A NATIONAL REHABILITATION STRATEGY

A Client Rehabilitation and Reintegration Strategy for the Department of Correctional Services

Kingston, Jamaica
A functional and effective rehabilitation system is required if Jamaica is to achieve its targets of becoming the place of choice to live, work, raise families and do business. Research has consistently shown that time spent in prison does not successfully rehabilitate most inmates, and nearly half of our inmates return to a life of crime almost immediately. Clayton and Fairweather (2015) highlighted several failures including:

- inadequate facilities, some of which are deteriorating
- over-crowded, unsanitary and no longer fit for purpose buildings
- a lack of financial capital needed to make the substantial improvements required
- problems with breaches of security
- corruption
- low staff morale, and
- a group of inmates who are in prisons largely because of a lack of proper provision elsewhere - including people with mental illnesses and learning challenges.

This report, as well as other internal reports and focus group interviews with staff, highlighted additional conditions within the correctional facilities that require immediate attention. These include expanding provision of and access to training, recreational and therapeutic services is necessary to adequately prepare inmates for successful reintegration into society upon completion of their sentences. Also, while DCS currently captures data on the numbers of inmates reached through various programmes or initiatives there are needs to be additional effort to identify clear targets and to gather information which captures the impact of its programmes.
This strategy forms a part of a broad approach which is being taken by the Government of Jamaica to address these areas of concern while providing effective rehabilitative services. This includes the modernisation of the correctional services and overhauling of facilities to focus on rehabilitation. The proposed strategy builds on local, regional and international good practices to promote client rehabilitation and positive citizenship as well as to reduce recidivism by 4%. Using a complementary suite of initiatives covering life skills workshops, counselling, mentorship, career guidance, educational and vocational training, a comprehensive rehabilitation programme is proposed.

A rigorous monitoring and evaluation framework underpins all elements of programme delivery. Qualitative and quantitative measurements will be used with participants, members of the wider institutional pool and also the staff to ascertain their perception of the impact of the activities on the rehabilitation of the participants. Post intervention, longitudinal assessments will be done for the pilot’s cohort with appropriate control to measure the impact of the programme on certain key performance indicators such as recidivism and economic engagement.
The Ministry of National Security and the Department of Correctional Services wishes to acknowledge:

- The Rehabilitation Strategy Team that worked tirelessly to review and rewrite this National Rehabilitation Strategy. This includes the staff of the Rehabilitation, Training, Probation, and Research Departments of the Department of Correctional Services
- The Modernization Initiatives and Strategic Projects Division of the Ministry of National Security was instrumental in bringing this document to fruition
- Also, the various stakeholders who took part in discussions/consultations (interviews, focus groups, etc.) to provide the feedback that was used to create this Strategy

The committed staff who will work together with management to make this Strategy a reality in the service of inmates/wardsclients.
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**Background**

The Department of Correctional Services (DCS), established in 1975, is the arm of the Ministry of National Security with responsibility to provide safe custody, security and rehabilitation of offenders. Operationalization of the core functions cut across three programme areas: Adult Correctional Centres, Juvenile Correctional Centres and Probation Aftercare Services. Central Administration provides support services needed to fulfil all core functions.

The Probation Aftercare Services arm conducts investigations and provides supervision in fulfilment of court requests and orders. Prevention programmes are also a fundamental aspect of the unit’s operations. This unit operates through 18 Probation Offices located island-wide that are staffed with officers from whom the prevention thrust demands extensive social work roles in the parishes.

The modus operandi often includes collaborative efforts with Non-Governmental Organizations, Government Agencies and other systems, extending human services to all clients and persons seeking assistance and those on voluntary and mediatory supervision, as well as performing roles as brokers, counsellors, facilitators, investigators and mediators.

The Correctional Centres contain, protect, rehabilitate and educate inmates and wards in a close working relationship with the Probation Aftercare Services. There are 11 correctional centres: 7 adult and 4 juvenile.

Correctional and Remand Centres are residential institutions, which provide a secure environment for rehabilitation and educational/vocational training of persons in conflict with the law. Juvenile correctional centres exist for the benefit of children between the ages of 12-18 years, who have committed various offences and the court adjudicates that they be placed in such a location to undergo rehabilitative treatment. Adult correctional centres exist to provide a controlled environment wherein persons 18 years and over can be housed for a specified period for the expressed purpose of changing offending behaviour so that they can become law-abiding citizens.
WHO ARE WE SERVING

Every person who accesses the service of the DCS is a client. The present clientele of the Department of Correctional Services represents a microcosm of the Jamaican society with a minority of international representation primarily from Europe and North America. The dominant population is Jamaican and is especially from lower social and economic backgrounds. In March 2015 the DCS recorded 3997 inmates across all its custodial facilities and 3876 non-custodial clients (See Appendix A).

WHAT INFORMS THE NATIONAL REHABILITATION STRATEGY

The National Rehabilitation Strategy (NRS) is guided by the National Security Strategy, Department of Correctional Service’s mission and vision statements, and the correctional process. It is also aligned with Vision 2030.

MISSION STATEMENT

To contribute to the safety and protection of our society by keeping offenders secure and facilitating their rehabilitation and reintegration as law-abiding citizens, while developing a professional and committed staff.

VISION STATEMENT

We are serving the needs of all our clients by creating and facilitating opportunities for their empowerment and rehabilitation, resulting in a more peaceful, caring and protective society.
CORRECTIONAL PROCESS
One which provides to those in our care a relevant, structured, therapeutic environment to facilitate their empowerment and rehabilitation to become peaceful, responsible and productive members of society.

VISION 2030
Goal 2 seeks to ensure that the Jamaican society is secure cohesive and just by the implementation of strategies towards reducing the level of crime and violence in Jamaica.

An Evidence Based Rehabilitation Strategy

Jamaica, as with many other countries, has come to accept Judge Warren’s declaration that we can positively change the future behaviour of inmates and wards through the implementation of proven rehabilitation programmes. He declared:

State sentencing policies that expect to control crime solely by punishing the offender’s past misbehaviour, without any meaningful effort to positively influence the offender’s future behaviour, are short-sighted, ignore overwhelming evidence to the contrary, and needlessly endanger public safety….a large body of rigorous research conducted over the last 20 years has proven that well implemented rehabilitation and treatment programmes carefully targeted with the assistance of validated risk/needs-assessment tools at the right offenders can reduce recidivism by 10% to 20% (Warren, 2007).

Evidence based practices emerge as a result of applied research on how to use intervention programmes to reduce re-offending. There has been, unfortunately, limited local research to guide future planning but the DCS does benefit from a plethora of international studies on best practices. This section outlines such best practices that have been adopted by DCS to underpin its Rehabilitation Strategy. This approach increases our chances of achieving the goal of having inmates, during incarceration and on release, function in a way that reduces the threat of harm to themselves and others.

The effective programmes are now known. A meta-analysis of 291 programme evaluations from a variety of English speaking countries in the past 40 years was conducted by the Washington State Institute for Social Policy in 2006, showed that programmes without a treatment component such as victim-offender mediation, boot camp, intensive supervision and electronic monitoring had no effect on reoffending (Aos, Miller and Drake, 2006). What works is community based “treatment” programmes which produced the greatest reductions in re-offending. The study further revealed that programmes
which addressed the irrational thoughts and beliefs that contributed to anti-social behaviour were effective. Similarly effective were drug, and sex offender treatment programmes, particularly those for lower risk offenders. Employment, education and training programmes also proved effective in reducing recidivism. The study offered statistics to support its claim noting that involvement in prison industries was demonstrated to reduce re-offending by approximately 8%, remedial education by 5%, employment training and job assistance in the community by approximately 5% and vocational education in prison by 12%. The most effective programmes were therapeutic ones for high risk offenders. These have been shown to reduce re-offending by an average of 14%. This increases to an average of 19% when the need principle is adhered to and goes up to 26% when there is a focus on the offender’s risk, need and responsivity in a community based programme (Aos, Miller and Drake, 2006). This Rehabilitation Strategy’s philosophical grounding and programmatic recommendations are based on these proven approaches.

**Methodology**

**Risk-Need-Responsivity Model (RNR)**

The strategy demands an analysis of the offender and the offering of programmes designed to manage and deal with their specific criminogenic needs. The most effective course of action is determined by applying methodologically sound ways to assess the risks posed by the offenders, then diagnosing the treatment needs and developing targeted responses to the needs identified. The specific model used by the DCS to accomplish this is the Risk-Need-Responsivity Model (RNR). This model situates itself within the guidelines espoused in Cognitive Behaviour Therapy. The model involves managing the general personality and social learning of criminal behaviour while focusing on modelling and behavioural reinforcement.

The model accepts that intervention successes and ultimately community safety are achievable through targeted actions. Such actions are guided by principles, which include but are not limited to, the “who”, “what”, and “how” of selecting programmes which lower recidivism among inmates. These are outlined below:

1. The Risk Principle (who) - matching programme intensity to an offender’s risk of re-offending, i.e. reserve highly intensive programmes for high risk offenders and provide minimal services to low risk
2. The Need Principle (what) — identification and treatment of the offender’s “criminogenic” needs, i.e., those needs associated with the likelihood of recidivism and focusing intervention on those factors directly related to offending behaviour, starting with intrinsic needs.

3. The Treatment and Responsivity Principle (how) - delivering interventions in a manner that matches the individual learning styles and needs of offenders. Effective interventions are ones that recognize cognitive-behavioural circumstances, emphasize positive reinforcements and certain and immediate negative consequences. The interventions are appropriate to the offender’s gender, culture, learning style, and stage-of-change readiness and are based on a consistent and programmatic approach requiring continuity, aftercare, and support; and require continuous monitoring and evaluation of both programme operations and offender outcome (Warren, 2007).

To meet the above, actuarial risk assessment tools have to be used in conjunction with professional qualitative assessments to determine an inmate's level of risk as it pertains to his/her likelihood of reoffending. Actuarial tools can accurately assess dynamic risk and criminogenic need factors to ensure best matching of effort to programme and offender (Warren, 2007). The risk factors can be historical (i.e. static) and therefore unchangeable such as age of first conviction or dynamic and therefore changeable such as lack of employment. Criminogenic risk incorporates factors that have been demonstrated to be associated with offending behaviour. There are eight such factors:

1. a history of offending;
2. antisocial personality patterns (e.g. impulsive, novelty-seeking, aggressive)
3. antisocial attitudes, values, beliefs, rationalizations and identity
4. antisocial associates
5. substance abuse
6. unsatisfactory family and/or martial situation (dysfunctional or supportive of crime)
7. poor performance at and/or lack of education/employment
8. and a lack of involvement and satisfaction in pro-social and recreational/leisure activities.

