity of staff involved in drugs courts was believed to foster a sense of accountability on the part of offenders.⁷⁹
- **Mixed/promising evidence** that routing Class A drug users into treatment via early intervention may reduce reoffending.⁸⁰
- **Mixed/promising evidence** that treatment and testing requirements can achieve reduced levels of reoffending and drug misuse.^{81 82} Research has suggested

outcomes could be improved via better partnership working, assessment and referral procedures, and by ensuring appropriate testing regimes.⁸³

- **Good evidence** from the US that random drug testing and treatment combined with sanctions for breaches which are swift and certain, but not necessarily severe, are found to reduce reoffending.⁸⁴
- There is **mixed/promising evidence** on the impact of community-based cognitive behavioural programmes.⁸⁵

There is **good evidence** that prison-based interventions such as therapeutic communities, psycho-social approaches (for example, cognitive behavioural therapy) and abstinence-based approaches have reduced reoffending post-release.⁸⁶ There is **good evidence** that interventions delivered in custody are most effective in their impact on reoffending if followed up with community interventions or aftercare post-release.⁸⁷

Other points to note

- ‘High intensity’ drug programmes (in terms of duration and continuity) have been found to be more effective than lower intensity interventions in reducing reoffending.⁸⁸
- Accessing drug treatment quickly, and receiving it for as long as required, together with wider support if necessary, is more likely to support desistance.⁸⁹

4.3 Addressing alcohol misuse

What is the impact on reoffending?

Overall, there is currently **insufficient evidence** to determine the impact on reoffending of alcohol treatment for offenders.⁹⁰ There is, however, **good evidence** that alcohol-related interventions can help reduce hazardous drinking more generally (see ‘Other points to note’).

In the absence of evidence on the impact of Alcohol Treatment Requirements on reoffending, qualitative evidence has highlighted the benefits of probation staff and alcohol specialists working closely together, the use of motivational interviewing by probation staff, and the availability of brief interventions for offenders with less serious alcohol misuse problems.⁹¹ A Home Office trial of brief interventions offered upon arrest for an alcohol-related incident found that these did not reduce re-arrest rates.⁹²

There is **mixed/promising evidence** on the impact of drink driver programmes and their impact on subsequent drink driving offences.⁹³ Drink driver programmes often aim to educate

participants about the risks and potential implications of drink driving, and enable them to develop strategies to prevent them from drink driving in future. A meta-analysis found that drink driver programmes entailing multiple elements, particularly those involving education and psychotherapy or counselling, together with follow-up supervision contact, had greater impact on subsequent drink driving offences than programmes entailing single elements.⁹⁴

Other points to note

While there is limited evidence on the impact of alcohol interventions among offender populations, there is, however, **good evidence** supporting the effectiveness of various treatments in tackling alcohol misuse among the wider population, particularly cognitive behavioural and psycho-social interventions, but also self- and mutual-help approaches.⁹⁵ Such interventions may offer useful principles and practice points.

There is also **good evidence** that aftercare, such as follow-up appointments, can be effective in terms of preventing a return to alcohol abuse following more intensive treatment interventions.⁹⁶

4.4 Addressing accommodation needs

The provision of suitable accommodation may not reduce levels of reoffending by itself, but it can be seen as ‘a *necessary*, if not *sufficient*, condition for the reduction of reoffending’.⁹⁷

What is the impact on reoffending?

Good practice has highlighted the importance of taking a proactive approach towards managing the housing needs of prisoners, including assessing needs on entry into custody rather than immediately before release. Early intervention may, for example, enable steps to be taken to prevent the loss of accommodation when prisoners are taken into custody.⁹⁸ ‘Link’ schemes, which work with prisoners in custody and on release via through-the-gate assistance, have also been identified as potentially valuable.⁹⁹

Currently, however, there is **insufficient evidence** to determine the impact on reoffending of various forms of help for offenders to find or sustain accommodation. While there is some limited international evidence that general resettlement programmes, which include addressing accommodation needs, have reduced reoffending, it has typically not been possible to identify which specific components of such programmes have most contributed to this success.¹⁰⁰

There is some **mixed/promising** evidence that housing support for offenders with mental health problems has had a positive impact on levels of homelessness and crime.¹⁰¹

There is evidence that hostel-type accommodation tailored specifically for ex-offenders may facilitate the development of 'criminal networks', leading some researchers to conclude that it is more effective to house offenders in secure mainstream accommodation.¹⁰²

Other points to note

- Accommodation needs are often related to and/or complicated by other risk factors such as substance abuse, employment and mental health issues.¹⁰³
- Offenders are not always accustomed to seeking help from outside agencies to solve accommodation problems.¹⁰⁴
- In order to sustain their accommodation, offenders may need advice in managing money and debt.¹⁰⁵

4.5 Addressing employment needs

What is the impact on reoffending?

