



Ministry
of Justice

Reducing Reoffending

A Synthesis of Evidence on Effectiveness of Interventions

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Contents

List of tables

List of figures

1. Summary	1
2. Introduction	7
2.1 Aims and Scope	7
2.2 Research approach and method	8
2.3 How is reoffending measured?	10
3. Theoretical perspectives on reoffending	12
3.1 Desistance	15
3.2 Bringing together desistance theory and the evaluation of interventions to address criminogenic needs	19
4. The evidence base for interventions to reduce reoffending	20
4.1 Supervision by prison and probation staff	20
4.2 Accommodation	22
4.3 Employment and Education	27
4.4 Substance misuse	32
4.5 Finance, benefits and debt	37
4.6 Cognitive behaviour interventions	38
4.7 Community Ties	42
4.8 Mentoring	44
4.9 Restorative justice	47
4.10 Mental health needs	49
5. Conclusion	54

List of tables

Table 1: Summary of the strength of the meta-analytical evidence base by intervention type, and indication of the scale of the associated reduction in reoffending	3
Table 2: Factors facilitating desistance	15

List of figures

Figure 1: Identified criminogenic needs as measured by OASys in custody and the community as at 30 June 2021	13
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1. Summary

This synthesis provides an overview of evidence on what works to reduce reoffending, updating evidence previously published by the Ministry of Justice (MoJ) in 2013 and 2014.^{1,2} It revisits some of the same areas as the previous reviews, including more recent evidence and incorporating new areas such as debt and community ties. Given the breadth of different activities and interventions that exist, this summary focuses upon the evidence base for some of the key areas of MoJ policymaking, but it is clearly not exhaustive.

Evidence is drawn primarily from a series of Rapid Evidence Assessments (REAs) conducted by academics working in the field of reducing reoffending in 2022. REAs were used to compile sections on: Accommodation, Education, Employment, Finance, Benefits and Debt, and Community Ties. The REAs focused upon the effectiveness of these types of interventions to reduce reoffending but included some additional follow up questions such as features of effective interventions of different types, and for whom they may be most effective. A REA was also commissioned on theories of desistance. For the remaining sections, MoJ analysts conducted internal reviews of recent evidence. When assessing effectiveness, findings from meta-analyses were used where available, as there can be greater confidence in findings drawn from a series of studies than from single evaluations. Studies that included any comparison group were eligible for inclusion, with a focus on evidence drawn from England & Wales (although international studies were eligible for inclusion).

Table 1 summarises the overall strength of the meta-analytical evidence base for the effectiveness by intervention type and provides an indication of the scale of the potential reduction in reoffending for some specific intervention approaches (where relevant). Some interventions appear to have potential to deliver larger reductions in reoffending than others, however it is likely the greatest reduction will be achieved where interventions are

¹ Transforming rehabilitation: a summary of evidence on reducing reoffending. Ministry of Justice, 2013.

² Transforming rehabilitation: a summary of evidence on reducing reoffending. Second edition. Ministry of Justice, 2014.

well-matched to the individual. Where the evidence base is classified as 'insufficient', this reflects an evidence gap and does not imply that type of intervention does not work. Table 1 includes only the results of meta-analyses when providing an indication of the potential scale of impact by specific intervention approach. In areas where there are lots of different types of interventions used (such as employment), the meta-analytical evidence base may be weakened by the lack of comparability across studies. In addition, some of the areas covered are more closely linked to reoffending than others. For example, there is evidence that reoffending is lower amongst prison leavers who find employment. In contrast, there is a more nuanced, moderated relationship between mental health and reoffending. Mental health (like physical health) is a foundational area for work with offenders but does not in itself link directly to reoffending.

Note also that table 1 reviews only evidence for the potential scale of effectiveness. Readers should refer to the relevant chapter for more detail on the wider evidence base for specific interventions of interest. Evidence gaps common across the different intervention areas include a need for more UK-based evaluation, a need for individual evaluation reports to better capture programme design characteristics that can affect success, and a need for greater understanding of what works best for different groups. It would also be helpful to have more consistency in how outcomes are measured, in order to more reliably compare which interventions have the biggest impacts.

Table 1: Summary of the strength of the meta-analytical evidence base by intervention type, and indication of the scale of the associated reduction in reoffending

Intervention Type	Overall strength of the evidence base for this type of intervention	Intervention approach	Indication of the scale of the reduction in reoffending, by intervention approach	Source
Supervision by prison and probation staff	Good	Training probation staff in core correctional practices (CCPs ³).	The average reoffending rate for offenders supervised by officers trained in CCPs was 36%, compared to an average reoffending rate of 50% for offenders supervised by officers lacking the CCP training.	Meta-analysis (10 robust studies), Chadwick et al (2015). ⁴
Accommodation	Good (if delivered alongside support ⁵)	Half-Way Houses in the U.S.	Findings suggest halfway houses are an effective correctional strategy. The overall mean effect size was significant, equivalent to an odds ratio of 1.27. This means the odds of having been in a halfway house were 1.27 times higher among those who didn't reoffend than controls.	Meta-analysis (9 studies scoring 3 or 4 on the Maryland Scale), Wong et al (2019). ⁶

³ CCPs include relationships skills, effective use of reinforcement, effective use of disapproval, effective use of authority, prosocial modelling, cognitive restructuring, social skills training and problem-solving skills.