Rehabilitative Programmes and Services
Offenders are not a homogeneous group and as such they often present with a wide range and complex set of criminogenic and non-criminogenic needs. Following the framework above, DCS’ rehabilitation programmes and services incorporate:

1. Criminogenic programmes (targeted therapeutic programmes that aim to address criminogenic needs and encourage behavioural change)

2. Non-criminogenic programmes (these programmes are supportive of an offender’s reintegration but do not address an identified criminogenic need)

3. Employment (includes commercial or service industry positions)

4. Education (includes literacy/numeracy, vocational and education programmes)

5. Recreation (includes planned activities and in cell hobbies)

6. Administration (includes daily living tasks such as attending court or doctors’ appointments, visits and leave programmes) (Department of Justice - Corrective Services).

If the strategies outlined in this document are followed, the DCS should meet its target of a 4% reduction in recidivism across the inmate population. Details are below:

Religious Activities

Religious activities have proven beneficial beyond the personal reasons for individual participants. It has been found to be an important aspect of re-socialisation (Johnson, 1984). Participation in spiritual activities have been found to help inmates handle the depression, guilt, and self-contempt that can occur during the prison sentence. Rites and readings associated with the world’s major religions affirm and promotes pro-social traits (Clear et al, 1992). Clear’s study noted that “for some, life is improved by finding the emotional supports religion can supply. For others, religion provides an environmental support structure to help avoid the difficulties of prison society” (Ibid, p. 6). All inmates will be exposed to religious activities, including devotions and study, for the duration of their sentence.

Sports / Leisure Activities
The provision of sport and recreation programmes to inmates within the prison system allows three important goals: inmate health and wellbeing, inmate rehabilitation, and inmate management. Sport has long been used as a method for positive engagement among youth and in promoting community development. Sport and recreation programmes appeared to have a positive influence on inmates’ health and behaviour according to a qualitative study by Gallant, Sherry and Nicholson (2014). There is also an established body of research showing the positive impact of sports programmes on antisocial behaviour and criminal activities (Ibid). The United Nations Inter-Agency Task Force for Sports for Development and Peace (2003) surmised the value of sports in this way:

The practice of sport is vital to the holistic development of young people, fostering their physical and emotional health and building valuable social connections. It offers opportunities for play and self-expression, beneficial especially for those young people with few other opportunities in their lives. Sport also provides healthy alternatives to harmful actions, such as drug abuse and involvement in crime…. physical education is an essential component of quality education. Not only do physical education programmes promote physical activity; there is evidence that such programmes correlate to improved academic performance. Sport can cut across barriers that divide societies, making it a powerful tool to support conflict prevention and peace-building efforts, both symbolically on the global level and very practically within communities. When applied effectively, sports programmes promote social integration and foster tolerance, helping to reduce tension and generate dialogue.

The outcomes of participation in sports and leisure activities supports the aims of this Rehabilitation Strategy.

**Inmates with Special Needs**

**Women Offenders**

This section provides the framework for the development and implementation of programmes for women offenders in order to attain and maintain a high rate of success in reducing recidivism. Women inmates have unique needs and are often imprisoned while serving as the primary caregiver for a child. One survey from England and Wales noted that “whilst 90% of fathers in prison expect their children to
be cared for by the children’s mother, only about 25% of mothers in prison expect their children to be cared for by the children’s father, the remainder being cared for by grandmothers, female relatives, friends or the local authority” (Home Affairs Committee, 2005). DCS treatment programmes cater to these and other particular realities of women and each programme or programme component will have an “integrated and … a mutually reinforcing effect” (Fortin, 2004). Specifically, programmes should be:

**Women-centred:** The actions of each inmate must be understood and addressed within the context in which they live. Programmes should attempt as much as possible to take into account the socio-political and economic environment from which women offenders came and to which they will return to once released. Recognition of the need for ongoing support must be integrated in all programmes. Programming, in essence, must respect the importance and centrality of relationships in women’s emotional development.

**Holistic:** The approach to women’s successful reintegration is multi-dimensional; therefore the approach to programming must be holistic. Programmes designed for women will recognise the importance of understanding the link with all the areas of a woman’s life such as her own self-awareness, her relationships with significant others, her sexuality, and her spirituality. Survivors of Abuse and Trauma Programmes will complement treatment programmes where applicable.

**Supportive environment:** Loss of freedom is the primary consequence of incarceration. An environment that is safe and supportive in its physical layout and which promotes personal interaction and the exercise of responsible choices will help to empower women. It is also essential for staff to assist women in working towards a safe and successful reintegration. To do so, staff must be sensitive to women’s issues, and should be fully aware and embrace the goals of correctional programmes, mental health programmes, education, employment and employability programmes, and social programmes. The generalisation and transference of skills acquired in reintegration programmes is essential to successful reintegration. Programmes provide the most utility when they directly confront the unique needs of women and the DCS’s strategy accepts and is guided by such (Fortin, 2004).

**Youth/Child Offenders**
The DCS embraces proven specialized programmes geared towards reducing recidivism among youth. A meta-analysis of 200 studies investigating the effectiveness of treatment interventions for serious and violent juvenile offenders in America (Loeber and Farrington, 1998), provides a guiding framework to this strategy on what an effective youth response entails. The study found that positive rehabilitative effects were larger for youth who had mixed prior offences (including offences against persons), compared with youth who only had prior property offences. For both institutionalized and non-institutionalized youth, there were larger positive treatment effects detected for longer treatment durations (i.e., longer programmes), although fewer contact hours per week were associated with larger effect sizes among non-institutionalized youth. With regard to specific types of programmes, Loeber and Farrington (1998) found that programmes that used interpersonal skills training, behavioural approaches, individual counselling and drug abstinence programmes yielded the largest effect sizes on reducing recidivism among non-institutionalized youth. For institutionalized youth, it was found that the largest effect sizes for reductions in recidivism occurred with interpersonal skills training, cognitive-behavioural programmes and teaching family homes (half-way homes). In addition, institutionalized programmes are more effective when programme implementation was monitored, compared with when it was not; programmes were older than two years; and where programmes used mental health personnel instead of criminal justice personnel to deliver the treatment (Loeber and Farrington, 1998). Youth programmes that incorporate community residential programmes, group counselling, individual services, and guided group therapy have been found to have a moderate effect on recidivism (Loeber and Farrington, 1998).

Residential programmes are less desirable than non-residential ones and pose serious risk for the escalation of negative behaviours by youth. Greenwood (2008) explained that putting groups of serious offending youth together can pave the way for them to support each other in delinquent behaviour. Residential programmes often create an artificial environment and can make it difficult for youth to apply what they learn in real-world situations. Lastly, residential treatment is expensive, costing “at least three times the cost of intensive non-residential programmes” (Greenwood, 2008).

Dealing with youth and child offenders generally requires a multi-pronged approach that keeps in mind the developmental needs of the youth and how the specific circumstance of the youth is to be considered for the approach to be taken. At all points, care is taken to ensure the most comprehensive
rehabilitation programme put in place both improves the life chances of the youth and the safety and security of the community. Multi-systemic therapy (MST) and multidimensional treatment foster care programmes “appear promising in the treatment of severely aggressive adolescents with chronic juvenile justice histories,” with reported decreases in arrest rates of 25 to 75% lower than control groups over one-year to four-year follow-up periods (Loeber, Farrington & Petechuck, 2003). The main goal of MST is to assist parents in dealing with their child’s behavioural problems, including poor school performance and truancy. The programme recognizes that it serves both the youth in both the social service and youth justice systems. MST works with the family to help parents with effective parenting and building social support networks. This approach encourages the extended family and community to participate, in addition to teachers and school administrators.

Multidimensional Treatment Foster Care (MTFC) places the delinquent youth into foster care, either by themselves or with one other adolescents. Foster parents are trained and use behavioural parenting techniques prior to taking a youth into the home. Contact and care is maintained throughout to ensure quality during the youth’s stay, foster parents engage in daily phone calls with a case manager and attend group meetings once a week that are run by a case managers.

A final approach is Functional Family Therapy (FFT) treatment. This is applied to youth between the ages of 11 and 18 who have engaged in delinquency, violence or substance abuse. Essentially, the programme focuses on relationships between family members in order to improve the functioning of the family unit as a whole. FFT equips families with tools for problem-solving and effective parenting in addition to building family bonds. These approaches are proven approaches and serve the efforts of the DCS to offer incarcerated youth a second chance at being productive citizens.

Persons with Mental Disabilities

Caring for inmates with mental disabilities remain a global challenge. Approximately 2 – 3% of the United States population has mental disability or developmental challenges; however 4% to 10% find themselves incarcerated (Petersilia, 2000). This problem re-emerges in several other studies. A systematic review of 62 surveys of the incarcerated population from 12 Western countries (Fazel & Danesh, 2002) quoted in (Daniel, 2015) showed that, among the men, 3.7 percent had psychotic illness,
10 percent major depression, and 65 percent a personality disorder, including 47 percent with antisocial personality disorder. Among the women, 4 percent had psychosis, 12 percent major depression, and 42 percent a personality disorder. In addition, a significant number suffered from anxiety disorders, including post-traumatic stress disorder (PTSD), organic disorders, short- and long-term sequel of traumatic brain injury (TBI), suicidal behaviours, distress associated with all forms of abuse, attention deficit hyperactivity disorder (ADHD), and other developmental disorders, including mental retardation and Asperger's syndrome. These are compounded by socio-economic factors as most of the incarcerated were economically disadvantaged and poorly educated with inadequate or no vocational and employment skills. Also, approximately 70 % were found to have primary or comorbid substance abuse disorders (Daniel, 2015).

This negative situation impacts youth offenders as well. Recent studies have estimated the prevalence of juvenile offenders who have at least one diagnosable mental illness (including anxiety disorders, affective/mood disorders, disruptive/conduct disorders, and substance use disorders) to be between 67% and 72% of the population. Even further, it is estimated 27% of youth placed in juvenile justice settings suffer from lowered levels of functioning as a result of severe mental illness and based on prevalence rates in the general population (Vanderloo & Butters, 2012).

Within the Jamaican justice system there are limited structures for persons in need of mental health services within the justice system. There is limited screening and psychological assessment on entry at present. Owing to a lack of widespread and available diversion programmes at the front end of the criminal justice process, people with the mental challenges are highly likely to enter the prison system. At the back end, community re-entry failures increase the possibility for their entering the system again, often due to inadequate treatment and rehabilitation in the community. Systematic programmes going forward will connect mentally ill offenders to the public health care system and adequate care to ensure that they are not a threat to themselves or the community.

