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**A PROGRAM EVALUATION
OF TORONTO
HALFWAY HOUSES**

**A thesis presented to the University of Ottawa
in fulfilment of the requirements for
the Degree of Master of Arts
in
The Department of Criminology
University of Ottawa**

Mr. Kim Huartson



Kimberley James Huartson, Ottawa, Canada, 1990



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UNIVERSITÉ D'OTTAWA
UNIVERSITY OF OTTAWA

Abstract

This study examines the needs of all offenders being released to Toronto during a three month period; July 1 to September 30, 1988. Its purpose is to identify any needs which may exist in Toronto both in terms of a need for halfway house beds and programming needs within the houses.

Data were gathered on each offender in terms of criminal history, risk, and needs. This data was compared to a survey of the halfway houses operating in Toronto in order to identify any voids in services and to draw conclusions about whether more beds were needed.

Our review of the literature on effective correctional treatment was very convincing in its contention that correctional treatment, and the reduction of recidivism, is possible. It also indicated that:

Programs for offenders should be matched to the individual needs of the client in order to be effective.

Programs should be structured, short term, and should have specific goals for treatment.

Program resources should be directed towards offenders who present the highest risk of recidivism and who have the most needs.

The fact that the halfway houses in Toronto tend to service either Day Parole or Mandatory Supervision releases almost exclusively resulted in our splitting up the sample into two groups according to release type. Full Parole and Temporary Absence releases were dropped from the study because they generally do not reside in halfway houses or their stay is so short that they cannot begin any programming. From the data we gathered, we were able to conclude that there is currently no policy which requires that offenders be matched to halfway houses according to their individual needs. We also found that :

Mandatory Supervision cases are the highest in terms of risk and need, yet they receive the least structure release of all early releases. Day Parole releases, on the other hand, have the fewest needs and present the lowest risk, yet they receive the most structured form of release, with mandatory halfway house residence.

There is a lack of structured programming in Toronto halfway houses, and the programs which do exist are often duplicated, where other needs are not met through any type of programming.

There does appear to be a small shortage of beds for Day Parole releases and a great shortage of beds for Mandatory Supervision releases.

From these conclusions we were able to make recommendations concerning release policy and how it relates to halfway houses. These recommendations are designed to make the release and treatment of offenders more cost effective as well as to reduce the chances of recidivism. They require both policy and legislative changes in order to be implemented.

A major policy of halfway house specialization should be implemented in which specializations are developed around needs which have been shown to be interrelated and which are amenable to treatment.

Release policy should be reexamined and the Parole Act should be changed so that Day Parole releases only reside in halfway houses if it is deemed necessary, and Mandatory Supervision releases should be released to halfway houses unless it is deemed unnecessary by the Parole Board.

A system should be developed in which it is the responsibility of the Case Management Officer to match an offender to a halfway house according to the individual's programming needs and in accordance with the specialization of the houses which will accept the client.

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Introduction

On Jan. 27, 1988, two days after his release on an unescorted temporary absence to Montgomery Centre in Toronto, Melvin Stanton walked away from the halfway house and brutally raped and murdered a woman. The Pepino Inquiry was subsequently conducted by the Commissioner of Corrections, in order to discover how such a thing could have been allowed to happen. From this enquiry came a number of recommendations concerning offender risk, release policies, and the administration of halfway houses.

This study is one of the results of that Inquiry and is aimed at addressing one of 32 recommendations in this report. Recommendation 32 of the Pepino Inquiry states:

"The Board recommends expansion in the number of CCC-CRC beds in Toronto, to permit more appropriate matching of offenders to those facilities, and that CSC not *assign* released offenders to CRCs or CCCs with which they have not had prior contact or consultation."

This recommendation implies (i) a shortage of bed space in Toronto halfway houses, (ii) that offenders who are being released to Toronto are matched to the houses which they are entering, albeit inefficiently, and (iii) that there is a shortage of beds which have the facilities to meet certain needs. The verification of these implications calls for (i) the performance of a needs analysis of released prisoners in order to identify what their needs are, (ii) an examination of how the inmates are currently being assigned to these facilities, and (iii) an examination of the availability and demand for services in halfway houses to determine if there is indeed a shortage of beds. It was also important to complete a survey of all of the halfway houses in the Toronto area to discover which services and programs they offered in order to identify any voids which may exist.

The final part of the Recommendation 32 is confusing, in that it assumes an arbitrary assignment by Correctional Services Canada to Community Residential Centres (CRCs) and Community Correctional Centres (CCCs) "without prior contact or consultation". The Parole

Board requires a community assessment which includes a positive response from a halfway house before it will release any offender to a house. Whether this requirement is always adhered to is not certain. In the Stanton case, the file was not available at the time of this research project, and consequently, it was not possible to ascertain whether Stanton was released without an assessment and/or a positive response from Montgomery Centre. Thus, given the policy of the Board, it was decided at the outset of this project not to include a study of releases and prior consultation.

Fauteaux (1956) defines parole as:

"... a well recognized procedure which is designed to be a logical step in the reformation and rehabilitation of a person who has been convicted of an offence and, as a result, is undergoing imprisonment. It is a procedure whereby an inmate of an institution may be released, before the expiration of his sentence, so that he may serve the balance of his sentence at large in society, but under appropriate social restraints designed to ensure, as far as possible, that he will live a law-abiding life in society. It is a transitional step between close confinement in an institution and absolute freedom in society ... Parole offers an opportunity for the practical application of rehabilitation programs prior to the expiration of sentence."
(p.51)

Thus parole involves the early release of an offender in order to provide both a transition period in which the offender is released to society in order to supervise the inmate and a chance to offer rehabilitation programs. This study will be concerned mainly with the second purpose, specifically the opportunity to provide programs in halfway houses.

There are a number of early release options available to inmates through the Parole Act. First, there are temporary absences which may be either escorted (ETA) or unescorted (UTA). ETAs for medical or humanitarian reasons are available anytime and usually last a few hours. They are also available for rehabilitative or socialization purposes. UTAs are available at the Day Parole eligibility date, which is the one sixth point of the sentence, and normally last a weekend. These temporary absences are often granted for the purposes of program or community assessment for Day Parole release.

There are two types of parole available to offenders as well. The first is Day Parole, which requires by legislation, that the offender returns to an institution after a specified period of time or from time to time. However, it is the general policy of the National Parole Board (NPB) to require residence in a halfway house for Day Parole release to Full Parole eligibility date. Another option which is sometimes utilized is a split residency, such as a five and two residency, which involves the offender residing in the community, such as at a family members home, for five day a week. For the other two days he must return to a correctional facility. The Full Parole eligibility date is after one third of sentence served, and generally does not require residence, although a residential condition may be applied. It is rare for a Full Parole client to reside in a halfway house, but the option is available to them if they seek out the house and are accepted.

Mandatory Supervision (MS) is also known as earned remission and is an automatic one third of the sentence. However, remission may be lost due to incidents in the institution and is reduced by a number of days reflecting the seriousness of the incident. In the absence of a loss of earned remission the offender is automatically released after two thirds of his sentence unless an application for a review is made. There are three criteria which must be met for such an application; first, that the offender is serving time for an indictable offence which is listed in the schedule (these are generally violent offences); second, that the commission of the offence caused the death of, or serious harm to another person; third, that there are reasonable grounds to believe that the offender will commit an offence causing the death of or serious harm to another person before his warrant expiry date.

If the inmate meets these criteria, the NPB has three options. The first is to grant a one-shot MS if they feel that the chances of success are good. This form of MS involves the release of the inmate but if he is breached for any reason he is automatically held in prison until warrant expiry date. The second option, which is available if the inmate meets the first two criteria, is MS with residence which requires the inmate to reside in a halfway house or psychiatric facility, in

order to increase surveillance and to offer community reintegration with an aspect of program participation. Finally, if the risk is seen as being too great, the inmate may be detained in prison until warrant expiry date.

The Present Study

As we have seen from the preceding introduction, the main purposes of early release are reintegration into the community and rehabilitation. This study will address the latter. It will open with a discussion of the literature on the analysis of the needs of offenders, and how they are identified and assessed. It will then turn to a discussion of the literature on effective correctional treatment. This will include a look at the risk and need principles, as well as a discussion of what has been found to be effective in treating offenders, both in terms of types of needs to be targeted and programming characteristics.

The second chapter will discuss our methodology. Here the reader will see that our sample was the total population of offenders being released to Toronto during a three month period. Our data collection involved two main steps. The first was the collection of data on offenders, which included information taken from each subjects file, interviews with Parole Board members, and interviews with Case Management officers. This data includes measures of risk, need, current offence status, and criminal history. The second main step involved interviews with halfway house managers in order to identify what types of services they offered.

The third chapter describes our findings. At the outset of our analysis, the subjects are split into two groups: Day Parole and Mandatory Supervision releases. This was done because it was discovered that the Toronto halfway houses generally specialize in either Day Parole or MS clients. Those subjects who were being released on UTAs were dropped from the study given that they were being released for a short time only, and programming was not a consideration. Full Parole clients were also dropped given that they generally do not reside in halfway houses upon release, and thus were not relevant to the study at hand.

Data was analyzed for these two subject groups, and the groups were compared. First, release and demographic statistics are looked at in order to get a general idea of what types of releases were generally applied for and to develop a general picture of the subjects. This section also includes a breakdown of offence types.

Second, we look at recidivism prediction data in order to determine the risk of recidivism posed by these two groups. This section includes the discussion of many factors which have been identified as variables which are predictive of future recidivism. After our discussion of risk, we turn to a discussion of the needs identified by the CMOs. The data collected from the Board Members was found to be less detailed, so it was dropped in the needs analysis. The needs of the two subject groups are compared, and data from a needs identification tool, which is part of the Case Management Strategies package is also discussed and compared.

We then turn to our factor analysis of needs. This statistical method is performed in order to identify possible groupings of needs. This was done in order to discover how needs are related and how programs can be effectively grouped in the halfway house setting. An argument for halfway house specialization, based on need groupings, is presented.

We then turn to our discussion of Toronto halfway houses. This includes a description of each house in terms of release types which they service and the number of beds which they provide. The way in which they meet each of the needs identified in our sample is looked at, in terms of whether or not they offer in house counselling, structured programming, or if they utilize community resources. The time and cost restrictions of this study did not allow us to examine the individual programs within each house to measure them for effectiveness. General findings concerning the houses, which are important to their relationship to Correctional Services Canada, are also discussed.

Finally, our conclusions will be presented. These will look at how offenders may be matched to houses, and what is needed in terms of programming. We will also discuss whether more beds

are needed in Toronto, which client groups require them, and how many beds are required by each group.

We will now turn to our discussion of the literature in this area. The literature review will contain the premises upon which this study is based, and will provide the direction which our methodology will follow.

CHAPTER 1

LITERATURE REVIEW

The analysis of offender's needs represents a trend that was initiated in the early sixties. In the last three decades, a whole body of literature relating to this subject has been developed. Areas of concern within this literature have included the identification of needs, the assessment of needs in terms of priorities, and the relationship between needs analysis and effective correctional programming, to name a few. This literature review will touch on all three of these areas. The first section will discuss need identification and assessment and the second area will look at its importance to effective correctional programming.

It will not be the purpose of this study to evaluate the success or failure of specific programs which are being offered to inmates in the Toronto halfway houses which are being studied. Rather, its aim will be to identify the needs of released inmates in order to evaluate the availability of programs or other counselling methods which might meet these needs. Thus, this study represents a program evaluation in terms of program availability as opposed to program effectiveness.

A. Need Identification and Assessment

(i) Definitions

Clements (1984: p.3) defines need identification as the identification of deficits in an individual which require relief. This definition is good in that it covers the whole gamut of problems which may occur, but it is not operationally valid for this study in that it fails to isolate those needs which are related to criminal behavior and which may be met through correctional programming.

Duffee and Clark (1985) define an offender need as "a lack of some resource or skill that interferes with the ability of an adjudicated offender to function in the community as a law abiding citizen". However, these authors do not define what they mean by a skill or resource. Thus, this definition may be seen as including a whole gamut of life skills, such as job search skills, financial management, motivation to succeed, temper control, etc. However, it appears to ignore treatment needs- such as psychological and substance abuse counselling- as well as community needs- such as positive community supports, a structured environment, and supervision in the community. For example, it is difficult to imagine a substance abuse problem or psychological disorder as being a lack of some skill or resource, although they do represent needs in terms of intervention. Thus, this definition is seen as being too narrow for the purposes of this study.

This study will operationally define an offender need as any part of an offender's character or lifestyle which is related to his/her criminal behaviour and which, if successfully intervened upon, would aid the individual in developing a non-criminal attitude towards society and its members and/or would reduce his/her criminal activities.

Now that we have a definition of an offender need it is important to determine what these specific needs are. Siegel et. al. (1978) point out that there are two important steps to this process. First, there is need identification, which they define as describing "health and social service requirements in a geographic or social area" (p.216). In this case the social area is Federal halfway houses in the Toronto area and the health and social service requirements are the needs of offenders according to the definition given above.

Second, there is need assessment, which is "aimed at estimating the relative importance of these needs" (Ibid.) For this study, estimating the relative importance of these needs involves identifying both the offender population having specific programming needs, and any lack of programs to meet these needs. In other words, relative importance mainly requires an estimate of the demand for specific program types, and then identifying which services are not available but

which are in high demand. The process of doing both need identification and assessment will henceforth be referred to as a needs analysis.

Cox et. al. (1979) state that the distinction between need identification and need assessment is important for three reasons. First, total needs will always exceed resources. Second, the relative importance attributed to needs will almost certainly vary among interest groups. Finally, the processes available for prioritizing needs are different from those for identifying them, and different need identification/assessment processes serve the joint purposes in different degrees. (p. 270) Thus, it is important to commit scarce resources to the design and implementation of programs which will meet the current demand and which will best serve the population in question. Needs must also be prioritized in terms of general demand for program implementation as well as a specific client's needs in order to best match him/her to a program.

Rossi and Freeman (1982) best sum this up in their definition of a needs assessment as a "Systematic appraisal of type, depth, and scope of problems as perceived by study targets or their advocates." (p.90). These authors also distinguish incidence and prevalence, stating that the former represents the number of new cases arising with a particular problem and the latter representing the number of existing cases with a particular problem (p. 106). This statement is important in that it suggests that ongoing needs analysis must be undertaken in order to identify new program needs as they occur. Further, it is important to be aware of both the number of individuals with a specific need as well as new cases to better apply resources to program implementation and maintenance.

It should thus be noted at the outset that this study is an attempt to look at the prevalence of needs during a defined time period and that it cannot account for any changes in incidence which may occur after said period. However, it must be cautioned that the new needs may arise in response to any number of social factors and conditions, or that the prevalence of needs may change in response to such. For this reason, it is felt that needs analysis must be viewed and

practised on an ongoing basis in order to determine any changes in incidence, and thus the prevalence, of needs.

In their discussion of problems associated with need analysis, Duffee and Clarke (1985) state that the conceptualization of human needs is a difficult and incomplete task (p.244). They go on to state that:

"...human needs seem to change as the environment becomes more complex, as standards of living rise generally, as new service technologies are developed, and as political beliefs about resource distribution change." (p. 244)

This clearly supports the contention that the resultant actions from a study of the prevalence of needs must be sensitive to the ongoing changes which result in a variance in the incidence of needs. In other words, program implementation and maintenance which is the result of one needs analysis must be sensitive to the fact that the prevalence of needs may change over time, and new needs may become evident. Thus, it is important to practice periodic needs analyses in order to see if new programs should be implemented and existing programs should be maintained.

This point is supported by Cox et. al. in their discussion of the optimal treatment approach to needs analysis. They state that:

**"In a systematic approach to service program development, some assessment process would be used to identify needs, a program would be designed to address the needs, evaluation data collected to measure the degree of success in moderating the need, and the whole cycle constantly reiterated,"
(Cox et. al., 1979: p.269)**

Thus, these authors feel that not only is it important to identify the needs of offenders, and to design and evaluate programs which meet these individual needs, but it is also important treat the practice of such as an ongoing cycle. This process fosters the ongoing development of need specific programs to account for the changes in needs and their priorities over time.

Duffee and Clark (1985) submit that the "concern for the specific needs of offenders, or concern for *behavioral objectives* in community supervision practices, has increased considerably in the last twenty years" (p.243). In their qualitative analysis of need assessment studies from 1964-1983 they found forty eight studies which identified twenty four separate needs of male adult offenders in community correctional settings (p.248).

They offer a number of explanations for this trend towards need analysis in the literature. First, they feel that it may represent a "new responsiveness to the pressures for accountability" (p.243). Second, it may represent an attempt to introduce, for the offender, some sense of participation and volition in the supervision process. Further, the punitive trend in corrections has propelled offenders' desires for improvement to the status of rights. Finally, "the new punitive philosophy has left many treatment personnel scurrying for a new rationale for their existence" (p. 244).

Alongside the growth in concern for needs in general over the last two decades, Duffee and Clark also point to a new concern for the variety of needs apparent in offender populations. They contend that community correctional technologies, until very recently, were myopic, focusing on one cure-all or another rather than recognizing the complex interrelationships of needs and strategies. They further argue that the new focus on economic, rather than on emotional problems, has increased the likelihood that clients are perceived as having several problems rather than one. They conclude that this trend in recognizing variety in needs is more significant than a trend towards recognizing specific needs in that it indicates a growing awareness of the complexity of social roles and of the interdependence of the correctional client and his/her environment (1985: p. 249).

In other words, Duffee and Clark feel that the recognition of the variety and individuality of needs is the first step towards the effective treatment of offenders. When dealing with a group which poses a great risk to society, one must look at the needs of each individual and treat him/her

accordingly. The first step towards such has been in this recognition, by correctional staff, that offenders are individuals and must be treated as such. This will be further supported in our discussion of the literature on effective correctional treatment.

(ii) Purpose of Needs Analysis

Now that we have defined needs and need analysis, it is important to look at the purpose of these studies. Studt (1972) called for a systematic survey of offenders needs, arguing that until we become aware of the type of problems faced by offenders upon release, discussions about the effectiveness and appropriateness of parole supervision strategies lack a basis in fact (p. 193). In other words, until we know what the needs of this group of clients are, we cannot plan effective intervention strategies to deal with them. Thus the first purpose of a needs analysis must be to identify the needs of clients in order to facilitate effective treatment.

Siegel et. al. (1978) outline three basic purposes of needs analyses. First, to select and prioritize the problems and target populations to be addressed. Second, to select and operationalize specific community program activities. Finally, to evaluate these program activities. (pp. 221-2) The aim of this study specifically relates to the first purpose, by looking at the needs of a specific population, and indirectly relates to the second, by looking at existing community program activities in order to identify voids in the system. Finally, it will evaluate program activities in terms of their existence or absence, and how this relates to demand.

Duffee and Duffee (1981), in their study of offenders in prerelease centres, state that their objectives in performing a needs analysis were to reduce future crime by halfway house residents and to help offenders cope with the problems they faced when released from prison (p. 236). The objectives of this study are basically the same in that it is hoped that by analyzing the needs of offenders being released to Toronto, we can implement programs which best meet the varied needs of this group. Through meeting these needs, it is hoped that the individuals will then be better

able to cope in society and a reduction in recidivism will be the result.

(iii) Problems Associated with Needs Analysis

In order to do so effectively, one must be aware of problems commonly associated with needs analysis. First and foremost is Duffee and Clarke's statement that needs are inferable rather than observable (1985: p. 244). This is true of both the identification of needs and, it follows, the assessment of their importance in terms of priority. This statement does not, however, necessarily imply that needs cannot accurately be inferred. This study is assuming that those who work with the offenders on a daily bases and who are responsible for their case management will have at least some idea of what the needs of each individual client are. This assumption is based on the fact that the Case Management Officers are trained to deal with offenders and utilize a clearly planned and documented case management strategy.

This leads us to one of the problems pointed out by Duffee and Clarke in designing a needs assessment of offenders; namely who to ask about the needs, the client or the case management officer (CMO). (1985: pp.250-51) We feel that in order to arrive at an accurate picture of the needs of a particular client, with an underlying purpose of changing the clients anti-social attitudes and behavior, one must ask the professionals who deal with the client about his/her needs.

The main concerns of an inmate with a criminal orientation lie in getting out of custody and back on the street. Thus, the needs they would identify would probably lie in immediate needs such as money, clothes, a place to stay, etc. In fact, Duffee and Duffee (1981) did interview halfway house residents and many of the needs they identified were short term or immediate needs such as money to get started, a new wardrobe, problems establishing credit, problems paying for meals, etc. Although it is recognized that these short term needs are important for reentry into society, they do not fall under the operational definition of a need for this study as its aim is to identify programming needs through which offenders may be matched to halfway houses.

The needs identified by CMOs generally aim at changing the criminal orientation of the client, such as counselling, treatment, education, the development of life skills and other steps which may result in a change of attitude and criminal orientation. These represent long term needs which must be addressed and are best suited to correctional programming, as we will discuss in our section on effective correctional treatment. Thus, it is felt that to better serve society as a whole one must aim at treating the individual rather than at getting him started in society and ignoring his criminal attitudes and responses. Further, it should be mentioned that the factor analysis completed by Duffee and Duffee (1981) was inconclusive and we feel that this is probably due, in part, to the fact that they combined short term and long term treatment needs.

Here, it is important to mention that the concept of "experts" or "professionals" in the correctional system is a difficult one to contend with. Case Management Officers are experts or professionals in so far as they are educated in fields related to criminology and they are trained by CSC to deal with offenders. However, their expertise in identifying risk factors and needs in offenders may be questioned by some. Andrews et. al. (1990) state:

It is unacceptable that many professionals and students in criminal justice are unaware of basic research on prediction... In our consultation and training experiences, we are amazed to discover the many professional and seniors students who have never actually seen simple contingency tables that document how risk levels relate to recidivism rates. (p. 26)

However, on the other hand, this group represents the individuals who deal with offenders on a daily basis and are therefore the best suited to matching offenders to programs. Therefore, these are the individuals which this study had to rely on for need identification, and it is felt that future training of correctional staff should include training on risk factors and those needs which have been demonstrated to be amenable to change.

Bonta and Motiuk (1987) support the contention that needs can be effectively identified by case workers in their study of the Level of Supervision Inventory. They state that "The results of

the present study indicate... that it is possible to assess halfway house applicants with respect to both need and risk using a simple interview format." (p.342) They advocate the use of an analysis tool, such as the LSI, in order to identify needs and effectively divert offenders from institutions to correctional halfway houses. We further advocate the use of needs identification and assessment tools by correctional staff within institutions in order to better match offenders to the houses and programs which will be available upon release.

This would involve the inclusion of needs analysis tools in the case management strategies which are based on those needs which have been shown to be amenable to a change in criminal orientation through controlled and documented research. Through these techniques, and a list of halfway house programs, the offender could be matched to the facility which best suits his individual needs in an attempt to "rehabilitate" the offender. The best source for identifying those needs which are amenable to programming is, in our opinion, the emerging meta-analyses of correctional research.