⁴ Chadwick, Nick., DeWolf, Angela. and Serin, Ralph. (2015) 'Effectively Training Community Supervision Officers: A Meta-Analytic Review of the Impact on Offender Outcome', *Criminal Justice and Behavior* 42:10, 977 – 990

⁵ There is insufficient evidence that accommodation alone is effective at reducing reoffending; most interventions evaluated include elements of individual support.

⁶ Wong, J. S., Bouchard, J., Gushue, K., & Lee, C. (2019). Halfway out: An examination of the effects of Halfway Houses on criminal recidivism. *International Journal of Offender Therapy and Comparative Criminology*, 63, 1018-1037.

Intervention Type	Overall strength of the evidence base for this type of intervention	Intervention approach	Indication of the scale of the reduction in reoffending, by intervention approach	Source
Employment	Mixed/promising	Vocational training and employment, delivered in custody and the community.	Overall, vocational training and employment programmes were associated with 9% fewer individuals reoffending, compared to individuals who did not take part in one of these programmes. When studies were restricted to those completed in the UK, the reduction was 6%. However, the analysis finds that individual studies may be associated with increases in reoffending. There was lots of variation across interventions and it was not possible to compare between different types of interventions.	Meta-analysis (33 studies scoring 4 or 5 on the Maryland Scale), Fox et al (2020). ⁷
Education	Good	Education in prisons in the U.S.	Prisoners participating in correctional programmes were 32% less likely to reoffend than prisoners who had not. When analysis was restricted to the 11 most robust studies, the reduction was 28%.	Meta-analysis (57 studies) Bozick et al (2018). ⁸

⁷ Chris Fox, Jordan Harrison, Grace Hothersall and Andrew Smith, 'A Rapid Evidence Assessment To Assess The Outcomes Of Community And Custody Delivered Vocational Training And Employment Programmes On Reoffending', Manchester Metropolitan University (2020).

⁸ Bozick, R., Steele, J., Davis, L. & Turner, S. (2018). Does providing inmates with education improve postrelease outcomes? A meta-analysis of correctional education programs in the United States Journal of Experimental Criminology, 14, 389-428.

Intervention Type	Overall strength of the evidence base for this type of intervention	Intervention approach	Indication of the scale of the reduction in reoffending, by intervention approach	Source
Drug misuse programmes	Good	Prison-based drug treatment programmes in Europe.	Overall, found a 37% reduction in reoffending between those who took part in prison-based drug treatment programmes and those who did not.	Meta-analysis (15 prison-based drug treatment evaluations), Koehler et al (2013). ⁹
Alcohol misuse programmes	Insufficient	N/A	'Insufficient' reflects an evidence gap and does not imply interventions to support with alcohol misuse do not work to reduce reoffending.	N/A
Finance, benefits & debt	Insufficient	N/A	'Insufficient' reflects an evidence gap and does not imply interventions to support with finance, benefits and debt do not work to reduce reoffending.	N/A
Addressing cognitive behavioural needs	Good	CBT based interventions.	Overall, found a positive effect of CBT based interventions for general reoffending, with mean treatment group reoffending rates of 30% as compared to 40% for the comparison groups.	Meta-analysis (58 studies), Lipsey et al (2007). ¹⁰
Community Ties	Insufficient	N/A	'Insufficient' reflects an evidence gap and does not imply interventions to build community ties do not work to reduce reoffending.	N/A

⁹ Johann A. Koehler, David K. Humphreys, Thomas D. Akoensi, Olga Sánchez de Ribera & Friedrich Lösel (2014) A systematic review and meta-analysis on the effects of European drug treatment programmes on reoffending, *Psychology, Crime & Law*, 20:6, 584-602, DOI: 10.1080/1068316X.2013.804921

¹⁰ Lipsey, M. W., Landenberger, N. A. and Wilson, S. J. (2007). Effects of Cognitive-Behavioural Programs for Criminal Offenders. *Campbell systematic reviews*, 3(1), pp.1-27.

Intervention Type	Overall strength of the evidence base for this type of intervention	Intervention approach	Indication of the scale of the reduction in reoffending, by intervention approach	Source
Mentoring	Mixed/promising	Mentoring interventions	Overall, non-peer mentoring may reduce reoffending by approximately 4 to 10 per cent for young offenders. However, studies of highest methodological quality found little evidence mentoring reduced reoffending.	Meta-analysis (18 studies), Jolliffe and Farrington (2008). ¹¹
Restorative Justice	Good	Restorative justice conferences (RJs).	RJs (in addition to imprisonment) reduced reoffending compared to imprisonment alone. The RCTs ranged from 7% to 45% fewer repeat convictions/ arrests. The authors concluded that RJs delivered 8 times more benefit in costs of crimes prevented than the cost of RJs.	Meta-analysis (10 RCTs), Strang et al (2013). ¹²
Mental health needs	Insufficient	N/A	'Insufficient' reflects an evidence gap and does not imply interventions to improve mental health do not work to reduce reoffending.	N/A

¹¹ Jolliffe, D. and Farrington, D. P. (2008) 'The Influence of Mentoring on Reoffending', Swedish National Council for Crime Prevention

¹² Heather Strang, Lawrence W Sherman, Evan Mayo-Wilson, Daniel Woods, Barak Ariel, 'Restorative Justice Conferencing (RJC) Using Face-to-Face Meetings of Offenders and Victims: Effects on Offender Recidivism and Victim Satisfaction. A Systematic Review', Campbell Systematic Reviews (2013)

2. Introduction

2.1 Aims and Scope

This synthesis provides an overview of published evidence on the effectiveness of interventions to reduce reoffending among adult offenders, updating evidence previously published by the Ministry of Justice in 2014 (MoJ).^{13,14} Given the development of the evidence base, this synthesis revisits some similar areas to previous reviews, including recent evidence and additional content to inform current policy/practice.