There is **mixed/promising evidence**, mainly from the US, on the effectiveness of employment/education programmes in reducing reoffending. For example, one review of community-based employment programmes found no significant difference in the likelihood of re-arrest between participants and non-participants.¹⁰⁶ A different review, however, found a number of rigorous evaluations of programmes which addressed educational, vocational and job skills. On average, these were found to lead to modest but statistically significant reductions in recidivism. The review noted that more evidence was needed on work release programmes.¹⁰⁷

Researchers have also concluded that employment programmes are unlikely to be effective unless they are combined with motivational, social, health and educational support services to help address other needs that may act as barriers to finding employment (for example, learning difficulties, mental illness and substance abuse).¹⁰⁸ It has also been concluded that vocational training activities without associated links to tangible employment prospects are unlikely to lead to reductions in reoffending.¹⁰⁹

Other points to note

The most successful elements of employment programmes appear to be: strong local partnership working; training which is related to local employment needs and opportunities;

long-term funding; and long lead-in times. The most successful programmes are likely to be those which co-ordinate work before and after release from prison.¹¹⁰

4.6 Addressing mental health problems

Mental health problems, including disorders such as depression and anxiety as well as more severe mental health problems such as psychosis and personality disorders, have been found to be more prevalent among offenders than the general population.¹¹¹ While mental health problems may be linked to offending behaviour, and there is evidence of a specific link between psychopathy and violent reoffending, any such relationship is likely to be complex and mediated by other factors, such as poverty, poor social environments and difficult family and interpersonal relationships.¹¹²

Interventions in this field tend to focus on aiming to ensure that the criminal justice system identifies and responds appropriately to offenders with mental health problems, particularly where mental health needs may play a part in offending behaviour. Interventions have commonly included 'diversion' to specialist mental health courts and mandatory treatment – for example, via the use of Mental Health Treatment Requirements. More recently, a programme of 'liaison and diversion' services has been funded to identify and respond to offenders with a range of vulnerabilities, including mental health problems.

What is the impact on reoffending?

There is, overall, limited evidence on interventions targeted specifically at offenders with mental health needs, and it is often inconclusive regarding criminal justice outcomes.¹¹³ There is also currently **insufficient evidence** to determine the impact on reoffending of diversion-based approaches for offenders with mental health problems.¹¹⁴

One common diversion approach involves 'court linked schemes' or 'mental health court' approaches, which aim to ensure offenders with mental health needs are appropriately assessed and sentenced. Disposals may require offenders to engage with mental health treatment. Evidence that such approaches can result in positive health outcomes and reduced reoffending can at best be described as **mixed/promising**.^{115 116}

Qualitative evidence has highlighted aspects of effective diversion approaches, including the importance of early intervention and access to services when needed, multi-agency commitment and collaboration, and the importance of training to raise awareness and understanding among staff.¹¹⁷

There is **insufficient evidence** to determine the impact on reoffending of community-based treatment for offenders with mental health problems¹¹⁸ and, more specifically, on the impact of the Mental Health Treatment Requirement.¹¹⁹ There is **mixed/promising evidence** from the US on the effectiveness of ‘speciality’ probation caseloads, whereby offenders with mental health problems are supervised by specialist officers who have reduced caseloads and play a more active role in the offender’s supervision, treatment and the input of other parties.¹²⁰

Other points to note

There is some limited evidence that accommodation projects might support small reductions in criminal activity among offenders with mental health problems.¹²¹

One review identified more positive effects for interventions which targeted both mental illness *and* criminal behaviour, as opposed to those interventions which solely targeted mental health needs.¹²² Another review concluded that, while the evidence on recidivism was mixed overall, it appeared stronger for criminal justice-based models than mental health-based models such as those entailing intensive community-based support.¹²³

4.7 Offending behaviour programmes

Offending behaviour programmes are structured interventions, usually delivered in a group setting. Based on cognitive behavioural principles and social learning theory, these programmes usually teach skills such as emotional management and problem solving and target factors related to reoffending. They are delivered by trained staff and supported by quality assurance to ensure the programme follows its intended aims and methods.

Cognitive skills programmes

Cognitive skills programmes are a common type of offending behaviour programme. Typically involving around 25–40 sessions, these programmes teach skills such as problem solving, decision making, perspective taking and moral reasoning. Their purpose is to reduce impulsivity, improve problem solving, and instil a greater sense of capability for self-management.

What is the impact on reoffending?

There is **good evidence** supporting the impact of cognitive skills programmes on reoffending. International reviews have found cognitive skills programmes have reduced reconviction rates by around eight¹²⁴ to ten¹²⁵ percentage points.¹²⁶ Studies in England and

Wales have estimated cognitive skills programmes in custody settings reduce subsequent reoffending by between six¹²⁷ and eight¹²⁸ percentage points over one- and two-year periods respectively.

There is evidence that cognitive behavioural programmes can work particularly well with higher risk offenders. They can also work well if delivered alongside other interventions such as anger management or individual therapy, and can work equally effectively if delivered in prison or the community.¹²⁹

Anger management and programmes for violent offenders

Violent offender programmes are cognitive behavioural programmes that adhere to Risk, Needs and Responsivity principles and tackle the known risk factors for violent behaviour. The most appropriate targets for such programmes include anger and emotional management, problem solving training, rehearsal of calming self-talk as a response to angry/violent thinking, countering of pro-violence attitudes, and addressing the link between alcohol and violence.

What is the impact on reoffending?

There is **good evidence** that violence can be reduced through psychosocial interventions, such as anger and emotional management, developing interpersonal skills, and social problem solving.¹³⁰ This is specifically the case for programmes that follow the Risk, Needs and Responsivity principles. Basic skills and empathy training have not been shown to increase the effectiveness of interventions which aim to reduce violent behaviour, and the evidence is less strong about offence-specific programmes for domestic violence offenders (see separate section below).

Evidence also suggests that the most effective interventions use the cognitive behavioural approach, are intensive in their session length and overall duration, and include cognitive skills training, role-play and relapse prevention.¹³¹

Offending behaviour programmes for sexual offenders

These programmes tend to focus on analysing offences, identifying individualised risk factors and considering the effect on victims, as well as providing the opportunity to develop skills for desisting from offending. However, not all these elements are well evidenced (such as the common focus on taking responsibility and developing victim empathy) and may be included for intuitive rather than evidence-based reasons. The evidence is strongest for supporting offenders to develop cognitive and behavioural skills to aid desistance.