Another problem pointed out by Duffee and Clarke is that the construction of inventories which are used to assess needs are constrained in their range by the range of needs traditionally met by correctional systems (1985: p. 250). This is partially true for this study, but our aim is to identify those long term needs which are related to criminality and which can be addressed through programming in a community setting. Further, our data was collected using an open ended questionnaire and respondents were asked to list any needs which they felt that the offender had; not just those that could be handled through programs. This was done in order to identify those needs which may not be foreseen in the methodology development stage and to identify needs which are not necessarily viable to programming but which are perceived by the respondents as being related to the subjects' criminality.

Cox et. al. (1979) also point out a number of problems with need assessments. First, they state that critics of this type of study feel that they tend to be expensive, time consuming, and

often involve intrusive procedures, and many require special kinds of expertise. However, it is felt that well developed research tools aimed at the case managers who deal with offenders on a daily basis, during a specified time period, do much to alleviate these problems.

They further state that the data obtained often bear a tenuous relationship to actual needs on the one hand and to conceivable planning and decision options on the other. Once again, it must be emphasized that the case workers who deal with these individuals are probably in the best position to identify the needs of individuals, and it is hoped that research such as the present study has an effect on the ability to operationalize and utilize programs to meet these needs.

Finally, they state that the steps by which the data are made useful to planning/decision processes are rarely specified (1979: p.269). In response to this, it is hoped that the results of research such as this go directly to planning official case management strategies based on the data which are available.

(iv) Types of Needs Analyses

There are a number of different types of approaches to analyzing needs cited by many authors. Siegel et. al. (1978: pp 225-49) outline at least 11 different approaches to needs analysis. The one of particular interest to this type of study is the "key informant interview" which involves interviewing people who work with the individuals in need and who are thus presumably aware of the needs which exist. It also involves interviewing those people who live and work in the community and who are thus aware of the programs which exist, and possible voids in the system. (1978: p.247).

Rossi and Freeman (1982: p.111) cite a number of the same approaches as Siegel et. al., including the key informant approach. They state that this approach is simple and inexpensive, and that it aims to identify target problems and populations through interviews with experts. This approach thus provides a broad picture of the needs and services perceived as important, one of

the rationalizations for using an open ended questionnaire in this project. It is felt that the use of an open ended questionnaire causes the respondents to recall needs in the order in which they are seen as being important to meet. Rossi and Freeman (Ibid.) do caution that this approach is susceptible to the built in biases of the respondents, but it is felt that the use of a large number of key informants will help to alleviate this bias.

Bell et. al. (1978: p.256) discuss the service utilization approach which enumerates persons who have been consumers of the services in question. This study has similar aims, but it looks at those who will be utilizing the services rather than at those who have utilized them in the past.

The final influence on the approach of this study is Cox et. al. (1979) and their optimal treatment approach. In the true version of this approach, treatment professionals are required to complete an optimal treatment strategy for each client, regardless of whether or not the services exist, and an actual treatment strategy based on what services are available. Through a comparison of the two plans, lacking services are then identified (p. 272).

The approach of this study is similar in that it asks the respondents to identify needs regardless of existing services, and then surveys existing services to identify voids. Further, respondents are asked to prioritize needs and to define them as essential or desirable, in order to determine if treatment priorities can be applied by the respondents.

(v) Needs Classification

Once one has collected the needs data he is left with the questions of categorization and classification of needs and clients respectively. Needs classification is used in a number of correctional exercises. These include security classification, risk assessment, and program assignment both in the institutions and upon release. It may also, to some extent, influence the decision to release.

Robins et. al. (1986: pp. 21-22) state that classification must help the administrator meet one or more of the correctional program goals. First, to keep the inmate in (a proper degree of) custody until officially released. Second, to satisfy the inmates' physical and health care needs. Third, to reform the inmates' antisocial behaviour. They further state that the objective of classification is to organize a universe of persons or objects into a set of categories where there is one place for each person or object (exhaustive) and only one place (mutually exclusive) (Ibid.: p.21).

However, this definition is problematic when classifying offenders' needs. The literature identifies a whole gamut of individual needs which relate to criminality and it is difficult to conceive of a system in which all of these needs are met in isolation. We would contend that needs must be classified according to priority in being met and that it would be impossible to group individual needs into exclusive and exhaustive categories without ignoring other needs which may be of equal importance. However, it is possible to find groupings of needs through statistical processes such as factor analysis.

Finally, they state that there are three classification objectives: custody, care, and behaviour change (Ibid: p.22). This study will address all three of these objectives: first, custody in terms of custodial supervision in the community through halfway houses; second, care in terms of physical needs such as health, financial assistance, residence, and employment assistance; and finally, behaviour change in terms of treatment such as drug and alcohol counselling, motivational counselling, and psychological treatment.

Thus, classification is seen as being important both in terms of correctional administration and treatment. It is felt that classification according to needs rather than according to characteristics of the offenders history is the most amenable to treatment strategies. However, one must be careful not to oversimplify the classification system to the point that it concentrates on one or two needs and ignores the other important needs of a client.

Two good examples of classification tools based on needs are the Massachusetts Risk/Need Classification System (Cochran et. al 1981, Cochran et. al. 1982) and the Wisconsin Client Needs Assessment Scale (Capener 1978). Both of these systems identify client needs through a stimulated response tool and rate them according to their priority. Indeed, the Wisconsin scale has been adopted, with some changes, by Correctional Services Canada as part of their case management strategies.

Many authors of needs assessment literature advocate the categorization of needs. These include Gil (1973), Wing and Olsen (1979), Baxter and Hopper (1982), Rossi et. al. (1980), Briggs (1978), and Duffee and Duffee (1981). All of these authors advocate the classification of needs into two or three categories. In fact there is only one major study (Clear, 1977) which offers a number of needs classifications. The study by Clear classes needs into five categories: employment, educational, health, social, and control needs.

One must, however, approach categorization with a great deal of caution given that it may lead one to ignore the individuality of needs and their relation to each other. In order to treat an offender effectively, it is felt that each need must be treated in order to reduce risk of recidivism. However, it may also be useful to look at the relationship between needs, through processes such as factor analysis, in order to identify how they relate to each other and thus provide a better multi-need treatment approach. Further, this process is most helpful in deciding which programs should be combined within a facility in order to approach treatment in an effective manner.

In other words, we advocate the grouping of needs through techniques such as factor analysis in order to best utilize resources by ensuring that needs which tend to be grouped are met by program groupings in individual houses. However, individuality of needs must also be considered and programs in other houses or in the community must be available to those who have a specific need which falls outside of the program grouping for the house.

B. Needs Analysis and Effective Correctional Programming

Now that we have looked at need identification and assessment, it is important to look at how this process is related to effective correctional programming. Bonta and Motiuk (1987) state that "Needs assessment is especially important if offender classification is to involve rehabilitation considerations. Furthermore, identifying offenders needs that are related to risk (i.e. recidivism) and responding with programs that meet these needs are desirable." (p.303) Indeed, there are many examples in the literature in this area of the importance of individualized treatment, based on the identification and assessment of individuals needs. This body of literature tends to attack the notion that nothing works in terms of correctional treatment by pointing out that there are no cure-alls in any treatment area.

In his study on the relationships between psychological disorders and criminal behaviour, Guze (1976) argues that there are two different schools of thought in the area of treatment. The first is one in which treatment is directed at a general propensity to crime, viewing individual differences and needs as manifestations of this criminal personality. (p.14) This view does not take into account individual differences or the development of specific programs to meet such. Rather, it approaches all clients as "criminals" and attempts to deal with them through counselling directed at this all encompassing character deficit. The best example of this view in terms of the present study are those halfway houses which do not offer specific programs, but rather rely on counselling techniques to deal with offenders problems. The ineffectiveness of this type of approach will become apparent shortly.

The other school of thought looks specifically at the onset, course, severity and combination of symptoms (needs) and aims its treatment strategies at meeting these needs and their combinations. (Guze, 1976). This model calls for the classification of specific needs and the analysis of how these needs relate to each other. It further requires the development of programs based on this analysis of needs in order to effectively treat client populations and sub-populations

based on need groupings. This model is manifested in halfway houses which have specific programs aimed at meeting the needs of clients, something which this study will argue for throughout.

The existence of the first model in correctional treatment, and the need to move away from it in favour of the second model is supported by Duffee and Clark (1985). As mentioned above, they state that:

"One could argue that community corrections technologies, until very recently, were myopic, focusing on one cure-all or another rather than acknowledging the complex interrelationships of needs and strategies.... This trend toward recognizing variety in needs could be even more significant than a trend towards recognizing specific needs. Acknowledgement of the variety of needs experienced by offenders would indicate a growing awareness of the complexity of social roles and of the interdependence of the correctional client and his/her environment" (p. 249)

Thus, these authors found that there was a movement away from the myopic or cure-all treatment approach to one which looks at client needs specifically. More important, however, are their arguments that needs come in varieties which can be looked at as specific needs groupings or typologies. They further state:

"Advocating the adoption of a typology implies that it makes more sense to organize services in terms of groups of needs than to provide services for specific needs. However, on the basis of the findings of this study, it appears that administrators would be well advised not to organize services according to types until more is known about the interrelationships of specific needs." (p.261)

This statement further supports the necessity of identifying and assessing offenders' needs in order to effectively treat this group. It also supports the need to design treatment strategies around need groupings in order to meet needs in the most efficient manner. Duffee and Clark advocate, as do we, the use of needs analysis followed by statistical techniques such as factor analysis in order to best discover the need groupings.

The ineffectiveness of the cure-all model in correctional treatment is supported throughout the book on effective correctional treatment by Ross and Gendreau (1980). They clearly state that "different types of offenders need different kinds of treatment in different settings. There are no panaceas in correctional treatment, but some programs do work." (p 255) In their discussion of family intervention program evaluation, they further state that the:

"...body of intervention research provides ample testimony to the importance in evaluation of including an analysis of treatment integrity and of therapist and client characteristics. It also underlines the futility (and naivete) of a search for a cure-all that works for all clients all of the time in all situations and with all therapists. "Panaceaphilia" is a deviance which has long characterized treatment in corrections." (p. 10)

Thus, these authors feel that effective correctional treatment must take into account a number of factors, including individual characteristics of clients and their situations (eg. their needs). Once these factors have been considered, treatment strategies must be designed which focus on those needs which have been identified. The cure-all approach which is an unstructured and ineffectual model should be abandoned for more structured and empirically based program implementation.

These authors take this argument one step further in their recent analysis of the treatment literature by tying need assessment to risk assessment. They state that:

"The targeting of dynamic variables as represented by personal needs, which in themselves can be predictors of risk, such as degree of substance abuse or criminal thinking, is more productive in dealing constructively with the offender's current situation. The responsivity principle of case classification suggests that higher-risk clients will be able to respond positively only to programs that are tailored to fit their abilities and learning styles."
(Gendreau and Ross, 1987: p.374)

This statement also raises one final point to consider in terms of program evaluation; will the offenders want to, or be capable of, cooperating with programs aimed at meeting their needs. It seems logical that if a program is designed to meet the specific needs of an offender, he/she

should be capable of cooperating in such. Further, that they will want to cooperate to some degree becomes evident in the findings of Studt (1972). Studt found that offenders are more likely to prefer attention to specific problems or needs as a supervision strategy over generic and global care and nurturance (pp. 104-6).

Thus, one can conclude from the literature in this area that offenders should be treated in terms of their individual needs and that doing so will probably elicit more cooperation than a global or cure-all approach to counselling. Further, evidence suggests that the grouping of needs into categories is the most efficient way to do so. The relationship between individual needs and effective treatment becomes evident when one looks at specific program evaluations which relate to correctional treatment.

In their analysis of the treatment literature, Gendreau and Ross state that:

"The research examining the interactions among individual differences, types of treatment, and nature of settings transcends virtually all content areas in the treatment literature. These studies range from single groups of investigators, who assess the relationship of individual-difference variables to treatment outcome, to an organization such as the International Differential Treatment Association (IDTA), an influential group of practitioners and researchers committed to developing skills and knowledge about the effectiveness of major classifications of treatments....Throughout this review we provide ample testimony that individual differences are crucial to our understanding of *what works*." (1987: p.371)

This concept of individual differences is synonymous with our concept of specific need identification and assessment. Individual differences manifest themselves through both the characteristics of the offender and his specific needs. Thus, the analysis by Gendreau and Ross (1987) supports the necessity of looking at the specific needs of offenders. We will now offer a few examples of the many studies in the literature which further support this contention.

(i) Examples of Need Based Treatment Programs

In his article on the Complex Offender Program (COP), Kloss (1980) states that the program was built on the assumption that:

"criminal behaviour was a part of an individual's adjustment to the needs of community living and that a reduction in illegal activities could not be expected until different, more successful means of coping with life's problems were available. This working assumption was translated into a program which was intensive, demanding, and responsive to the individual needs of its clients." (Koss, 1980: p. 405)

Kloss goes on to say that the diversity of the individualized treatment plan was increased by the use of different treatment approaches dependent upon clients needs. Thus, this program was an individual needs identification and assessment project in which clients were placed under differing treatment strategies according to their needs.

Some of the results of the COP project were that successfully discharged clients spent less time incarcerated (1% vs. 47%, $p < .001$), and they were employed more often (80% vs 15%, $p < .001$). They also continued to be committed less often than did comparison groups and were convicted of fewer offences after treatment ($X = .2$ vs $.6$, $p < .10$) (Kloss, 1980; p.413) Thus, the findings of this study support the contention that individualized treatment according to client needs can reduce the risk of recidivism.

Another study which assigned offenders to treatment programs based on individual needs was the California Treatment Project (CTP). Palmer (1974) discusses the approaches and findings of this program. It too was based on the assumption that individual differences must be considered in treatment. In this project, youths were matched in groups with specific needs. These groups were then included in the caseloads of probation officers who dealt only with certain types of youths. Thus need groupings were matched with the training and abilities of the Probation Officers in order to treat the groups for their special needs more effectively.

He found a 112% difference between the offending rates of high risk youths who were

appropriately placed according to their needs and those who were not. He further found similar patterns for the lower risk groups, although they were not as pronounced given that both lower risk groups tended to commit less offences. He concludes that:

"Delinquent behaviour can probably be reduced in connection community and residential programs alike, by means of careful diagnosis and subsequent placement of individuals into appropriate rather than inappropriate or less-than-optimal settings and programs. In short, it might be said that it matters which youths (or types of youths) are placed into which type of setting, and that careful selection may lead to higher rates of success for residential and community-based programs alike." (Palmer, 1974: p. 271)

Although this article is directed more towards young offenders and various forms of diversionary treatment, it does support the contention that treatment programs should be applied according to individual needs and that these needs should be grouped to optimize treatment strategies.

Finally, Cox et. al. (1977) present a study of young offenders in Washington. In this study, youths were sent to a centralized diagnostic system prior to sentencing and an optimal treatment plan was developed for each youth according to his specific needs. The youths were then admitted to treatment programs which would best meet these needs. The results of the study indicated that treating youths according to their needs reduced commitments to state institutions and reduced recidivism rates for the treated youths. Further, it identified voids in the treatment system which were filled by new programs and it resulted in the community agencies and other participants becoming committed to a treatment plan for the youths. (Cox et. al., 1977: p. 354)

Although this study also deals specifically with young offenders, it is felt that its results support the contention that adult parolees must be treated according to their individual needs. It further offers evidence that the identification of needs and evaluations to see if programs to meet these needs are available can lead to program implementation which is effective in reducing recidivism.

The above studies are only three examples of treatment literature which suggests that offenders must be treated according to their individual needs. To discuss the whole body of literature in this area would take far too long, and such a task represents a qualitative study of its own. Suffice it to say that in Ross and Gendreau's (1980) analysis of 95 treatment studies prior to 1980, and in these same author's study of the treatment literature in the 80's (Gendreau and Ross, 1987) a recurring theme appears which must be considered; namely that different offenders have different needs and therefore require different forms of treatment according to these needs.

(ii) Meta-analyses

The best way to examine the whole body of literature in the area of effective correctional treatment is to look at the emerging meta-analyses of this literature. A number of meta-analyses have appeared since the research in this particular study was completed, but we feel that it is important to go back and see what they have said, and how they relate to the work which we have done.

Meta-analysis is "a technique that enables the reviewer to objectively and statistically analyze the findings of many individual studies... The procedure of meta-analysis involves collecting relevant studies, using the summary statistics from each study as units of analysis, and then analyzing the aggregated data in a quantitative manner using statistical tests." (Izzo & Ross, 1990: p. 135). Thus, this technique provides a statistically sound overview of a body of literature in order to draw general conclusions about the subject matter of this literature. It goes beyond the typical literature review by applying statistical tests to the findings of a number of studies in order to discover which findings are stable throughout various research projects.

Gendreau and Andrews (1989) state that "The goal of meta-analysis is to standardize and interpret the findings of diverse studies in an objective, verifiable manner so that replication of the review is possible" (p.4). In other words, these types of analyses are able to standardize the

findings of many studies to allow us to draw conclusions about an area of research. Thus, from the meta-analyses, we are able to identify programs, and necessary components of such, which are effective.

The first theme which appears in many of the works of Andrews and others is that of the risk and need principles. According to Andrews (1989) "The risk principle suggests that higher levels of service should be allocated to the higher risk cases" (p.14). As we shall see later, the higher risk cases, those who are released on MS, are those who receive the least structured release, and often the lowest level of intervention upon release. Further, the lowest risk releases, those who are released on Day Parole, receive the most structured release with the most available intervention. In fact, Andrews goes on to state that "amplified supervision was *not* effective with lower risk cases" (1989: p. 15).

The second principle, that of needs, is described by Andrews et. al. as follows: "Criminogenic needs are a subset of risk factors. They are dynamic attributes of offenders and their circumstances that, when changed, are associated with changes in the chances of recidivism." (1990: p.31). They further state that "If the reduction in the chances of recidivism is an ultimate goal, the more effective services are those that set reduced criminogenic need as intermediate target of service" (p. 20). Thus, the meta-analysis literature supports our contention that individuals needs must be considered, and targeted, in order to effectively treat an offender.

There have been a number of needs categories which have been found to be amenable to treatment, and thus a reduction in recidivism. These include antisocial attitudes, peer associations, family communications, self control (including temper control), self management (including life skills), problem solving skills, and chemical dependencies (substance abuse) (Andrews, 1989: pp. 15-16). All of these needs represent needs which have been identified by the CMOs in the following analysis.

Andrews, and others, have also found that the best modes of service are behavioral, particularly cognitive and social learning approaches (Andrews, 1989; Gendreau & Andrews, 1989; and Izzo & Ross, 1990). The meta-analyses also identify a number of important factors in relation to program design. Andrews (1989) found that programs which were relatively short term with very practical goals were the most effective. Further, long term programs which frequently employed psychotherapy and group therapy were found to be the least effective (p. 7). "There was also a statistically reliable effect reports for treatment setting. Community based programs were more effective than institutional." (p. 9). Finally, Izzo & Ross (1990) found that "programs which were based on a theoretical principle were an average of five times more effective than those that had no particular theoretical basis" (p. 138).

In summary, what Andrews found was that delivery of appropriate correctional service reflected three psychological principles: a) targeting high risk cases, b) targeting criminogenic needs, and c) use of styles and modes that were matched with client need and learning styles (1989: p. 11). He further found that a number of needs categories are responsive to treatment, as listed above, if the treatment is targeted properly with these needs in mind. Therefore, it is now important to look at how these needs may be targeted.

(iii) Optimal Treatment

Once a needs analysis has been completed, we are left with the question of what to do with it. We have an individual and we know what his needs are but we still must somehow ensure that he obtains the services which he requires. "The benefit of enlarging our knowledge of needs assessments is that it would provide an empirical basis for treatment programming and offender rehabilitation" (Bonta and Motiuk, 1985: p.335).

According to Cox. et. al. (1979) the ideal thing to do is develop an optimal treatment approach. Using this approach, during the development of a treatment strategy, in this case a

community assessment prior to release, a step is introduced in which those who are managing the case are asked to produce an optimal treatment plan for the individual client according to his needs. (p.273) To take this even further for this study, the treatment plan, and the needs of the offender, would then be compared to the programs which are being offered by various halfway houses to see which program is best suited to the individual client.

This would best be done through a needs identification tool which also assesses needs as being desirable or essential to meet. This would be cross-referenced with a chart of the halfway house programs to ensure that the offender was sent to a house which had the available resources to meet, at the very least, all of his essential needs. This could include access to community programs and programs in other houses if they are within the immediate vicinity or if transportation is available.

Finally, we feel that it is important that someone who is a professional and who has worked with the client on a regular basis should be given the responsibility of designing this optimal plan. In this case, we would suggest the CMO. Duffee and Clark state that the gatekeeper role for correctional personnel is difficult given the weak position of penal staff in providing access to community sources. They further state "One might expect that greater knowledge of the problems faced by the offenders and greater experience in devising strategies for solving problems and drawing upon resources could overcome at least part of this deficiency." (1985: p.235)

Thus, the best way to ensure that correctional staff have an idea of what offenders need and what is available would be through the development of need identification and assessment scales and through halfway house services and program charts. Finally, to ensure that these needs are met, the correctional officer should be given the role of service broker, as discussed below.

Jayewardene et. al. (1983) advocate the use of Human Resource Management in Probation and Parole. This involves the government office becoming an agency which sends its clients to appropriate service agencies; a sort of services middle man operation. We would contend that this

practice should be adopted by the prison system as well in releasing offenders to halfway houses.

The process would involve identifying the needs of a particular client and matching these needs to houses which provide the services which he requires, as mentioned above. The elimination, from the list of possible residences, of houses which lack a particular service which the offender requires would be the first step. After that, the CMO would look at the needs which he feels are most important and match the offender to the house which he feels is best suited to meet these needs.

Finally, a note on halfway house specialization should be included. Throughout this literature review, we have advocated the grouping of treatment programs according to the relationships between needs which become apparent through statistical techniques such as factor analysis. To optimize treatment strategies and to avoid a great deal of program duplication, we feel that the development of specialized halfway houses, according to empirically sound needs groupings, would be the most effective.

Indeed, Hess and Frank, in their study of halfway house residents in Michigan state that the success rate of this group might be raised:

"by studying the profiles and offering different programs to reach different groups rather than having the same program for everyone, as is now the policy. Since there is more than one centre in the Detroit area, programs could be established at different centres to deal with groups with different problems. The resident could then be classified and placed in the centre that would be most beneficial. This is being implemented presently in prisons and it seems to be the logical step in the evolution of the centre." (1978: p.124)

However, what these authors did not do was offer a method for grouping programs and for matching offenders to them. We must stress that to effectively deal with clients, they must be placed in houses by those who are most aware of their needs (CMOs) and that these houses must adopt programs that are grouped according to empirical measures of association.