Evidence on factors associated with general reoffending is outlined, and reasons why people desist from crime. Evidence on some specific interventions to reduce reoffending is summarised. (Note numerous interventions are not included, such as activities delivered by the police and local authorities). Key features of effective interventions to reduce reoffending are considered. Some evidence on how effectiveness may differ by offence type is included, however the focus is upon *general* reoffending.

There is a wider context covering pre-conditions for good rehabilitation. This includes quality leadership, organisational structures, partnership working, etc. The evidence base for these pre-conditions is out of scope. However, where there is evidence an intervention is effective, it is likely pre-conditions have been addressed. Evidence comparing the effectiveness of community sentences to prison sentences is also out-of-scope, but for context:

- Evidence suggests that custodial sanctions increase reoffending.¹⁵
- Analysis found the one-year reoffending rate following short term custodial sentences of less than 12 months was higher than if a court order had instead been given (by 4 percentage points).¹⁶

¹³ Transforming rehabilitation: a summary of evidence on reducing reoffending. Ministry of Justice, 2013.

¹⁴ Transforming rehabilitation: a summary of evidence on reducing reoffending. Second edition. Ministry of Justice, 2014.

¹⁵ Imprisonment and other custodial sanctions, What Works Centre for Crime Reduction <https://www.college.police.uk/research/crime-reduction-toolkit/imprisonment-and-other-custodial-sanctions>

¹⁶ The impact of short custodial sentences, community orders and suspended sentence orders on reoffending. Ministry of Justice, 2019.

- Aside from the effectiveness of custodial sentences per se, there is some evidence to suggest intervention setting may have different effects on the success of interventions. A meta-evaluative synthesis of the effects of custodial and community-based offender rehabilitation found that the effect sizes for programmes delivered in the community were consistently higher than custodial effects. However, with regards to effect precision, interventions delivered in custody reported more consistent effects on reoffending than community-based treatments.¹⁷

2.2 Research approach and method

Evidence is drawn primarily from Rapid Evidence Assessments (REAs) undertaken by academic experts in the field. Evaluations published in English between 2000 and 2022 were eligible for inclusion, provided they included a comparison group.¹⁸ Where possible, studies are from England & Wales, but international studies were also in scope.

REAs were used to compile sections on: Accommodation, Education, Finance, Benefits and Debt, Community Ties and theories of desistance. The employment section draws upon a REA published by Manchester Metropolitan University (partially funded by the MoJ). For other sections, MoJ analysts conducted less systematic reviews of recent evidence. The internal analyst reviews cover: Supervision, Substance Misuse, Addressing Cognitive Behavioural Needs, Mentoring, Restorative Justice and Mental Health Needs.

Assessment of the evidence base

Evidence is classified as follows:

Good

- One or more high-quality studies (meta-analyses) showing a direct relationship between the intervention and a reduction in binary and/or frequency of reoffending (high quality studies defined as including a comparison group,

¹⁷ A meta-evaluative synthesis of the effects of custodial and community-based offender rehabilitation. *European Journal of Criminology*, September 2024. Koehler, J. & Lösel, F.

¹⁸ Designs with non-traditional comparison groups (such as regression discontinuity designs) eligible for inclusion.

with reference to the Maryland Scientific Methods Scale¹⁹ levels 3–5. Scoring 3–5 is one aspect of quality but this is used as a starting point).

Mixed/promising

- Where either the quality of studies or findings vary so it is difficult to find consensus on effectiveness.
- Where there is a strong theory of change underpinning the intervention, and (good quality) process evaluation identifies supportive findings.
- Where there is strong evidence of success in tackling intermediate outcomes, and these outcomes link to reoffending/desistance.
- Where multiple studies of lower quality point in the same positive direction.

Insufficient

- Studies are of unknown/low quality, or no relevant studies found.

Where possible, meta-analyses are referenced. There is greater confidence in findings drawn from meta-analysis of a larger number of studies, and lower confidence in findings drawn from individual studies.

Some intervention types have been evaluated more than others. Where evidence is ‘insufficient’, it may reflect evidence gaps and does not necessarily mean an intervention does not work.

Robust quantitative evaluation is required for a rating of ‘good’. Where evidence is purely qualitative, the highest possible rating is ‘mixed/promising’. This reflects evidence gaps and does not imply the intervention works less well.

There may be instances where (good quality) emerging evidence suggests unintended outcomes (such as an increase in reoffending). Where relevant these studies are referenced.