What is the impact on reoffending?

Evaluations of these sorts of programmes show **mixed/promising** results: some studies have found that such programmes reduce reoffending, but not all do. Meta-analysis indicates that, overall, sex offenders who receive treatment, in both prison and community settings, have a somewhat lower sexual reconviction rate than those who do not receive treatment.¹³²

Cognitive behavioural treatment has been found to be a particularly effective approach in reducing sexual and general reoffending. Pharmacological treatment (for example, hormonal drugs that reduce sexual drive) has also been shown to reduce sexual reoffending.¹³³ However, not all cognitive behavioural treatment programmes have been found to reduce reoffending, and one particularly robust randomised controlled study found no difference in outcomes between treatment groups and no treatment groups.¹³⁴

Other approaches (psychotherapy, counselling and non-behavioural treatment) have generally not been found to reduce reconviction. Reviews¹³⁵ have also confirmed that sexual offender programmes that follow the Risk, Need and Responsivity principles lead to the largest reductions in reconviction.

Other points to note

Research suggests that medium and high risk sexual offenders benefit most from treatment, while low risk sexual offenders demonstrate negligible benefits, and intensive treatment could, in fact, be counterproductive.¹³⁶

Compared with other groups of offenders, sexual offenders have relatively low recidivism rates over 2–5 years. This means it can be difficult even for robust studies to demonstrate statistically significant reductions in reoffending.

Offending behaviour programmes for domestic violence offenders

There are two popular approaches for working with domestic violence offenders: the cognitive behavioural approach and the Duluth Model, which involves various elements including educational programmes and cognitive behavioural techniques.¹³⁷

What is the impact on reoffending?

Evidence on the effectiveness of these programmes is **mixed/promising**. The most recent systematic review of US evidence indicates that the Duluth Model appears to have no effect on recidivism.¹³⁸ However, this review also identified substantial reductions in domestic violence reoffending by offenders who had attended other interventions. These interventions

varied widely in their approach (including cognitive behavioural therapy, relationship enhancement and group couples counselling), and the reviewers were therefore unable to make recommendations about specific preferred alternatives to the Duluth Model.

Some earlier reviews have identified modest reductions in reoffending following perpetrator programmes,¹³⁹ while others have concluded that such programmes have a limited impact on domestic violence, highlighting a lack of robust evidence.¹⁴⁰

One review has focused upon the effectiveness of court-mandated interventions aimed at domestic violence perpetrators in the US.¹⁴¹ It identified a modest reduction in official reports of repeated domestic violence incidents for those who received the intervention compared with those who did not. However, there was no difference between the two groups when looking at victim reported outcomes. Since these are viewed as a more reliable measure than official reports the authors concluded that the evidence did not offer strong support for court-mandated treatment.

Evaluations to date have used different methods and definitions, making it hard to draw any firm conclusions about what works. Future evaluations of programme effectiveness require clear explanations of how domestic violence is defined, identified and measured.

4.8 Developing and enhancing family relationships

Interventions that aim to improve family relationships and parenting have largely focused on young offenders, where there is good evidence that such interventions can reduce reoffending.¹⁴² Interventions with adult offenders have tended to focus on helping to maintain or improve relationships with partners or children, often while offenders are in prison.

What is the impact on reoffending?

There is, overall, **insufficient evidence** currently available that specifically focuses upon the impact of this type of intervention on adult reoffending.

There is some **promising evidence** that approaches focusing on family/intimate relationships may contribute to reducing reoffending among adults. This evidence is mainly in relation to family visits and home leave for prisoners.¹⁴³

A meta-analysis on women offenders identified that family-based interventions focusing on family processes (such as 'attachment', 'affection' and 'supervision'), on anti-social

associates and on personal criminogenic needs were most effective in reducing reoffending.¹⁴⁴

4.9 Addressing negative peer relationships

Tackling negative peer relationships does not tend to be a specific intervention with adult offenders but has sometimes been identified as one aim among others in resettlement and curfew order programmes.¹⁴⁵

What is the impact on reoffending?

There is currently **insufficient evidence** on the impact of reducing negative peer influences on adult reoffending.

Other points to note

Some small-scale studies on curfew orders have found that, although they have successfully limited negative peer associations, they have also been found to hamper pro-social ones. Offenders have reported that curfews have interfered with their ability to find and maintain employment.¹⁴⁶

There is **insufficient evidence** on the impact of interventions aimed at *improving* peer relationships on reoffending. There is some limited but promising evidence that resettlement programmes that have attempted to influence peer relationships have had more success in increasing positive peer relationships than reducing negative ones.¹⁴⁷

4.10 Restorative justice conferencing

Restorative Justice (RJ) is a process whereby parties with a stake in a specific offence collectively resolve how to deal with the aftermath of the offence and its implications for the future.¹⁴⁸ RJ aims to give victims the opportunity to explain the impact of crime upon them, to seek an explanation and apology from the offender, or to play a part in agreeing restorative or reparative activity for the offender to undertake. RJ seeks to hold offenders to account and enable them to face the consequences of their actions and the impact it has had on others. There are numerous forms of RJ with RJ conferencing appearing to be the most successful approach. This involves victims and offenders having face-to-face communication facilitated by a trained practitioner. Achieving this can be potentially resource intensive.

What is the impact on reoffending?

Evidence on the effectiveness of restorative justice conferencing is currently **mixed/promising**. There have been a number of high quality studies and at least one meta-analysis but, because of the variety of other restorative justice models included in the analysis, such as victim-offender mediation, the evidence in relation to any particular model is still relatively weak. However, a large-scale, multi-scheme evaluation in the UK found a reduction of 14 percentage points in the frequency of reoffending among those who received restorative justice conferencing, compared with a comparison group of matched offenders.¹⁴⁹ The evaluation also found high levels of satisfaction among victims who participated in the restorative process.

