



CRIMINAL JUSTICE SOCIAL WORK  
DEVELOPMENT CENTRE *for* SCOTLAND

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## **Throughcare: A Process of Change**

### **Introduction**

In line with international trends, criminal justice policies and practices in Scotland have increasingly emphasised the importance of throughcare in encouraging ex-prisoners to desist from offending. This increased emphasis has been influenced by what we have learned from the 'what works' rehabilitation research (see McGuire, 1995) and what we are beginning to learn from the growing body of 'desistance' research (see Maruna, 2000; McNeill, 2002). McNeill, in *CJSW Briefing Paper 5*, shows how desistance research takes us beyond insights into what works in producing change to insights about "when, how and why change occurs and sustains" (McNeill, 2002, 1). These questions lie at the heart of developing effective throughcare practices.

This briefing begins with a short discussion of some key concepts and perspectives on throughcare. It moves on to outline what we know about holistic approaches, throughcare planning, partnership working, opportunities to change and approaches to practice and concludes with noting the implications for processes of change.

### **Concepts and perspectives**

In endorsing the Report of the Tripartite Group – made up of representatives from the Scottish Executive Justice Department, the Scottish Prison Service and the Association of Directors of Social Work – Justice Department Circular No SEJD 12/2002 defines throughcare as:

“the provision of a range of social work and associated services to prisoners and their families from the point of sentence or remand, during the period of imprisonment and following release into the community.” (Justice Department Circular No SEJD 12/2002, 1.1.2, 6)

The definition used is important because the international research literature shows that how 'throughcare' – sometimes still called 'aftercare'<sup>1</sup> or, more recently, 'transitional care' or 'prisoner re-entry' – is conceptualised is central to its potential effectiveness.

It is also important to appreciate how practitioners understand the concept. Recent research on the Throughcare Centre at Edinburgh Prison (after this referred to as the Throughcare Centre) shows that prison officers, social workers and a wide range of practitioners from community based agencies understand 'continuity of care' as the definitive characteristic of throughcare. Practitioners view continuity of care as involving a continuum of experiences

<sup>1</sup> The Tripartite Group Report defines aftercare as "the supervision, support and assistance to prisoners on release (2002, page 2, footnote 1).

– from the community, through prison and back out into the community – aimed at giving ex-prisoners a chance to integrate socially and desist from further offending (Tombs, 2004).

Practitioners' understandings are fully supported in the wider research literature on throughcare – whether in the community or in prisons. For example, in relation to specific problems addressed by throughcare services, recent evaluations, which typically look at drugs services in prisons and their links with community based services, emphasise the need for continuity of care, using high quality services during and following treatments in prison in order to maximise effectiveness.

Two consistent findings from the research literature on throughcare are noteworthy.

- First, that the chance of treatment in prison being successful is improved by the nature, quality and length of support after release.
- Second, that it is essential to have co-ordination and integration between whatever programmes and services are offered in prison and those offered by criminal justice social work services and other agencies to offenders in the community under post-release supervision (see, for example, Kothari *et al.*, 2002).

Many studies have replicated the finding by Hiller *et al* that the effectiveness of treatment for problem drug users in a prison therapeutic community, in terms of subsequent recidivism rates, is enhanced if followed by residential aftercare on release. In the aftercare programme participants were given more opportunities to find stable employment and accommodation as well as being given continued support to prevent relapse in the community (see Hiller *et al.*, 1999). Linking prisoners to drug agencies and community projects is critical as is information exchange between prison and community in order to make agencies aware of the individual's previous treatment history and ongoing treatment needs (Kothari *et al.*, 2002, Burrows *et al.*, 2000). Studies have also shown that community support groups can make an important contribution; especially those that include a strong component of advocacy in order to help ex-prisoners negotiate the increasingly inhospitable housing and labour markets. Finding a stable job remains a key predictor of successful resettlement in the community (Currie, 1993; Roberts, 2003).

These general findings illustrate the lessons from the research, noted below in terms of holistic approaches, throughcare planning, partnership working, opportunities to change, approaches to practice and the implications for processes of change.