¹⁹ An introduction and scoring guide on the Maryland Scale produced by the What Works Centre for Local Growth is available at: [The Maryland Scientific Methods Scale \(SMS\) - What Works Growth](#)

2.3 How is reoffending measured?

There is no international standard on this, and official records will often underestimate reoffending as only a proportion of crime is detected. The MoJ measures reoffending using the one-year proven reoffending rate which is the proportion of offenders who reoffend within one year of their custodial/community sentence ending resulting in a caution/conviction.²⁰

For context, on 9th December 2024, the latest data for England and Wales indicates:²¹

- The proven reoffending rate for all adults released from custody/starting a court order (community order or suspended sentence order) between October 2022 and December 2022 was 26%.
- 33% of adults starting a court order (community order or suspended sentence order) between October 2022 and December 2022 reoffended within one year.
- 38% of adults released from custody between October 2022 and December 2022 reoffended within one year.
- 57% of adults released from custodial sentences of less than 12 months reoffended within one year.

Recent offender cohorts have overlapped with periods of national lockdown and other restrictions imposed due to the COVID-19 pandemic. Police recorded crime data have shown overall reductions in the reporting and recording of many crime types during periods of lockdown. Additionally, court closures during the first national lockdown led to sharp decreases in the number of criminal cases being processed and, subsequently, large increases in the backlog and age of cases waiting to be tried. Both of these effects have significantly impacted the proven reoffending rate.

A high proportion of crime is committed by previous offenders. In the year ending December 2023, 78% of adult/young offenders receiving a caution/conviction had at least one previous caution/conviction.²² Offenders may reoffend multiple times, and the

²⁰ For further information, see [Proven reoffending statistics - GOV.UK \(www.gov.uk\)](https://www.gov.uk/proven-reoffending-statistics)

²¹ Proven Reoffending Statistics, National Statistics, Accessed at: [Proven reoffending statistics: October to December 2022 - GOV.UK](https://www.gov.uk/proven-reoffending-statistics-october-to-december-2022)

²² Offending Histories Q4 2023, National Statistics, Accessed at: [First time entrants \(FTE\) into the Criminal Justice System and Offender Histories: year ending December 2023 - GOV.UK](https://www.gov.uk/first-time-entrants-fte-into-the-criminal-justice-system-and-offender-histories-year-ending-december-2023)

proportion of adult offenders with long criminal careers (15+ previous cautions/convictions) is around a third of the offending population (33% in 2023).²³

The MoJ measures general reoffending. However, there is evidence that reoffending rates differ by offence type.^{22,24} For example, adult offenders sentenced for acquisitive crime (such as theft) were found to be more likely to re-offend than those sentenced for other crime types.^{22,25}

Reoffending and desistance

The proven one-year reoffending rate is one way of understanding desistance. However, desistance is long-term and non-linear. Desistance may occur whilst offending continues, if the severity/frequency of crime reduces.²⁶

Although the MoJ measures reduced reoffending using the proven one-year reoffending rate, in order to conduct a comprehensive review it was necessary to include studies using different measurements.

²³ Offending Histories Q4 2023, National Statistics, Accessed at: [First time entrants \(FTE\) into the Criminal Justice System and Offender Histories: year ending December 2023 - GOV.UK](https://www.gov.uk/government/statistics/first-time-entrants-fte-into-the-criminal-justice-system-and-offender-histories-year-ending-december-2023)

²⁴ Howard, P. D., Barnett, G. D., & Mann, R. E. (2015). Specialization in and within sexual offending in England and Wales. *Sexual Abuse: A Journal of Research and Treatment*, 26, 225–251. doi: 10.1177/1079063213486934

²⁵ The factors associated with proven re-offending following release from prison: findings from Waves 1 to 3 of SPCR Results from the Surveying Prisoner Crime Reduction (SPCR) longitudinal cohort study of prisoners), Ministry of Justice, 2013.

²⁶ Stephen Farrall (2002), *Rethinking what Works with Offenders: Probation, Social Context and Desistance from Crime*

3. Theoretical perspectives on reoffending

Multiple factors place some at higher risk of reoffending. Certain factors cannot be changed, e.g., age and criminal history. These ‘static’ factors are amongst the strongest predictors of reoffending. The more someone has offended in the past, the more likely they are to offend again, though offending also often diminishes with age.²⁷

Criminogenic needs are those areas of an offender’s needs that are associated with their offending, and that can be ‘changed’ to bring about a reduction in reoffending. These include structural factors (e.g., employment, accommodation) and internal factors (e.g., personal relationships, pro-criminal attitudes). Needs are often interlinked (e.g., someone with a substance misuse problem may find it harder to maintain employment).

Certain criminogenic needs appear more common amongst certain offenders. Analysis of data from the Police National Computer (PNC) and the Offender Assessment System (OASys)²⁸ found people convicted of child neglect had the highest levels of relationships need (85%). Those convicted of blackmail, dangerous driving or kidnapping had relatively high levels of drug misuse need.²⁹ Racially aggravated offenders had more alcohol misuse need. Figure 1 shows the extent of criminogenic needs across all offenders.³⁰