Overall, restorative justice seems most effective when it follows the face-to-face conferencing model¹⁵⁰ and when it is applied to certain offences and types of offender. The research to date has identified good results with people who have committed property or violent offences where there is a clear identifiable victim. Offenders with a medium or high risk of reconviction appear to respond well.¹⁵¹

The effectiveness of forms of restorative justice other than that involving conferencing varies widely across studies,¹⁵² and there are several studies where reoffending seems to be higher than expected after restorative justice, suggesting that it is not automatically useful.¹⁵³ To date, there is no reliable evidence on its effectiveness with sex offenders and their victims. There is also a lack of evidence with regard to its use with offenders convicted of intimate partner violence (domestic violence).

4.11 Mentoring

Mentoring entails the pairing of offenders with a role model to help them improve their lives and reduce reoffending. The mentor may be a 'peer' with some shared characteristics, such as an ex-offender, or a 'non-peer'. The mentoring relationship may involve teaching, guiding, coaching, modelling, signposting to support opportunities, or helping the mentee access services. The mentor may or may not be paid. The mentoring may be one-off, for a fixed period of time or ongoing. It may be stand-alone or delivered alongside other interventions. Finally, the mentoring may take place in prison or the community. It may also be provided through the gate in order to support transitions from prison to the community.

What is the impact on offending?

Because mentoring can take so many forms, it is hard to aggregate the evidence and there are insufficient studies to inform us about what forms of mentoring are most effective. Few mentoring programmes have been robustly evaluated for their effect on reducing reoffending or other outcomes. Of those that have been evaluated, some mentoring programmes have demonstrated a positive impact on reoffending, but not all. The effectiveness of mentoring is therefore **mixed/promising**.

The evidence as a whole suggests that mentoring may be most beneficial when it begins in prison and lasts beyond release. Mentoring is also most likely to be effective when the relationship is maintained over time rather than consisting of just one or two sessions. A good quality UK study¹⁵⁴ found that participants in a mentoring scheme in Wales who received between two and six contacts after release were reconvicted at a significantly lower rate than a (broadly matched) control group of those who did not maintain contact.

Further evidence on the link between mentoring and reoffending is beginning to emerge from the Ministry of Justice's Payment by Results pilots.¹⁵⁵ Here mentoring forms part of wider community resettlement support for offenders post-release and is used to help ensure offenders attend meetings by providing reminders or by accompanying them.¹⁵⁶

5. Conclusions

This report has drawn together a range of evidence on what works to reduce reoffending. Its content reflects the aim of providing a brief overview of key evidence relevant to emerging policy developments in a field that is broad and evolving.

This report has focused on presenting evidence relating to key factors associated with reoffending such as drug misuse, attitudes to offending, and accommodation and employment problems. It also sets out evidence on factors associated with desistance from offending. The evidence shows the importance of the role of supervision and the relationship between offender and offender manager. Good quality supervision, case management and holistic, tailored approaches can support and enable rehabilitation and reintegration. In addition, the review has set out the evidence on individual approaches and interventions.

Evidence on reducing reoffending has evolved over recent decades and continues to be strengthened through the use of large-scale quantitative surveys and evaluations, as well as through qualitative research. While evidence in some areas is of good or sufficient quality to demonstrate an impact on reoffending, the summary has also demonstrated that many gaps exist in our evidence base. Some of these gaps are more critical than others. The Ministry of Justice will continue to work closely with government and non-government partners to produce an overview of research gaps in the reducing reoffending area and identify priorities for future research.

Annex A

Further information on links to reoffending

Table A1: Variables predicting one-year reoffending for prisoners

Variable	Categories identified as significant compared with reference category (in <i>italics</i>)	Direction of odds (odds ratio)
Age	For every additional year of age	Lower (0.98)
Sentence length	<i>6 months or less</i> 1 year to 18 months 18 months to 2 years 2–3 years 3–4 years	Lower (0.41) Lower (0.22) Lower (0.25) Lower (0.31)
Offence type	<i>Acquisitive offence (robbery, burglary, theft and handling)</i> Drug offences Vehicle-related offences	Lower (0.38) Lower (0.54)
Copas rate (PNC)	For every unit increase on Copas index	Higher (2.53)
Whether first prison sentence	<i>Not first prison sentence</i> First prison sentence	Lower (0.55)
School truanting	<i>Did not regularly truant</i> Regular truanting from school	Higher (1.51)
Feelings about prison	<i>Not worried or confused</i> Worried or confused	Lower (0.72)
Employment	<i>Not employed in 12 months pre-custody</i> Employed in 12 months pre-custody	Lower (0.74)
Housing	<i>Not homeless pre-custody</i> Homeless or temporary accommodation prior to custody	Higher (1.86)
Punishment in prison	<i>Did not receive additional punishment in prison</i> Received additional punishment in prison	Higher (1.65)
Class A drug use	<i>Not used Class A drugs since release</i> Class A drug user since release	Higher (1.58)

Source: Surveying Prisoner Crime Reduction Study. All factors are statistically significant at $p < 0.05$.

Annex B

Sources on data and research evidence on offenders and reoffending

The Ministry of Justice publishes a range of statistics relating to the operation of the criminal and civil justice systems, on aspects of criminal justice policy, and on other areas of the department's responsibility. Key publications that help to understand the offender population include *Offender Management Statistics Quarterly*¹⁵⁷ and *Criminal Justice Statistics* (including separate releases on race and women in the justice system).¹⁵⁸ In addition, strategic needs assessments, local problem profiles and other assessments undertaken at a local level (by health and well-being boards, local authorities and other partners such as the police and Police and Crime Commissioners) provide information on the nature of local offender populations. Data sources vary in purpose, scope and coverage, which should be considered when using them to understand offender populations.