From a management and planning point of view, the mentally challenged and developmentally disabled represent a particular challenge that will be specifically dealt with in the offender management plan. Assessment of offenders with mental illness should be done at each point of contact. The National Institute of Corrections (2004) highlighted the importance of screening inmates for mental health and
substance abuse concerns with the purpose of identifying “those who are at risk for injuring themselves or others,” determining “whether an inmate is capable of functioning in prison,” also determining “whether an inmate should be transferred to a mental health facility,” and “whether an inmate can benefit from treatment at prison” (National Institute of Corrections, 2004). The America Psychiatric Association (APA) has created guidelines on assessing inmates in jails and prisons that includes the need for observation of offenders as well as structured interviews, interviewing at the time of admission, and that screening be conducted by a qualified mental health professional or trained correction staff. Additionally, if indicated in the screening process, the APA recommends further comprehensive assessment (National Institute of Corrections, 2004). Together with the other strategic actions employed in this strategy should result in the envisioned reduction in recidivism rates.

Drug and Alcohol Abusers

There is a positive association that exists between criminal behaviour and substance use and/or abuse. Further, it is well established that substance use has been shown to predict recidivism (Andrews, Zinger, Hoge, Bonta, & Gendreau, 1990; Warren, 2007). Guided by appropriate expertise, substance use programmes for the appropriate offending populations broadly fit into the following four categories:

- **Harm reduction programmes**—seek to enhance awareness of high-risk behaviours (overdose, blood-borne infection and other disease transmission) and the physiological effects of substance use (including pharmacotherapy);

- **Psycho-educational programmes**—aim to improve understanding and awareness of the link between substance use and offending and to enhance motivation to enter more intensive programmes;

- **Therapeutic programmes**—generally of a moderate intensity and involve participation in groups which focus on understanding substance use and offending, developing mechanisms to cope with cravings and withdrawal, developing alternative behaviours, managing emotions, enhancing problem solving and communication and developing relapse prevention plans; and

- **Prison-based therapeutic communities**—the most intensive form of programme, with participants
separated from prison culture and immersed in a dedicated therapeutic environment.

Substance abuse programmes form part of a broader management strategy for substance using offenders, which includes urinalysis, pharmacotherapy, prison health services, supply reduction methods by prisons and the provision of service to offenders by external providers. These clients should participate, where possible, in the wider rehabilitation programme in addition to their specialised treatment.

Sex Offenders

The Sex Offender Treatment Intervention and Progress Scale (SOTIPS) is geared towards clients who have been convicted of illegal sexual behaviour against an identifiable child or non-consenting adult victim. The Vermont programme on which the SOTIPS is based has had peer-reviewed research showing its effectiveness and is used as a model for other programmes within USA and internationally (McGrath, Cumming and Lasher, 2012). Sex offenders are distinguished based on the level of risk of reoffending, with higher-risk offenders receiving higher-intensity services. The treatment involves individual and group therapy sessions which address the client’s criminogenic needs and services are adjusted to maximize offenders’ responses to treatment by taking into account factors such as motivation, denial, and learning difficulties.

Group sessions will ensure the client understands what is a sexual offense and healthy sexuality, help build interpersonal, anger management, and problem solving skills while ensuring clients understand the impact of their crimes on the victim. Individual sessions will involve sexual history disclosure with polygraph testing, journaling daily events to practice cognitive restructuring, Rational Behaviour Training, developing a comprehensive relapse prevention plan, building empathy and engaging in relapse prevention rehearsal.
Sex offenders in the high-intensity programmes receive approximately 8 hours of therapy weekly over the course of 2–3 years. Lower Intensity Programmes sees clients receiving two hours of treatment per week over a 6-month period. For community-based Programmes the offenders participate in weekly group sessions for two years and monthly aftercare meetings for another year.

**Violent Offenders Treatment Plan (VOTP)**

The Violent Offenders Treatment Plan (VOTP) targets clients who have been convicted of violent offenses and have a high risk of recidivism based on criminogenic assessment. Research on the impact of this programme on recidivism rates have shown there is a 17% decrease in the violence conviction rate among participants in a VOTP type programme versus those who have not participated in one (Ware, Cieplucha and Matsuo, 2007).

The programme involves comprehensive pre-programme assessments, file review, clinical interviews and psychometric assessment. Led by a psychologist there is also case formulation and identification of individual treatment goals followed by six inter-related treatment modules focusing on: life patterns, understanding (of offending), non-criminal thinking, victim empathy, offence cycle and relapse prevention. Participants are introduced to the programme and skill sets during the readiness phase and are taught and rehearse communication techniques, mood or anger management skills. The offender is empowered to actively participate in the treatment process. The treatment modules follow a relapse prevention structure whereby offenders are taught to understand the contributing factors in their violent behaviours (i.e., situations, thoughts, feelings, physiological arousal, behaviours), and then to learn skills to change these, before finally developing a relapse prevention plan to assist them and their support
persons including parole and probation officers upon release. Within these treatment modules, therapists are able to provide psychological interventions for any or all of the treatment needs (dynamic risk factors) identified.

Through Care

Community Re-entry Programmes

Prisoners and persons incarcerated face enormous challenges to re-integrate themselves into the wider community life. This can result in extreme social and criminal challenges that could impact on the possibility of recidivism. The DCS in providing services to the inmates provides a consistent continuum of services between facilities and the community, accessible to all incarcerated individuals preparing for release, in order to target the known predictors of recidivism and increase opportunities for successful re-entry.

The goal of Pre-Release Programmes is to assist individuals to identify critical barriers to successful community re-entry and to identify internal strengths and external resources in order to expand individual networks of support. This is accomplished through the development of a transitional action plan in the areas of identification, housing, employment, transportation, money management, education, healthy lifestyles, family, relationships and support systems, victim awareness and restorative justice and living under supervision.

The re-entry programme focuses on the transition from prison to community and therefore seeks to provide linkages, where possible, to community programmes which provide continuity of care (Warren, 2007). Alliances will be forged with family members, friends and community organisations to ensure continued support post state care. They will be given guidelines on how best to assist once the client is out of the State's care. The implementation of sharing circles will assist the re-entry of its clients into their communities. Borkman’s analysis highlighted successful alternatives to bureaucratic organization (the doctor-patient relationship is an example) as citizens assisted each other through “talk” in sharing circles. Local understanding is hard to codify and includes such information as, “so how do I interact with my peers without smoking on the street corner.” for example. The DCS is therefore
committed to the incorporation of re-entry initiatives which will also include but are not limited to specialized treatment offerings, entrepreneurship, apprenticeship and mentorship programmes. These are discussed below.

Proven treatment programmes for different categories of inmates will be utilized. The Home Office in 2003, for example, assessed reconviction rates of adult male sexual offenders who had completed a specifically designed treatment programme and compared them with a control group not benefiting from the programme. The findings indicated a statistically significant difference with those receiving treatment, reoffending at a lower rate as it pertained to not only sexual offences but violent offences as well. The “Measuring the Quality of Prison Life” audit of 2002 captured how inmates felt about the targeted behaviour modification programmes they completed. It showed that 63.7% agreed that they had “learned a lot” from the programme and 70.6% noted that their thinking had improved, and 62.4% agreed that their chances of “going straight” were improved having participated (Department for Business Innovation and Skills, 2011).

Entrepreneurship has the ability to empower and enable the participants and the wider community. Beyond the potential economic value entrepreneurship education facilitates the development of positive aptitudes including commitment, self-discipline and self-efficacy (Knife, 2015). Participants ultimately learn to recognize the value in themselves and create value for others. Education and Training in all areas have proven to reduce recidivism. The “Measuring the Quality of Prison Life” audit in 2002 found that 58.4% of inmates believed that the education programmes they participated in had a positive impact and also noted that they were aided in their personal development. A study by the Social Exclusion Unit found that inmates not partaking in education or some training were three times more likely to be reconvicted. Developing the vocational and employability skills that offenders need to find and keep jobs is a crucial aspect of the rehabilitation strategy.

Apprenticeship, in particular, furthers the rehabilitation process. Integrated in a vocational arrangement, the client’s apprenticeship training is an important step towards economic, social and community reengagement. There is consensus on the positive impact of apprenticeship in the empirical literature. Apprentices report more suitable job matches; higher wages; less time unemployed before finding a first job (Ryan, 1998; Bonnal et al., 2002; Parey, 2009); as well as a longer period of holding
their first job compared to others with low educational attainment or vocational studies (Department for Business Innovation and Skills, 2011). Apprenticeship offerings are guided by labour market demands and integrates prison work with learning activities and the provision of skills training. This is enhanced by the DCS forging links with employers, as well as with employment support organisations. The Social Exclusion Unit report in 2002 pointed out instructively “that that the best way of reducing re-offending is to ensure that prisoners on their release have the ability to get into work and a home to go” (Department for Business Innovation and Skills, 2011). Alongside apprenticeship, formal mentoring relationships will be encouraged towards the promotion of pro-social values and attitudes during and after one’s period of incarceration.

Mentoring is an effective tool used to assist individuals to maximize their potential. Ragins, Cotton, and Miller (2000) report that protégés who describe highly satisfying mentoring relationships (either formal or informal) have more positive job and career attitudes than do protégés who are marginally satisfied or dissatisfied with their mentoring relationships. Also mentorship results in lower programme dropout rates, higher levels of self-esteem and self-confidence, improved behaviour, stronger relationship with peers and improved interpersonal skills (Mentor, 2009; Cavell, DuBois, Karcher, Keller, & Rhodes, 2009).

Specialised treatment programmes as well as mentorship and apprenticeship require participation from a wide cross-section of interest groups. The DCS therefore continually builds and maintains networks with social service agencies and groups. These groups could range from Jamaica’s Ministries, Departments and Agencies to international Non-Governmental Organisations. Selected on the basis of the philosophical and programmatic contributions determined above, these institutions are a necessary component of a positive social network. A broad and continually expanding list of stakeholders will be incorporated into the rehabilitation process primarily to facilitate and assist with rehabilitation programmes within and outside of the various correctional institutions. Such relationships have proven to be important elements in a sustainable and integrated system.