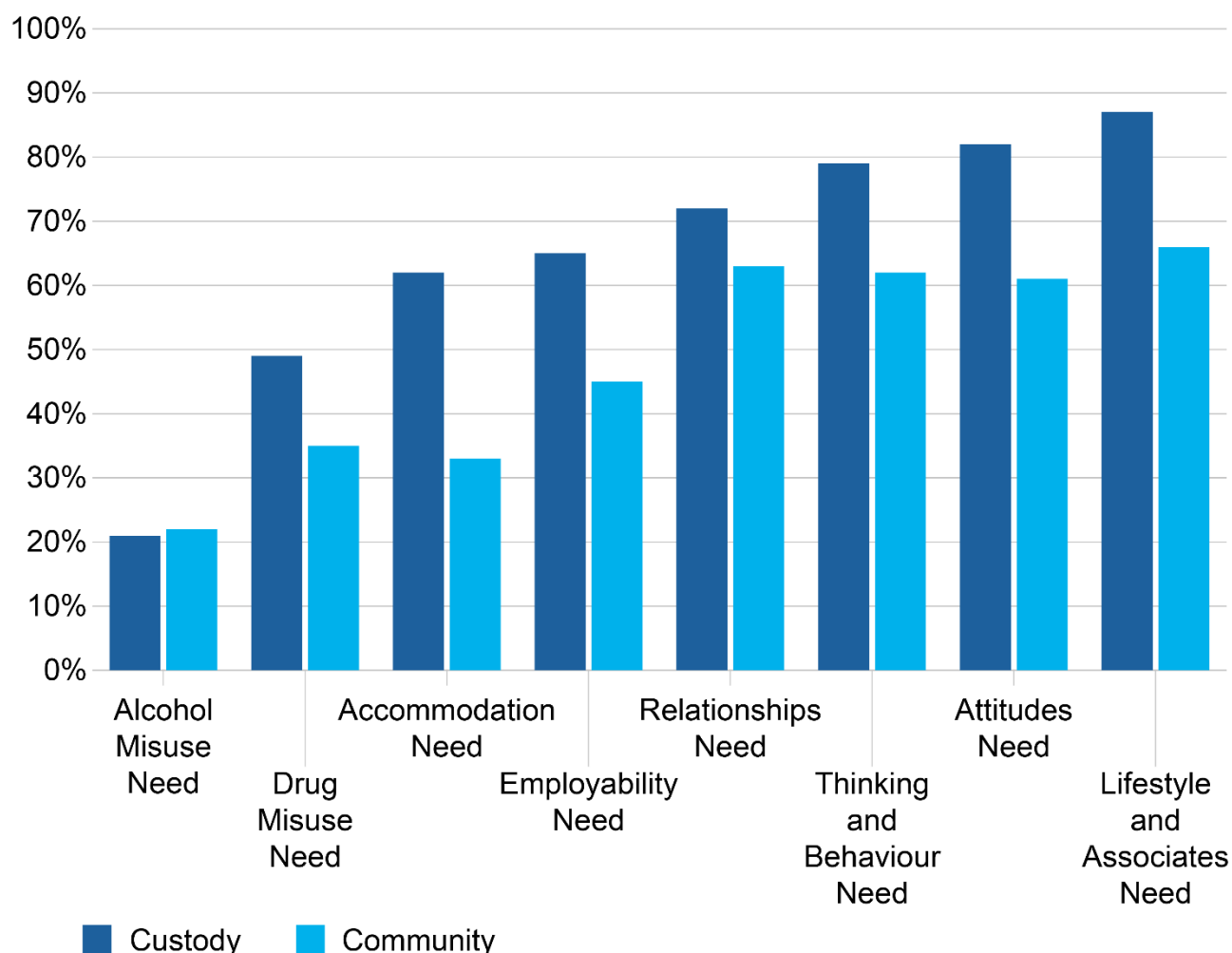
²⁷ The factors associated with proven re-offending following release from prison: findings from Waves 1 to 3 of SPCR Results from the Surveying Prisoner Crime Reduction (SPCR) longitudinal cohort study of prisoners), Ministry of Justice, 2013.

²⁸ OASys is an operational database used to assess the risks and needs of eligible offenders in prisons and probation trusts across England and Wales.

²⁹ A compendium of research and analysis on the Offender Assessment System (OASys), 2009-2013, Edited by Robin Moore, National Offender Management Service (2015)

³⁰ Ministry of Justice (2022a). Identified needs of offenders in custody and the community from the Offender Assessment System, 30 June 2021. London: Ministry of Justice

Figure 1: Identified criminogenic needs as measured by OASys in custody and the community as at 30th June 2021



This report broadly provides evidence for interventions aimed at addressing each of these needs, though financial management is also included which is a (non-scored) section within OASys.³¹

HMPPS recommends a Risk, Needs, and Responsivity Model³² is used to reduce reoffending. The model highlights:

1. **Risk:** Offenders most likely to reoffend should receive the most intensive intervention.

³¹ A compendium of research and analysis on the Offender Assessment System (OASys), 2009-2013, Edited by Robin Moore, National Offender Management Service (2015)

³² Bonta, James & Andrews, D.A.. (2007). Risk-Need-Responsivity Model for Offender Assessment and Rehabilitation. Rehabilitation. 6. 1-22.

2. **Need:** Interventions should target criminogenic needs.
3. **Responsivity:** Interventions should adapt to the offender's learning style/motivation/abilities/strengths.