In conclusion, before effective treatment strategies can be initiated, it is important to look at the needs of the clients. This is best done through needs analyses on an ongoing basis in order to keep up with trends in needs and services. There are a number of approaches to doing such, but this author feels that the best approach in a correctional setting is through interviews with those professionals who work with inmates on a daily basis. This will result in the identification of needs which are seen as priorities and which hopefully, if met, will help reduce the risk of recidivism.

Through a needs assessment, classification tools may be developed which help to identify the needs of clients and to match them up with available services. It is felt that, once again, the case management personnel are best suited to matching the clients with community services through halfway houses which meet the specific needs of clients. Further, these classification tools must be based on needs which have been shown through research, and techniques such a meta-analysis, to be amenable to treatment.

Finally, effectively designed programs should be grouped in halfway houses in order to accommodate the matching of offenders to these facilities and to further avoid program duplication and the costs of such where possible. These groupings must be empirically based, and periodically verified through future needs analyses and meta-analyses.

We will now turn to a discussion of the methodology which was adopted for the study at hand. The methods which we used were adopted from the preceding literature review, and are based on the premise that offender need and risk factors must be considered upon release.

CHAPTER 2

METHODOLOGY

In order to complete the needs analysis a real-time total population study was undertaken for a three month period. All of the inmates being released to Toronto on any form of early release from all Federal Institutions in Ontario during the period of July 1 to September 30, 1988 were the subjects of this study.

A. Data Collection Tools (Offender Information)

Data were gathered and coded from the offenders' files on a coding tool (Appendix A.) in order to gain demographic information and material on criminal and institutional history. A "Recidivism Prediction Worksheet" (now known within the Ministry of the Solicitor General of Canada as the "SIR Scale" - Statistical Information about Recidivism) was also filled out using the information available in the files in order to obtain some indication of risk for each offender and also to obtain data on criminal history and offence patterns. This is the risk prediction scale developed by the Ministry and includes a number of factors pertaining the offenders personal and criminal history. The reader is referred to Appendix B. to see a copy of this sheet. A description of its development and uses can be found in Nuffield (1982).

The final coding instrument used in relation to the offenders' files was the Force Field Analysis of Needs. This is a form, which was adopted from the Wisconsin Client Needs Assessment Scale (Capener 1978), is filled out as part of the Case Management Strategies (CMS) package which is completed by CMOs in order to design a treatment plan for each offender. It is used to identify the needs of offenders in 15 categories and to assess the priority with which they should be met. A copy of this form is contained in Appendix C. This form was copied from the files if

it had already been filled out, or was included as part of the survey for cases which had not already had the CMS interview. It was included because it provides a stimulated response questionnaire which identifies a number of needs associated with criminality.

An open-ended questionnaire was designed and administered to the CMO for each offender which asked him/her to identify the needs of the offender and to discern which residential aspects of a halfway house were required by the client. The CMOs were also asked to identify which halfway houses had been contacted for this particular client. A copy of this form is contained in Appendix D.

This open-ended questionnaire was included because it allows the respondent to go beyond the needs which are included in the Force Field Analysis and to identify those needs which are first and foremost in their minds. It also allowed the respondents to categorize these needs in terms of the necessity of meeting them using a two-point (essential/desirable) scale. It was assumed that through working with these clients on a daily basis, the respondents would be aware of any needs a particular client would have and that those needs which were most important to meet would come to mind. In fact, when asked to prioritize the needs which were identified in order of required intervention, the respondents almost inevitably prioritized them in the order in which they originally listed them.

The final data collection instrument was an open-ended questionnaire which was administered to one of the NPB Members who sat on each parole hearing (Appendix E.). This questionnaire was virtually identical to the one which was administered to the CMOs, excluding the questions concerning which halfway houses were contacted. It was included in order to see if the Board's knowledge and perception of offenders needs matched those of the CMOs and to identify those needs which were considered important in the release decision making process.

B. Data Collection on Halfway Houses

The second data collection step involved going to Toronto and interviewing the director of each halfway house. A coding instrument was designed, which included a list of the needs which had been identified by the CMOs (Appendix F). Each respondent was asked to indicate if they had some way to attempt to meet each of the needs either in house, through specific programming or individual counselling, or through community services. Other questions were asked concerning any perceived changes in the system since the Stanton release as well as questions concerning the numbers and types of clients they service.

C. Analysis

The data were then entered on a computer and analyzed using simple frequencies and cross tabulations. The clients were categorized into two groups: Day Parole and Mandatory Supervision since these are the offenders most frequently found in halfway houses (residence at a halfway house cannot by law be required of a full parolee). Further, it was found that houses serviced either Day Parole or MS clients almost exclusively. Thus, in order to properly determine the need for services and beds, the subjects had to be split according to the release types serviced by these two kinds of halfway houses.

(i) Sample Definition and Offender Grouping

The vast majority of those clients who were being considered for Full Parole had also applied for Day Parole (83%). Of those clients who applied for Full Parole only, none of them had any plans to reside in a halfway house. Thus, those who were considered for Full Parole only were eliminated from the study, given that its purpose was to identify needs in relation to halfway houses. Those who were considered for both Full Parole and Day Parole, or Day Parole and Unescorted

Temporary Absences (UTAs), were included as Day Parole cases given that it was quite likely that they would reside in a Day Parole oriented Community Residential Facility (CRF) upon release.

Those who applied for UTAs only were also eliminated from the study. This was done for a number of reasons. First, it was difficult to determine the purpose of the temporary absence given that these are granted for a number of reasons including program evaluation, medical reasons, community assessments for either Day Parole or MS, etc. Second, this form of release is only for a few days, and thus the needs of the offenders could not be met in this period of time. Finally, those who were being released during the period of this study probably applied for UTAs prior to their release, so to consider those who applied during this period may have skewed the results of the needs analysis.

(ii) Analysis Techniques

After being categorized into Day Parole and MS cases, frequencies of needs, recidivism prediction data, Force Field Analysis data, and demographic statistics were run for the two groups, and for the population as a whole. An estimate of the number of releases with specific problems was then arrived at in order to assess demand, and was compared to the number of beds which offer the required services to see if this demand could be met. Finally, a factor analysis was completed in order to determine if the needs of offenders could be empirically grouped and to see if programs in the houses do deal with specific need groupings.

In order to gain an estimate of the number of releases to the Toronto area during a three month period, the "5-50 rollups" were obtained from CSC. These are statistics on the number of clients being supervised by, and released to, each parole office in Canada each month. These statistics were obtained for the Toronto offices for the last three years, for the following reason.

There was some concern about a perceived drop in the number of cases released to Toronto following the Stanton tragedy. The numbers of MS cases seemed particularly low in comparison

to the numbers for previous quarters. It was therefore feared that examination of the July-September 1988 period alone would under-represent the need for halfway house beds and programs. However, once the "5-50 rollups" were examined it became evident that there is typically a great deal of variation in number of releases from quarter to quarter.

Figure 1. Number of Releases to Toronto for the Last Three Years

Year	Quarter				Total
	1	2	3	4	
Day Parole					
1988	54	46	92	45	237
1987	74	51	63	52	240
1986	55	86	73	116	330
Full Parole					
1988	62	51	63	64	240
1987	48	38	60	88	234
1986	33	30	43	62	168
Mandatory Supervision					
1988	107	112	87	60	366
1987	47	63	102	109	321
1986	84	92	89	66	331

Figure 1. shows the number of releases in each quarter by release type for the last three years. As one can see, the range of MS releases for these three years varied from 47 to 112 inmates per quarter. Further, Day Parole releases varied from 46 to 116 and Full Parole releases varied from 33 to 88. However, total MS releases per year seemed fairly stable over this period. There was a marked drop in Day Parole releases from 1986 to 1987, which

was reflected in a similar increase in Full Parole releases. However, the figures for release for the last two years appear stable. Thus, it was decided that the research should look at estimated needs over a one year period, rather than on a quarterly basis.

An average number of releases was then arrived at and it is assumed that under normal circumstances, at least this number of inmates will be released to Toronto during a given year. Thus, the numbers arrived at using the 5-50 rollups were used to estimate any possible need for beds and services in this city.

(iii) Lost Data

It should also be mentioned at this point that although this was a total population study, there were a number of "lost cases"; cases in which it was not possible to obtain full data. There was one case lost at each of the following four institutions (Kingston Pen., Collins Bay, Bath, and Warkworth) , three cases lost at Frontenac and 15 cases lost at Joyceville for a total of 22. In the institutions with three or less losses, these were mainly due to either the CMO being transferred or to the CMO not remembering the case because the inmate had spent very little time there (ie. had been transferred to a minimum and released a couple of weeks later).

The losses at Joyceville are, however, more difficult to explain. A number of cases were identified as belonging to CMOs who in turn said they were other CMO's cases, who in turn said the same thing or simply didn't remember. In other words, the majority of these cases seemed to be lost in the administrative shuffle. It should be noted that the majority of lost cases were MS cases, and because it took almost three months to obtain a list of MS releases, most of the lost cases had been released at least two and a half months prior to the interviews. However, the differences in numbers between Joyceville and all of the other institutions is puzzling. It is not felt, however, that the loss of these cases from the data collection would inject an undue bias into the results. Because the needs evaluation was not possible for these lost cases, they were completely

excluded from the study and are thus not included in the total of 141 subjects.

We shall now turn to a discussion of the results of the various analysis techniques which were outlined above. We will open with a discussion of general findings, followed by our data on risk and recidivism. This will be followed by a discussion of our needs analysis and the factor analysis which attempts to discover needs groupings. The chapter will then conclude with a discussion of our findings in relation to halfway houses.

CHAPTER 3

FINDINGS

A. Release and Demographic Statistics

(i) Release Data

As mentioned above, the majority of those who were considered for Day Parole also applied for Full Parole. Of these, 22.6% were denied both or had the decision deferred, 58.5% were granted Day Parole exclusively, 7.5% were granted Full Parole exclusively, and 11.3% were granted both. The decision for the latter usually stated that Full Parole was granted upon successful completion of Day Parole.

Of those who applied for both Full Parole and Day Parole, 19.2% applied before their Day Parole eligibility date ranging from 1 to 46 days prior to said date. It should also be noted that all of these cases were in minimum institutions when they applied, and none of them were released before their eligibility date. The remainder applied after their eligibility date, ranging from 0 to 2023 days after eligibility. The mean proportion of sentence served was .281 (28.1%) and the standard deviation was .108 (10.8%). Thus, offenders generally applied for Day Parole closer to their Full Parole eligibility date (which is 33.3% of the sentence) than their Day Parole eligibility date (which is 16.7% of their sentence).

There were a total of 141 subjects included in the study. Of these, 58 (41.1%) were granted Day Parole, either singly or in combination with another type of release such as UTA's or Full Parole. MS releases constituted 43 (30.5%) of the releases, Full Parole alone constituted 7 (5.0%) of the releases and UTA alone equalled 8 (5.7%) of the releases. The release decision was not available for one case, and the remaining 24 (17.0%) of the cases were denied release or "detained".

(Since 1986 the NPB has had the power to "detain" demonstrably dangerous MS cases past their presumptive release date.) The majority of subjects were released from minimum institutions (54.6%), then came mediums (23.4%) and finally maximums (18.5%), with the other 3.5% coming from the Prison for Women.

The Parole Board generally followed the recommendations of the Case Management Team (CMT) in making its decision. In fact, for Full Parole, when the recommendation was to deny, the Board denied 88% of the cases and released only one offender (6%) and deferred the decision on one other (6%). When the recommendation was to grant, the Board granted 71% of the cases and denied 21% of the applications. Chi square was run on these figures and they were found to be statistically significant ($p < .001$). In terms of Day Parole, when the recommendation was to deny, 83% of the cases were denied and 17% were granted. For a recommendation to grant, 93% of the cases were granted and only one (6%) was denied ($p < .001$). Finally, in terms of UTAs, when the recommendation was to grant, the Board granted 88% of the applications and denied only one case. The figures for UTAs were not tested for significance because there was only one recommendation to deny, so a Chi square test would not work (eg. 75% of the cells had an expected count of less than 5). There are no data available for MS recommendations, given that there is rarely a Panel hearing in these cases, and recommendations are usually towards the application of conditions unless detention is being considered.

These cross tabulations suggest that the Parole Boards does in fact follow the suggestions of the Case Management Team (CMT) in almost all of the cases before them. This appears logical given the fact that the CMOs work with these offenders and the other members of the CMT are usually familiar with the case as well. The Board, on the other hand, has to rely on the information provided to them in the files. Further, the Board members usually have large caseloads and are unable to spend a lot of time reviewing each case. Those decisions which go against the recommendations of the CMT are probably borderline cases in which the Board, due to its

accountability, is not willing to risk a release on. These figures do lead one to question who should be ultimately held accountable for improper release decisions.

(ii) Sample Demographics

The age of subjects ranged from 18 to 71, with the mean age being 33 (SD 10.19) and the modal age being 24. When split into quartiles the ranges were from 18-25, 26-31, 32-38, and 39-71. The mean age for MS releases was 30 (SD 7.54) and the mode was 24; the mean age for Day Parole releases was 34 (SD 10.70) and the mode was 23.

The vast majority of subjects were male (97.2%) and there were no women released on Day Parole and only one was released on MS. For this reason, it was not possible to do a separate needs analysis for female offenders. Further, the vast majority of clients were Caucasian (78.7%) with 7.1% Native, 12.8% black, and 1.4% of the respondents falling into the 'other' category. The vast majority of subjects were English speaking and Canadian citizens (both over 90%).

In terms of marital status, 45.4% were single and 41.1% were married or had common law spouses. Marital status does seem to be associated with release decisions, given that 60.5% of MS releases were single and only 50.0% of Day Parole releases fell into this category. Further, 39.7% of Day Parole releases were married (or living common law) whereas only 27.6% of MS releases fell into this category. This is indicative of the breakdown of the family unit over the period of incarceration. It further suggests that the Board is more willing to grant an early release to an inmate who has family ties in the community.

(iii) Offence Data

Finally, the three most serious offences for which the client was serving time were coded and then categorized. Figure 2. lists the offence types overall and for the two types of release which this study focused on. It should be noted that these percentages are not exclusive, given that most

of the offenders were serving time for more than one offence and offence type.

It is interesting to note that there are more Day Parole releases than MS releases who were in for general violent offences given that MS releases are usually associated with violent offenders. However, there are far more robbers who are released on MS than on Day Parole. The fact that more than twice as many releases on MS, than those on Day Parole, were in for property offences is quite surprising, once again given the common association between MS releases and violent offences. However, this measure does not reflect the number of counts or the severity of specific offences.

Violent offences were operationally defined into two categories, and robbery, which is often combined into the violent offence category, was separated out. This was done in order to separate those offences which had actual occurrences of violence (eg. injury or death) from those which had the potential for violence, but which did not result in such. Further, in categorizing those offences which have actual violence and those which have implied violence, the overall frequencies of violent offences may be grossly inflated. Thus, these offences were separated in order to provide a more accurate figure of the frequency of violent offences.

Violent offences included manslaughter, murder, criminal negligence causing death, and assault. Offences which have an aspect of implied violence included firearms offences, forcible confinement, exercise control, threats, and extortion. Robbery included both armed and unarmed robbery. Property offences included theft, break and enter, and possession of stolen property or burglary tools. Narcotics offences included possession of, trafficking in, and importing narcotics. Fraudulent offences included fraud, possession of credit cards, false pretences, breach of trust, and personation.

Figure 2. Offence Types Overall and by Release Type

Offence Type	Overall	MS	Day Parole
Violent Offences	49 (34.8%)	12 (27.9%)	20 (34.5%)
Implied Violence	20 (14.2%)	4 (9.3%)	6 (10.3%)
Robbery Offences	25 (17.7%)	8 (18.6%)	5 (8.6%)
Property Offences	47 (33.3%)	22 (51.2%)	14 (24.1%)
Narcotics Offences	29 (20.6%)	7 (16.3%)	15 (25.9%)
Sexual Assault	16 (11.3%)	5 (11.6%)	6 (10.3%)
Fraudulent Offences	15 (10.6%)	3 (7.0%)	8 (13.8%)
Other Offences	26 (18.4%)	13 (30.2%)	9 (15.5%)

Finally, the "other" offence category includes crimes such as arson, prostitution related offences, escape, conspiracy, mischief, impaired driving, obstructing justice, and fail to attend/comply. The majority of these offences are serious and/or relate to a failure to cooperate with the Criminal Justice System (CJS) so it is not surprising that most of these offenders are released on MS.

When looking at the offence, however, it is also important to look at criminal history and risk to society before drawing any conclusions about releases. We will now turn to a discussion of the factors contained in the Recidivism Prediction Worksheet (SIR Scale), which will provide more insight into the criminal history and risk to society posed by the subjects falling into the two

release categories.

B. Recidivism Prediction Worksheet Data

As mentioned earlier, the Recidivism Prediction Worksheet (SIR Scale) quantifies a number of factors of the offence and the offender, both in terms of family life and criminal history, which are commonly associated with criminality and the prediction of recidivism. These factors are then scored in order to arrive at an estimation of risk to society posed by the individual in terms of probability of recidivism. Scores on the sheet can be negative (implying high risk) and positive (implying low risk). The reader is once again referred to Appendix B. to examine a copy of this sheet during the following discussion.

Because the sample has been divided into Day Parole and MS cases for our program evaluation, we will compare recidivism prediction data of these two groups. This will enable us to compare the different levels of risk for these groups in order to see who requires more rehabilitative programming. Further, the recidivism prediction data helps to provide a clearer depiction of the extent of the criminal activities of these two groups, thus providing a better picture overall. Finally, crosstabs were run for each prediction variable and chi squares were applied to test the significance of each variables relationship to the time of release, in terms of proportion of sentence served.

It should also be noted that the recidivism scores do have an interactive effect. First, negative scores and positive scores combine to provide a low or high indication of risk. Further, the negative and positive scores serve to cancel each other out in the final summation, leaving one with a negative or positive total. This provides a final indication of risk which ranges from -30 for the highest risk indicator to 27 for the lowest risk indicator. The reader is referred to Nuffield (1982: pp. 34-59) for a complete discussion of the variables in this scale and how they interact with each other.

(i) Risk Data

When the recidivism prediction data are examined, one gets a much clearer picture of which factors other than the offence are considered during a decision to release. It is interesting to note that although this quantitative tool was not yet available to the Parole Board at the time they were reaching their decisions in this study, said decisions do generally reflect the risk predictions found in these sheets.

The first factor under consideration in terms of risk is the current offence. The most serious offence is coded according to the chart in number one of the sheet. Here, it becomes clear that the numbers presented in table one do not necessarily reflect the seriousness of the offence. The vast majority of Day Parole releases (79.3%) scored zero or positive numbers (indicating a greater chance of success after release) on the prediction sheet in this category, and 63.8% scored one or above. The majority of MS releases (53.5%), on the other hand, scored negatively, and 83.7% scored zero or less. These figures were statistically significant ($p < .001$). This suggests that offence types and their perceived risk of recidivism do play a role in the release decision making process.

The second factor under consideration on this sheet is age at admission. Here we see that the majority of offenders who are released on both Day Parole (63.8%) and MS (79.1%) were admitted between the ages of 22 and 38. Those who were admitted over the age of 39 are more likely to be released on Day Parole (22.4%) than on MS (7.0%). However, the difference was not statistically significant.

Previous incarcerations also play an important role given that the majority of Day Parole releases are experiencing their first prison term (58.6%) and the majority of MS releases have been incarcerated five or more times (69.8%). Previous revocations show the same pattern with 79.3% of Day Parole releases having not been previously revoked, and 62.8% of MS releases having been revoked at least once. Both of these groups were statistically significant ($p < .001$).

In terms of previous escapes, the numbers are small for both categories, but only 6.9% of Day Parole releases, as opposed to 20.9% of MS releases, escaped or attempted to escape custody in the past. However, this difference was statistically significant ($p < .050$). Security classification did display a significant difference with only 6.9% of Day Parole releases, as opposed to 27.9% of MS releases, residing in a maximum security institution at time of release ($p < .005$). This does, however, reflect the desire to move inmates downward through the various levels of security before their release into the community.

The age at first adult conviction shows that 72.1% of MS releases were under the age of 19 at the time of conviction. Day Parole releases, on the other hand, show much more variance, with 58.6% being over the age of 19 when first convicted in adult court ($p < .010$). This factor in the scale reflects the development of a serious criminal career at an early age, which is considered a major factor in recidivism. In fact, a number of these individuals were tried as adults, although they could still be considered juveniles, due to the seriousness of their offences.

The previous assault category also displays differences between the two release categories, with 77.6% of Day Parolees having no previous assaults, and only 6.9% having two or more. MS releases, on the other hand, had only 60.5% with no previous assaults and 25.6% having two or more assaults on their records ($p < .050$). This suggests that a history of assault does have a bearing on the type of release applied to an offender.

The number of releases on Day Parole and MS who were married or lived common law at the time of incarceration was virtually identical (62.1% and 62.8% respectively). However, there was a difference between the number of releases on Day parole and MS who were married at the time of release. This indicates that many inmates lose the support of their spouses during incarceration, especially those who are incarcerated until their MS date. It further reflects the positive influence of maintaining a relationship up to the time of release and thus having this

community support available upon release. In other words, if an inmate has maintained the relationship with his spouse while incarcerated, there is a greater chance of him being released before his MS date, and being married at the time of incarceration doesn't seem to play a relevant role towards this decision.

When looking at the number of dependents in the release categories, the majority of inmates up for both types of release have less than three dependents, but Day Parolees have more than three dependents 22.4% of the time, as opposed to only 4.7% of MS releases ($p < .050$). Being unemployed at the time of arrest was a significant predictor of proportion of sentence served given that 74.4% of MS cases fell into this grouping as opposed to only 46.6% of Day Parolees ($p < .005$).

Interval at risk, which is the amount of time between the present offence and the most recent past offence, or release from imprisonment on that offence, also seems to play a significant role in determining the type of early release an inmate will receive. It is divided into three categories in the SIR Scale: less than six months, six months to two years, and over two years. The majority of cases in both categories did not fall into the over two year category, but 15.5% of Day Parole releases, compared to only 4.7% of MS releases, lie here. The major difference between these two release types is apparent in the other two categories with the majority of Day Parole releases (56.9%) falling in the six month to two year category, and the majority of MS releases (62.8%) falling in the less than six month category ($p < .001$).