**Rehabilitation without Incarceration**

Where possible the state should reduce the number of inmates sentenced to incarceration and
promote instead community corrections programmes based on EBP principles outlined above. These are more effective than similar engagements within correctional facilities (Warren, 2007). This is not an “alternative” to punishment as the convicted individual is still held accountable and the activities have been found to still be viewed as punishment. Warren (2007) pointed out that “[w]hen a state’s incarceration rate reaches 325 to 492 inmates per 100,000 people, the impact of incarceration increases on the crime rate actually reverses: after a state’s incarceration rate reaches that “inflection point” the higher incarceration rate results in higher crime rates”. The Washington Institute found that “if Washington successfully implemented a portfolio of evidence-based alternatives to imprisonment it could avoid a significant level of future prison construction, saving Washington taxpayers 2 billion dollars, and reduce Washington’s crime rates” (Greenwood, 2008). Such a finding does not exist in isolation as several RAND studies revealed that drug treatment, for example, is more effective than incarceration and all other approaches aimed at “reducing drug consumption and achieving public cost savings” (Greenwood, 2008). All stakeholders in rehabilitation, including the judiciary, should be guided by this rehabilitation strategy.

Staff Contribution

Engaging appropriate staff is also crucial to the envisioned goal of reducing recidivism. Research shows “that active, engaged and participatory programmes delivered by appropriately qualified, trained and supervised staff that can maintain a “firm but fair” interactional style, model pro-social behaviour and develop a therapeutic alliance with offenders are most effective”(Department of Justice - Correctional Services, 2010). The DCS will provide ongoing training and support for facilitators in recognition that the integrity of programme delivery and the quality of the service delivered is contingent on the training and supervision offered to the staff. The DCS therefore will ensure that there not only exists a cadre of service staff who have the requisite skills but also are emboldened to support and sell the ideals of the programme to both internal and external stakeholders.

The offender rehabilitation strategy envisages that a collaborative approach will be made to administering the programmes envisaged. In general, less intensive and psycho-educational programmes require delivery by social workers, counsellors, substance abuse specialists and in some cases, specifically trained correctional officers. More intensive programmes are delivered by psychologists and
social workers. Supervision and oversight of the programmes, along with monitoring and evaluation is the remit of the DCS, with quality management and evaluation a centrally managed activity.

The development of a competency based training approach (CBT) is key and is the approach used in other jurisdictions within the Commonwealth, for example in Australia. Shared training resources and continuous upgrading allows for the skills development and retraining load to be managed in a way that keeps the resource outlay minimal in the long term. Similarly, the involvement of international experts, especially to inform initial training and delivery of intensive programmes improves skills formation and knowledge sharing. Train-the-trainer models allows for the rapid expansion of the trained staff to all facilities in an exponential but planned way. Staff accreditation and directly related training within the needs and scope of the offender rehabilitation should be implemented. Competency Based Training is also especially important in vocational and practical fields, where the skills are transferable not only in a management of learning role but in a sound approach to learning. The expanded course offering for core staff can be found in Appendix D. Also, all units will determine and be held to key performance targets that will be reported on quarterly.
The Rehabilitation Strategy

Including the

Safi Mwanzo (Fresh Start) 2016-2018 - Pilot Programme Outline

(NB: The name will be changed through dialogue with participants)

Number of Participants: 200 (Those selected will closely represent the present client segments)
Duration: 18 months (70% of the clients of DCS serve 18 month sentences)

Recruits are expected to volunteer for participation. Knowledge of the programmes benefits (skills training and certification, extended unlock hours) will be used to spur participation.

Proposed Institutions for the pilot:
- Tower Street Adult Correctional Facility - 65 clients (Selected for its high risk male client population)
- Fort Augusta Adult Correctional Facility - 35 clients (Selected to include women clients)
- Tamarind Farm Adult Correctional Facility - 65 clients (Selected for its medium risk client population)
- Non-custodial - Hanover - 35 clients

THE DCS’ OBJECTIVES FOR REHABILITATION

- To prepare offenders for successful reintegration into society
- To develop, implement and sustain programmes to address the needs of all inmates/wards/clients
- To foster an awareness and commitment among staff towards rehabilitation
- To allocate resources to enable the progress/success of rehabilitation.
To implement and sustain a monitoring and evaluation system that supports the effective functioning of all programmes.

**CREATING THE ATMOSPHERE THAT SUPPORTS REHABILITATION**

For rehabilitation to be successful the following fundamental parts are to be present within the DCS:

A. Defined goals and objectives
   - All programmes are to be carefully defined and a framework implemented and maintained to monitor and evaluate progress.

B. An Institution and Community Context
   - Adherence to laws, rules and practices in accordance to national and international standards
   - Maintaining effective inmate/ward/client orientation system
   - Provide appropriate housing and association according to risk/needs and other special needs
   - All staff to be adequately trained and effectively carry out their functions

C. A Role for Different Actors
   - A multi-disciplinary/multi-agency approach to help inmates/wards/clients
   - As the persons who are entrusted with the direct supervision, it is vital that all correctional officers be in tune with the rehabilitation process.
   - Volunteerism is integral to the correctional process
   - Restorative justice as a tool to enhance rehabilitation
   - Desistance-using reformed offenders as mentors
   - Probation Officers

D. Key Rehabilitation Components

The rehabilitation process/through care should include:
   - Cognitive skills programmes
   - Educational skills programmes
   - Vocational skills programmes
   - Life Skills
   - Aftercare programmes
   - Encourage relationships/partnerships to support post release
The Client Pathway

The Department of Correctional Services serves the public in a diverse manner dependent on how clients are referred/enter into a relationship with the organization. Some individuals enter the organization through the sentence or orders of the court (inmates, wards and community clients on supervision sentences), or persons who seek supervision in a voluntary manner. The DCS’ method of treatment of inmates/wards/clients follow a particular rehabilitation process flow dependent on whether the individual is being served within the institution or the community. The rehabilitation process flow differs for custodial clients (inmates and wards) as against community based clients (see institutional and community based client process flow charts in Appendix B). Inmates and wards transition through the institutions from reception to release, going through staged processes starting with assessment and for some persons ending post-release. Community based clients also experience interventions that transition from initial entry to post-termination which may include, but not limited to, therapy and career counselling. The assessment process (discussed in detail below) will also determine what elements of the rehabilitation programme each inmate will benefit from.

Component 1: CLIENT INFORMATION MANAGEMENT

What is client information management?

Client information management is the process through which information is systematically collected about inmates/wards/clients, stored in a responsible manner, making it available for use to service providers with the requisite clearance to better inform the decisions that are made regarding their rehabilitation.

Information regarding inmates/wards/clients is generally gathered through:

1. Risk assessment
2. Interviews
3. Social Enquiry Reports
4. Case file recordings
Risk assessment is particularly important as it assists in determining the client’s course of treatment. The process analyses one’s likelihood of re-offending and the risk of harm they pose to themselves or others. Presently, a risk assessment tool, developed by the Department of Correctional Services and the British Government is being used to assess offenders. Each inmate/ward will be assessed within two weeks of entry into the institution and within 30 days of entry into the non-custodial arm of DCS. Risk assessment is followed by the classification of the clients.

The classification of inmates is the process that ensures that inmates are grouped based on their security risk. This risk will determine the type of institution that the inmate is housed at as well as the treatment that is most suitable for the particular inmate. The Standard Operational Procedure on Classification of Inmates provides the criteria that will effectively facilitate the transfer of inmates from maximum security to minimum security correctional facilities as well as to open facilities. Categorization also facilitates the separation of inmates with special needs. The Risk of Harm and Risk of Re-offending Assessment tool is integral to this process.

Classification goes beyond the mere separation of offenders on the basis of age, gender, risk or other factors. It is based on diagnostic evaluation and treatment planning, followed by placement of the offender into the recommended programme and as it relates to custodial clients, into one type of correctional facility as opposed to another.

Assessment Tools (NB: Discussion with implementers suggest the tools below, designed in conjunction with British consultants, remain effective and recommends continued usage.) The following is the complete list of assessment tools - see the Appendix for further details:

1. Treatment needs assessment determines what type of programme intervention is appropriate – long-
term or short term, intensive, moderate, or perhaps some other modality. As such, treatment needs assessment serves as a broad sorting mechanism.

2. **Readiness for treatment assessment** is implemented to better understand the extent to which clients are motivated for treatment, and whether they are likely to benefit from the services offered to them.

3. **Comprehensive treatment planning assessments** occurs once the client reaches a given programme to determine how intensive the treatment should be and on which areas it should focus.

4. **Treatment progress assessments** are undertaken periodically to determine whether clients are responding to treatment and whether changes in the intervention should be considered.

5. **Treatment outcome assessments** are also critical towards determining the extent of behavioural change, success, and failure.

Component 2: CLIENT REHABILITATION AND REINTEGRATION

**Core Programme Components**

*(See Appendix C for the outline at a glance)*

**Life Skills**

The Personal Development (PD) curriculum addresses the life skills or personal development needs of the clients of DCS. The National Youth Service’s Personal Development Manual (2014) pulls on the erudition of Janssen (2009) who explained that Personal Development is the facilitated growth of an individual in order to identify and shape his/her potential and capabilities as they strive towards being a pro-social, whole, contributing member of the society. The manual lists some of the attributes of personal development which includes: 1. becoming the person one aspires to become 2. Integrating social identity with self-identification 3. Increasing awareness of, or defining one’s priorities, values, chosen lifestyle or ethics 4. Strategising and realising dreams, aspirations, and career and lifestyle priorities 5.

All clients will benefit from the complete, age appropriate modified personal development curriculum over the course of two months. The curriculum is competency-based. Clients will have to demonstrate their knowledge, performance standards and attitudes/employability skills in order to complete the course. Clients will further benefit from individual and group therapy sessions. These will focus on Cognitive Behaviour Therapy (counselling) and also on Career Counselling. The duration and intensity will be determined by way of individual assessment. See the appendix for the proposed curriculum.

**Education**

DCS’s Annual Report (2012) noted that the vast majority (approximately 60%) of the inmates are not literate or numerate. This strategy addresses this by enrolling such clients in the Jamaica Foundation for Lifelong Learning’s High School Diploma Equivalency (HSDE) programme. The curriculum targets adult learners and is offered at the pre-primer to the Grade 11 standards. The HSDE is a three tiered programme, comprising of the following levels: Basic (Grades 1-6); Intermediate (Grades 7-9) and Proficiency (Grades 10-11). Accreditation is benchmarked to the City & Guild, Caribbean Competency Secondary Leaving Certificate and the Caribbean Secondary Education Certificate (Caribbean Examination Council) and the General Education Diploma (USA).