Offenders with higher risks of reoffending tend to have higher needs. In 2019, almost all on custodial sentences of 12 months or less who were also identified as at prolific risk of reoffending had an attitudinal criminogenic need (96%) and a lifestyle need (95%), compared with those serving short sentences with a low risk of reoffending (where 45% were assessed as having each of an attitudinal and lifestyle need).³³ The model recognises 'protective factors' can moderate risk factors. E.g., positive family relationships can moderate drug misuse.³⁴

Most offenders have multiple needs. Of those with full OASys assessments, the 18–20 age group was found to have 5.26 needs per offender in custody and 4.07 per offender in the community. The needs per person decreases with age, regardless of whether they are in custody or in the community.³⁵ Where people have high levels of risk spanning multiple needs, support becomes more complex as there is the challenge of which need(s) to prioritise in what sequence. Most research is with adult men. However, there are distinct differences between male and female offenders. Females in custody were found to have a higher prevalence of relationship needs (80%) than males in custody (69%), as well as accommodation (64% compared to 56%), drugs (50% compared to 45%), alcohol (22% compared to 17% and employability needs (66% compared to 62%). Males had a higher prevalence of attitudes, thinking and lifestyle needs than females in custody.³⁶ There are evidence gaps around risk factors and effectiveness of interventions for specific groups (such as women and people from ethnic minorities).

³³ Identified needs of offenders in custody and the community from the Offender Assessment System, 30 June 2018, Ad Hoc Statistics, Ministry of Justice (2019) Accessed at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/815078/oasys-needs-adhoc-stats.pdf

³⁴ A compendium of research and analysis on the Offender Assessment System (OASys), 2009-2013, Edited by Robin Moore, National Offender Management Service (2015)

³⁵ Identified needs of offenders in custody and the community from the Offender Assessment System, 30 June 2018 Ad Hoc Statistics produced by the MoJ

³⁶ Identified needs of offenders in custody and the community from the Offender Assessment System, 30 June 2018 Ad Hoc Statistics produced by the MoJ

3.1 Desistance

Alongside the evidence base for interventions to reduce reoffending is the ‘desistance’ literature, focusing on individual processes of change. There are various theories of desistance (some highly regarded, although not subject to formal statistical testing). Desistance considers both internal and external (i.e., structural) factors. Recent theories combine macro level policies (such as economic or welfare policy) with micro level changes in individuals (such as personal values).³⁷

The term ‘primary desistance’ refers to a break or lull in offending, which may simply occur because the offender is in prison. This contrasts with ‘secondary desistance’ which refers to a sustained pattern of demonstrable conformity, a measurable, reflective and more self-conscious break with previous patterns of offending.³⁸ The term ‘tertiary desistance’ was introduced in 2016³⁹ to highlight recognition on the part of other people as to change as a person desists, and development of an associated sense of belonging to a law-abiding community. This recognises the part played by others in supporting individual change, including family and community contacts. Desistance literature suggests the factors in Table 2 are important.

Table 2: Factors facilitating desistance

Factor	Link to desistance
Maturation	Risk of reoffending reduces with age. ⁴⁰ Typically, offending rates peak in the late teens/early 20s, then decline and drop off sharply around 30 years. ⁴¹

³⁷ Farrall, S. (2005) *On The Existential Aspects of Desistance from Crime*, Symbolic Interaction, 28(3):367-86.

³⁸ Maruna, S. and Farrall, S. (2004) Desistance from Crime: A Theoretical Reformulation, *Kölner Zeitschrift für Soziologie und Sozialpsychologie*, No. 43: 171-94.

³⁹ McNeill F (2016) Desistance and criminal justice in Scotland. In: Croall H, Mooney G and Munro R (eds) *Crime, Justice and Society in Scotland*. London: Routledge, 200–216.

⁴⁰ [Surveying Prisoner Crime Reduction \(SPCR\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/544442/Surveying_Prisoner_Crime_Reduction_(SPCR)_-GOV.UK_(www.gov.uk).pdf)

⁴¹ David P. Farrington, Jeremy W. Coid, Louise M. Harnett, Darrick Jolliffe, Nadine Soteriou, Richard E. Turner and Donald J. West, Criminal careers up to age 50 and life success up to age 48: new findings from the Cambridge Study in Delinquent Development, Home Office Research, Development and Statistics Directorate, September 2006 (Accessed at <https://www.crim.cam.ac.uk/sites/www.crim.cam.ac.uk/files/hors299.pdf>)

Factor	Link to desistance
Relationships with family/ significant others	Forming strong/supportive bonds helps desistance, ⁴² providing motivation to stay out of prison and a greater sense of purpose to their lives.
Recovery	Recovery is often part of desistance, although this is an ongoing process and some individuals may abstain from addictive substances but not crime, or vice versa. ⁴³
Being employed	Employment, particularly if offering a sense of achievement/satisfaction, can support desistance. ⁴⁴ Employment appears particularly important for people over 27 years old. ⁴⁵
Motivation and self-belief	Individuals who desist are usually very motivated and confident they can change; offenders who clearly say they want to stop offending are the most likely to desist. ⁴⁶ However, 'rational choice' models of desistance, which propose desisting is a conscious decision, have little empirical support. Motivation and self-belief are important, but factors also need to be in place.
Having hope	Hope is important for individuals desisting from crime who experience difficulty. ⁴⁷
Reintegrating into society	Connections with others in a (non-criminal) community supports desistance, e.g., clubs and cultural or religious groups. ⁴⁸ Those with concern/empathy for others are more likely to desist. ⁴⁹ Those finding ways to contribute to their society, community or family appear more

⁴² Laub, Nagin, & Sampson (1998) 'Trajectories of change in criminal offending: Good marriages and the desistance process', *American Sociological Review*, 63, 225–238

⁴³ Walters (1998) *Changing lives of crime and drugs: Intervening with substance-abusing offenders*, New York: Wiley.