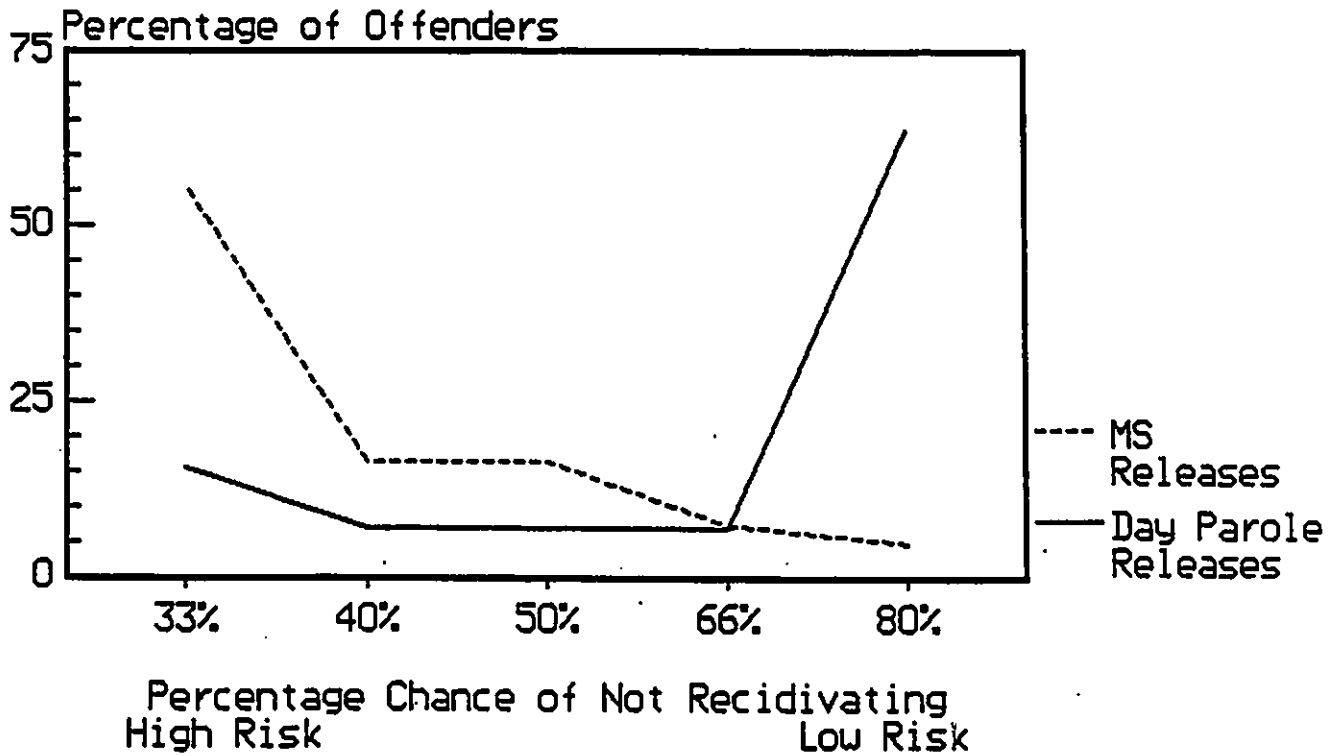
In terms of aggregate sentence, this prediction worksheet provides a positive score for inmates who were sentenced to over five years, with a sentence of five to six years scoring highest, and a sentence of over six years also scoring positive. Once again, more Day Parole releases scored positive on this factor (20.7%) than did MS releases (9.9%). This score reflects the perceived specific deterrent nature of longer sentences when making a decision to release. However, the difference was insignificant, statistically speaking.

A history of violent sex offences does not appear to have any significant influence on the decision to release or the proportion of sentence served. Of Day Parole cases, 10.3% had been convicted of violent sex offences, compared to 9.3% of MS cases. This difference is statistically insignificant, but we do find it surprising that the number of violent sex offenders being released on Day Parole is equal to, if not slightly greater, than the number being released on MS, given the recidivating nature of these offenders.

Previous record for Break and Enter (B&E) is the one variable on this sheet which provides the lowest negative score possible (-6). This reflects the high recidivism rate of B&E property offenders and is definitely apparent in early release decisions. Of the Day Parole releases, 79.3% had no previous B&E's on their records, as opposed to only 20.9% of MS releases. The majority of MS releases had one or two previous B&E's (34.9%) with 16.7% having three or four and 27.9% having five or more. The numbers for Day Parolees are 3.4%, 6.9%, and 10.3% respectively ($p < .001$). It is clear from these figures that the Board does not look favourably upon individuals who practice this form of property offence. Further, the scores for this crime indicate that those who practice Break and Enter are in the highest category of recidivists. This probably accounts for the number of property offenders who were released on MS, as mentioned earlier.

The purpose of the SIR Scale is to get a final score which provides to case workers and decision-makers some indication of risk to society. This is done through the summation of all variables, both positive and negative, to arrive at a final score. This score is then compared to a success rate chart which indicates the probability of the offender recidivating. Figure 3. presents a graph of the percentages of releases under these two categories who fall into each risk category. As one can see, the results are highly skewed to low risk for Day Parole releases (63.8% in the lowest risk category) and high risk for MS releases (55.8% in the highest risk category). The Chi^2 for this table ($p < .001$) does indicate that the variables and scoring process on this sheet does play a role in the proportion of sentence served by inmates.

Figure 3.
 Frequency of Offenders Falling into
 Success Rate Categories in the SIR by
 Release Type



This author finds it interesting that the Board's decisions are so clearly reflective of the recidivism prediction tool, given that such was not provided to them at the time of these decisions. Many people conceive of the Parole Board as a group of non-professionals who are assigned the difficult task of making numerous release decisions based on small amounts of information. As mentioned above, they do tend to follow the advice of the case management team in the vast majority of cases, but they are not bound by these recommendations. Further, this recidivism data is not included in the CMS information, so it is interesting that the decision of the case management team also highly reflects the recidivism data.

From this recidivism data we are able to draw a profile of the typical Day Parole and MS releases. The typical Day Parole release is an individual who has been incarcerated for the first

time. He has not been previously revoked, nor has he attempted an escape in the past. He is not in a maximum security institution at the time of release. If he has offended in the past, his interval at risk is fairly long, usually falling in the six month to two year category, and he probably has no previous convictions for B&E. Chances are his first adult conviction came after the age of 19, although this is only the case in slightly more than half of the subjects.

The typical MS case, on the other hand, paints a much grimmer picture. He is generally in for more serious offences, in terms of risk of recidivating, and has most likely been incarcerated five or more times. Chances are that he has been revoked in the past and he is more likely to be in a maximum security institution than a Day Parolee. His first adult conviction will have been at a young age. His interval at risk is generally short (less than six months) and he was most likely unemployed at the time of arrest. Finally, chances are he will have a number of break and enters on his record.

Thus, the variables contained in the SIR scale do seem to be related to the proportion of sentence served by the inmate. This is due to the perceived risk of recidivism which is reflected in these variables. In turn, this measure of risk suggests that those who score low on this scale (high risk) should be the targets of the most intensive supervision and programming. However, those who generally present the highest risk (MS cases) are also those who are usually simply released to the community with few, if any, conditions placed on them. Further, there is no legislative requirement for this group to reside in a halfway house. This data, and the literature on effective correctional treatment, suggests that more control should be instituted over the MS release, with an order to reside becoming the rule rather than the exception. Through this, proper programming and a reduction in recidivism will be more easily attainable.

C. Needs Analysis

Now that we are familiar with the general characteristics and risk factors of these two

groups it is important to look at the needs which they have. Given the different risk factors of these two groups, we hypothesized that the Day Parole group would have less needs than the MS group.

(i) CMO vs. Parole Board's Identification of Needs

As mentioned earlier, needs were identified for this study by both CMOs and Board Members, using an open ended questionnaire. They were also prioritized in order of the importance attached to meeting them, and categorized as essential or desirable. Figure 4. lists all of the needs identified by both sets of respondents and the percentage of cases they felt had each particular need. The reader should note that the total number of cases which were responded to by the Board Members and the CMOs is different (N= 99 and N= 141 respectively) given that the Board Members were only questioned on cases which had a Board Hearing whereas CMOs responded to all cases. In other words, this difference is made up entirely of MS cases which had no hearing because the Board Members would not be familiar with these cases.

As one can see in this table, the CMOs and Board members were close (less than 10% apart) in identifying the need for most services. For some, however, (drug and alcohol abuse, employment counselling, residence, and education) there were stronger differences, with the CMOs in most instances identifying more needs than the Board Members. There is one notable exception to this; residential needs. In this study, the Board Members stated that a high percentage of inmates (65.3%) need a residence upon release, whereas CMOs identified a residential need only when they felt that the inmate did not have suitable alternate housing to be released to. This is attributed to the NPB policy of releasing Day Parole clients to halfway houses in the vast majority of cases.

Figure 4. Percentage of Clients With Specific Needs as Identified by CMOs and Board Members

Need Types	Needs Identified by CMOs (N= 141)	Needs Identified by Board Members (N= 99)
Medical	5 (3.5%)	1 (1.0%)
Psychological	36 (25.5%)	25 (25.3%)
Drug Abuse	34 (24.1%)	9 (9.1%)
Alcohol Abuse	32 (22.7%)	11 (11.1%)
Positive Community Supports	15 (10.6%)	2 (2.0%)
Residential	31 (22.0%)	64 (65.3%)
Employment Counselling	32 (22.7%)	5 (5.1%)
Employment	35 (24.8%)	23 (23.2%)
Structured Environment	5 (3.5%)	9 (9.1%)
Financial Management	16 (11.3%)	5 (5.1%)
Academic	23 (16.3%)	6 (6.1%)
Life Skills	17 (12.1%)	6 (6.1%)
Family Counselling	11 (7.8%)	7 (7.1%)
Sex Offender Treatment	8 (5.7%)	5 (5.1%)
Substance Abuse *	14 (9.9%)	10 (10.1%)
Temper Control	14 (9.9%)	6 (6.1%)
Battering Treatment	3 (2.1%)	0
Gamblers Anonymous	1 (0.7%)	0

Figure 4. (cont'd)

Need Types	Needs Identified by CMOs	Needs Identified by Board Members
Motivation Counselling	2 (1.4%)	1 (1.0%)
Strict Supervision	20 (14.2%)	7 (7.1%)
Legal Assistance	1 (0.7%)	0
Attitude Adjustment	8 (5.7%)	0
Financial Assistance	8 (5.7%)	0
Language Training	3 (2.1%)	2 (2.0%)

* Substance Abuse means a combined drug and alcohol problem in which neither is seen as being more important.

Although these two respondent groups generally agreed upon the percentage of clients having particular needs, they often disagreed on which offenders required a particular service or program and on the number of needs each inmate had.

Figure 5. shows the total number of needs identified by both CMOs and Board Members for all of the subjects who had a board hearing. The reader should be cautioned that this includes very few MS cases (3) and consists mainly of Day Parole hearings. As one can see, the CMOs did identify more clients than the Board Members as having no needs. Further, the Board Members generally identified subjects as having three or less needs, as compared to the CMOs who saw subjects mainly having four or less needs, but who also identified five to seven needs more often. This suggests that the CMOs are more aware of the needs of clients due to their daily dealings with them, and were generally able to identify a greater number of needs.

Figure 6. displays the number of essential needs identified by CMOs and Board Members for those cases which had a Board hearing. Once again, CMOs identified more offenders as having

no essential needs than did the Board Members. Further, the fact that they generally identified more needs than the Board Members is also supported in the essential needs category. Figure 7 displays the number of desirable needs identified for those cases which had a board hearing. Once again, the same patterns appear as in the discussions of Figures 5. and 6.

Thus the Board Members generally identified less needs than the CMOs, but were also less likely to state that an offender had no needs. This is attributed to the high percentage of cases in which the Board Members identified a need for residence due to policy.

Figure 5. Total Needs Identified by Board Members and CMOs for Cases Which Had a Board Hearing

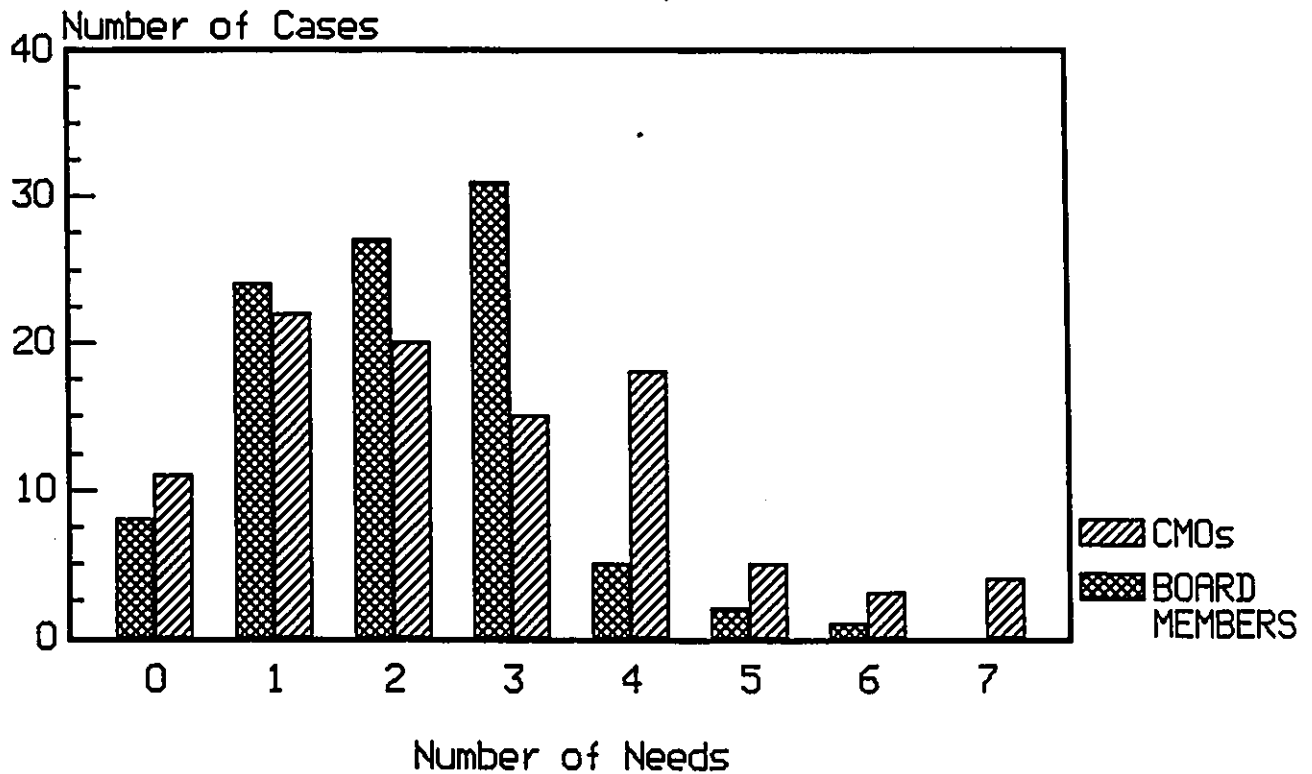


Figure 6. Total Essential Needs Identified by Board Members and CMOs For Cases Which Had a Board Hearing

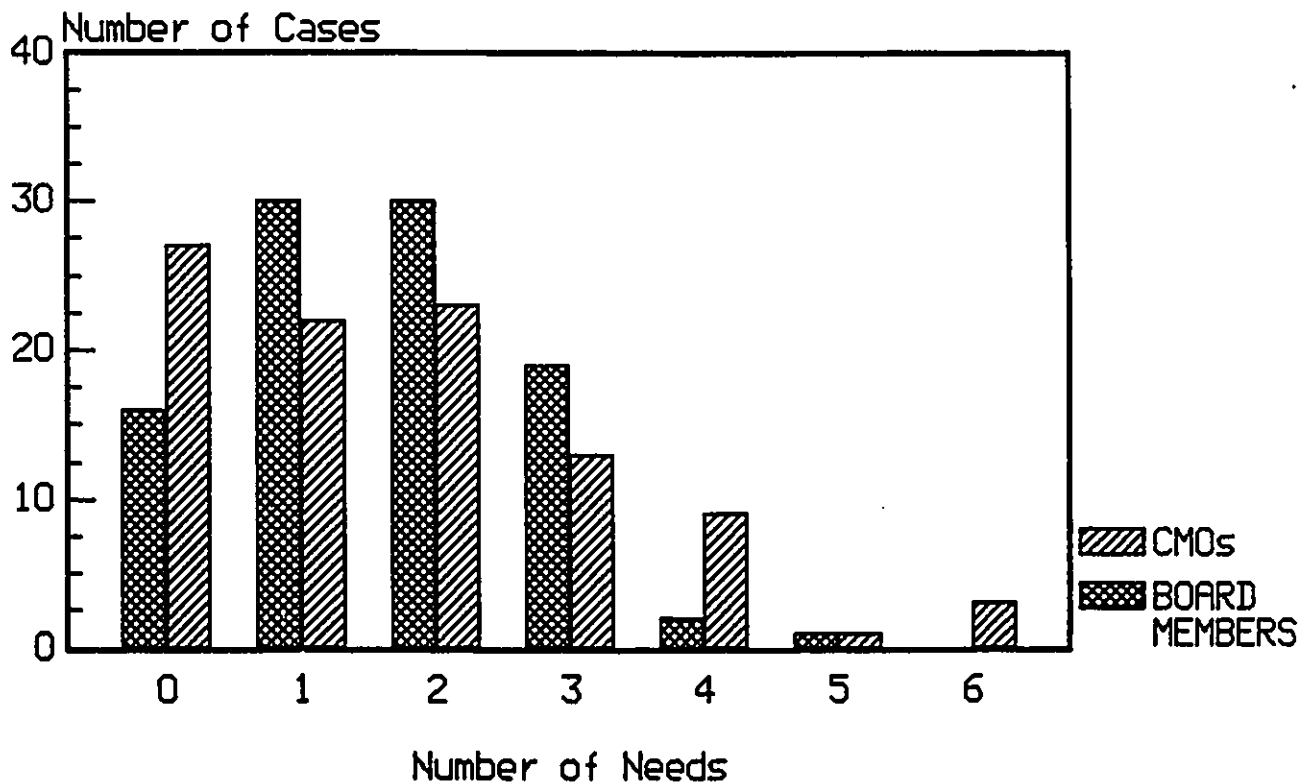


Figure 7. Total Desirable Needs Identified by Board Members and CMOs For Cases Which Had a Board Hearing

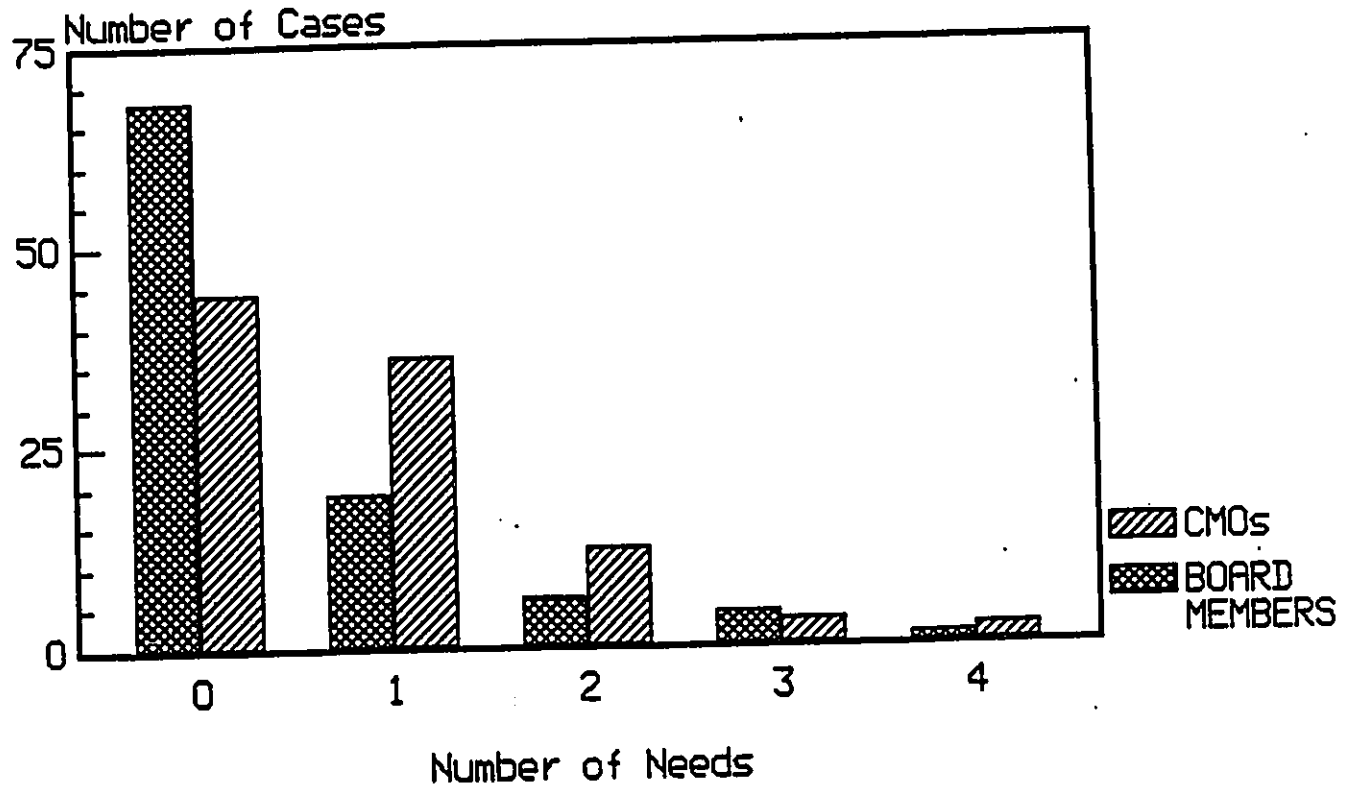


Figure 8. displays the different perceptions of a need for residence held by CMOs and Board Members. As one can see, the CMOs identified more than twice as many cases as not requiring a bed, less than one third as many cases as having an essential need for a bed, and less than one half as many cases as having a desirable need for a bed than did the Board Members.

Figure 8. Percentage of Clients Identified as Requiring Residence in a Halfway House

Respondent	Need for Residence		
	No Need	Essential	Desirable
CMOs (N= 141)	110 (78.0%)	24 (17.0%)	7 (5.0%)
Board Members (N= 99)	34 (34.7%)	53 (53.1%)	12 (12.2%)

One could argue that the tendency of Board Members to identify less needs than CMOs was due to a number of factors. First, the CMOs work with these cases on a daily basis and are thus quite familiar with them. Second, case management reports to the board do not necessarily identify specific needs, and seldom provide the Board with an exhaustive list of needs. Third, Board Members have large, and different, caseloads on a daily basis and it is thus difficult for them to find the time to review each file thoroughly, and they are often restricted to reviewing case management reports.

Finally, the Board Members were often left to fill out the questionnaires by themselves when there were multiple Panel Hearings on the same day at different institutions and it was thus impossible for the researchers to be present at each Hearing. This lost the stimulated response aspect of the interview which may have contributed to the Board Members consistently identifying fewer needs. For these reasons, it was decided that the needs data from the CMO interviews would be used in order to arrive at estimations of need for services.