All qualified inmates will generally be facilitated in the pursuit of a wide range of courses and delivery methods (online courses for example), but the vast majority will need and be expected to
complete the intermediate levels in literacy and numeracy which prepares them for sitting the HEART Trust NTA’s entrance test and ultimately the commencement of formal skills training and certification. Educators (batch size: 25) will guide the clients through the curriculum over the course of 12 months. See links:

https://drive.google.com/a/vt.edu/file/d/0BxNekycBcuJJR2VQTSdrM0xUYUU/view?usp=sharing
https://drive.google.com/a/vt.edu/file/d/0BxNekycBcuJJekVLNVQ5MIBPcTQ/view?usp=sharing

Apprenticeship and Vocational Training

Apprenticeship, in particular, furthers the rehabilitation process. Integrated in a vocational arrangement, the client’s apprenticeship training is an important step towards economic, social and community reengagement and integrates prison work with learning activities and the provision of skills training. The curriculum follows the HEART Trust NTA Level 1 curriculum and offerings are guided by labour market demands (see Jamaica’s 2015 Labour Market Survey) and the training capacity of the participating institutions. This is enhanced by the DCS forging links with employers, as well as with employment support organisations and by providing entrepreneurship training.

All inmates will learn a skill, through apprenticeship, throughout the duration of his/her sentence. On sentence completion (or before if applicable), formal training and certification through HEART Trust NTA and other partners will commence. The duration will be dependent on the type of course. See link for complete list of vocational offerings:


Religious, Sporting and Leisure Activities
Guided and supervised by the Chaplain’s Office, all inmates are exposed to at least 2 hours per week of religious activities, including devotions and study, for the duration of their sentence. Partnerships should be pursued to provide support (the provision of religious material and teaching for example) for non-traditional religions. Similarly, clients will be expected to participate in at least 1 hour each day of coordinated sport or leisure activity for the duration of their sentence. Each institution will identify a Sports and Leisure Coordinator among its staff compliment to design, guide and monitor sporting programmes. Leadership of activities should be promoted among the inmate/ward population in order for the development of leadership and other skills. Selected sports/games are limited only to what the particular institution can accommodate. It is expected that partnerships are formed with local and international entities able to supply the needed items and guides.

**Pilot Components**

**Mentorship**

Staffed by volunteers, and guided by the Rehabilitation Department, the Mentorship Programme will see every client assigned to a mentor for a year. Protégés are expected to learn from the life experiences of the mentor and build positive networks through them. Each mentor, a Jamaican adult professional, with no criminal record and sufficient time to invest in the programme, will meet with the client for at least 4 hours monthly. Six months while under state supervision and six beyond their sentence.

**Specialized Programmes**

Various categories of inmates will require specialised intervention initiatives and/or specialised staff. Psychologist will be engaged to oversee therapy sessions of sex offenders as well as repeat violent
offenders deemed highly likely to reoffend on release. Details of the Specialised Programmes follow.

*The Sex Offender Treatment Intervention and Progress Scale (SOTIPS) Programme*

The Sex Offender Treatment Intervention and Progress Scale (SOTIPS) is geared towards clients who have been convicted of illegal sexual behaviour against an identifiable child or non-consenting adult victim. Led by a psychologist, the treatment involves individual and group sessions which address the client’s criminogenic needs and services are adjusted to maximize offenders’ responses to treatment by taking into account factors such as motivation, denial, and learning difficulties.

Sex offenders in the high-intensity programmes receive approximately 8 hours of therapy weekly over the course of 2–3 years. Lower intensity programmes sees clients receiving two hours of treatment per week over a 6-month period. For community-based programmes the offenders participate in weekly group sessions for two years and monthly aftercare meetings for another year.

*Violent Offender Treatment Plan (VOTP)*

This programme targets clients who have been convicted of violent offenses and have a high risk of recidivism based on criminogenic assessment. The programme involves comprehensive pre-programme assessments, file review, clinical interviews and psychometric assessment. Led by a psychologist there is also case formulation and identification of individual treatment goals followed by six inter-related treatment modules focusing on: life patterns, understanding (of offending), non-criminal thinking, victim empathy, offence cycle and relapse prevention.

The VOTP is delivered in a group setting, with treatment being approximately two hours in duration and occurring three times per week. Each group consists of a maximum of 10 participants. The VOTP is
projected for approximately 12 to 14 months.

Women and Children Offenders

Non-residential programmes should be the first choice for treatment and based on a formal assessment. Counselling, geared towards survivors of abuse and trauma will complement other aspects of the treatment programme (stated above). For youth, the Functional Family Therapy (FFT) treatment will apply. This is applied to youth between the ages of 12 and 18 who have engaged in delinquency, violence or substance abuse. Through workshops, FFT engages and equips the families of the wards with tools for problem-solving and effective parenting in addition to building family bonds.

Offenders with Mental Disabilities

Systematic programmes going forward will connect mentally ill offenders to the public health care system and adequate care to ensure that they are not a threat to themselves or the community.

Drug and Alcohol Abusers

Led by a psychologist, therapy sessions of appropriate intensity will involve participants in groups which focus on understanding substance use and offending, developing mechanisms to cope with cravings and withdrawal, developing alternative behaviours, managing emotions, enhancing problem solving and communication as well as developing relapse prevention plans.

Non-custodial Clients

The Probation Services is aimed at rehabilitating Offenders at the community level. It serves as a
conduit between prospective parole applicants who are in the adult institutions as well as Wards who are in Juvenile care. Non-custodial clients will benefit from all the programmes/initiatives listed above as well as in this section over the course of the programme. The DCS will:

1. Expand Probation Services with 50 volunteers annually.

The DCS will periodically recruit and orientate volunteer Probation Officers. Tried successfully in several countries (Klaus, 1998) this action expands in a cost effective manner the reach of the Probation Office while offering valuable work experience to University graduates or retirees in need of such experience. Volunteerism will pull on specialised skills of the voluntary community such as family reintegration counselling.

Following the Japan model, volunteers could be expected to:

1. Connect inmates and Wards with their family members. This is aimed at maintaining healthy relations as well as fostering the right atmosphere for family and societal reintegration.

2. Supervise and monitor probationers

3. Investigate the environment in which a prospective Parolee would live

4. Conduct preliminary risk assessment of offenders who should be pardoned or paroled

5. Assist Probation Officers in completing treatment plans and offer extended interventions (counselling/referrals etc.) in the rehabilitation process (Ibid).

2. Foster Circles of Support and Accountability
Expanding on the work of the Sex Offender Registry and the Recording Office these monthly group meetings (circles) would be created and moderated by probation officers or appropriately trained volunteers. Borkman (1999) studied self-help groups and documented how citizens successfully assisted each other on the basis of the experiential knowledge they possessed. In this vein support groups which include offenders and selected members of the community should assist in reducing recidivism as it empowers community members to become more resilient and push back against the threat of violence and offering the community adequate information about the offender could serve as a deterrent to similar behaviour in the future. At the core of this endeavour is offering a support system and community based guidance and solutions to issues as they emerge. This reduces the impulse of the offender to pursue negative social networks which contribute immensely to ones likelihood of reoffending (Schaefer, 2013).

3. Expanded Offender Re-entry Mapping

Offender re-entry mapping is presently used by probation officers when conducting parole reports where the views of the community on a particular offender is recorded. An inmate who commits a gruesome offence in his community and is incarcerated is usually not allowed to return to that community unless in circumstances where the risk of him being harmed or reoffending is almost non-existent. This process will be expanded to include all inmates. This will assist in preventing reoffending behaviours as well as revenge in the absence of restoration and or restitution where possible. This action will be strengthened by a robust rehabilitation regime involving improving the inmates education, skill set, a cognition ahead of his/her return to the community. What has prevented an expansion of the programme to date is limited human resources, which should be corrected with volunteers.
The budget highlights additional cost to the DCS due to the introduction of the Pilot.

<table>
<thead>
<tr>
<th>Description</th>
<th># of Units</th>
<th>Rate</th>
<th>Delivery hours/day</th>
<th>Total</th>
<th>Comments</th>
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<td>DCS</td>
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<tr>
<td>Life Skills/Transition Skills Facilitator</td>
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<td></td>
<td></td>
<td>Training of Trainers sponsored by JFL</td>
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<tr>
<td>Training of Trainers</td>
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<td>5 days each week for two years</td>
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<td>DCS Research Unit</td>
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<td>Stationery and other Supplies</td>
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<td>Y2 = $58,570.5</td>
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NB: DCS to insert budget for the ongoing rehabilitation programmes.
Component 4: PROGRAMME MONITORING AND EVALUATION

MONITORING AND EVALUATION

Each component of the programme will be continuously monitored and assessed for effectiveness. Ongoing monitoring processes will include:

- Setting clear targets and then ensuring monthly reviews of reports from DCS staff and service providers. This includes assessment results, class registers and participant logs.
- Quarterly reviews of client satisfaction surveys.
- Synthesis of reports and feedback for generation of lessons learnt to be disseminated and discussed on a bi-annual basis.