### **Holistic approaches**

The international research literature shows that the throughcare strategies with the most favourable results are 'holistic'; that is, focused on the whole range of prisoners' needs and integrated with support in the prison and in the community. This support is necessary not only in the early weeks of readjustment on release but also in the long term (see Peters and Steinberg, 2000). Indispensable processes for successful 'habilitation' or 'integration' include teaching prisoners basic skills, helping them to develop the capacity to cope with their 'survival' needs in the outside world and establishing meaningful links whilst in prison with a range of community services that can offer continuing support.

For example, practitioners working in the Throughcare Centre stressed the need for a holistic approach which recognised that responding to prisoner' needs and providing continuity of support on release was the most effective way to change lives and hence reduce the likelihood of re-offending (Tombs, 2004). Earlier research on the social work contribution to the processes and outcomes of community based throughcare in Scotland found that ex-prisoners would welcome more contact with their community-based social workers prior to release and assistance with housing and employment (McIvor and Barry, 1998). Other studies, in particular evaluations in the USA of supported work programmes for ex-prisoner addicts exposed to treatment during their prison sentences, have consistently demonstrated a close link between treatment success and a stable job. These programmes have also been found to be highly cost effective (Currie, 1993).

Evaluations of throughcare show that workable holistic approaches require clarity about the intended overall result from the outset. Clarity about overall aims and expected outcomes provides the basis on which specific objectives for the distinctive contributions of social workers, prison officers, agency personnel and other groups working in the prison and in the community can be drawn up in order to give interventions a tighter focus. The contributions of the various interventions are then more transparently related to the main aim.

### **Throughcare planning**

It is, therefore, necessary for the organisations involved to agree an overall plan to cover the range and types of provision needed to provide for different offenders in different contexts. The plan must be clearly understood by management and all staff in prison and the community, and easily understood by prisoners and significant others in their lives. In more detail the plan needs to define the exact form and content of the elements of throughcare and where the responsibility lies for the delivery of each element (Roberts, 2003).

The key requirements for developing this kind of throughcare planning include:

- robust and validated forms of assessment,
- procedures to produce careful individual plans,
- involving offenders directly in their plans,
- clear and carefully managed selection and referral criteria, and
- good case management practices involving, social work, prison and voluntary agency staff (Roberts, 2003).

For example, in the Throughcare Centre the risk/needs assessment and referral processes provided the foundation for individual plans. Practitioners believed that assessment was the key to effective throughcare; it played a crucial role in accessing services through the referral process, provided more holistic patterns of referral, opened doors to maintaining prisoners' lives on the outside and provided a fast track to drugs counselling. However, while for their own respective contributions prison and community based agencies agreed individual plans with offenders, there was no inter-agency throughcare plan to integrate an individual's experiences from within the prison that followed him out into the community. Practitioners viewed co-ordination of throughcare plans amongst agencies and between agencies and the prison as essential to providing integrated individual plans that could be reviewed and revised regularly (Tombs, 2004).

### **Partnership working**

Effective throughcare planning requires developed inter-agency and inter-professional collaboration and partnership working practices. This means training for all involved in the delivery of throughcare, including mentors and volunteers. It also means providing staff support, supervision, management and leadership (Roberts, 2003). All these aspects of planning are critical to the development of partnership working.

Research has shown that supporting the principle of inter-agency partnership and having inter-agency team spirit is not the same thing as partnership working. Structured mechanisms require to be put in place to promote effective partnership working practices. For example, the Throughcare Centre study found that the absence of structured mechanisms had led to increased duplication of referrals, which related in turn to the lack of shared information. Again in turn, the absence of a shared information system together with a lack of high level initiatives meant that partnership-working practices were underdeveloped (Tombs, 2004).

There is, therefore, a need to share much more of the day-to-day character of the various services, establish which of the things done are actually worthwhile and develop mechanisms to ensure that they are done well. Meaningful qualitative assessments of outcomes are required and these are possible only on the basis of a shared 'tracking' information system to integrate the work of the various services and record throughcare experiences from the first point of contact, throughout the time in prison and back into the community. The creation of a shared information system can also provide the basis for developing more effective partnership approaches, together with realistic and serious criteria for evaluation.