(ii) Needs Identified by CMOs

Figure 9. outlines the number of needs identified by CMOs according to release type. As one can see the majority of needs identified are more prevalent in MS cases than in Day Parole cases. There are some exceptions to this rule. First, more Day Parole cases were cited as requiring a structured environment. This is probably due to the fact that Day Parole is a more structured

Figure 9. Needs Identified by Release Type

Need Types	Day Parole Releases (N= 58)	Mandatory Supervision Releases (N= 43)
Medical	1 (1.7%)	2 (4.7%)
Psychological	12 (20.7%)	10 (23.3%)
Drug Abuse	8 (13.8%)	16 (37.2%)
Alcohol Abuse	6 (10.3%)	14 (32.6%)
Positive Community Supports	5 (8.6%)	5 (11.6%)
Residential	12 (20.6%)	11 (25.6%)
Employment Counselling	13 (22.4%)	11 (25.6%)
Employment	12 (20.6%)	12 (27.9%)
Structured Environment	4 (6.9%)	1 (2.3%)
Financial Management	8 (13.7%)	6 (14.0%)
Academic	10 (17.2%)	6 (14.0%)
Life Skills	4 (6.8%)	10 (23.3%)
Family Counselling	4 (6.8%)	1 (2.3%)
Sex Offender Treatment	1 (1.7%)	3 (7.0%)
Substance Abuse	4 (6.8%)	3 (7.0%)
Temper Control	2 (3.4%)	6 (14.0%)
Battering Treatment	1 (1.7%)	0
Gamblers Anonymous	1 (1.7%)	0
Motivation Counselling	1 (1.7%)	1 (2.3%)

Figure 9. (cont'd)

Need Types	Day Parole Releases	Mandatory Supervision Releases
Strict Supervision	5 (8.6%)	10 (23.3%)
Legal Assistance	0	0
Attitude Adjustment	2 (3.4%)	6 (14.0%)
Financial Assistance	3 (5.1%)	4 (9.3%)
Language/Literacy	2 (3.4%)	0

form of release, and this is sought in order to attempt to reintegrate the offender into the community. On the other hand, more MS cases were cited as requiring strict supervision. Day Parolees were also cited as needing more academic upgrading, but once again this could be due to the fact that they are seen as having more hope in terms of "making it" in society. They are generally more motivated to seek academic upgrading, and the majority of those who were cited as needing such had already initiated their upgrading and the CMOs often stated that they simply wished to see them continue in their endeavors. Family Counselling also appears more for Day Parole cases and this could be seen as reflecting both the perceived success of reintegration with a little help and the fact that Day Parolees simply have more family supports and may need help reentering the family environment.

Other categories which fall into this exception are a need for gambler's anonymous, battering treatment, and language/literacy training. However, these categories were all so small, no significant conclusions can be drawn from them.

The Chi² test of statistical significance was run on each of the needs categories to see if the differences between Day Parole and MS clients were significant. The tests indicated that drug and alcohol counselling needs display a significant difference ($p < .010$). Further, needs for life skills counselling and strict supervision were also significant ($p < .050$), as were needs for temper control

counselling and an overall attitude adjustment ($p < .100$). It was originally felt that the MS group would prove to be significantly higher in most of the needs categories, given the differences in Figure 9. However, all that we can conclude from these statistical tests is that the MS group is as much in need of those services which did not prove statistically significant as are the Day Parole clients.

CMOs were also asked to identify whether they felt a specific need was essential or desirable to meet. When we look at this data, the differences between the two release groups becomes even more apparent. The data indicate that MS cases have far more essential needs and far less desirable needs than do Day Parole releases. Figure 10. plots the number of essential needs for both of these groups. Figure 11. plots the number of desirable needs. Looking at these charts, it is apparent that CMOs, once again, perceive intervention in the MS group as important, if not more important, than with the Day Parole group.

Figure 12. presents a chart of needs by release type and by intervention priority. Once again, we see that the majority of needs in the MS category are seen as being essential to meet. Day Parole needs, on the other hand, represent a greater mixture of essential and desirable needs. When the two groups are compared, we see many more essential needs for MS releases and more desirable needs for Day Parole releases generally.

Thus, it is apparent in the intervention priority data that not only do MS cases have more needs, but they are seen as having a higher priority in terms of meeting these needs than are the Day Parole cases. However, once the needs were split by the categories, the numbers became too small to run meaningful Chi^2 tests. Thus, once again, we can only conclude from this data that MS cases have at least as many needs as Day Parole cases in most categories, and that they often appear to have more. This supports our contention that we need a system to meet the needs of the former group, as well as the latter, if we want to reduce the risk posed to society by MS releases.

Figure 10. Essential Needs By Release Type

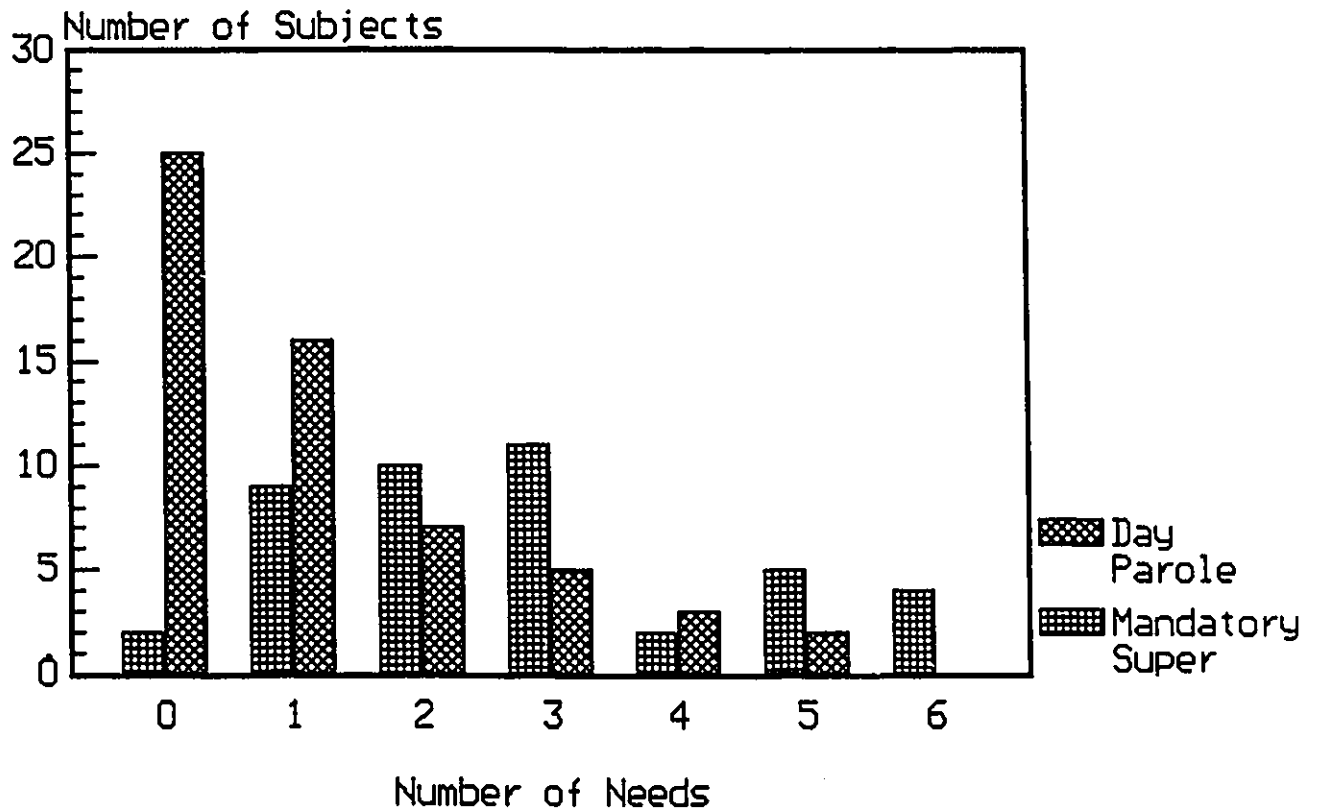


Figure 11. Desirable Needs By Release Type

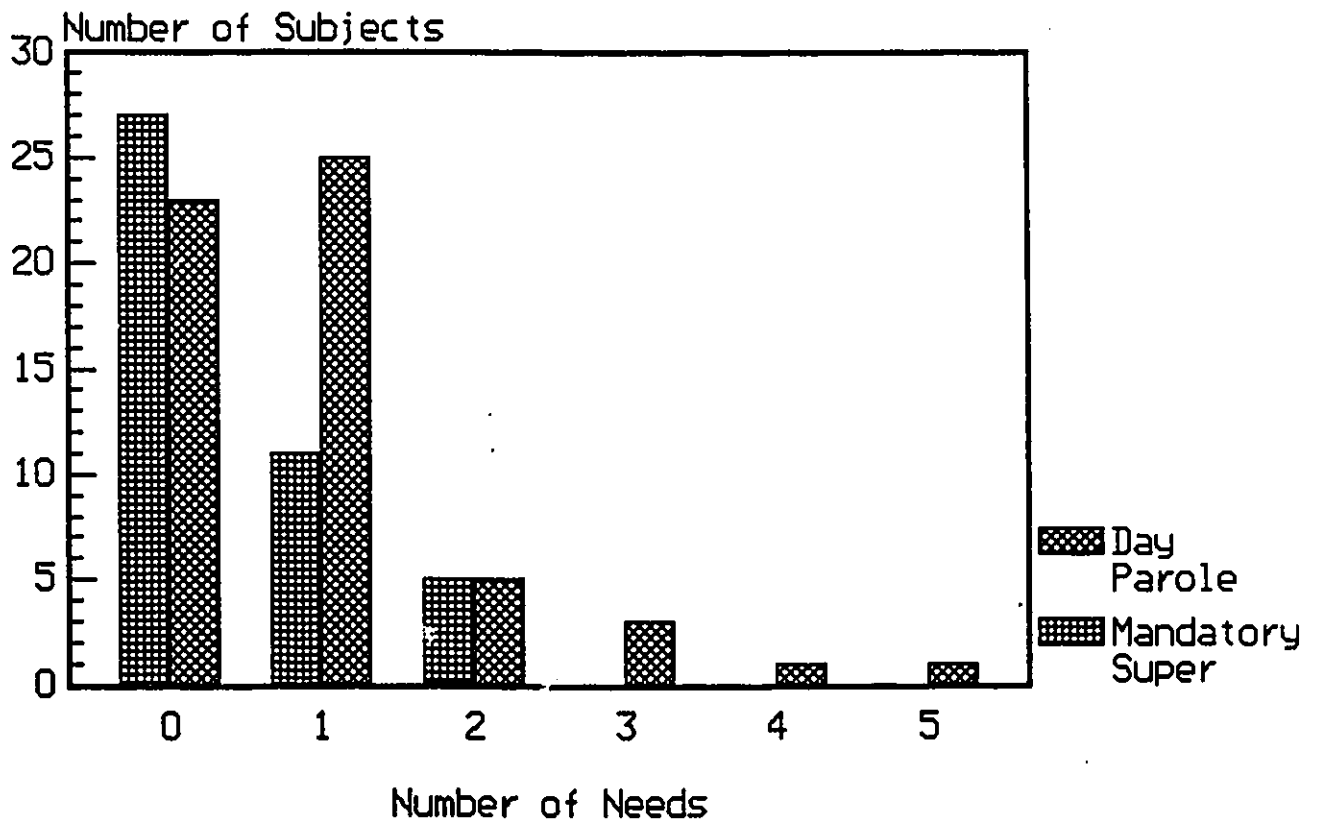


Figure 12. Needs Identified by Release Type and by Essential or Desirable to Meet

Need Types	Day Parole Releases (N= 58)		MS Releases (N= 43)	
	Ess	Des	Ess	Des
Medical	0	1 (1.7%)	2 (4.7%)	0
Psychological	7 (12.1%)	5 (8.6%)	10 (23.3%)	0
Drug Abuse	7 (12.1%)	1 (1.7%)	16 (37.2%)	0
Alcohol Abuse	6 (10.3%)	0	13 (30.2%)	1 (2.3%)
Positive Community Supports	4 (6.9%)	1 (1.7%)	5 (11.6%)	0
Residential	6 (10.3%)	6 (10.3%)	11 (25.6%)	0
Employment Counselling	5 (8.6%)	8 (13.8%)	8 (18.6%)	3 (7.0%)
Employment	6 (10.3%)	6 (10.3%)	11 (25.6%)	1 (2.3%)
Structured Environment	3 (5.2%)	1 (1.7%)	1 (2.3%)	0
Financial Management	2 (3.4%)	6 (10.3%)	4 (9.3%)	2 (4.7%)
Academic	4 (6.9%)	6 (10.3%)	4 (9.3%)	2 (4.7%)
Life Skills	2 (3.4%)	2 (3.4%)	4 (9.3%)	6 (14.0%)
Family Counselling	2 (3.4%)	2 (3.4%)	0	1 (2.3%)
Sex Offender Treatment	1 (1.7%)	0	3 (7.0%)	0
Substance Abuse	4 (6.9%)	0	1 (2.3%)	0
Temper Control	2 (3.4%)	0	6 (14.0%)	0
Battering Treatment	1 (1.7%)	0	0	0
Gamblers Anonymous	1 (1.7%)	0	0	0
Motivation Counselling	1 (1.7%)	0	1 (2.3%)	0

Figure 12. (cont'd)

Need Types	Day Parole Releases		MS Releases	
	Ess	Des	Ess	Des
Strict Supervision	4 (6.9%)	1 (1.7%)	10 (23.3%)	0
Legal Assistance	0	0	0	0
Attitude Adjustment	2 (3.4%)	0	6 (14.0%)	0
Financial Assistance	1 (1.7%)	2 (3.4%)	3 (7.0%)	1 (2.3%)
Language Training	2 (3.4%)	0	0	0

(iii) Needs Identified in the Force Field Analysis of Needs

The Force Field Analysis of Needs, as mentioned above, is the part of the CMS which identifies and categorizes needs. This form documents both the strengths and weaknesses of fifteen need areas. The existence of a strength along with a weakness generally indicates that the offender has shown a desire to deal with this need and/or has initiated such.

Figure 13. lists the factors which are examined in the Force Field Analysis by strengths and weaknesses and by release type. Once again, it appears that MS cases have far more needs (weaknesses) than do Day Parole clients and that Day Parole clients generally have more strengths.

This form also includes factors which relate to criminal and institutional history, namely present offence, offence pattern, and response to supervision/incarceration. Generally, a strength in present offence would indicate a non-violent or first offence whereas a weakness would indicate a violent or serious property offence. A strength in offence pattern would indicate that there is no pattern whereas a weakness would indicate a pattern is developing and may be getting worse. A strength in response to supervision indicates a desire to partake in programs and/or a lack of revocations on the clients record, whereas a weakness would indicate the opposite.

Figure 13. Force Field Analysis of Needs Data by Release Type

Need Variable	Day Parole		MS Release	
	(N= 58)		(N= 43)	
	Strength	Weakness	Strength	Weakness
Present Offence	31 (53.4%)	45 (77.2%)	13 (30.2%)	36 (83.7%)
Offence Pattern	35 (60.3%)	23 (39.7%)	9 (20.9%)	41 (95.3%)
Response to Supervision	50 (86.2%)	15 (25.9%)	18 (41.9%)	32 (74.4%)
Academic/Vocational	46 (79.3%)	21 (36.2%)	23 (53.5%)	24 (55.8%)
Employment Pattern	36 (62.1%)	21 (36.2%)	15 (34.9%)	28 (65.1%)
Financial Management	32 (55.2%)	18 (31.0%)	10 (23.3%)	24 (55.8%)
Marital/Family Relations	43 (74.1%)	19 (32.8%)	19 (44.2%)	25 (58.1%)
Companions	26 (44.8%)	27 (46.6%)	10 (23.3%)	39 (90.7%)
Emotional Stability	38 (65.5%)	22 (34.5%)	14 (32.6%)	29 (67.4%)
Alcohol Usage	17 (29.3%)	18 (31.0%)	3 (7.0%)	19 (44.2%)
Drug Usage	15 (25.9%)	18 (31.0%)	0	24 (55.8%)
Mental Ability	48 (82.8%)	3 (5.2%)	39 (90.7%)	4 (9.3%)
Health	51 (87.9%)	5 (8.6%)	39 (90.7%)	4 (9.3%)
Sexual Behavior	45 (77.6%)	6 (10.3%)	36 (83.7%)	6 (14.0%)
Values/Attitudes	38 (65.5%)	28 (48.3%)	9 (20.9%)	39 (90.7%)

When one examines this chart it becomes obvious that the strength and weakness percentages do not add up in each category. This may seem confusing and requires some explanation. A number of the categories add up to over 100%. This is because they are not mutually exclusive. For example, if someone has both pro-social and anti-social companions, he

would be scored as having both a strength and a weakness in this category. On the other hand, some do not add up to 100%. This would occur when there is neither a strength nor weakness for a number of individuals. For example, drug and alcohol usage had a number of individuals who had no substance abuse problems and therefore scored neither a strength nor a weakness. Finally, some may simply not add up because the data was missing or not remembered by the CMO.

Four categories were considered mutually exclusive; sexual behavior, mental ability, health, and emotional stability. Subjects were seen as healthy or not healthy, stable or unstable, mentally able or unable, and sexually normal or deviant. In these cases, any percentages which do not total 100% are due to missing data.

It should be noted that there were three exceptions to the general rule of MS cases having more weaknesses and/or less strengths than Day Parole cases. These were the only three needs which were not found to have a significant difference between Day Parole and MS cases. The first is health, which indicates that those with health problems are often released earlier to facilitate better medical care. The second is mental ability, which is certainly puzzling given the academic skills variable. However, CMOs often commented that the MS subjects were capable, but they simply do not apply themselves. Finally, sexual behavior disrupts the pattern once again and we must caution against the early release of these inmates due to the lack of programs dealing with this type of offender. However, not only do these three needs categories have very small differences, they also represent the three categories with the fewest clients having needs (weaknesses).

All of the other needs and criminal history characteristics showed a significant difference between Day Parole and MS clients. In terms of the offence, Day Parole clients were generally found to have more strengths than MS clients ($p < .050$), but the difference in weaknesses was insignificant. Offence pattern and response to supervision/incarceration were very significant, with Day Parole clients having more strengths and MS clients having more weaknesses ($p < .001$).

Academic/vocational skills also followed the same pattern, and were slightly less significant for strengths ($p < .050$) and weaknesses ($p < .100$). For employment pattern, strengths and weaknesses also followed the same formation ($p < .010$ and $p < .005$ respectively) as did marital/family relations ($p < .050$ for both categories). Having pro-social companions was less significant ($p < .100$) than was having antisocial companions ($p < .001$). Strengths and weaknesses in emotional stability also indicate a greater need on the part of MS than Day Parole clients ($p < .001$ and $p < .005$).

A need for substance abuse counselling was also different between these groups, with significantly more Day Parole clients having strengths than MS clients ($p < .050$). Although there was a difference between the percentage of Day Parole and MS clients having alcohol weaknesses, it was not significant so we must conclude that these two groups are quite close in their need for alcohol supervision. Drug abuse, on the other hand, showed a significant difference both in terms of strengths and weaknesses ($p < .001$ and $p < .050$ respectively). Finally, the values and attitudes of the clients displayed a highly significant difference both in terms of strengths and weaknesses ($p < .001$ for both).

The Force Field Analysis of Needs data suggests a number of points. First, one can conclude from this data that MS clients generally have more needs than do Day Parole clients. Second, a strength in a need category generally indicates that the offender has been making efforts to change the particular behaviour through counselling and programs within the institution. Thus, we can conclude that Day Parole clients are generally more motivated to change their ways than are MS clients.

Finally, the clear display of significant differences in the Force Field Analysis of Needs data, and the less supportive and significant data from our open ended questionnaire, leads us to question the validity of using an open ended tool for needs analysis. Thus, we would suggest that future needs analyses develop a stimulated response research tool, perhaps through an open ended pretest questionnaire.

(iv) Required Residential Aspects of Halfway Houses

Another area of need which we examined through the interviews with CMOs was the aspects of a halfway house which they felt a particular client required. These included security measures, counselling and/or treatment on site, and simply a need for a place to stay upon release.

Figure 14. presents the statistics on required residential aspects of a halfway house. As mentioned above, these variables deal with a need for residence and security measures which are required by the individual, and are divided into desirable and essential elements.

Figure 14. Required Residential Aspects of a Halfway House by Release Type and Essential or Desirable

Residential Aspect	Day Parole (N= 58)		MS Release (N= 43)	
	Ess	Des	Ess	Des
Bed to Sleep in	20 (34.5%)	15 (25.9%)	23 (53.5%)	8 (18.6%)
Case Worker on Site	10 (17.2%)	20 (34.5%)	26 (60.5%)	7 (16.3%)
Case Planning	11 (19.0%)	24 (41.4%)	28 (65.1%)	6 (14.0%)
Bed Checks	3 (5.2%)	14 (24.1%)	18 (41.9%)	12 (27.9%)
Alarmed Exits	4 (6.9%)	6 (10.3%)	8 (18.6%)	11 (25.6%)
Room Searches	2 (3.4%)	12 (20.7%)	18 (41.9%)	12 (27.9%)
Treatment On Site	57 (98.3%)	0	39 (90.7%)	0

When looking at this table, it becomes even more evident that MS cases are seen as posing a greater risk to society through the number who require security measures in the halfway house. Further they are seen as being in more need of a structured reintegration into the community, as is evident in their needs for case planning and caseworkers on site.

During the interviews, an Essential need for a bed was defined as either indicating that the inmate had no place to sleep upon release, or that he had a place but it was seen as completely

inappropriate or conducive to a return to criminal activities. A desirable need for a bed was defined as the CMO feeling that the inmate would be better served through a structured and slow reintegration, even if there were suitable alternate housing arrangements available.

As one can see, Day Parole cases were seen as requiring a bed in 60.4% of the cases, as opposed to MS releases who were seen as requiring such in 72.1% of the cases. MS cases were also seen as having an essential need far more often than Day Parole releases. Although these differences were not statistically significant, they do indicate that as many MS as Day Parole clients are seen as requiring a slow reintegration into society through a halfway house.

The real differences between these two groups begins to stand out when one looks at supervision and counselling needs. Only 17.2% of Day Parolees were seen as having an essential need for a Caseworker on site, compared to 60.5% of MS releases ($p < .001$). The same vast difference is also seen in an essential need for case planning and counselling on site, in which only 19% of Day Parole releases, compared to 65.1% of MS releases, had an essential need in this area ($p < .001$).

In terms of security measures, a process for verifying the presence of the offender during the night shift through bedchecks was seen as being essential for only 5.2% of the Day Parolees compared to 41.9% of the MS clients ($p < .001$). The presence of alarms was not seen as important for either group, but a definite difference is still evident between Day Parolees and MS releases; 6.9% and 18.6% respectively ($p < .010$). Room searches for contraband were also seen as essential for far more MS releases than Day Parolees; 41.9% and 6.8% respectively ($p < .001$). Finally, the vast majority of both groups are seen as requiring treatment of some sort on site, and are thus similar in this need.