The evaluation process will commence with the development of baseline and impact measurement tools. Qualitative measurements will be used with participants, members of the wider institutional pool and also the staff to ascertain their perception of the impact of the activities on the rehabilitation of the participants. Post intervention, longitudinal assessments will be done for the pilot’s cohort with appropriate control to measure the impact of the programme on certain key performance indicators such as recidivism and economic engagement.
## Monitoring Plan

<table>
<thead>
<tr>
<th>Focus</th>
<th>Target for the Pilot Population</th>
<th>Target For the General Population</th>
<th>Output Performance Indicator(s)</th>
<th>Major tasks to realize the objective of the programme</th>
<th>Monitoring Timeline</th>
<th>Methodology/ Instrument</th>
</tr>
</thead>
</table>
| **Sports / Leisure Programmes** | 200 participants from across the institutions actively engaged in sports and leisure activities | All participants from across the institutions actively engaged in sports and leisure activities | 75% participants actively engaged in at least one sports and / or leisure activities throughout their stay  
Participants express satisfaction with the skills developed and honed through participation in the programme | Develop sports and leisure regimen with activities designed to engage participants in critical thinking, decision making and positive relationship management skills  
Solicit client feedback on the proposed regimen and accommodate recommendations where feasible  
Procure equipment and tools for the programme with emphasis on tools that can be designed in house or those that can be sourced locally  
Train leaders and staff in the supervision of these activities  
Engage participants in partnerships | 1. Beginning/End of the programme  
2. Daily  
3. Daily  
4. Monthly  
5. Quarterly | 1. Pre/post assessment  
2. Participant logs  
3. Observation  
4. Reports from facilitators  
5. Client satisfaction surveys |
| **Spiritual Activities**     | All participants make use of services available to participate in communal or individual activities | All participants from across the institutions actively engaged in sports and leisure activities | Improved inter-personal relationships among participants, other inmates  
Solicit client feedback on the proposed activities and accommodate recommendations where feasible  
Engage in partnerships | Engage in partnerships | 1. Beginning/End of the programme  
2. Daily  
3. Daily | 1. Pre/post assessment  
2. Participant logs  
3. Observation  
4. Reports from facilitators  
5. Client satisfaction surveys |
| Academic Programmes | 200 participants engaged during the training | 759 participants from across the institutions actively involved in academic programmes (This target to increase by 3-15% annually for 4 years) | 75% Participants post test results indicates increased knowledge in the units and areas covered | Solicit client feedback on the proposed subjects / skills and accommodate recommendations where feasible. Conduct assessments of participants to ascertain current educational levels / skills competencies. Results will guide class placement and baseline. Contract various stakeholders to facilitate specified areas. Design and sign MOU with JFLL and Stand Up For Jamaica to facilitate the training of 30 facilitators annually in literacy and numeracy. Pursue as well other partnerships for training in social studies and history, high school equivalency, pre- CXC courses, and certificate programmes in select areas to support training projects. | 1. Daily 2. Weekly 3. Daily 4. Quarterly 5. End of each semester | 1. Monthly 2. Quarterly |
| Apprenticeship / Vocational Training | 200 participants actively engaged in skills development and experiential learning activities in job ready skills programmes | 1,298 participants from across the institutions actively involved in vocational training (This target to increase by 3-15% annually for 4 years) | 75% of participants in the programme are engaged in a high impact skills training programme and demonstrably improve their vocational skills 75% of participants demonstrate improved job readiness and interpersonal skills. | Solicit client feedback on the proposed subjects / skills and accommodate recommendations where feasible. Identify, equip and maintain training spaces for various vocations Conduct assessments of participants to ascertain current educational levels / skills competencies. Results will guide class placement and baseline. Engage in partnerships the HEART Trust NTA and other partners to train 30 trainers annually. See draft MOU with the HEART Trust in the Appendix for details. Train requisite staff for supervision and management of programmes. | 1. Daily 2. Weekly 3. Daily 4. Quarterly 5. End of each semester | 1. Attendance registers 2. Weekly reports, including internal assessments 3. On site observation 4. External Assessment reports 5. Client satisfaction surveys |
| Specialised Behaviour Modification Programmes | 200 high risk participants as identified through criminogenic assessment of clients Persons within the system with the highest level of need for rehabilitation as assessed by the DCS | 1,010 participants from across the institutions actively engaged in behaviour modification programmes (life skills workshops) (This target to increase by 3-15% annually for 4 years) | Reduced threat of recidivism by participants Improved community reintegation of participants 75% of participants expressing and demonstrating improved personal development | Identify psych-support and counselling professionals to lead programmes Secure client buy-in to programme through sensitisation Train support staff and personnel within the organisation to supplement support staff Develop operational protocols and intervention modalities Identify counselling and intervention spaces and needs | 1. Monthly 2. Quarterly 3. Quarterly | 1. Individual progress reports 2. Quarterly reports 3. Focus group interviews |

| Career Counselling (small group and individual sessions) | 200 participants receive 5 hours of individual career counselling 200 participants engage in monthly career development | All participants with developed individual SMART goals. 75% of participants will complete a career portfolio | Secure client buy-in to programme through sensitisation Train inmates and supervisory staff to provide the required | 1. Daily 2. Monthly 3. Quarterly 4. Quarterly | 1. Time card 2. Review of Personal Development Portfolio 3. Review of counsellor’s report 4. Client satisfaction surveys |
workshops. guidance with supervision from external rehabilitation staff.
## Evaluation Plan

<table>
<thead>
<tr>
<th>Components</th>
<th>Key Assumptions</th>
<th>Evaluation Type (Frequency)</th>
<th>Evaluation Method(s)</th>
<th>Entity/Person Responsible for Evaluation</th>
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</thead>
<tbody>
<tr>
<td>Sports / Leisure Programmes</td>
<td>Basic equipment available for sports and leisure activities</td>
<td>Pilot midpoint assessment</td>
<td>Pre/Post Inventory End of project report</td>
<td>Rehabilitation Department Research unit</td>
</tr>
<tr>
<td></td>
<td>Training and supervision available for activities</td>
<td>End of project report</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inmates participating in leisure and sports activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spiritual Awareness</td>
<td>Space for and support of multi-faith Activities</td>
<td>Pilot midpoint assessment</td>
<td>Written and/or Video report. Pre/Post Evaluation Surveys Focus groups</td>
<td>Rehabilitation Department Research unit</td>
</tr>
<tr>
<td></td>
<td>Adequate number of partners available to provide spiritual support for inmates</td>
<td>End of project report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic Programmes</td>
<td>Necessary budget</td>
<td>Pilot midpoint assessment</td>
<td>Internal and external assessment results Pre/Post Evaluation Surveys Focus group</td>
<td>Rehabilitation Department Research unit</td>
</tr>
<tr>
<td></td>
<td>Adequate training options available</td>
<td>End of project report</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Supervisory and teaching staff available</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Appropriate Equipment, Facilities and Curriculum available</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Partnerships in place with external assessors and trainers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apprenticeship / Vocational Training</td>
<td>Necessary budget Adequate training options available Supervisory and teaching staff available</td>
<td>Pilot midpoint assessment</td>
<td>Internal and external assessment results (HEART Trust) results Pre/Post Evaluation</td>
<td>Rehabilitation Department Research unit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>End of project report</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialized Behaviour Modification Programmes</td>
<td>Necessary budget</td>
<td>Quarterly</td>
<td>Pre/Post Evaluation Surveys</td>
<td>Focus group</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>------------------</td>
<td>-----------</td>
<td>-----------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Specialized Behaviour Modification Programmes</td>
<td>Available Psych-support and counselling professionals to lead programmes</td>
<td></td>
<td></td>
<td>Focus group</td>
</tr>
<tr>
<td></td>
<td>Trained support staff and personnel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Operational protocols and intervention modalities available</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Counselling and intervention spaces and resources available</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Career Counselling (small group and individual sessions)</th>
<th>Trained support staff and personnel</th>
<th>Pilot midpoint assessment</th>
<th>Satisfaction Survey</th>
<th>Evaluation Survey</th>
<th>Pre/post Monitoring survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Career Counselling (small group and individual sessions)</td>
<td>Operational protocols and intervention modalities available</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Counselling and intervention spaces and resources available</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
SUCCESSFUL IMPLEMENTATION OF THE STRATEGY

For this National Rehabilitation Strategy to be successfully implemented within the DCS the organization and its management must recognize/ensure that:

- Managing change is necessary for the successful implementation of programmes/initiatives.
- Constant review and reintroduction of key programmes can aid the strategy - some initiatives can be implemented without additional cost therefore the DCS will review and reintroduce programmes/projects based on a “What Works Agenda”.
- Implementation that is to be successful must be in keeping with the strategic and operational objectives
- New programmes and initiatives are incrementally reintroduced through piloting.
- All programmes are monitored and periodically evaluated
- Relationships with the external environment are constantly structured through formal agreements (SOPs, MOUs, TORs)
- A rehabilitation team is entrenched in each correctional institution and is to be responsible for the case management of inmates and wards.

See details in the Log Frame below:
<table>
<thead>
<tr>
<th><strong>Objectives</strong></th>
<th><strong>Strategy and Key Activities</strong></th>
<th><strong>Output</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Targets for the pilot remain at 200 – all numbers below reflect all other programmes)</td>
<td>To provide the DCS with a rehabilitation plan to manage their rehabilitation programmes and re-integration strategies for inmates across the DCS’ institutions and relationships with clients</td>
<td>Develop a rehabilitation strategy to guide the DCS in criminogenic rehabilitation and recidivism prevention strategies; create monitoring and evaluation protocols and framework for quality assurance of the programmes; develop institutional frameworks for partnerships and relationships with external and internal partners</td>
</tr>
<tr>
<td></td>
<td>Host focus groups with staff of DCS to ensure the final document is pragmatic and reflective of the insight of all practitioners</td>
<td>A rehabilitation strategy to meet the needs of the DCS</td>
</tr>
<tr>
<td></td>
<td>To evaluate the input, output and impact of the of rehab-programmes (there are no instruments presently to evaluate programme)</td>
<td>Focus Groups conducted and findings analysed and used to guide final strategy.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Detailed programme evaluation conducted.</td>
</tr>
<tr>
<td></td>
<td>To provide academic training leading to sitting of CSEC examinations</td>
<td>To increase the total number of inmates &amp; wards sitting (CSEC) exams by identifying and enrolling inmates &amp; wards in (CSEC) subjects</td>
</tr>
<tr>
<td></td>
<td>• Baseline (63)</td>
<td>100% increase in the number of inmates and wards sitting (CSEC) exams</td>
</tr>
<tr>
<td></td>
<td>• All academic programmes combined – baseline (759). NB. No specific data available for other academic programmes</td>
<td>Education programmes/subjects standardized and content delivery in keeping with the MOE guidelines</td>
</tr>
<tr>
<td></td>
<td>Work with the MOE to standardize academic programme in sync with grade level training.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inmates trained and certified in various skill areas. This is geared towards improved job readiness</td>
<td>Develop programmes to train and certify inmates in skill areas</td>
</tr>
<tr>
<td></td>
<td>Review current Labour Market Needs Assessment to guide training options</td>
<td>Skills training offered</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Needs Assessment Report</td>
</tr>
<tr>
<td>Needs Assessment Report</td>
<td>Interest Inventory Database</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>-----------------------------</td>
<td></td>
</tr>
<tr>
<td>MOU</td>
<td>Protocol / MOU</td>
<td></td>
</tr>
<tr>
<td>Training Manual</td>
<td>Training Reports</td>
<td></td>
</tr>
<tr>
<td>Reports</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Do Interest Inventory**
  - Identify partners and draft and sign MOUs
  - Secure commitment of trainers
  - Develop training programmes (with appropriate budgets attached)
  - Conduct training of trainers
  - Monitor Programmes
  - Through MOU, increase the number of inmates & wards certified by HEART Trust/NTA
    - Baseline data (63) Adult (19) Wards
    - Baseline for all vocational activities (1,298)
  - Assess inmates skills for DCS commercial activities and to develop social enterprises (farming activities in particular)
    - Baseline (nil)
    - Baseline for production (254,398 units*). See Appendix for details
  - Data collected on inmate skills subject to commencement of commercial activities
    - Baseline (nil)
  - Increase in production by 3% annually