## Opportunities to change

The research on the Throughcare Centre shows that the model of a 'one-stop-shop' can work in providing prisoners with real opportunities for change. In bringing together a range of expertise and interventions from community based agencies and from within the prison, key factors associated with offending – housing, employment, income, family relationships and addictions – were addressed. Practitioners unanimously supported this model. They also believed that partnership between prison staff from inside working with community based workers coming in from outside was crucial to effective work in the Throughcare Centre – to open up opportunities for change and to establish and maintain the connections necessary for transitional and ongoing support in the community (Tombs, 2004).

In general the research literature emphasises the need to develop practices that assist in opening up real possibilities for offenders to develop alternative ways of life. Findings repeatedly draw attention to the importance of offenders having or acquiring some kind of 'social stake'. This means making throughcare accessible – as, for example, through the 'one-stop-shop' concept – and attuned to problems that prisoners and ex-prisoners regard as important. Prisoners are most concerned about housing crises, health problems, the lack of jobs and skills, family and legal issues (Currie, 1993; Tombs, 2004).

Throughcare is therefore most likely to be effective in leading to resettlement and desistance from further offending when it both builds capacities and increases opportunities. This means striking a balance between addressing offending behaviour and providing tangible help with problems of family, basic literacy and social skills, work, housing and daily survival. These requirements are increasingly evidenced in the research literature on desistance which shows that there are a range of factors associated with ceasing offending. Indeed, many of the factors associated with desistance are related to acquiring some kind of social stake – most often a job, a family, a partner or a home – that the ex offender "values in some way and which initiates a re-evaluation of his or her own life..." (Farrall, 2002, 11).

## Approaches to practice

Throughcare practices then need to address factors associated with offending behaviour, assist offenders to build their capacities, increase opportunities to live within the law in their communities and work with them to acquire and maintain something that they value on the outside. Adopting a problem-solving approach to practice is appropriate for many of the issues throughcare requires to address. Those working with offenders need to suggest alternative approaches to the resolution of immediate problems – for example, by cross referring individuals to agencies that can provide advice and support – and ways of acquiring skills that will help them to make better choices in the future (see Andrews *et al.*, 1990; McIvor, 2002).

In addition, studies exploring relationships between interventions, positive features of relationships between offenders and those working with them, and desistance, are of particular significance for approaches to throughcare practice. The engagement of offenders sentenced to prison is critical from the outset but so too is sustaining that engagement. Assisting an individual prisoner to collaborate fully in defining the agenda and to work within it requires to be re-negotiated throughout all stages of the throughcare process if motivation is to be successfully maintained. As with other research on effective practice with offenders (see, for example, Lobley *et al.*, 2001), the research on the Throughcare Centre underlines the importance of initial and ongoing processes of engagement. Not only were the men actively involved in defining the agenda for their work with different community based agencies but also agency workers had to re-engage individuals who were unable or unwilling to continue work on the original agenda (Tombs, 2004).

The style or approach to practice is also of critical importance (see *CJSW Briefing Paper 5*, McNeill, 2002). Studies have consistently found that the way in which an assessment, course or programme is delivered can be as important for its success as its content (see, for example, Lobley *et al.*, 2001). Indeed, the way in which throughcare prison officers and community based workers related to offenders in the Throughcare Centre was central to their motivation to participate actively in the opportunities provided. Offenders felt committed to and engaged in relationships with prison and agency workers when they believed that the workers were themselves committed. They described the positive attributes of prison officers and agency workers in terms of general concepts such as genuine, friendly, helpful, humorous, honest, fair and trustworthy (Tombs, 2004). Other research on offenders relationships with supervisors supports the importance of these positive attributes. For example McIvor, in her study of relationships

between offenders on community service and their supervisors, found that key elements were consistency, fairness and mutual respect (see *CJSW Briefing Paper 6*, McIvor, 2002; McIvor, 1992).

The ‘mechanism’ by which some prisoners came to accept either prison officers or agency workers as role models seemed to rely on feelings of personal loyalty that individual prisoners developed towards one or more of those working with them (Tombs, 2004). This echoes research findings on features of probation relationships that exert positive influences on probationers. Rex indicates that the acceptance of probation officers as role models appears to rely in important ways on “the sense of obligation which the probation officers’ support and encouragement seem to generate in probationers” (1999, 378). The literature on pro-social modelling also emphasises that the attributes of honesty, concern and commitment on the part of supervisors, together with a collaborative approach to problem-solving and client defined problems and goals, are as important to effective work with offenders as the need to demonstrate and reinforce alternatives to pro-criminal thoughts (see, for example, Trotter, 1999; Rex, 1999).