⁴⁴ Farrall (2002) *Rethinking What Works with Offenders*, Cullompton, UK, Willan Press; MoJ (2013) *Analysis of the impact of employment on re-offending following release from custody, using Propensity Score Matching*. London: Ministry of Justice.

⁴⁵ Uggen (2000) 'Work as a Turning Point in the Life Course of Criminals: A Duration Model of Age, Employment, and Recidivism', *American Sociological Review* 65 (4): 529–546.

⁴⁶ Burnett & Maruna (2004) 'So 'Prison Works', Does It? The Criminal Careers of 130 Men Released From Prison under Home Secretary Michael Howard', *Howard Journal of Criminal Justice*, 43, 390–404.

⁴⁷ Farrall, S., Hunter, B., Sharpe, G. and Calverley, A. (2014) *Criminal Careers in Transition: The Social Context of Desistance from Crime*, Clarendon Studies in Criminology, Oxford University Press, Oxford.

⁴⁸ Farrall (2004) 'Social Capital and Offender Reintegration: Making Probation Desistance Focussed', in Maruna & Immarigeon (eds) *After Crime and Punishment: Pathways to Offender Reintegration*, Cullompton: Willan Publishing.

⁴⁹ Bottoms & Shapland (2010) 'Steps toward desistance among male young adult recidivists', in Farrall, Sparks, Maruna & Hough (Eds) *Escape Routes: Contemporary perspectives on life after punishment*, London: Routledge.

Factor	Link to desistance
	successful. ⁵⁰ If achievements are formally recognised, effects may be even stronger. ⁵¹
Having a non-criminal identity	People who see themselves as ‘good people who made mistakes’ may find desistance easier than those who see themselves as ‘offenders’. ^{52,53}
Being believed in	Research with people who have desisted suggests having someone believe in them is important, ⁵⁴ where that person communicates a belief that they can/will change, that they are worthwhile with something to offer society/others. ⁵⁵

Theories of desistance have historically not considered how probation/prison staff assist desistance. However, recent theories describe the concept of ‘assisted desistance’ (Villeneuve et al in 2021⁵⁶ and Farrall in 2014⁵⁷). Some very recent evidence also seeks to explore ‘co-desistance’, recognising a role for ex-offenders’ peers and wider community in supporting desistance.⁵⁸ In relation to how probation/prison staff could assist, desistance theory suggests the factors listed below are important to consider.

- **Understand the individual.** Consider whether desistance is due to lack of opportunity or desire to desist. If due to lack of opportunity, interventions could promote factors linked to desistance. This could create the conditions to nurture a desire to desist.

⁵⁰ Maruna (2001) *Making Good: How Ex-Convicts Reform and Rebuild Their Lives*, Washington DC: APA Books.

⁵¹ Burnett & Maruna (2006) ‘The Kindness of Prisoners: Strength-based Resettlement in Theory and in Action’, *Criminology and Criminal Justice*, 6, 83–106

⁵² Chiricos, Barrick, & Bales (2007) ‘The labelling of convicted felons and its consequences for recidivism’, *Criminology*, 45(3): 547–81.

⁵³ Maruna (2001) *Making Good: How Ex-Convicts Reform and Rebuild Their Lives*, Washington DC: APA Books.

⁵⁴ Rex (1999) ‘Desistance from Offending: Experiences of Probation’, *Howard Journal of Criminal Justice*, 36(4): 366–83

⁵⁵ McNeill, Batchelor, Burnett, & Knox (2005) *21st Century Social Work. Reducing Reoffending: Key Practice Skills*, Edinburgh, The Scottish Executive.

⁵⁶ Villeneuve, M-P, F.-Dufour, I., and Farrall, S. (2021) *Assisted Desistance in Formal Settings: A Scoping Review*, *Howard Journal of Crime and Justice*, 60(1):75-100.

⁵⁷ Farrall, S., Hunter, B., Sharpe, G. and Calverley, A. (2014) *Criminal Careers in Transition: The Social Context of Desistance from Crime*, Clarendon Studies in Criminology, Oxford University Press, Oxford.

⁵⁸ Halsey, M & Mizzi, J, *Co-Desistance From Crime: Engaging the Pro-Social Dimensions of Co-Offending*, *The British Journal of Criminology* (2022)

- **Support those supporting the desisting individual.** Family/friends may have the greatest influence over the desister. However, they may benefit from professional input to effectively support desistance.
- **Provide practical support.** Practical assistance (e.g. making benefit claims, finding housing) helps build trust, which may lead to greater acceptance of support from staff/increased compliance.⁵⁹
- **Foster a sense of hope.** Maintaining hope can support individuals during periods of change/difficulty.⁶⁰
- **Provide support to practice new identities.** Role-playing may help individuals to practice new identities and incorporate into daily life.⁶¹
- **Support problem-solving.** Evidence indicates people on probation appreciated officers' attempts to provide them with problem-solving techniques (rather than solving problems for them).⁶²
- **Build staff understanding.** Jackson et al. (2020) devised a game called *Probationary* which involves staff discussing the realities of life following release.⁶³
- **Facilitate peer support networks.** Under some circumstances, former co-offenders are able to become co-desisters.⁶⁴ Helping offenders to support each other to navigate the process of desistance could assist desistance.
- **Explore opportunities for tertiary desistance.** Tertiary desistance refers to recognition from others of desistance, helping them feel part of a non-offending community.⁶⁵ This could include recognition of progress from staff or mentors.