Key reoffending statistics include the *Proven Reoffending Statistics Quarterly* and *Local Adult Reoffending*.¹⁵⁹

Proven Reoffending Statistics Quarterly provides key statistics on proven reoffending in England and Wales. It gives proven reoffending figures for offenders who were released from custody, received a non-custodial conviction at court, received a caution, reprimand, warning or tested positive for opiates or cocaine during a one-year period. Proven reoffending is defined as any offence committed in a one-year follow-up period and receiving a court conviction, caution, reprimand or warning in the one-year follow-up. Following this one-year period, a further six-month waiting period is allowed for cases to progress through the courts. This means that, for example, proven reoffending rates for July 2010–June 2011 were published in April 2013.

Local Adult Reoffending provides reoffending rates across the probation caseload, including both predicted and actual rates. This is broken down by regions within England and Wales, probation trusts and local authorities.

Compendia of further analysis are also published regularly as well as ad hoc statistical releases. Statistical publications are pre-announced on the gov.uk website.¹⁶⁰

The Ministry of Justice has also sought to better understand the offender population through large-scale cohort studies, most recently *Surveying Prisoner Crime Reduction Study*¹⁶¹ and the *Offender Management Community Cohort Study*.¹⁶²

Surveying Prisoner Crime Reduction Study (SPCR)

SPCR is a longitudinal cohort study of 3,849 adult (18 years of age and over) prisoners in England and Wales sentenced to up to four years in prison. The aim of the study is to understand prisoners' characteristics and needs, and experiences in prison and on release, including reoffending. Interviews were conducted on reception to prison (Wave 1), in the weeks prior to release (Wave 2), and in the community approximately two months after release (Wave 3). Interviews were conducted between 2005 and 2010. A range of focused research outputs has been published on SPCR to date, including on criminal backgrounds and reoffending, substance misuse and mental health, employment and homelessness. Data from SPCR was matched to the Police National Computer to obtain criminal history and reoffending information.

The Offender Management Community Cohort Study (OMCCS)

OMCCS is a longitudinal study which tracked a cohort of adult offenders who commenced a community order between October 2009 and December 2010. It entailed a survey element which interviewed offenders classified as belonging on Tiers 2 to 4 only (offenders are assigned to one of four 'tiers' by offender management systems, based on a number of factors including their risk of reoffending, Tier 1 being the lowest level). Figures cited in this report are from the first wave of the OMCCS survey, which took place around three months after the start of the community order. Survey results have been weighted to be nationally representative of offenders at Tier 2 and above. Administrative data collected as part of the study means in some places estimates are for Tier 1–4 offenders in the cohort.

As well as research and statistical outputs, data on the offending population also includes that from administrative tools used in the management of offenders:

The Offender Assessment System (OASys)

OASys is used with adult offenders across the prison and probation services in England and Wales, and is a further source of information about the prevalence of needs and risks among offender groups. OASys combines actuarial methods of prediction with structured clinical judgement to provide standardised assessments of offenders' risks and needs, as well as linking these risks and needs to individualised sentence plans and risk management plans.

OASys assesses offenders against the following eight key criminogenic needs: accommodation, education, training and employment, relationships, lifestyle and associates, drug misuse, alcohol misuse, and thinking and behaviour and attitudes. Since assessments are not required for all offenders, OASys data should not be read as representative of the entire offending population.

A **full** assessment is completed with those offenders assessed at Pre-Sentence Report stage, those being supervised in the community at Offender Management Tiers 3 and 4, those prisoners subject to an indeterminate sentence (lifers and IPPs), 18–20 year old prisoners and those PPO and high/very high Risk of Serious Harm (RoSH) prisoners subject to a determinate sentence of at least 12 months. A shorter **standard** assessment is completed with Tier 2 community offenders with a Supervision requirement, prisoners subject to a determinate sentence of at least 12 months not eligible for a full assessment and 18–20 year olds subject to a determinate sentence of less than 12 months (with more than four weeks to serve). At the end of December 2013, almost two-thirds of all offenders had a full OASys assessment.

Offender Group Reconviction Scale (OGRS)

OGRS is a predictor of reoffending based only on static risks – age, gender and criminal history. It allows probation, prison and youth justice staff to produce predictions for individual offenders even when the use of dynamic risk assessment tools, such as OASys, is not possible. OGRS has been in use by probation staff and corrections researchers since the late 1990s. It is updated from time to time to reflect changing patterns of offending.

The Ministry of Justice Data Lab pilot

The Justice Data Lab pilot enables organisations working with offenders to access central reoffending data. This service will provide vital information to organisations supporting the rehabilitation of offenders and help them assess the impact of their work on reducing reoffending. For further information on the Justice Data Lab, see <http://www.justice.gov.uk/justice-data-lab>.