<table>
<thead>
<tr>
<th>The improved personal and professional development of inmates</th>
<th>Develop a personal development curriculum and manual designed to meet the national development goals is available</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Train facilitators to deliver modules</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training Manual</th>
<th>Trained and certified facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants receive experiential training in, with behavioural change manifested in:</td>
<td></td>
</tr>
<tr>
<td>Responsible behaviour practices (anger management skills etc.)</td>
<td></td>
</tr>
<tr>
<td>Social and community building</td>
<td></td>
</tr>
</tbody>
</table>
| To provide specialized rehabilitation programmes to participants within each institution to meet their needs | Assess participants on entry into the institutions and create criminogenic profile (see Tool Kit for details). Inmates are then placed in a programme that meets their rehabilitation needs  
Create a database for entry of inmate information  
Train staff to use tools and database; update facilities to facilitate workshops and other sessions  
To identify and enrol 50% of inmates, 100 wards and 20% clients in rehabilitation programmes/purposeful activities  
  - Baseline (1733) admission data  
To increase the # of rehabilitative hours in reception institutions  
  - Baseline data (7 hours unlocked) | Criminogenic profiles for each inmate  
Inmate database  
List of specialized rehabilitation programmes  
Improved facilities  
50% of inmates, 100% wards and 20% clients placed in rehabilitation programmes/purposeful activities  
Number of reception institutions with 9 hours unlocked |
|---|---|---|
| To have sufficient trained and oriented staff to facilitate specialized rehabilitation programmes | Identify, approve and appropriately budget for specialized programmes as per criminogenic type  
Train suitable personnel within the service and recruit qualified individuals fill skills and competency gaps as necessary  
Host Change Management Workshops with the leadership team at DCS  
Topics will include:  
  - Transformative leadership and the Change Management Process  
  - How to Increase Morale  
  - Increasing Efficiency and Productivity  
  - Boosting Innovation | Specialized criminogenic programmes are available with trained staff to deliver a specific programme to persons with the identified rehabilitation needs  
Trained and oriented facilitators and managers better able to guide the change process |
<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
<th>Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistently identify and deliver skill refresher courses and capacity</td>
<td>Conduct a training of trainers workshop on how to use the NYS Personal Development Manual</td>
<td>SWG</td>
</tr>
<tr>
<td>building courses to all staff</td>
<td>Determine Key Performance Indicators for all units and have quarterly reporting on achievements to the MNS/DCS SWG</td>
<td></td>
</tr>
<tr>
<td>To ensure there is buy in and understanding of the programmes and its</td>
<td>Internal and external communication of the programme, the strategy and contents of the programme are consistently available and participants and partners know of the progress being made through the Strategic Working Group/Modernization of DCS as well as other channels</td>
<td>Social Media Strategy</td>
</tr>
<tr>
<td>implications are promoted to internal and external partners</td>
<td>Create newsletters and social media sites as well as a social media strategy to guide usage</td>
<td>Newsletter and social media sites (Facebook/Instagram/Twitter) participatory learning and action (PLA) SOP</td>
</tr>
<tr>
<td>Ensure Community Re-integration, community based care and rehabilitative programmes are in place for adequate rehabilitation and recidivism prevention and sustained behaviour change for the clients of the DCS</td>
<td>Develop community rehabilitation strategy and approaches to deal with non-custodial care and protection Use technology such as SKYPE to ensure inmates are able to remain in contact with the community To implement participants in a National Prevention/Intervention Programme To strengthen community corrections • Baseline (2066 cases)</td>
<td>Re-integration and non-custodial strategy to meet the present rehabilitative and supervisory demands of the country Communication Protocols A National Prevention/Intervention Programme Implemented</td>
</tr>
<tr>
<td>To strengthen community corrections</td>
<td># of programmes in operation</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----------------------------</td>
<td></td>
</tr>
<tr>
<td>To activate a number of community base programmes</td>
<td># of client completing programme</td>
<td></td>
</tr>
<tr>
<td>To enrol clients in relevant programmes</td>
<td># of clients with a transitional action plan</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Develop protocols and approaches to manage the recruitment, support and deployment of volunteers</th>
<th>Develop volunteering database</th>
<th>Volunteerism strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>To ensure a safe, secure environment for clients</td>
<td>Recruit 50 volunteers annually using print, social media and other platforms</td>
<td>Database</td>
</tr>
<tr>
<td>To ensure various publics are aware of DCS’s rehabilitation programmes and their</td>
<td>Create JDs to guide the work of volunteers</td>
<td>JDs</td>
</tr>
<tr>
<td>highlights, partners, human interest stories and programme outputs across various media platforms</td>
<td>Create rewards and recognition system</td>
<td>Rewards and recognition protocol</td>
</tr>
<tr>
<td></td>
<td>To re-classify &amp; transfer inmates from maximum to medium &amp; low security institutions</td>
<td>Re-classifying and transferring of 50 inmates monthly</td>
</tr>
<tr>
<td></td>
<td>To determine technology needs of each facility which would serve to increase security and reduce staffing demands</td>
<td>Risk assessing inmates upon admission</td>
</tr>
<tr>
<td></td>
<td>Highlight the programme, partners, human interest stories and programme outputs across various media platforms</td>
<td>Report</td>
</tr>
<tr>
<td></td>
<td>The number of stories in circulation on the programme</td>
<td></td>
</tr>
</tbody>
</table>
SUSTAINING THE STRATEGY

Programme Sustainability

The sustainability strategy for this programme is built on engaging solid internal and external partnerships that will understand and buy into its goals, ethos and approach. Through participatory project development and management, the stakeholders will be engaged and involved in developing a programme that is in line with the goals and vision of the DCS and country as exemplified in Vision 2030. An involved and iterative stakeholder engagement platform, managed by the DCS will keep stakeholders involved throughout the programme life. Monitoring and evaluation programmes with integrated feedback loops for the lessons learnt will be in place throughout its duration.

Efficient and effective use of resources, with a strong commitment to sharing the programme experience with stakeholders will ensure that goodwill is developed and continuously enhanced. Critical first steps to be undertaken by DCS include:

<table>
<thead>
<tr>
<th>impact</th>
<th>Invite print and other established media entities in to observe training and interact with participants</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Post human interest stories on DCS social media sites, in journal and on DCS website</td>
</tr>
<tr>
<td></td>
<td>Have a formal launch of the Rehabilitation Programme</td>
</tr>
</tbody>
</table>

NB. Data retrieved from DCS’s Operations Plan and through discussions with the Rehabilitation Department
obtaining input and securing buy-in from stakeholders and key external decision-makers;

defining critical long- and short-term policy strategies;

creating an organisational plan to attract and make the best use of human, financial, and in-kind resources for achieving the desired outcomes;

developing a comprehensive document and information management system;

conduct and be guided by a stakeholder analysis and a risk management and mitigation plan (see below).

<table>
<thead>
<tr>
<th>Programme Sustainability Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objectives</strong></td>
</tr>
<tr>
<td>• Design and implement comprehensive reporting formats that communicate the programme experience.</td>
</tr>
<tr>
<td>• Identify stakeholders and ascertain social responsibility needs for long-term benefits of the programme.</td>
</tr>
<tr>
<td>• Determine level of support needed for programme continuation.</td>
</tr>
<tr>
<td>• Mobilise resources required to sustain the programme beyond its first phase.</td>
</tr>
<tr>
<td>• Ascertain sources of funding.</td>
</tr>
</tbody>
</table>
Component 5: Stakeholder Analysis and Risk Management Plans

<table>
<thead>
<tr>
<th>STAKEHOLDERS</th>
<th>What are their interests?</th>
<th>What are their expectations?</th>
<th>How will the project affect them?</th>
<th>How will they influence the project?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Participants (Clients of the DCS)</strong></td>
<td>Rehabilitation and Behaviour Change</td>
<td>Methods and approaches to improve their pro-social skills and reduce recidivism</td>
<td>Improved personal and professional relation skills.</td>
<td>Discussions and qualitative output of the needs of the participants.</td>
</tr>
<tr>
<td></td>
<td>Personal and Professional Development</td>
<td>Skills audits and interest audits to be carried out periodically to inform training needs</td>
<td>Increased access to personal and career development activities</td>
<td>M&amp;E with feedback loop</td>
</tr>
<tr>
<td></td>
<td>Pro-social and developmental leisure activities</td>
<td>To be engaged in a healthy and developmental activities to pass the time</td>
<td>Improved social relationships</td>
<td>Discussions and qualitative output of the impact of the activities.</td>
</tr>
<tr>
<td></td>
<td>Skills Training</td>
<td>To access skills training in marketable areas.</td>
<td>Training and certification</td>
<td>Discussions and quantitative output of the impact of the activities.</td>
</tr>
</tbody>
</table>

- Training materials can be recycled to be used by subsequent batches.
- Ensure that funds earned (sale of produce/external contracts) remain available for reinvesting and supporting staff recognition.
- Offer a pool of funds for new initiatives. These initiatives will assessed and approved by the management of DCS.
- Use social media sites to seek donations. Ensure the DCS website has information on the needs of the organisation and how to assist.
- Pursue international grants

Successful completion may impact on the DCS expanding access to other clients.
DCS

Programmes and activities that reduce the safety and security threat of the society through reduced recidivism and improved re-integration of clients into wider society as positive citizens.

Programmes are well designed and increase the rehabilitation of the clients without a decrease in the safety of the prisons.

Targeted programmes designed to improve quality of output and training for staff while improving the organisation’s profile.

Manage and direct the programmes.

Partnering individuals/Organisation

Developing and expanding partnerships.

Potential for reduced recidivism and increased community safety and security.

Improving the engagement of the target population.

Involvement in safety and security of the nation through rehabilitation.

Developed and expanded partnerships.

Facilitate resources identification and the development of partnerships.