This data clearly displays the perceived differences in risk posed to society and need for gradual reintegration between these two groups. As we saw in the Recidivism Prediction Worksheet, MS releases pose a greater risk to society, and this is definitely supported by CMO perceptions about this group. Day Parole releases are often seen as requiring few if any of the aspects of a halfway house, yet they are the ones who are required by legislation to reside in such.

MS releases, on the other hand, are greatly in need of the services and security offered by these facilities, and of a gradual and supervised reintegration, yet they are not required by any legislation to reside in a semi secure setting upon release.

In fact, the system has very little control over the release of these offenders. Comments were often made by CMOs, when asked if any halfway houses had been contacted by members of this group, indicating that the inmate had refused to divulge any form of release plan. All that an MS release is required to do is report to his Parole Supervisor and give him his address. Any treatment conditions thus become difficult to enforce given that supervision is sporadic and generally low key.

With all of the evidence pointing to the risk to society and the greater number needs, one must question why MS cases are generally released with little supervision and control. The acronym MS stands for Mandatory Supervision, and this author would contend that it should be taken literally. MS represents earned time in the community, but such should not be free time. CSC and NPB should certainly be granted more powers in terms of structured release of these cases. If we want to reduce the risk posed by this group, we must have more control over their type of release in terms of supervision and programming. They are seen as requiring a gradual reintegration in the majority of cases, yet it is left up to them to seek halfway house accommodation on their own.

Many victims groups, such as Victims of Violence, advocate the elimination of MS based on statistics that the majority of violent recidivists are MS cases. They feel that individuals who are not released on Parole should be forced to serve their complete sentence. However, their argument fails to account for the fact that these individuals will be released eventually, and without any supervision whatsoever. This author thus takes an opposing stance, contending that they should be released on MS, but through a structured reintegration through an order to reside if such is deemed as being beneficial by those who deal with them in the institutions and/or by the Parole Board. This way, their needs can be met through programs and they can be more carefully supervised during such.

D. Factor Analysis of Needs

An exploratory Factor Analysis was conducted in order to determine how the needs of offenders are interrelated. It was hoped that clusters of needs would be found which in turn could be the basis for grouping programs within halfway houses. The factors were extracted using principle components analysis, which is an empirical method for reducing a large body of data into a smaller set of hypothetical variables through the extraction of as much variance as possible (Harman, 1970: p. 15).

Because of the small numbers of cases in each category, a number of needs were eliminated from the factor analysis. Need variables which did not appear in the particular subgroup (ie. battering and gamblers anonymous for MS releases) were eliminated from the analysis for that group because there simply were no clients with that need.

Further, needs which are necessary components of halfway house and parole life (residence, structured environment, positive community supports, and supervision), those which are supplied by society at large (medical, legal aid, financial assistance/welfare, and employment), and those which are hopefully attained in a general sense through programming to meet other needs (motivation and attitude adjustment) were also eliminated. This was done because this section of the study is aimed at evaluating the programs in halfway houses and none of these represent programming needs.

It should be noted that the latter two needs mentioned above (motivation and attitude adjustment) were eliminated because we thought that programming to meet specific needs would result in changes in these general characteristics. However, after our review of the meta-analysis literature, we realize that these needs should have been left in. The literature in this area suggests that values, attitudes, and motivation should all be included in program targets, as it has been found that changes in these areas do result in lower recidivism rates. However, our analysis was complete before this literature was available, and we no longer have access to the software with

which we performed the factor analysis.

The number of factors to be extracted was determined utilizing the eigenvalue criterion suggested by Kaiser (1958) which involves limiting the number of factors to the number of eigenvalues which are greater than one. Harman (1970: p.198) points out that this is a practical basis for arriving at the number of common factors which are necessary, reliable, and meaningful for the explanation of the correlations among the variables. Kim and Mueller (1978) state that "This simple criterion seems to work well, in the sense that it generally gives results consistent with researcher's expectations, and it works well when applied to samples from artificially created populations" (p.43).

Kim and Mueller further state that the acceptance of this method is based mainly on heuristic and practical grounds (Ibid.). It is an easy, yet accurate method which gives a number of factors ranging from one third to one sixth of the number of variables, which was ideal for this study given the small number of houses in comparison to the number of needs which were identified.

After the principle component analysis was complete, an orthogonal rotation, using the varimax method, was performed. The purpose of this stage is to find simpler and more easily interpretable factors while keeping the number of factors and communalities of each variable fixed (Kim & Mueller, 1978: p.29). The orthogonal method was chosen over the oblique because it assumes that the factors are not correlated with each other. It was felt that this best suited the purposes of this analysis given that it is an attempt to find specific and exclusive groups of needs that could be met through programs that are grouped within the houses but not duplicated among them.

Factor analyses were completed for the two groups; Day Parole and Mandatory Supervision clients. Seven and five factors were extracted for Day Parole and MS clients, respectively, and the rotated factor pattern was utilized. The commonly accepted criterion of considering a factor

loading of 0.3 and over as a loading on that factor was applied.

(I) Day Parole

In terms of Day Parole clients, the following need variables were retained for the factor analysis: educational, alcohol abuse, drug abuse, battering need, multiple substance abuse (drugs and alcohol), employment counselling, family counselling, financial management, gambler's anonymous, language/literacy, life skills, psychological counselling, sex offender treatment, and temper control. The needs were grouped into the following factors, with the variables being listed in order of highest to lowest overall frequencies:

Factor 1 (Alcohol Abuse)	Alcohol abuse Batterer Gambler
Factor 2 (Drug and Alcohol Abuse)	Drug Abuse Alcohol Abuse Educational Life Skills
Factor 3 (Temper Control)	Temper Control Language/Literacy
Factor 4 (Drug Abuse)	Drug Abuse Employment Counselling Financial Management
Factor 5 (Sex Offender)	Alcohol Abuse Sex Offender Treatment
Factor 6 (Family Counselling)	Family Counselling Drug Abuse (Negative Loading)
Factor 7 (Substance Abuse)	Multiple Substance Abuse

In order to isolate those variables which should be considered the specialization of the houses, the need variables listed in each factor were looked at in terms of their frequencies for the clients of the specific group, either Day Parole or MS. The variable with the highest frequency was identified, and it is proposed that this variable form the major specialization of the house, and the other need variables which loaded into the factor be dealt with through specific programs within the house.

The fact that various forms of substance abuse appear in the majority of the factors does not indicate that this type of need is prevalent in most of the cases. Rather, it suggests that substance abuse is related to most of the other needs. For this reason, it is submitted that substance abuse programming should be offered in all of the houses, and that the needs falling immediately below this type of need should form the specialization of the house.

It is felt that this is the most efficient way to group effective treatment programs and at the same time avoid duplication of programs from house to house, and the funding for such. Individual needs which do not fall into the factor categories can then be dealt with through community programming, individual counselling, and by utilizing the programs of other houses (a method which is currently practised by many of the houses).

Factor 1 indicates a relationship between spouse battering, excessive gambling and alcohol abuse. It is felt that this factor best be adopted, in terms of programming, by a house that has an alcohol abuse program and that this house initiate a gamblers anonymous program as well as a batterers counselling program. Temper control also loaded into this factor positively and quite close to the critical value of .3 (loading at .33) which suggests that anger management could be incorporated alongside the batterers program. The work of Andrews (1989) tells us that programs which aim at self control, which both gambling and anger management needs would fall into, have been shown to be effective. Therefore, it is felt that the house which specializes around this factor should develop programming which addresses self control.

Factor 2 indicates a failure on the part of drug and alcohol abusers to succeed at, or pursue, an education as well as a lack of general life skills in this group. However, when citing an education need, many of the respondents stated that the client should be encouraged to continue the educational pursuits which he initiated in the institution. This indicates a desire on the part of clients for self improvement, educationally speaking, while they have been inside the institution and thus away from the exposure to these substances which they experience on the street. The programming types cited by Andrews (1989) which would best suit this factor is self management and problem solving skills. Thus, it is suggested that at least one house which offers both drug and alcohol treatment programs should specialize in self management programming and that it be selected based on its proximity to adult education and university facilities.

Factor 3 indicates the feelings of frustration, which manifest themselves through violent behavior, that individuals may experience when they lack the ability to communicate in the common language of their current home or when they are unable to read and write. It is thus suggested that a house which offers temper control (self management) programming also offer language and literacy training or have ties to community adult education which offers such.

Factor 4 indicates that drug abusers have difficulty managing their finances properly and lack the necessary skills to find and maintain suitable employment. Thus, it is suggested that one house which offers drug abuse programming should specialize in employment and financial management counselling, which would also follow into the category of self management.

Factor 5 contains the sex offender population, and although the overall frequency of sex offenders being released on Day Parole was quite small, it is suggested that one house or clinic be given the sole responsibility for treating this group. This would best enable the house to meet the very special treatment needs of this high risk group. It is also suggested that this house also have an alcohol program in order to deal with the related problem of alcohol abuse among this group.

Factor 6 is a unique factor in which only one variable was loaded; family counselling. It should also be noted that drug abuse loaded negatively into this factor, indicating that those who need family counselling are generally not drug abusers. The variable which loaded closest to the critical value of .30 in this factor was life skills, so perhaps the house which offers this type of program could also offer a family counselling service. It should be noted that Andrews (1989) found that promoting family affection and communication was effective in reducing recidivism.

Finally, Factor 7 is also a unique factor, containing only multiple substance abuse. Since Factor 2 contained both alcohol and drug abuse as separate entities, it is submitted that the house which concentrates on this factor should also deal with multiple substance abusers.

It should be noted that psychological counselling did not load positively into any of the factors. It did provide a negative loading into three of the factors, but all of these contained a more specific form of psychological counselling- namely temper control, sex offender treatment, and family counselling- which resulted in general psychological counselling being excluded in the responses. Thus, in these three cases, psychological counselling was not included as a negative loading.

This further suggests that a need for general psychological counselling is very individualized and is not related specifically to any of the other needs. Thus, it is submitted that the current CSC practice of retaining staff psychologists or psychiatrists who travel to the various houses to deal with special needs clients should be maintained.

(II) Mandatory Supervision

For the MS clients, the same criteria for excluding need variables in the Day Parole analysis were applied (ie. those which did not occur in any of the cases and those which are handled by society at large). Thus, the following variables were retained for the MS clients factor analysis: educational, alcohol abuse, drug abuse, employment counselling, financial management, life skills,

family counselling, psychological counselling, sex offender treatment, temper control, and anger management. The needs, which are once again listed in order of highest to lowest overall frequency, were grouped in the following five factors:

Factor 1 (Alcohol)	Alcohol Abuse Life Skills Educational Drug Abuse (negative loading)
Factor 2 (Sex Offender)	Temper Control Sex Offender Drug Abuse (negative) Employment Counselling (negative)
Factor 3 (Psychological)	Psychological Counselling Life Skills Financial Management (negative)
Factor 4 (Substance Abuse)	Multiple Substance Abuse Life Skills
Factor 5 (Family Counselling)	Family Counselling Employment Counselling (negative) Financial Management (negative)

It is interesting to note at the outset that general life skills loaded positively into three out of the five factors. This indicates a spread of this need throughout many of the groupings for MS clients. In other words, a lack of general life skills is apparent in three out of five of the identified groups of MS clients and programming for such must be offered in conjunction with many of the other programs and specializations. Thus, like substance abuse programs for Day Parole clients, life skills programs should be offered in each MS house, with the other variables forming the area of specialization.

Factor 1 is similar to Factor 2 for the Day Parole clients, once again supporting a need for

education and life skills training among alcohol abusers. Programming to teach offenders self management skills and to help them deal with substance abuse have both been cited as resulting in a reduction in recidivism by Andrews (1989). It is interesting to note that drug abuse loaded negatively into this factor, suggesting that drug abusers who are in need of education and life skills are generally released prior to their MS date.

Factor 2 contains the population of sex offenders released on MS. Unlike sex offenders who are released on Day Parole having alcohol abuse problems, those released on MS seem to have a more violent nature which is evident in their inability to control their tempers. This, in turn, is indicative of the Parole Board and CSC's reluctance to release violent sex offenders on Parole. Thus it is important to deal with these needs which are linked to the sexual deviations of this group. Once again, it is felt that sex offenders on MS should all be sent to one specific house or clinic which has the programming capabilities to deal with this special needs, high risk group, and that anger management, or self control (Andrews, 1989) be incorporated into the programming. The negative loadings in this factor indicate that sex offenders who are released on MS are generally not drug abusers and do not appear to be lacking in good job search skills.

Factor 3 demonstrates that MS clients who are in need of specialized or intensive psychiatric counselling are often in need of life skills training as well. Thus, it is important that a house which has the facilities or staff to offer psychiatric or psychological counselling should also have a life skills program, or perhaps that a house which specializes in life skills training should have psychological staff available for those who need intensive counselling. Andrews also states that in order to reduce the recidivism rates of chronically psychiatrically troubled clients, they must be provided low pressure, sheltered living arrangements (1989: p.16). Thus, it is important that this group reside in a halfway house which attempts to provide this type of atmosphere upon release. The negative loading in this factor denotes that this group are not in need of financial management programming.

Factor 4 also contains a life skills component, but this time it relates to multiple substance abuse. This indicates that those clients who are released on MS that are heavy abusers of both alcohol and drugs lack the necessary general life skills to function in society. This in turn could contribute to frustration which may contribute to their substance abuse problems. Thus, it is important that a house which specializes in multiple substance abuse programming also offer a life skills (self management) program.

Factor 5 is a unique factor, containing only a family counselling need. Andrews (1989) points out the importance of promoting family affection and communication in order to reduce recidivism. The negative loadings suggest that those who are in need of family counselling do not lack in employment search or financial management skills. However, it is suggested that this unique factor be picked up in terms of programming by a house with the fewest programs of the smallest number of beds as few clients actually experienced this particular need.

It should be noted that three of the variables in the MS factor analysis did not provide positive loadings; drug abuse, employment counselling, and financial management. This suggests that although these needs may be experienced by a large portion of the clients in this group (eg. drug abuse in 37.2%), it is difficult to relate them to other programming needs. In other words, a need in one of these three variables could appear among clients of any of the other factor groupings.

For this reason, it is suggested that programming to suit these needs be available to all of the houses. This could be achieved through program duplication for those needs which appear in a large proportion of the clients, or by ensuring that the house which adopts programs to meet these needs is centrally located and is thus accessible to clients in all of the houses. We will now turn to a discussion of our findings concerning the houses which were operating in Toronto at the time of our data collection.

E. Survey of Halfway Houses

This portion of the study consisted of interviewing the director of each halfway house in the Toronto area. Questions were asked concerning the acceptance of inmates, the programs provided within the house, community programs which the house has access to, and general questions concerning its relation with CSC. The following is a list of all of the halfway houses in Toronto with the number of Federal beds they provide in parenthesis: Exodus Link (10), St. Leonard's Peel (22), Archibald Centre (30), Elizabeth Fry (14), Keele (48), Anchorage Centre (15), My Brother's Place (4), Toronto House (10), and St. Leonard's Crossroads (10).

The John Howard Society of Toronto was also surveyed because, although they do not provide beds to released inmates, they do provide services and referrals. It should be noted that the number of beds cited for Elizabeth Fry include both Federal and Provincial beds, and that this house is the only one which provides beds to female offenders. It should also be noted that Anchorage Centre was only providing 2 beds to Federal offenders but began providing 15 beds as of Jan. 1 1989, so they are fairly new at servicing a large number of clients.

A final note should be included at the outset concerning Operation Springboard. This is a private agency which operated four halfway houses in the Toronto area: Montgomery Centre, North Beaches, King Clancy, and Greenwood house. Their Federal contract ended at the end of March of this year, and it was not renewed. For this reason, they have been left out of the survey, and it should be noted that this represents a loss of 32 beds in the Toronto area. It should also be mentioned that My Brother's Place has also stated that they "probably" will not renew their contract, which will mean a loss of 4 more beds. However, because this is not definite, they will be included in the analysis.

When one looks at the survey questionnaire for halfway house Directors, it becomes apparent that a number of the needs identified by the CMOs and Board Members were dropped. This was because it was felt that these needs don't necessarily fall into the category of needs which

should be met by these facilities. For a detailed explanation of why these needs were dropped, the reader is referred back to the discussion of the factor analysis of needs. One need which was included in the interviews but later dropped in the analysis was motivation counselling because it was decided that motivation towards pro-social behaviour should develop when other needs were met.

Houses were generally found to be of two types; those who accepted mostly Day Parole cases and those which focused on Mandatory Supervision (MS) cases. There are two houses which do not fall into these two categories. First, E. Fry accepts only female offenders, but will take clients under any type of release. Second, Keele Centre is the only Federally operated CCC in the Toronto area, and will accept any type of offender. Because it is a CCC, and thus more secure than a CRC, this facility tends to get the high risk/high profile cases and the MS detention cases. However, it still has from 70-80% Day Parole client occupancy, so it will be considered as a mixed house for the purpose of the following analysis.

(f) Day Parole Houses

There are currently four houses in the Toronto area which concentrate on Day Parole cases: St. Leonard's Crossroads and Peel, Archibald Centre, and Anchorage Centre. As noted earlier, Anchorage centre has a new contract for 15 beds, so it shall be treated as if it was operating at this level when the first portion of this study was undertaken. Thus, there are a total of 77 beds available in houses which specialize in Day Parole releases. The average length of a Day Parole order is 6 months, so one could argue that there are 154 beds available per year to Day Parolees.

Anchorage Centre will accept any type of offender as long as they are alcoholics or were under the influence of alcohol during their offence. St Leonard's Crossroads does not specialize per se, but they also find that the majority of their clients have substance abuse problems. The other two houses, Archibald and Peel, do not specialize in any particular type of inmate.

Figure 15. lists the needs identified by Case Management Officers and provides the number of beds available in a one year period which will meet each need. The way in which needs are met may fall into four categories. The first (Program) means that the house has a specific program to deal with this need. The second (Counselling) means that the house does not have a specific program to deal with a need, but rather they feel that dealing with this need is part of their daily counselling routine. The reader should note that these two categories are mutually exclusive. The third category (Community) includes any community resources available to the house through referrals, and may be cited even if a house deals with a need either through a specific program or individual counselling but feels that the client needs more attention to the specific need. The final category (No) means that the house has no resources available to deal with that need or that they have never had to deal with such. However, as we have stressed earlier, the individual counselling model is not conducive to effective correctional programming. For this reason, we will focus on either in house programs or community resources in terms of our analysis.

Figure 16. outlines these same needs and how they are met by each house; either in house (House) or in the community (Comm). Please note that in house means through a specific program only. As one can see, all of the houses have some way in which they are able to meet the needs identified by the CMO's in most cases. There are two notable exceptions. The first is sex offender treatment, which none of the houses have access to. It should be noted that the only houses which would accept sex offenders are Anchorage Centre and Archibald Centre. Both houses do have trained psychologists on staff, but the lack of programming to deal specifically with sex offenders is very apparent and the director of Archibald Centre did state that there is a desperate need for programs to deal with this problem. Further, offence and recidivism prediction data indicated that there are a similar number of Day Parole releases and MS releases who have sex offences on their record, so there is a definite need for this type of program for Day Parole houses.

Figure 15. Beds Available Which Meet Specific Needs in a 1 Year

Need	Program	Counselling	Community	Period No
Psychological/ Psychiatric	74	60	20	0
Drug Abuse	0	64	124	30
Alcohol Abuse	74	20	154	0
Employment Counselling	90	64	110	44*
Financial Management	44	90	50	0
Academic	20	0	154	0
Life Skills	134	0	20	0
Family Counselling	60	74	30	20
Sex Offender Treatment	0	0	0	154
Temper Control	60	30	64	0
Batterer Treatment	0	0	0	154
Gambling	0	0	80	74
Language/ Literacy	74	0	80	0
Financial** Assistance	154	0	0	0

* This is Peel, which is in a high employment region and who manage to place all of their clients in jobs within a week or two and thus have no need for a program to deal with employment.

** This indicates that the house provides an allowance to its residents.

Figure 16. Day Parole Houses and How They Meet Identified Needs

Need	Crossroads (10 Beds)		Peel (22 Beds)		Archibald (30 Beds)		Anchorage (15 Beds)	
	House	Comm	House	Comm	House	Comm	House	Comm
Psychological/ Psychiatric		X	X		X			X
Drug Abuse		X		X		X		
Alcohol Abuse		X	X	X			X	X
Employment Counselling		X			X	X	X	X
Financial Management		X	X					X
Academic	X	X		X		X		X
Life Skills		X	X		X		X	
Family Counselling					X			X
Sex Offender Treatment								
Temper Control		X		X	X			
Batterer Treatment								
Gambling		X				X		
Language/ Literacy		X	X			X		X
Financial Assistance	X		X		X		X	

The other exception is spouse battering, for which none of the houses have access to a program. Although this problem appeared in a small percentage of cases, it is submitted that the problem of spouse battering is a serious one which is receiving a great deal of attention these days, and perhaps a program to deal with such should be available.

There are also notable gaps in individual houses in terms of specific services. For example, Anchorage Centre does not deal with those who abuse drugs other than alcohol. Further, neither Crossroads nor Peel have any family counselling services. Peel also has no employment counselling program. Finally, Peel and Anchorage Centre do not have access to a Gambler's anonymous program, probably due to their location.

However, it must be cautioned that most community based programs- such as Alcoholics Anonymous, Narcotics Anonymous, community based life skills programs, for example- are generally aimed at the general public or other specific populations (such as the mentally disabled in the case of the latter). Thus, their effectiveness in dealing with the needs of this specific population (eg. offenders), and the relationship between these needs and criminality, is questionable. Therefore, we submit that programs to meet the needs of this population should be developed within the houses in order to address the special needs of offenders and thus reduce the risk of recidivism.

Thus, when one looks at the number of specific programs within the houses, it becomes apparent that there are programs to meet all of the needs except for drug abuse, sex offender treatment, batterers treatment, and gamblers anonymous. However, the arrangement of these programs in terms of the relationship between needs is not apparent.

Although this researcher has every confidence in the data and analysis presented, caution must be undertaken in suggesting which houses adopt which areas of specialization. Variables such as house Directors' skills and background, staff training, funding, size of facilities, and specific programs to be adopted must come into play in assigning various areas of specialization to existing houses. Further, because of the short term nature of this study, and the resulting small number of cases in each category, it is suggested that a long term needs analysis with a sample size of at least 500 cases be undertaken before a major policy of halfway house specialization is adopted. This study should also include a thorough examination of the meta-analyses in order to identify types of programs which have proven to be effective and should attempt to determine which

combinations of needs are amenable to combined programming.

However, we are able to determine from the data collected, and the subsequent analysis, how well the programs in Toronto halfway houses match the needs combinations identified in the factor analysis. Further, for the purpose of providing an example, we will look at possible specializations for each house. We do stress that regardless of which houses adopt which programming combinations, more structured programs should be adopted in these houses and in a way that considers the relationship between needs.