Sources of evaluation evidence

This report has referenced a number of systematic reviews. For new reviews and updates of existing reviews, see the following websites:

- The Campbell Collaboration: <http://www.campbellcollaboration.org/>
- The Cochrane Collaboration: <http://www.cochrane.org/>
- Washington State Institute for Public Policy: www.wsipp.wa.gov/default.asp

Future reviews of the evidence on crime reduction will also be produced by a 'what works' centre hosted by the College of Policing: <http://www.college.police.uk/en/20399.htm>

Annex C

Prevalence of factors commonly associated with reoffending

Criminogenic need	Surveying Prisoner Crime Reduction Survey ¹⁶³	Offender Manager Community Cohort Study ¹⁶⁴	OASys – sentenced prisoners in custody ⁱ	OASys – offenders with a community or suspended sentence order	OASys – offenders under post-release supervision
Drug misuse	64% of prisoners reported that they had used drugs in the four weeks before custody: 30% said they had used heroin, 28% had used crack cocaine and almost half had used cannabis. A third said they needed help for a drug problem upon reception to prison. Drug use before custody was associated with reoffending on release: 30% of those who reported never having used drugs were reconvicted within one year of release compared with 71% of those who reported using Class A and B or C drugs in the four weeks before custody.	23% of Tier 2–4 offenders said they needed help with a drug problem, and 16% said they had a drug treatment order as part of their community order. ¹⁶⁵ While 63% said they had not used any illegal drugs in the four weeks prior to their interview, 26% had used cannabis, 5% had used cocaine powder and 9% had used heroin.	41% of prisoners who were assessed were identified as having a drug misuse problem. The prevalence of this need decreased with age.	32% were assessed as having a need relating to drug misuse. The prevalence of this need decreased with age.	27% of those under post-release supervision were assessed as having a drug misuse problem.
Alcohol misuse	22% of prisoners interviewed upon reception to prison said they had drunk alcohol daily in the four weeks prior to custody: this was associated with reconviction upon release. 15% said they needed help with an alcohol problem.	10% of Tier 2–4 offenders said they had drunk alcohol daily in the four weeks preceding their interview, and 19% said they needed help with an alcohol problem. 17% said they had alcohol treatment as part of their community order. ¹⁶⁶	27% were assessed as having a criminogenic need relating to alcohol misuse. ¹⁶⁷	Just over one-third (35%) were identified as having an alcohol misuse need.	16% were assessed as having an alcohol misuse need.

i Based on offenders in custody or under probation supervision at 31 December 2012, who had a full, valid OASys assessment completed during 2012. An offender is counted as having a need if his or her score for that needs domain exceeds a designated cut-off point. Cut-off points were calculated using reoffending data – offenders with scores above the cut-off points were found to have above average reoffending rates. For further information on OASys data, see Annex B.

Criminogenic need	Surveying Prisoner Crime Reduction Survey ¹⁶³	Offender Manager Community Cohort Study ¹⁶⁴	OASys – sentenced prisoners in custody ⁱ	OASys – offenders with a community or suspended sentence order	OASys – offenders under post-release supervision
Impulsivity/low self-control/ thinking and behaviour	66% of prisoners reported that they were hoping to get help in prison with their offending behaviour.	n/a	77% were assessed with a criminogenic need relating to 'thinking and behaviour'.	61% were assessed with a 'thinking and behaviour' need.	53% were assessed as having a 'thinking and behaviour' need.
Attitudes that support crime	70% of prisoners agreed with the statement that "most people would commit a crime if they knew they could get away with it"; a fifth agreed that "in the end crime does pay"; and 30% that "there was no victim of my crime".	Around two-thirds of Tier 2–4 offenders agreed with the statement that "most people would offend if they could get away with it"; a fifth agreed that "in the end crime does pay"; and 25% that "there was no victim of my offence".	75% were assessed as having a criminogenic need relating to their attitude towards crime.	54% were assessed with a need relating to their attitude towards crime. This need decreased with age, and was less frequently identified for female offenders.	52% were assessed with a need relating to their attitude to crime. This need was less prevalent among older offenders and women.
Social networks that encourage offending behaviour	47% of prisoners reported that 'avoiding certain people' would be important in stopping them reoffending.	42% of Tier 2–4 offenders said that 'avoiding certain people' would be important in stopping them from reoffending.	83% were assessed as having a criminogenic need relating to their 'lifestyle and associates'.	57% were assessed with a 'lifestyle and associates' need. This need notably decreased with age.	65% were assessed with a 'lifestyle and associates' need. This need notably decreased with age.
Poor or lacking family and intimate relationships	Prisoners cited a range of issues relating to difficult childhood experiences: 24% had, at some point, been taken into care as a child, and 29% reported having experienced emotional, sexual or physical abuse as a child. 41% said they had observed violence in the home as a child. Each of these factors was associated with reoffending on release. Three-quarters said they felt close to their families. 15% said they needed help with family problems or their children. ¹⁶⁸	8% of Tier 2–4 offenders said that during childhood they had, at some point, lived either in an institution such as a children's home or with foster parents. Three-quarters said they felt close to their families and just 14% said they needed help with family problems or their children.	71% were assessed with criminogenic needs relating to their relationships, e.g. difficulties either at present or in the past, including domestic violence, childhood abuse, and lack of contact with family. ¹⁶⁹	67% were identified with a criminogenic need relating to their relationships.	58% were identified with a criminogenic need relating to their relationships.