Nevertheless, practices which reinforce pro-social behaviour and thoughts are as important for approaches to throughcare they have been found to be for effective probation supervision (see Rex, 1999). Thus, in their accounts of the positive features of their relationships with those who worked with them in the Throughcare Centre, prisoners said they could take advice and were motivated to change because the prison officers and community based workers showed concern for them ‘as human beings’. The workers themselves aimed to identify and build on the men’s positive qualities and any positive aspects of their lives outside. They sought to strike a balance between raising the men’s self esteem whilst, at the same time, helping them to understand the wrong they had done and the consequences of continuing to live law-breaking lives. Their ability to work effectively was, at all times, dependent on establishing co-operation and trust and adopting a flexible and responsive approach (Tombs, 2004).

### Processes of change

Approaches to practice must recognise the severity of the problems amongst the populations generally receiving throughcare services. Addressing factors associated with offending and assisting ex-prisoners to change their lives and desist from further offending is likely to involve several experiences of throughcare processes. In such circumstances positive outcomes might mean that an ex-prisoner’s time in the community between prison sentences increases, that the rate of re-offending decreases and/or that progress is made in changing some areas of their lives previously associated with offending. Practitioners in the Throughcare Centre believed that change should be viewed as an ongoing process of building alternative ways of living rather than an immediate or one-off dramatic shift in lifestyles (Tombs, 2004).

For the men in the Throughcare Centre study progress had been made in a number of areas. Over two thirds of the sample had been assisted in resolving housing issues and well over half had made progress in acquiring employment related skills, for example, in basic literacy and job seeking. In addition, well over half had made progress in addressing alcohol and/or drug concerns and improvement was also identified in relation to family contact issues and education. The men believed that throughcare had made a positive impact on their lives and that they were not likely or less likely to re-offend on their return to the community. However, half believed that sustained desistance from re-offending would be contingent on resolution of their substance abuse problems (Tombs, 2004). Such provisional intentions to be law-abiding, related to the social and personal difficulties that offenders face, are reflected in the desistance literature (see, for example, Burnett, 2000; McIvor *et al.*, 2000).

The Throughcare Centre research identified short-term outcomes in relation to return to custody, though not in relation to alleged further offending or reconviction<sup>2</sup>. The short-term follow up found that 86% of the sample had not returned to prison within six months. Put another way, the return to custody rate was 14%. A follow up exercise of the Apex clients in the Throughcare Centre who were liberated, based on Apex records and SPIN, shows that 88% of clients who attended multiple Apex sessions (defined as three or more appointments plus an awareness session) did not return to custody within six months of release. In other words, the return to custody rate was 12%. While

<sup>2</sup> It was not possible to identify outcomes in relation to alleged further offending or reconviction due to the absence of an information tracking system. For the same reason, longer-term outcomes could not be assessed.

these results compare favourably with the SPS average across Scottish prisons of 22% within six months of release (SPS, 2002), this comparison is not direct and should therefore be treated with caution.<sup>3</sup>

Reconviction or return to custody is, however, only one kind of measure of impact. The research evidence is conclusive in showing that the effectiveness of throughcare cannot be judged in terms of crude measures of reconviction or return to custody. A more refined approach to effectiveness is required; an approach focused on ‘harm reduction’, one that is capable of discerning ‘improvement’ in those facets of people’s lives most closely associated with law breaking behaviours. In short, aiming for realistic throughcare outcomes requires an acknowledgement of the ongoing and frequently long-term nature of the change process. Some prisoners may require access to support on several occasions, depending on the complexity of their needs, their history of offending behaviour, the availability and quality of throughcare services in the community and the development of an integrated approach to all stages in the throughcare process – from the point of sentence, through prison, on transition from the prison back into the community and ongoing support in the community (Kothari *et al.*, 2002).

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<sup>3</sup> The return to custody rate used in the SPS Bulletin is for releases in 1999, not for those released during the fieldwork period (2001). There are also issues regarding the release and inclusion criteria of the Throughcare Centre case study of prisoners. Given the different release years and the potentially different inclusion criteria, the comparisons drawn should be treated with caution.

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