As we found in the factor analysis, all of the houses should offer some form of substance abuse programming. This is true except for St. Leonard's Crossroads, which does not offer a drug or alcohol program in house, but do tend to get mostly clients with this type of problem. Therefore, it is recommended that this house develop a specific program to deal with offenders and their special substance abuse needs.

Factor 1, which included alcohol abuse, battering, and gambling needs is not covered by any house. In fact, the last two needs are not met by any in house programs. Because Anchorage Centre specializes in alcohol abuse, it is recommended that this house initiate programs to deal with these other two related needs which would both fall into the category of self control.

Factor 2 contained drug and alcohol abuse, as well as educational and life skills needs. Once again, none of the houses deal with these four needs in combination. Both Peel and Anchorage Centre have alcohol and life skills programs. Because Anchorage Centre specializes in Alcohol abuse, with the intended exclusion of drug abuse, it is felt that Peel should specialize in life skills programming with developed ties to community educational facilities.

Factor 3 contained temper control and language/literacy training. Language/literacy is a problem which should not necessarily require a program aimed specifically at offenders, given that it is an educational, rather than a programming, need. Therefore, it is recommended that Archibald Centre adopt this area of specialization given that it already has a temper control program as well

as ties to community language and literacy programs.

Factor 4 contained drug abuse, employment counselling, and financial management needs. None of the houses deal with this specific combination of needs, and therefore it is recommended that Keele Centre develop programs to meet them. We base this recommendation mainly on the fact that this house is the largest in terms of bed space and that it does consist mainly of Day Parole clients. All of the needs contained in this factor were among those which were high in frequencies and thus this factor requires a house with many beds. The discussion of Keele centre is contained in the section on other houses which follows our discussion of MS houses.

Factor 5 contains the need for sex offender treatment. This particular need requires specialized treatment, and is usually met in a clinical setting in Toronto. Therefore, it is recommended that this practice be continued, and that alcohol abuse programming somehow be made available to this group either in the Clarke Institute or in the nearest halfway house.

Factor 6 contains family counselling only, with a negative loading for drug abuse. Because St. Leonard's Crossroads is the smallest house and has the least amount of programming it is suggested that this facility specialize in family counselling and reintegration.

Finally, Factor 7 contains only multiple substance abuse needs. Because, as mentioned earlier, most of the factors involve some form of substance abuse, it has been suggested that most, if not all, of the houses adopt substance abuse programming. Therefore, any clients with a multiple substance abuse problem could reside at the house which not only offers this type of programming, but also offers programs to suit any other essential needs they may have.

Although the above example demonstrates that houses could adopt programming based mainly on one of the needs factors, this is not to say that they must limit themselves to such. Because all of the houses are generally full all of the time, it is easy to conceive of a house which offers the programs needed by an inmate being full at the time of his release. Therefore, it would probably be advisable that each house develop programs around at least two of the factors

contained in the analysis. This would help to avoid long waiting periods and would make it easier to accommodate changes in the incidence of needs over time.

We have mentioned a number of times that one of the reasons for identifying need combinations was to help avoid program duplication. However, this is viewed as the majority of houses offering a similar program and thus wasting resources which could be applied to programs which are absent or rare. A better approach would be to duplicate programs within two of the houses, but in such a way that each house has one area of specialization (eg. deals with one factor as its specialization) and develops programs around a second factor. This would ensure that programs deal with related needs and that there will likely be a bed available to meet the needs combination of a released offender, in one of the houses, at time of release.

Thus, it is submitted that when matching offenders to houses, one should first identify the needs of a specific offender. Then, when matching the offender to a specific house, one must look at what services are missing from each house which is being considered. Once these houses are eliminated, one should look at the priority of each need and aim to match the offender with a house which offers specific programs and specializations for high priority areas and which deals with lower priority areas through community ties, other houses programs, and individual counselling in the absence of the others.

(ii) MS Houses

Toronto House, Exodus Link, and My Brother's Place were the three houses which generally do not accept Day Parole releases and which thus concentrate on MS clients with the odd Full Parole case. Thus there is a total of 24 beds available to these types of clients in the Toronto area. All of these houses specialize in dealing with high need, socially disadvantaged clients, and both My Brother's Place and Exodus link specialize in clients with some form of psychiatric label or condition. Further, both My Brother's Place and Toronto House will not accept violent offenders.

It should also be noted that Toronto House will only accept inmates if they have no special conditions applied to their release. Their underlying philosophy is that offenders will be amenable to treatment and change only if such is not forced upon them through authoritarian conditions. This creates a problem in terms of our contention that more control should be gained over MS releases. The director of the house commented that he has usually been successful in convincing the board not to apply a condition to reside if the client agrees to reside in the house and live by its rules. However, the utility of this approach must be examined in relation to its lack of enforcement procedures should the offender change his mind soon after release.

The average length of stay in Toronto house is about three months. Therefore, one could contend that in a one year period, this house has 40 beds available. The average length of stay in My Brother's Place is 18-24 months. They do, however, keep an emergency bed open, so one could conclude that they have one bed available in a one year period. Finally, the average length of stay at Exodus Link for people in their treatment programs is about five months. However, they also provide a crisis bed service for clients who simply need a place to stay until they can get set up with housing and employment. Because they have a total of 10 beds and, theoretically, most of them could be used by clients requiring treatment, this paper will estimate that they have a total of 20 treatment beds available in a one year period.

Figure 17. outlines the needs identified by the CMO's and the number of beds available to offenders with this need in a one year period. Please refer to Figure 15. for column definitions. When one examines this table, it is apparent that one of the houses, Exodus Link, offers a great many of structured programs, while the others, My Brother's Place and Toronto House, offer very few. This is due to the small number of beds in My Brother's Place (4) and the different approaches of the two large houses. Although they both specialize in the hard to serve client, Exodus Link sees their function as a rehabilitative centre and thus offer many structured programs which aim to teach the offender how to survive in society without re-offending.

**Figure 17. Number of MS Beds Available for a One Year Period
by Need Type**

<u>Need</u>	<u>Program</u>	<u>Counselling</u>	<u>Community</u>	<u>No</u>
Psychological/ Psychiatric	1	1	61	0
Drug Abuse	20	41	61	0
Alcohol Abuse	60	1	61	0
Employment Counselling	20	41	61	0
Financial Management	20	41	21	0
Academic	20	0	61	0
Life Skills	20	1	40	0
Family Counselling	20	1	40	0
Sex Offender Treatment	0	0	60	1
Temper Control	20	0	41	0
Batterer Treatment	0	0	20	41
Gambling	0	0	40	21
Language/ Literacy	0	0	40	1
Financial Assistance	1	0	41	20

It thus offers six structured programs: Independent Living; Anger Control; Relationships and Communication; Addiction Awareness; Literacy; and Work, Recreation, & Leisure. These programs contain a number of components, and thus deal with almost all of the needs which were cited by CMO's. The offering of these structured programs is also in keeping with the literature

on effective correctional treatment.

Toronto house, on the other hand, sees its function as providing a home environment for its residents and attempts to reintegrate its client into the community. They feel that one of the best ways to accomplish this is through the use of available community resources. They thus have very few in house programs and they utilize community services to their fullest. However, given the literature on effective correctional treatment, one must question the validity of this approach in terms of the effectiveness of the community programs in dealing specifically with offenders.

Figure 18. shows how each house meets specific needs, and the reader is referred to the description of Figure 16. for an explanation of the categories in this chart. Here, it becomes apparent that there is a definite lack of structured in-house programs for MS clients other than those who reside in Exodus Link. The other houses do tend to utilize community programs, for which the problems in such have been previously discussed.

In terms of the factor analysis of the needs for this group, we see that almost every factor has a life skills component, as compared to the substance abuse component for Day Parole needs. Therefore, it is suggested that all of the houses develop life skills programming.

Looking at how the houses programs fit into the factor categories for MS releases, we see that Exodus Link has programming to suit all of the needs combinations with the exception of Factor 2 (Sex offender treatment). However, as with the Day Parole clients, we recommend that this group be dealt with, as they currently are, through the Clarke Institute with a suggestion that temper control programming also be made available. Because of the small number of beds available to MS releases, we would suggest that the Exodus Link programming be left as it is given that it suits all of the requirements of the factor analysis.

Given the size and length of stay at My Brother's House, it is difficult to suggest that it adopt a policy of specialization. However, because it has in-house psychological counselling and

Figure 18. MS Houses and How They Meet Specific Needs

Need	Toronto House	Exodus Link		My Brother's Place	
	(10 Beds) House Comm	(10 Beds) House Comm	(10 Beds) House Comm	(4 Beds) House Comm	(4 Beds) House Comm
Psychological/ Psychiatric	X		X	X	X
Drug Abuse	X	X	X		X
Alcohol Abuse	X	X	X		X
Employment Counselling		X	X		X
Financial Management		X	X		
Academic	X	X	X		X
Life Skills	X	X			
Family Counselling	X	X	X		
Sex Offender Treatment	X		X		
Temper Control	X	X	X		X
Batterer Treatment			X		
Gambling	X				
Language/ Literacy	X		X		
Financial Assistance	X			X	X

it tends to take clients with serious psychological needs, it is suggested that it specialize in Factor 3 needs (psychological counselling and life skills), but that another house also adopt this specialization. Some form of life skills program would also prove useful given that it loaded into

this Factor.

Toronto House, on the other hand, offers no structured programs. Given that the literature on effective treatment suggests that some programs which deal with specific needs are effective, it is suggested that this house be encouraged to develop such. This could include the development of a life skills program and the initiation of Alcoholics and Narcotics Anonymous, or other substance abuse, programs in-house (Factor 4). With developed links to community education facilities it would also fulfill the program requirements of Factor 1. Finally, with a family counselling program, it would also meet the needs of factor 5.

Finally, Keele Centre must be mentioned given that it takes a large percentage of the MS clients, especially the hard to handle ones. This house has no structured programs, which is surprising when one considers that it is the only house in Toronto which is operated by CSC. Therefore, it is suggested that this house develop a life skills program at the very least, and that it develop other programs to suit at least one of the factors. However, it should be noted that this house does generally have less than 30% MS clients, so major investment in programs for this group may not be feasible. Therefore, program development should be considered which will suit a combination of Factors from both analyses (eg Day Parole and MS groupings). It should also be noted that this house is in close proximity to Exodus Link and they do utilize the programs of this house on a regular basis. Therefore, programs should be developed for those needs which should be offered in each house for both types of release (ie. Life Skills and Substance Abuse).

Thus, because of the small number of MS beds in Toronto, it is suggested that these houses adopt a number of programs in each house. The alternative would be to open more houses and provide more beds to MS clients. Then, a policy of specialization would be more easily adopted.

(iii) Other Residences and Services

The final groups of houses to be presented are those which do not specialize in specific types of releases. The first is Keele Centre, which has 48 beds, and is the only Federally run residence in the Toronto area, and which is a Community Correctional Centre (CCC), all of which has been mentioned previously. Thus, it is a more secure facility and it will accept any type of client. For this reason, it tends to get those inmates who will not be accepted by the other houses for any reason. Its clients tend to be hard to serve, high risk individuals, including many violent and sex offenders. It thus specializes in lifers, dangerous offenders, and detention cases. It is, in fact, the only facility in the Toronto area that can and will take detention cases.

The second house is the Elizabeth Fry Society's only house in Toronto, which provides 14 beds to Federal or Provincial clients. This facility only deals with female offenders, and it is only facility of its type in Toronto. It is submitted that this could represent a problem in two instances. First, the nature of human relations leaves open the possibility that a specific client may, for some reason, not get along with the E. Fry administration. Second, a specific client may be faced with the danger of violence or death if there is currently a client residing in the house who holds a vendetta against her. In these two instances, there is no alternative available for the client other than to complete her sentence in prison or to apply for release to a different location, which may be away from family, friends, and employment. Therefore, it is contended at the outset that there should be an alternative residence for women in Toronto.

The final group in this category, which do not provide beds to clients, but which do offer a full range of services is the John Howard Society. They have been included because they can be utilized for services by clients who do have alternate living arrangements as well as by those residing in halfway houses which do not provide or have access to programs which the client needs. They offer both in house services as well as community referrals. They are inadvertently specializing in chronic minor offenders who are not residing in residential facilities but who are

seeking to change.

Because of the special nature of these houses, it is difficult to determine an average length of stay for them. For this reason, there is not a table of beds available by need for this section. Rather, clients should be matched to these residences according to their special characteristics, such as sex, risk, and the lack (or refusal) of alternate housing.

Figure 19. outlines how three groups meet specific needs in the community. It should be noted that Keele Centre often takes advantage of the programs offered by Exodus Link.

Once again, it is apparent that these groups have few programs to meet the needs identified by the CMO's, with the exception of John Howard. Further, it should be reiterated that the lack of structured programs in the E Fry residence is not conducive to effective rehabilitation according to the release literature. Because there were few female offenders in the sample, it was not possible to isolate their needs and analyze how they are related. However, given that this is the only house in Toronto which deals with female offenders, we must stress a need for it to develop programs which target specific needs.

The programming needs of Keele Centre were discussed extensively in the sections on Day Parole and MS, so we will not reiterate the discussion here. However, it was clearly noted that staff moral is very low in this residence right now. This is the only house which offers parole supervision as well as counselling; the two being incompatible. It is difficult at best to counsel an individual when he is aware of the fact that you are also the authority figure who has the power to breach him. The individual cannot be frank and open in this situation in that he may be forced to reveal something which could result in a breach. Counselling thus becomes ineffective. When one considers the type of client this residence receives- high risk, high need- the practice of giving counsellors this dual role becomes questionable at best. Thus, we strongly recommend that this dual role be eliminated in this house, and that resources be allocated to provide more staff to allow for an individual role for each staff member.

Figure 19. Other Residences and Services and How They Meet Needs

Need	Keele Centre (10 Beds)		Elizabeth Fry Society (10 Beds)		John Howard Society (4 Beds)	
	House	Comm	House	Comm	House	Comm
Psychological/ Psychiatric		X		X		X
Drug Abuse		X		X	X	X
Alcohol Abuse		X		X	X	X
Employment Counselling		X		X	X	
Financial Management		X	X		X	X
Academic		X		X		X
Life Skills		X		X	X	
Family Counselling			X		X	X
Sex Offender Treatment		X			X	
Temper Control		X			X	X
Batterer Treatment		X			X	
Gambling		X				X
Language/ Literacy		X		X		
Financial Assistance	X		X			X

Further, if this supervision role is maintained, programs in other houses should probably be utilized, with the possible exception of life skills. Substance abuse, which was suggested as a program earlier, could present problems in that to effectively deal with this type of problem one must be able to openly admit when he has repeated this abusive behaviour in order to identify what factors lead to such. Therefore, this type of program should not be developed if this house continues its parole supervision role.

Finally, the availability of a number of structured programs through John Howard Society should be stressed. They offer a good alternative to general community programs for offenders with needs which fall out of the factor categories or their houses' specialization. This is due to the fact that these programs are specifically aimed at offenders and therefore should logically be more effective at dealing with the special needs of this population. Therefore, it is recommended that these programs be given priority over general community based programs as alternatives for houses which cannot meet a specific need, if such is physically feasible.

In conclusion, the literature on effective correctional treatment does indicate that effective programming is that which focuses on specific needs or behaviours rather than adopting a global approach to treatment which is often no more than individual counselling. This latter approach is often unstructured and the amount, quality, and intensity of counselling which an offender receives may be compromised by factors such as the moods, whims, morale, and training of the individual counsellors within the organization. This study has demonstrated that the needs of offenders can be identified by CMO's before release. It has further demonstrated that these needs can be grouped through factor analysis and it is felt that doing such may optimize a treatment approach through program grouping in specialized halfway houses.

Therefore, it is submitted that a policy of halfway house specialization should be implemented through a major needs analysis project, with periodic follow ups to see if needs groupings are changing through time. It is further suggested that in order for this approach to truly

work, CMO's must be assigned the task of identifying and prioritizing the needs of a particular offender before release and that he must be matched to a house which will best meet these needs. This of course requires that the CMO, rather than the offender, be given the responsibility of deciding which house an offender will be released to. In terms of MS, it once again implies that more control over the MS releases must be adopted, with some way of ensuring that the MS client is released to a house with the proper programming to meet his needs, such as an order to reside.

(iv) General Findings Concerning CRFs

At present, six of the houses state that they have no waiting lists; they are Toronto House, Exodus Link, St. Leonard's Peel, Anchorage Centre, Archibald Centre, and Elizabeth Fry. However, although they do not have a formal waiting list, Toronto House is always full but their turnover is such that there is usually a bed becoming available when a new client appears. Exodus Link has no list because they have a number of crisis beds, so they usually have room for a new client. Anchorage Centre just opened thirteen new beds, so they have no list. The other three are currently operating below capacity on a continual basis, something which was not true before Stanton. In fact, all of these houses used to have waiting lists.

This suggests that there has been a drop in the number of referrals in the post Stanton era, and thus any conclusions regarding required beds should be approached with caution. However, data from the 5-50 rollups indicate that the number of Day Parole releases vary greatly from quarter to quarter. Thus, it is once again felt that this drop in perceived clients may not be the valid and that any estimations of need must be based on annual statistics.

Keele has a waiting list of about 12, but the director stated that this used to be at least three times as long. Crossroads currently has a list of three or four, but once again this used to be at least three times as long. My Brother's Place has about thirty referrals a month, but because they only have four beds and their residents stay for 18 months to two years, they are very selective

in any acceptance. Further, because they only take MS cases, they tend to refer their clients to other houses of this type.

The average length of time between a decision to release and the availability of a bed has also dropped considerably, or been eliminated, in all of the houses. The same houses which no longer have waiting lists also no longer suffer this delay. Keele's delay period has dropped from a length of four to six weeks to less than two weeks. St Leonard's Crossroads delay period is six weeks, but it has been considerably reduced as well.

The only house which felt that any of their clients should be in a different type of house was Keele Centre. All of the other houses use screening procedures and only accept clients who they feel are suited to their specific program. Keele felt that there should be a psychiatric house for detention cases which offers intensive counselling for these high risk violent offenders. The data from the first half of this study does indicate that this group is the highest in terms of risk and needs.

When asked how things have changed in terms of delays and reduced Federal referrals, the majority of the houses stated that delays in the Boards decision making process have increased considerably. They also stated that the number of referrals has greatly decreased in the last year. The only houses which haven't experienced this effect are Toronto House, Exodus Link, and Anchorage Centre. The first two, which are the two main MS houses, have experienced an increase, if any change. This may reflect the new caution of the Parole Board in granting early release, and thus an increase in the number of inmates remaining in prison until their MS dates. It may also reflect an increased awareness in CSC/NPB/CMO's of the need level of this type of client. In fact Exodus Link states that their dealings with CSC have become more program oriented and that rather than asking whether this house will accept, or has room for a client, they now are asking what this house can do for, or offer, a client. The increase in referrals to Anchorage Centre can easily be attributed to their increase in beds from two to fifteen.

When asked if the types of clients they were getting from the Federal system had changed in the last year, five of the respondents stated that they have not experienced a change; they were E. Fry, St. Leonard's Peel, Toronto House, My Brother's Place, and the John Howard Society. Once again, this is not surprising in that these represent the two MS houses without a lot of structured programming, E. Fry which handles only female offenders, and the John Howard Society which is a voluntary walk in centre. Peel is the only house which does not seem to have a simple explanation for a lack of change, but such could be due to their physical location which is not considered to be in Toronto proper by most definitions.

Exodus link has found that they are being approached by a lot less high profile cases, and they are not accepting any high profile cases at this time. This lack of high profile referrals seems to simply reflect the social climate at this time. Anchorage Centre feels that their expansion, the close down of Operation Springboard, and their increased promotion of their program have lead to an increase in numbers and an expansion of types of clients they are receiving.

St. Leonard's Crossroads have found that they are getting more drug traffickers and alcohol related driving offenders, which indicates a move from the more traditional property offenders to the lower profile substance abusers. Archibald Centre has found an increase in violent and sex offenders which is probably a combination of their physical location (which is isolated and far from Toronto proper) and the fact that they have trained psychiatric staff and most of their programs are thus psychologically oriented. Further, the movement away from accepting violent offenders by most houses has left very few residences available for this type of offender. Finally, Keele has noticed an increase in violent and high risk/high profile cases. Once again, this is probably due to the fact that the majority of houses will not accept this type of client, so Keele Centre which is the only Federally operated Centre has had to fill this void.

When asked how they felt about halfway house specialization, the respondents were split in their opinions. Five felt that specialization was useful in that it enabled targeting of a specific

group who have common problems and a concentrated professional approach to dealing with these problems. It should be noted that three of these respondents do run houses that specialize to some degree. The Director of St. Leonard's Crossroads further expressed an interest in opening a house which deals with long term offenders with strong substance abuse problems.

Four of the respondents did not believe in specialization. One stated that there are a lot of common characteristics from inmate to inmate and to just concentrate on certain characteristics was not the key, but rather living skills in general must be looked at. Two of the respondents felt that mixtures in the halfway house setting were important in that society is made up of a blend of people and that this type of structured environment should reflect such. A final respondent pointed out the danger of labelling and the possible results of such.

However, the literature suggests that in order to make any attempt to successfully rehabilitate offenders we must target specific behaviours or groups of needs. This approach groups common characteristics and avoids disjointed attempts at meeting all needs at all times for all offenders. Finally, all Federally released inmates have already been labelled and structured programs to meet their special needs will hopefully counteract the effects of their labels rather than contribute to them.

(v) Current Problems

A final question, which is not included in the interview schedule but which was asked of each respondent, was "What if any problems are you experiencing with CSC these days, and do you have any complaints that you would like to state at this point or is there anything which you feel is missing in the system?". By far the most common complaint was that prisons were not calling the houses to let them know that someone was being released on a specific day and at a specific time. In fact, one centre commented that they had received at least seven new clients this month who just appeared on their doorstep without prior notification.

It should be obvious that a certain amount of preparation is necessary by the house before a new client arrives, even simple tasks like making sure they have a bed set up and clean linen ready, but also making sure they have staff available for client orientation and admission. It is apparent that something as simple as a phone call from a releasing institution could alleviate a lot of the bad feelings over a lack of communication.

Another problem which was cited on occasion is a lack of information sharing between CSC and the houses, especially in terms of offender's files which are often received after the offender has been in the house for a period of time, and also the restriction of access to full files from some staff members. The latter relates to the problems of security clearance and how long it usually takes given that an individual may be working with residents for a number of weeks before his clearance comes through and he is allowed access to files.

Two of the three MS houses felt that there are too many standards which are not reflected in positive client services and which preclude the ability to counsel effectively. They both felt that these standards are far too custodial and security conscious and that they are simply creating mini jails in the community. These standards result in the house becoming a bureaucracy in itself and thus eliminate the "home" atmosphere which these houses are attempting to achieve.