Criminogenic need	Surveying Prisoner Crime Reduction Survey ¹⁶³	Offender Manager Community Cohort Study ¹⁶⁴	OASys – sentenced prisoners in custody ⁱ	OASys – offenders with a community or suspended sentence order	OASys – offenders under post-release supervision
Employment, education and training	32% were in paid employment in the four weeks prior to custody. Those who had been in prison before were less likely to have been employed than those who had not, and those who had been employed prior to custody were less likely to be reconvicted within a year of leaving prison (40% compared with 65%). 48% of prisoners said they needed help finding a job on release, 41% with education, and 40% to improve work-related skills. ¹⁷⁰	61% of Tier 2–4 offenders said that having a job would be important in stopping them reoffend, and 22% said education or training would be important. 25% of Tier 2–4 offenders were in paid employment in the seven days before their interview. 42% said they needed help with working or getting work. 32% said they needed help with education, and 15% said they needed help to improve their reading, writing or numeracy.	70% were assessed with an education, training and employment need. ¹⁷¹	54% were assessed as having an education, training and employment need.	58% were assessed with an education, training and employment need.
Accommodation	15% of prisoners reported being homeless before custody, and 37% stated that they would need help finding a place to live upon release. Self-reported homelessness was associated with a higher one-year reconviction rate (79% compared with 47% among those who did not say they were homeless prior to custody). ¹⁷²	13% of the OMCCS cohort who received a full OASys assessment were identified as in transient accommodation and 36% had problems with the 'suitability' of their housing, including living in high crime areas or with known criminal associates. 32% of Tier 2–4 offenders said they needed help with housing problems, and half that having a place to live would be important in stopping them from reoffending.	Accommodation problems were assessed as a criminogenic need for 56% of offenders in this category.	Assessed as a criminogenic need for 34% of offenders.	Assessed as a criminogenic need for 31% of offenders.

Annex D

Standards of evidence

Assessing quality

There are many guides available to help assess the quality of research evidence. Assessing the quality of research is difficult: sometimes the approach may appear robust but the methods have not been well applied. For this reason, we have not been prescriptive about what is or is not 'acceptable' evidence. Links are provided below of where to go for further information, particularly in relation to measuring impact. Other forms of evidence may be useful in helping the development of a service or in understanding its quality and the experience of its users. These include qualitative studies, process evaluations and case studies. While these approaches cannot be used alone to demonstrate effectiveness, they can help providers identify how services might be improved or developed to improve outcomes and can add to the evidence base on what is promising.

Where to go for further guidance

The **Maryland Scale** of Scientific Methods¹⁷³ was developed by Sherman and colleagues at the University of Maryland for their review of crime prevention interventions. It is a five-point scale for classifying the strength of methodologies used in 'what works?' studies.

The **Green Book**¹⁷⁴ is HM Treasury guidance for Central Government, setting out a framework for the appraisal of all policies, programmes and projects. It sets out the key stages in the development of a proposal from the articulation of the rationale for intervention and the setting of objectives, through to options appraisal and, eventually, implementation and evaluation. It is supported by a range of supplementary guidance.

The **Magenta Book**¹⁷⁵ is HM Treasury guidance on evaluation for Central Government, but is also designed for all policy makers, including in local government, charities and the voluntary sectors. It sets out the key issues to consider when designing and managing evaluations, and the presentation and interpretation of evaluation results.

It is supported by supplementary guidance¹⁷⁶ on assessing **Quality in Qualitative Research** and **Quality in Policy Impact Evaluation**.

The Government Social Research **Rapid Evidence Assessment toolkit**¹⁷⁷ provides a useful summary of different types of secondary research and the benefits and disadvantages

of each, although this does not include a description of meta-analysis: the use of statistical techniques in a systematic review to integrate the results of included studies. The **Cochrane Collaboration** website¹⁷⁸ contains a number of useful links on the use of these techniques.

Table D1 is a useful guide to the types of conclusions that can be drawn from different sorts of impact evaluation. As noted above, the quality of individual studies also needs to be considered.

Table D1: A description of evaluation designs and their ability to establish attribution to a specific intervention

	Brief description	Ability to establish attribution
Strong research designs in the measurement of attribution	Random allocation/experimental design – Individuals or groups are randomly assigned to either the policy intervention or non-intervention (control) group and the outcomes of interest are compared. There are many methods of randomisation from field experiments to randomised control trials.	Random allocation design means that systematic differences between groups are unlikely, and so any differences and changes in outcomes between the two groups can be confidently attributed to the policy intervention.
	Quasi-experimental designs <i>Intervention group vs well matched counterfactual</i> – Outcomes of interest are compared between the intervention group and a comparison group directly matched to the intervention group on factors known to be relevant to the outcome. Done well, the matched comparison group can be treated as though it was created randomly.	Quasi-experimental designs match the groups on relevant factors, i.e. factors which could have an impact on the measured outcomes. If the matching is done well, any differences between the two groups can be concluded to be the result of the policy intervention (as there are no other observable differences between the two groups).
	<i>Strong difference-in-difference design</i> – In this quasi-experimental design, there is no direct matching. Instead it involves a before and after study comparing two groups where there is <u>strong evidence</u> that outcomes for the two groups have historically moved in parallel over time.	A strong difference-in-difference design can provide good evidence on what would have happened in the absence of a policy intervention and therefore allows a strong assessment of the impact of the policy.
Weaker/riskier research designs in the measurement of attribution	Intervention group vs unmatched comparison group – Outcomes of interest are compared between the intervention group and a comparison group. Here, the comparison group has not been well matched or there is no strong evidence that the two groups have historically moved in parallel to allow a strong difference-in-difference design, and so there is a risk that it may not provide an accurate comparison.	If a comparison group is not well matched (e.g. it might be at the aggregate rather than individual level), there is a risk that measured differences identified between the two groups might not be due to the policy, but differences between the groups. Equally, a lack of identified difference between the groups might be the result of 'noise' or differences between the two groups, rather than the policy lacking impact.
	Predicted vs actual – Outcomes of interest are compared with expected or predicted outcomes (often constructed/modelled at the appraisal stage) of what would be expected if no action was taken (i.e. in the absence of the policy). Outcomes are only monitored for those experiencing the policy.	Such designs can only take account of factors that have been identified/modelled: factors with an unexpected effect will not be accounted for. This level can also only 'predict' a counterfactual, rather than directly measure it. Such designs might provide an indication of whether there has been an effect but may not be able to provide a precise statistical estimate of its size. A long time series before and after can help improve reliability.
	No comparison group – A relationship is identified between intervention and outcome measures in the intervention group alone. This frequently takes the form of a before and after design, in which outcomes of interest are compared with baseline measures taken before the implementation of the policy.	These designs provide a weak estimate of the counterfactual, particularly if there is only a single data point before and after the intervention: any number of factors could have influenced the measured change in the 'after' data. This typically results in the lowest level of confidence in attributing any measured change to the intervention, except in the rare cases where this is the only plausible explanation.