---

**Risk Management Plan**

<table>
<thead>
<tr>
<th>Description of Risk</th>
<th>Severity of Impact</th>
<th>Likelihood of occurrence</th>
<th>Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of human resources to assist in the implementation of the project within the required time period.</td>
<td>Low</td>
<td>Low</td>
<td>Skills audit carried out to determine the personnel needs and training requirements for the project implementation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cross training of service staff.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Partnerships and MOUs developed with relevant stakeholders.</td>
</tr>
<tr>
<td>Limited buy in from staff and internal stakeholders</td>
<td>High</td>
<td>Medium</td>
<td>Communication and information sharing from the planning stage to improve likelihood of buy in.</td>
</tr>
<tr>
<td>Less than projected participant interest</td>
<td>High</td>
<td>Medium</td>
<td>Recruit sufficient (where possible more than required) number of participants. Communication and information sharing from the planning stage to improve likelihood of buy in.</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>------</td>
<td>--------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Attrition during the programme</td>
<td>High</td>
<td>Medium</td>
<td>Recruit interested an committed participants especially in the first instance. Moral support and engagement throughout the programme. Effective monitoring and engagement by the project staff.</td>
</tr>
<tr>
<td>Less than desired behaviour change outputs from participants measured during the implementation phase</td>
<td>High</td>
<td>Low</td>
<td>Use of proven approaches and trained personnel to implement activities. Focus on both outputs and impact.</td>
</tr>
<tr>
<td>Supervisor and apprentice relationship evolve outside of the stipulated guidelines.</td>
<td>High</td>
<td>Medium</td>
<td>Comprehensive supervisory training to be inclusive of boundaries of the relationship. Oversight and follow-up to ensure that any negative change can be spotted early and remedial actions taken.</td>
</tr>
</tbody>
</table>

**Key**

- **High** - Risk that has the potential to greatly impact the cost, schedule and outcome of the programme
- **Medium** – Risk that has the potential moderately impact the cost, schedule and outcome of the programme
- **Low** - Risk that has the potential to slightly impact the cost, schedule and outcome

**TIMELINE FOR STRATEGY REVIEW**

The National Rehabilitation Strategy will be reviewed every four (4) years.

**GLOSSARY OF TERMS**

**CLASSIFICATION**

Classification is “the separation of those prisoners who, by reason of their criminal records or bad characters are likely to exercise a bad influence; the division of prisoners into classes in order to facilitate their treatment”. - Standard Minimum Rules for the Treatment of Prisoners, 1984.

**CLIENT**

A client is any individual who is the final user of services within the Department.
CRIMINOGENIC
Criminogenic speaks to the structure or system that is likely to produce incidences of crime or criminal behaviour. An offender’s behaviour may be attributed to various criminogenic factors based on behavioural circumstances.

DESISTANCE
Desistance is the long term abstinence from criminal activities by individuals who had previously displayed a sequence of offending behaviour.

INMATE
An inmate is an individual who is 18 or older that is given a sentence by the court to serve time in an Adult Correctional Centre.

NEEDS PRINCIPLE
The needs principle assesses the criminogenic needs of the offender and addresses them in treatment.

REMANDEES
Remandees are inmates or wards that are charged and are awaiting trial for a crime (-not yet convicted-) and are housed in a remand or correctional centre.

RISK NEEDS RESPONSIVITY
Risk needs responsivity is a model used for guiding the assessment and treatment of offenders.

RISK PRINCIPLE
The risk Principle compares the level of service, supervision and treatment to the offender’s risk level to assess for correlations between the two.

RECIVIDISM
Recidivism is the relapse of persons who committed previous criminal offences; the repetition of criminal offences.

RESPONSIVITY PRINCIPLE
The responsivity principle is the concept of maximizing the offender’s ability to learn from a rehabilitative intervention treatment to the learning style, motivation, ability and strengths of the offender.

WARD
A ward is an individual 12-17 years old who has received a correctional order by the court, with instructions to serve a period of time.

References


Appendix A

Figure 1 Distribution of Inmate/Ward Population by Institution – March 2015

Figure 2 (Below) Population Distribution – March 2015
Appendix B
Inmate/ward
Rehabilitation
Process Flow
(Institutional Corrections Management)

Figure 3 Percentage Breakdown of Client Base – March 2015
METHODOLOGY – REHABILITATION PROCESS FLOW

Client Rehabilitation Process Flow (Community Corrections Management)

Entry

Middle

End
# Appendix C - Rehabilitation Programme Summary

**Proposed Institutions and numbers participating in the pilot:**
- Tower Street Adult Correctional Facility - 65 clients
- Fort Augusta Adult Correctional Facility - 35 clients
- Tamarind Farm Adult Correctional Facility - 65 clients
- Non-custodial – Hanover – 35 clients

**Selected Programme Features**

| Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | …… | 48 |
| Life Skills | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sports / Leisure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spiritual Activities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Academic Training | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apprenticeship | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vocational Training | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mentorship | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specialized Programmes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M & E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Life Skills**
Duration: 2 months (This includes 90 hours of face to face module delivery)

**Sports / Leisure**
Duration: 504 hours (7 hours per inmate/ per week)

**Spiritual Activities**
Duration: 144 hours (2 hours per inmate/ per week)

**Academic Training**
Duration: 12 months

**Apprenticeship / Vocational Training**
Duration:
- 12 months - Apprenticeship
- 6 months Vocational Training

**Specialized Programmes**
Duration: 6-24 months

**MODULE I: SELF DEVELOPMENT**
- Self-Concept
- Making Decisions
- Communicating Effectively
- Planning for Personal Success
- Financial Literacy/Entrepreneurship

**Football**
- Cricket
- Basketball
- Volleyball
- Dominoes
- Checkers/Draft

**Devotion**
- Spiritual Counselling

**Literacy**
- Numeracy
- JFLL - The High School Diploma Equivalency (HSDE)
  - % of

**HEART Trust/NTA Levels 1 and 2**
- Tailoring
- Woodwork

**Sex Offenders**
**MODULE I - GROUP SESSIONS**
- Defining Sexual Offenses
- Healthy Sexuality
- Interpersonal Skills
- Leadership
- Healthy Lifestyle
- Reproductive Health
- Gender and Sexuality
- Etiquette and Manners

**MODULE 2: CONFLICT MANAGEMENT**
- Conflict Management
- Tolerating Differences
- Youth Violence
- Bullying
- Gang Violence

**MODULE 3: FAMILY LIFE MANAGEMENT**
- Family Types, Roles and Challenges
- Parenting Skills
- Child Care and Protection
- Dating and Relationships

**MODULE 4: CAREER DEVELOPMENT**
- Life Career Development
- Exploring Careers
- Life Career Management Skills
- Employability Skills
- Getting a Job
- Entrepreneurship

**MODULE 5: CIVICS**
- Government, Politics and the Rule of Law
- The Meaning of Citizenship
- Volunteerism
- The Jamaican Culture
- The United Nations
- CARICOM and the Caribbean Single Market Economy (CSME)
- Sustainable Development

**Transition Skills**
- Understanding and handling the fear of freedom; the fear of the unknown; the fear of repeating mistakes.
- Making good choices: being aware; understanding; acceptance and change
- Cognitive Behaviour Therapy – counselling
- Career Counselling

**Clients/Targets**
- 80% – Intermediary
- 20% - Proficient

**Computer Skills**
- Welding
- Fort Augusta
- Home Economics
- Cosmetology
- Computer Repair
- Tamarind Farm
- Auto Mechanics
- Agriculture
- Wood work
- Welding
- Tailoring

(Courses will be determined by labour market needs).

**Women Offenders**
- Personal Ownership

**MODULE 2 - INDIVIDUAL COUNSELLING**
- Sexual history disclosure with polygraph testing
- Journaling daily events to practice cognitive restructuring
- Rational Behaviour Training
- Developing a comprehensive relapse prevention plan
- Interpersonal skills, including interpersonal communication and empathy
- Victim empathy and clarification
- Relapse prevention rehearsal

**Clients/Targets**
- Anger Management
- Problem Solving
- Victim Impact
- Defining the behaviour change that lead up to offending/offense cycles
<table>
<thead>
<tr>
<th>Identity and Self-Empowerment</th>
<th>Making Choices</th>
<th>Cognitive skills</th>
<th>Moving on from dependencies</th>
<th>Women’s anger management</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Living with Mild Intellectual Disabilities</strong></td>
<td><strong>Life/survival skills</strong></td>
<td><strong>Character development</strong></td>
<td><strong>Career planning and development</strong></td>
<td><strong>Health and wellness (responsible and respectful sexual behaviour, nutrition, hygiene, coping mechanisms for stress, conflicts)</strong></td>
</tr>
<tr>
<td><strong>Violent Offenders</strong></td>
<td><strong>Life patterns,</strong></td>
<td><strong>Understanding (of offending)</strong></td>
<td><strong>Non-criminal thinking</strong></td>
<td><strong>Victim empathy</strong></td>
</tr>
</tbody>
</table>
Drug/alcohol Abusers

Programmes do not include specific course delivery. Substance abuse programmes form part of a broader management strategy for substance using offenders, which includes:

- urinalysis
- pharmacotherapy
- prison health services, supply reduction methods by prisons and
- the provision of service to offenders by external providers.

These clients should participate, where possible, in the wider rehabilitation programme in addition to their specialised treatment.
### Training Courses (The list below does not include Train the Trainer Modules)

**MODULE 1 - Core Correctional Officers Training**
- Inmate Management -1
- Inmate Management -2
- Interpersonal Communication
- Professional Ethics in Corrections
- Non-Violent Crisis Intervention
- Case Planning and Management
- Cultural Diversity and Corrections
- Criminology - Deviance and Criminal Behaviour
- Technical and Report Writing
- Mathematics and Calculating Sentences
- Training and Assessment

**MODULE 2 - Professional Development**
- Foot and Arm Drill
- Signals and Voice Procedure
- Use and Care of Firearms
- Defensive Tactics
- First Aid
- Service Knowledge
- Security Procedure and Control Techniques

**PROBATION OFFICERS**

**Phase 1: ORIENTATION**
- Personnel Matters
- The Organizational Structure
- Introduction to the Custodial Services
- Ethical Guidelines
- Organizational Value Premise
- Roles and Responsibilities of the PACO

**Phase 2: INTERVENTION TOOLS**
- Interviewing Techniques
- Motivational Interviewing Techniques
- Counselling Techniques
- Introduction to Mediation
- Communication
- Introduction to the Offender Rehabilitation Guide
- Understanding Mental Illness
- Substance Use and Misuse prevention and Treatment Programme

**Phase 3: MODULES**
- Performance Management and Appraisal System
- Risk/Needs Assessment
- SER and other reports
- National Standards
- Case Management
- SER Workshop
- Social Work- The Organizational Context

**Other:**
- The profile of the female offender
- Best practices for managing female offenders
- Child development
- Understanding the female offender