Another complaint was that community awareness should be heightened, and that the residents should be involved in such. One respondent also mentioned that they are not receiving general information on what is going on in the system in terms of trends and that if they partake in research such as this, they generally are not informed of the results and conclusions of such. He also expressed a lack of information sharing concerning future plans which results in an inability to provide input into such. General administrative complaints such as low pay, high caseloads, lack of recognition for work completed, and a lack of standardized training also exist. The corrections business is a funny one in that numerous success go by without any recognition, but single high profile failures result in great scrutiny.

In terms of what is missing in the system, three points were made. By far, the most often cited void in the system is a lack of good sex offender programs. These are extremely high profile cases, and as one director put it, we will not get the trust and cooperation of communities until we can prove that sex offenders can be effectively treated. There is one program which deals with sex offenders in Toronto on an in-patient basis, but the waiting period for admission is rumoured to be up to 18 months.

The second void which was cited was a lack of programs to deal with young drug offenders. Hard drugs are presenting a real problem in Toronto, as they are almost everywhere in North America, and around the world, and the relation between hard drug use and criminality to support such seems clear. Toronto's best, and some would argue the only good, drug program (the Lighthouse Program) has closed, and this void really needs to be filled. The final void which was cited was a lack of good programs in the prisons themselves, which would prepare the inmates for their release.

We will now turn to our estimate of needs for beds in the Toronto area. This will be followed by a discussion of the Policy implications of our findings. Finally, we will close with our general conclusions and a summary of the study.

CHAPTER 4

ESTIMATE OF NEED AND POLICY IMPLICATIONS

A. Estimate of Need

The main task of this study was to evaluate the availability of programs to meet offenders needs and to determine if there are enough beds available to match offenders to houses. It should be noted at the outset of our conclusions that Recommendation 32 of the Pepino Inquiry assumes that offenders are indeed "matched" to these facilities. Thus, the first and foremost point which must be made is that there does not appear to be any process by which any member of the Case Management Team attempts to find the house which is best suited to the offender. Rather, it is left up to the offender to seek residence in a house, and his specific programming needs are only considered by him, if at all.

In terms of an estimate of need for programs, it appears that there is a lack of structured programming in most of the houses in Toronto. This seems to contradict the literature on effective correctional treatment, and we must suggest that houses make efforts to develop programs which are aimed at dealing with specific need groupings. Finally, it becomes important to determine if more beds are needed, especially in light of the loss of beds as a result of the cancellation of Operation Springboard's contract.

The data from the 5-50 rollups indicate that there are approximately 240 Day Parole releases to Toronto in a given year. This was true of 1988 and 1987, but the number was much higher for 1986 (330). However, it is contended that this drastic reduction in Day Parole releases, and the equally drastic increase in MS releases, from 1986 to 1987 is simply a reflection of the political climate of the times. Early release has been a subject of contention for the last few years and this has resulted in a new caution on the part of the NPB.

If this trend holds, it can still be concluded that more Day Parole beds are required in this region. There are currently 154 beds per year which service Day Parole clients in houses which specialize in such. Keele centre generally has about 80% Day Parole clients, so we can conclude that they provide 76 beds per year to these clients. This gives a total of about 230 beds per year available in this region.

Given the average release of about 240 clients per year, it seems that there is a shortage of Day Parole beds, although such may be small. However, given the increase in MS releases and the new caution of the board, Keele Centre may find an increase in this type of client which would decrease the number of beds available to Day Parole clients.

Thus, it is felt that there is a need for more Day Parole beds in Toronto. This should at least make up the obvious lack of 10 beds, but it should also be increased to counter the loss of Operation Springboard beds. Further, if a policy of specialization is adopted, it is suggested that more beds be available to ensure that certain program groupings do not suffer an overcrowding effect. Thus, it is submitted that an increase of at least 30 beds, possibly through the opening of two new houses with specializations, should sufficiently cover any current gaps. However, it is also important to keep up on release data in order to identify future needs. The current trend suggests a stable number of releases during a year, but this may change once the post Stanton uproar has calmed.

In terms of MS clients, there is an average of 237 releases per year over the last two years, which represents an increase from 168 in 1986. There are, however, only 61 beds per year, including Keele, which deals with some of these clients. These are the high risk/high need clients and their numbers are increasing. If we are to meet their needs and decrease the risk to society, we definitely need more MS beds in Toronto. CMOs classed 53.5% of MS releases as having an essential need for a bed, which equals 127 beds per year needed on an essential basis alone. When we add the 18.6% of clients who would benefit from a slow, structured reintegration, we find a need

for 171 MS beds in Toronto. Thus the number of beds for these clients need to be almost tripled if we are to meet their needs.

B. Policy Implications

According to many of the people interviewed, including Board Members and CMOs, Melvin Stanton was a rare case in that he slipped through the cracks in the system and was released early. However, had he not been released early, he still would have been released eventually, and in the absence of any programming, he would probably have recidivated. Further, he would have been released on MS and would have been under very little supervision if he was not given an order to reside, which is the norm rather than the exception. As it was, he was being supervised to the point that he was noticed missing and presumed to be recidivating. In the absence of this aspect of halfway house control he may have run free for a considerably longer period of time and he may have committed a lot more violent crimes before being associated with and/or caught for the one he did commit.

The Pepino Inquiry states that more beds are needed in Toronto in order to better match offenders to these facilities. This statement assumes that CSC does indeed "match" offenders to release facilities. This research suggests otherwise. It is left up to the inmate to formulate his own release plan, including choosing and contacting CRFs before his Panel Hearing. This researcher contends that CMOs should adopt the role of service broker by examining an offenders needs, eliminating houses which don't meet those needs, and then matching the offender to specific houses based on needs, location in respect to community supports, and house acceptance of the offender.

The profile of the MS case, as compared to the Day Parole case, is certainly grim. Day Parolees are those with the fewest needs and who present the lowest risk, yet they are offered the most structured release. MS cases, on the other hand, pose the greatest threat to society and have the greatest needs, yet they are generally released with minimal supervision. This points to an

obvious flaw in the system.

In order to decrease the threat to society, it is contended that the opposite action should be taken. This would involve releasing the low risk Day Parole cases to the community simply under Parole Supervision. If the CMT and NPB feels that the offender would benefit from a gradual release, then an application should be made to the Board for such. For MS cases, on the other hand, there should be an automatic hearing to determine if they would be better served by a gradual release, and this should be the general rule, as opposed to the exception.

It appears that most of the houses in Toronto do not have sufficient programs to meet the needs of those being released. The programs which do exist are sporadic, often duplicated among many houses, and not grouped according to the relationships between needs which were identified in this study. Thus, it is suggested that a policy of halfway house specialization be implemented, and that a major needs analysis project be undertaken to determine how needs relate to each other in order to formulate areas of specialization.

This was the intention of this study, but we happened to hit a quarter in which the number of Board Hearings/releases of all types was extremely low. Because of the variation in release numbers, we feel that a needs analysis on which a major policy of specialization is based must be undertaken for a minimum of six months to one year. Further, our data and our comparative analysis of Day Parole and MS cases indicate that open ended questionnaires do not provide as adequate an estimate of needs as do stimulated response tools. Therefore, it is suggested that a pretest be performed in order to develop such a tool, or that a tool using the needs identified in this study be adopted.

It is difficult to determine if there is a need for more bed space in Toronto at this time, giving the social climate and the trend away from early release which is being experienced. However, with the loss of Operation Springboard and possibly My Brother's Place, and given the length of waiting lists and delays in bed availability during the pre-Stanton period, one could easily

conclude that more beds will be needed once things have calmed in this city, and if the Day Parole system is left as is.

Further, the data do suggest at least a slight need for beds which deal with Day Parole clients and a vast need for MS beds. We have simply been ignoring the needs of the latter for too long. They are the high risk/high needs group and until we gain more control over their release, they will continue to recidivate because their needs simply are not being met. The majority of them do not voluntarily seek treatment. MS is earned time in the community, but we submit that it should not be free time. The majority of these individuals should be gradually reintegrated into society, and hopefully their recidivism rates will be reduced through the services available in a structured environment.

Thus, the current early release system must be reevaluated in light of the need and risk differences between these two groups. The legislative requirement for residence of Day Parolees should be reexamined, and many of those beds which they now occupy should be opened up to those who need the structured reintegration that goes with them.

The main problems in the halfway houses seem to lie in the area of information sharing, and it is strongly recommended that the institutions be directed to call the halfway houses to inform them of the exact time an inmate will be released to allow them the time to properly prepare for his admission.

Further, once an offender has been slated for release to an institution, arrangements should be made for his file, or at least a copy of such, to be sent to the house prior to release, or at least at the time of the inmates arrival. This will enable the house to make any special preparations before the inmate arrives, and will also let them know exactly what type of person they are dealing with upon arrival. It should be noted that Stanton did fall into this category of being released without the CRF being notified that he was arriving on that day.

Perhaps this is what the Pepino Recommendation meant when it stated that "CSC [should] not *assign* released offenders to CRCs or CCCs with which they had not had prior contact or consultation." It is certainly evident that none of the offenders in this study were released without a community assessment and acceptance from the houses they were destined to. A second interpretation of this statement could be that CSC, as opposed to the offender, should contact and match the client to the most appropriate house. We do contend that this should be the case, and that CMOs should take on the role of service brokers so that we can be sure that needs are being met, and hopefully reduce recidivism rates.

In terms of required services, it does seem that there are voids in terms of structured programming in Toronto, and in any attempt to group programs according to the relationships of needs. It seems especially important to develop programs for both sex offenders and young drug addicts. Sex offenders are a high recidivism group, and must be dealt with in order to avoid future Stanton like incidences. Young drug addicts also recidivate a great deal in terms of property crimes, and a program to deal with them is needed in Toronto. Finally, alternative release housing for female offenders is also lacking, and should be considered for the future.

CHAPTER 5

CONCLUSIONS

This study opened with a discussion of the literature on needs analysis and on effective correctional treatment. We found, within this body of literature, support for our contention that the needs of offenders could be identified and assessed by those who work with them. Past needs analyses provided us with our methodology for estimating the needs of this population upon release. One methodological mistake which we made was the use of an open-ended questionnaire for our needs analysis, and we suggest that future needs analysis tools be in the form of stimulated response tools.

The literature on effective correctional treatment indicates that recidivism can be reduced, if programs are developed which are short term and which have specific goals. Offenders must be matched to these programs according to their individual needs and the perceived risk of recidivism that they pose, with intensive programming aimed at high risk clients. A number of needs which have shown to be related to the reduction of recidivism through effective programming were also identified in the literature.

Our data collection involved gathering information from offenders files, Case Management Officers, and Parole Board members. Data were collected concerning each offender's criminal history, needs, and risk of recidivism. The data provided by the Parole Board members was dropped, due to the fact they they were simply not as familiar with each case as were the CMOs because they handle different cases on a daily basis, as opposed to the latter who have the same clients for many months or years.

Data were also collected from each halfway house in Toronto in order to arrive at some indication of what types of programs they offered and how they met each need identified in the needs analysis. It was found that the majority of the houses have very little, if any, structured

programming. The programming we did find was sporadic, often duplicated, and there was little indication that the programs within any specific house were based on a relationship between various needs. It was also discovered that there are two main types of houses in Toronto; those who deal mainly with Day Parole releases and those who deal mainly with MS releases.

Thus, at the outset of our data analysis, we divided the subjects into two groups; Day Parole and Ms releases. Each group was looked at in terms of risk and needs, as well as criminal history and demographic characteristics. It was discovered that the Day Parole clients generally have less needs and present less risk of recidivism than do the MS releases; the latter generally being very high risk cases with many needs.

In terms of release statistics, we found that the majority of those who applied (82.3%) were granted some form of release. Further, it was found that the board followed the release recommendation of the Case Management Team in over 80% of the cases in each category.

The needs analysis also indicated that MS subjects were much more in need of programming than were the Day Parole subjects. Overall, MS releases had more needs, which were more essential to meet, than did the Day Parole clients. We also found that although the Board Members and CMO's generally agreed on the percentages of offenders who had a particular need, they seldom agreed upon which subjects had which needs. This supports our contention that a systematic tool for identifying the needs of offenders, which is a stimulated response tool, should be utilized in order to better and more accurately identify the needs of each individual. Further, the differences between the two subject groups in needs identified were statistically significant in both need identification tools, but they were more significant in our stimulated response tool (The Force Field Analysis of Needs: Appendix C). Finally, in terms of special needs for a secure halfway house environment, we found that MS clients were far more in need of a structured release through a halfway house.

Our Factor analysis of the needs indicates that programming needs are related and that programs could be efficiently grouped according to these relationships. This forms the basis for our argument that halfway houses should specialize and that the programming resources of each house should be applied to one or two needs groupings. This would ensure that each need type is met by at least one house and that programming would not be duplicated for some needs in most of the houses, while others are totally lacking. Further, clients who fall into a particular need grouping would be ensured the best possible treatment in that all related needs would be met. However, given our small sample, we suggest that further research with a large sample be undertaken to better identify the links between specific needs before a policy of halfway house specialization is implemented.

From all of the discussion above, we can conclude that there is a definite need for more structured programming in the Toronto region. This programming must be developed in such a way that both MS and Day Parole clients receive treatment, but treatment resources should be concentrated on the high risk/high needs group; MS releases. This would involve changing the Parole Act so that Day Parole releases do not have to reside in halfway houses unless such is deemed necessary by the Parole Board. MS releases, on the other hand, should be required by legislation to receive the structured release that a halfway house environment would offer unless such is not deemed necessary by the board.

We must also conclude that a policy should be developed which requires the CMOs to match offenders to halfway houses according to the individual needs of the offender, and the programming offered by the houses. In order to do this, more beds must be made available in the Toronto area, especially for MS releases.

APPENDICES

Appendix A.

General Coding Sheet

Offenders Name _____

FPS Numbers _____

Date of Hearing/Review _____

Charges Convicted On _____

Length of Incarceration:

Aggregate Sentence

Time Served to time of
Hearing/Review _____

Institution _____

Reason for Hearing/
Release

- 1) Full Parole _____
- 2) Day Parole _____
- 3) M.S. _____

- Decision:**
- 1) **Granted** _____
 - 2) **Denied** _____
 - 3) **Deferred** _____

Reasons/Comments _____

CMO Recommendation:

- Needs:**
- 0) **None** _____
 - 1) **Some** _____
 - 2) **Serious** _____
 - 9) **Missing** _____

Release Plan:

Date of Admission _____ T.A. Eligibility _____

M.S. Date _____ Full Parole Date _____

Day Parole Date _____ Warrant Expiry _____

Transfers: Number _____

Institutions _____

Age _____

Sex: Male _____

Female _____

Race _____

Marital Status 1) Single _____

2) Married _____

Language _____

3) Common Law _____

4) Divorced _____

Citizenship _____

5) Separated _____

6) Widowed _____

7) Other _____

Appendix B.

General Statistical Information on Recidivism

Name _____ FPS _____

		Enter Score	
		+	-
1) Current Offence (if more than one select lowest score) (all others code as zero)	+4 Non-violent sex offence +3 Homicide or narcotics offence +2 Unarmed robbery, Arson, Kidnapping, Hijacking, Abduction, Criminal negligence in operation of motor vehicle, Dangerous Driving, Obstructing peace officer -1 Theft, Receiving or possession of stolen goods -2 B&E, Forcible entry, Unlawfully in dwelling, Illegal possession of firearm, Carrying concealed weapon -4 Escape		
2) Age At Admission	+2 Over 39 -2 Under 21		
3) Previous Incarceration	+4 First Time Incarcerated -1 3-4 previous incarcerations -2 5 or more previous		
4) Previous Revocation or Forfeiture	-2 Has previously had a term of day parole, full parole or MS revoked or forfeited		
5) Previous Escape	-3 Has escaped or attempted to escape at least once		
6) Security Classification	-1 Is in Maximum security at time of release		
7) Age at First Adult Conviction	+7 50 or older +6 41-49 years old +3 31-40 years old +2 23-30 years old -2 under 19 years old		
8) Previous Assault Convictions	-2 One previous conviction for assault -3 2 or more previous convictions for assault		

		+	-
9) Marital Status	+1 Was married or living common law at time of incarceration		
10) Interval at Risk	+2 2 years or more between current conviction and last release or offence -1 Less than 6 months between current conviction and last release or offence		
11) Number of Dependents	+2 3 or more dependents (includes common law)		
12) Aggregate Sentence (from original sentence date)	+3 Aggregate sentence is from 5 years to 6 years +2 Aggregate Sentence is 6 years or more		
13) Previous Convictions for Violent Sex Offences	-4 Has one or more previous convictions for sexual assault or indecent assault		
14) Previous Convictions for B & E	+2 No Previous B&E's -2 1-2 Previous B&E's -3 3-4 Previous B&E's -6 5 or more Previous B&E's		

Success Rates for Groups of Offenders Scoring:

+6 to +27 4 out of 5 will not commit an offence*
+1 to +5 2 out of 3 will not commit an offence
-4 to 0 1 out of 2 will not commit an offence
-8 to -5 2 out of 5 will not commit an offence
-30 to -9 1 out of 3 will not commit an offence

* offence means indicatable offence

Total Score

Appendix C.
Force Field Analysis of Needs

Name _____

FPS _____

	Present Offence	
	Offence Pattern	
	Response to Supervision/ Incarceration	
	Academic/ Vocational Skills	
	Employment Pattern	
	Financial Management	
	Marital/ Family Relations	
	Companions	
	Emotional Stability	

	Alcohol Usage	
	Drug Usage	
	Mental Ability	
	Health	
	Sexual Behaviour	
	Values/ Attitudes	

Priority 1 _____ Priority 3 _____
 Priority 2 _____ Priority 4 _____

Appendix D.

Survey Questions for Case Management Officers

Offender's Name _____

FPS _____

- 1) In your view, what needs does the offender have for assistance in the community after release? (e.g. employment, residential, treatment, financial, etc.) Please rank these needs in order of their priority and whether you feel they are essential to meet or desirable to meet if the offender is to succeed in the community.

	(check one)	Desirable to meet	Essential to meet
1. _____		_____	_____
2. _____		_____	_____
3. _____		_____	_____
4. _____		_____	_____
5. _____		_____	_____
6. _____		_____	_____
7. _____		_____	_____

- 2) Does the offender have a primary need which must be met above all other needs?

Yes/No (circle one)

If yes, describe this need:

- 3) The following question deals with residential aspects that are desirable or essential for the offender to receive upon his/her release to the community. For the purpose of answering this question,

"essential" means that the offender should not be released at this time unless receiving this service is a condition of his release.

"desirable" means that the offender has needs which could be met by this service, but he/she could be released at this time without it.

"not required" means that the offender does not require arranged accommodation in a halfway house, rooming house, etc. either because of his/her relatively low risk or because he/she will be going to an acceptable living arrangement with family, friends, etc.

Does the offender require the following elements in a halfway house, hostel, or other arranged residential setting in order to succeed in the community?

(Check all items as "not required" if the offender requires no halfway house, hostel, or rooming house assistance or controls)

(check one)

	Essential	Desirable	Not Required
1. Bed to sleep in	_____	_____	_____
2. Professional caseworker(s) always on site during waking hours	_____	_____	_____
3. Mandatory case planning and counselling on site	_____	_____	_____
4. Process of verifying the presence of the offender during the night	_____	_____	_____
5. Alarmed exits and doors	_____	_____	_____
6. Policy of regular room searches	_____	_____	_____
7. Specialized treatment or services (specify nature of service(s))	_____	_____	_____

- 4) (Only for cases where the recommendation has been to deny or defer release, including detention cases) Are there any conditions or services which, if applied or available to this offender, would have caused you to recommend a release at this time.

Yes/No (circle one)

If so, describe these conditions or services (e.g. intensive counselling or surveillance; suitable employment)

- 5) Were any CRF's which offer the services required by the offender contacted prior to the hearing to see if they considered him/her suitable for their program.

Yes/No/Not Applicable (circle one)

If yes, which ones?

- 6) If yes, which ones responded favourably (e.g. said they were willing to take this particular offender)

Appendix E.

Survey Questions for Parole Board Members

Offender's Name _____

FPS _____

1) In your view, what needs does the offender have for assistance in the community after release? (e.g. employment, residential, treatment, financial, etc.) Please rank these needs in order of their priority and whether you feel they are essential to meet or desirable to meet if the offender is to succeed in the community.

	(check one)	Desirable to meet	Essential to meet
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____

2) Does the offender have a primary need which must be met above all other needs?

Yes/No (circle one)

If yes, describe this need:

3) The following question deals with residential aspects that are desirable or essential for the offender to receive upon his/her release to the community. For the purpose of answering this question,

"essential" means that the offender should not be released at this time unless receiving this service is a condition of his release.

"desirable" means that the offender has needs which could be met by this service, but he/she could be released at this time without it.

"not required" means that the offender does not require arranged accommodation in a halfway house, rooming house, etc. either because of his/her relatively low risk or because he/she will be going to an acceptable living arrangement with family, friends, etc.

Does the offender require the following elements in a halfway house, hostel, or other arranged residential setting in order to succeed in the community?

(Check all items as "not required" if the offender requires no halfway house, hostel, or rooming house assistance or controls)

(check one)

	Essential	Desirable	Not Required
1. Bed to sleep in	_____	_____	_____
2. Professional caseworker(s) always on site during waking hours	_____	_____	_____
3. Mandatory case planning and counselling on site	_____	_____	_____
4. Process of verifying the presence of the offender during the night	_____	_____	_____
5. Alarmed exits and doors	_____	_____	_____
6. Policy of regular room searches	_____	_____	_____
7. Specialized treatment or services (specify nature of service(s))	_____	_____	_____

- 4) (Only for cases where the decision has been to deny or defer release, including detention cases) In your opinion, are there any conditions or services which, if applied or available to this offender, would have caused you to grant a release at this time.

Yes/No (circle one)

If so, describe these conditions or services (e.g. intensive counselling or surveillance; suitable employment)

Appendix F.

Survey Questions for CRF Managers

1) House Name _____

2) Are there any types of inmates you specialize in?

3) Are there any types of inmates you will not accept?

4) Do you accept violent offenders? Yes / No

5) Criteria for accepting inmates _____

6) How long is your average waiting list? _____

7) What is the average length of time between a decision to release and the availability of a bed?

8) What Percentage of your clients do you feel should be in a different type of house?

9) How have things changed in terms of delays and reduced numbers of Federal referrals in the last year?"

10) Have the types of clients you are getting from the Fed's changed in the last year?

11) Do you have access to programs which deal with the following needs either in-house or in the community? (Please specify if in-house means a structured program or individual counselling)

Need	In House	Community	Specify Program/Community Resource
Psych	_____	_____	_____
Drug	_____	_____	_____
Alcohol	_____	_____	_____
Employment Counselling	_____	_____	_____
Financial Management	_____	_____	_____
Academic	_____	_____	_____
Life Skill	_____	_____	_____

Family Counselling _____

Sex Offender _____

Temper Control _____

Batterers Treatment _____

Gamblers Treatment _____

Language/Literacy _____

Financial Assistance _____

12) What are your feelings on halfway house specialization?

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