Source: Quality in policy impact evaluation: understanding the effects of policy from other influences – supplementary Magenta Book guidance
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/190984/Magenta_Book_quality_in_policy_impact_evaluation__QPIE_.pdf

Annex E

Commissioned and co-commissioned services

In England, co-commissioned services can be broadly divided into those with specific provision for offenders and those that are generic provision, which offenders can access.

Examples of specific provision include the following:

- *Health* – NHS England is responsible for commissioning prison health services. Responsibility for community healthcare is with the Clinical Commissioning Groups locally. Commissioning for alcohol and substance misuse interventions for offenders in the community lies with Directors of Public Health.
- *Employment and Benefits* – the Department for Work and Pensions is responsible for commissioning employment interventions, such as the Work Programme, which place particular priority on work with offenders as part of the core offer. Job Centre Plus, as an agency of DWP, is responsible for providing employment and benefits advice surgeries for offenders in custody and the community.
- *Skills and Training* – the Department for Business Innovation and Skills and the Skills Funding Agency are responsible for commissioning the Offender Learning and Skills Service, which delivers skills and education programmes in custody.

Examples of generic provision include the following:

- *Housing and Homelessness Services* – local authorities are responsible for providing housing and support to tackle homelessness in their area.
- *Adult Social Care* – local authorities are also responsible for commissioning adult social care services which many offenders, particularly older offenders, need to be able to access, and their needs should be recognised within local Joint Strategic Needs Assessments.

The situation in Wales is different. While Criminal Justice is not a function devolved to the Welsh Assembly Government, many of the services which offenders require as part of their rehabilitation and community resettlement are. For example, the Welsh Assembly Government has devolved responsibility for local government, NHS Health services, education, training and employability and housing.

In respect of wider crime reduction activities likely to impact on offenders, Police and Crime Commissioners are responsible for working with the police and other partners to find better ways to prevent crime, and to provide an efficient and effective police service.

Annex F

Interim findings from payment by results pilots at Peterborough and Doncaster prisons

Table F1 shows that for offenders released from Peterborough between 9 September 2010 and 1 July 2012 there were an average of 78 reconviction events per 100 offenders. This compares with an average of 84 reconviction events per 100 offenders released from Peterborough in September 2008 to June 2010; a fall of eight per cent. Nationally, the equivalent figures show a rise of 12 per cent from 75 to 84 reconviction events per 100 offenders. These interim figures show a fall in the frequency of reconviction events at Peterborough while nationally there has been a substantial rise.

Table F1: Peterborough (and national equivalent) interim reconviction figures with a six-month reconviction period

Discharge period	Peterborough			National local prisons		
	Cohort size	Reconviction rate	Frequency of reconviction events per 100 offenders	Cohort size	Reconviction rate	Frequency of reconviction events per 100 offenders
Sep05–Jun07	837	40.4%	74	32,946	38.9%	66
Sep06–Jun08	1,028	40.6%	81	33,633	39.9%	71
Sep07–Jun09	1,170	41.0%	85	36,565	40.2%	74
Sep08–Jun10	1,088	40.3%	84	36,555	39.2%	75
Sep09–Jun11	941	37.6%	79	34,407	39.7%	79
Sep10–Jun12	1,006	38.6%	78	33,660	40.4%	84

Note: Figures for Sep09–Jun11 overlap with the pilot period; therefore, they should not be used as a baseline for comparison. They have only been included for completeness.

Table F2 shows a six-month reconviction rate of 39.0 per cent for offenders released from Doncaster between October 2011 and June 2012. This compares with 40.7 per cent for offenders released in October 2009 to June 2010 (a fall of 1.7 percentage points) and 44.7 per cent for offenders released in October 2008 to June 2009 (a fall of 5.7 percentage points). These two figures are compared as they are the closest October to June periods to the baseline period of calendar year 2009. Nationally, the equivalent figures show a small increase from 39.5 per cent in October 2008 to June 2009 and 39.4 per cent in October 2009 to June 2010 to 39.8 per cent in October 2011 to June 2012 (an increase of 0.2 and 0.3 percentage points respectively). These interim figures show a fall in the reconviction rate at Doncaster in the cohort period compared with the two periods covering the baseline year.

Table F2: Doncaster (and national equivalent) interim reconviction figures using a partial (nine-month) cohort and a six-month reconviction period

Discharge period	Doncaster		National local prisons	
	Cohort size	Reconviction rate	Cohort size	Reconviction rate
Oct06–Jun07	1,019	43.5%	17,004	39.0%
Oct07–Jun08	898	47.6%	18,945	41.1%
Oct08–Jun09	953	44.7%	19,655	39.5%
Oct09–Jun10	997	40.7%	18,920	39.4%
Oct10–Jun11	951	40.0%	18,894	40.0%
Oct11–Jun12	984	39.0%	19,010	39.8%

For more on these pilots, see Annex A of the proven re-offending statistics bulletin
<https://www.gov.uk/government/publications/proven-re-offending-statistics-october-2010-to-september-2011>

End notes

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