⁵⁹ Farrall, S., Hunter, B., Sharpe, G., & Calverley, A. (2014). *Criminal careers in transition: The social context of desistance from crime*. Oxford University Press.

⁶⁰ McNeill, F., Farrall, S., Lightowler, C., & Maruna, S. (2012). How and why people stop offending: discovering desistance. *Insights evidence summary to support social services in Scotland*.

⁶¹ Bottoms, A., & Shapland, J. (2019). Introducing 'desistance' into criminal justice supervision policies and practices: Possibilities and challenges. *The architecture of desistance*, 249-277.

⁶² Rex, S. (1999). Desistance from offending: Experiences of probation. *The Howard Journal of Criminal Justice*, 38(4), 366-383.

⁶³ Jackson, W., Murray, E., & Hayes, A. (2020). Playing the game? A criminological account of the making and sharing of Probationary: The Game of Life on Licence. *Probation Journal*, 67(4), 375-392.

⁶⁴ Halsey, M., & Mizzi, J. (2022). Co-desistance from Crime: Engaging the pro-social Dimensions of co-offending. *The British Journal of Criminology*.

⁶⁵ Croall, H., Mooney, G., & Munro, M. (Eds.). (2015). *Crime, justice and society in Scotland*. Routledge.

There is limited research into how desistance differs for different groups. However, a 2016 review of almost 50 studies in women found some differences, such as employment appearing more important for men, and parenting appearing more important for women.⁶⁶

3.2 Bringing together desistance theory and the evaluation of interventions to address criminogenic needs

There are commonalities and divergences between desistance theory and the evaluation of interventions, with strengths and weaknesses in using each to understand how to reduce reoffending. Both approaches believe offenders can be supported to cease offending. Evaluation assesses whether interventions addressing criminogenic needs reduce reoffending, whereas desistance research seeks to understand the processes of change. In practice, bringing these together may be productive, combining evidence on effective interventions with insights on what may be needed to better support individuals. For example, opportunities to participate in events such as sponsored fund-raising events may help some contribute to their community and be recognised for that effort.

Desistance theories offer insights into why certain interventions work. For example, one paper⁶⁷ reviewing a scheme employing prisoners to answer phones in their local Citizens Advice Bureau. Inmates' qualitative feedback suggested the experience was de-stigmatising and created a sense of having 'given something back' to their community. Greater understanding of desistance journeys may help in designing effective interventions that are personalised, strengths-based and co-produced, and building understanding of what approaches may be more effective for whom. There is further discussion of the potential synergies in the paper *'Reconciling 'Desistance' and 'What Works'* written by Shadd Maruna and Ruth Mann.⁶⁸

⁶⁶ Rodermond, E., Kruttschnitt, C., Slotboom, A-M., Bijleveld, C. (2016) Female desistance: A review of the literature, *European Journal of Criminology*, 13(1):3-28.

⁶⁷ Burnett, R. & Maruna, S. (2006) The Kindness of Strangers, *Criminology & Criminal Justice*, 6(1):83-106.

⁶⁸ Shadd Maruna and Ruth Mann (2019). *Reconciling 'Desistance' and 'What Works'*. Published by HM Inspectorate of Probation.

4. The evidence base for interventions to reduce reoffending

4.1 Supervision by prison and probation staff

Evidence presented here is primarily drawn from MoJ analysts' review of published literature.

What is the link between how offenders are supervised and reoffending?

Research suggests supervision relationships can have a greater impact than any specific rehabilitative method/technique (Council of Europe Probation Rules Commentary, 2010). Positive relationships can bring about changes in attitudes/behaviour, supporting desistance.

Offenders have reported how loyalty towards their supervisor can make them more accountable for their actions, and less likely to violate probation conditions.⁶⁹

- A recent published REA concluded that, although the number of robust studies remains quite small, there appears to be a growing body of evidence that lower probation caseloads have a positive impact in terms of reducing reoffending in the USA.⁷⁰

Do interventions to improve supervision skills reduce reoffending?

There is **good** evidence training probation staff in core correctional practices (CCPs)⁷¹ reduces reoffending. Meta-analysis found the average reoffending rate for offenders

⁶⁹ See: [Supervision skills \(justiceinspectorates.gov.uk\)](https://www.justiceinspectorates.gov.uk/supervision-skills/)

⁷⁰ Fox, C., Harrison, J., Hothersall, G., Smith, A., & Webster, R. (2022). A Rapid Evidence Assessment of the impact of probation caseloads on reducing recidivism and other probation outcomes. *Probation Journal*, 69(2), 138–158. <https://doi.org/10.1177/02645505211025595>

⁷¹ In the 1980s, Andrews and Keissling introduced Core Correctional Practices, commonly referred to as CCPs, as a way to increase the therapeutic potential of rehabilitation. Core Correctional Practices are approaches staff should utilize with participants. They include relationships skills, effective use of reinforcement, effective use of disapproval, effective use of authority, prosocial modelling, cognitive restructuring, social skills training and problem-solving skills.

supervised by officers trained in CCPs was 36%, compared to an average reoffending rate of 50% for offenders supervised by officers lacking CCP training.⁷²

There is an evidence gap as to how supervision context impacts effectiveness. There is also an evidence gap regarding the impact of prison staff training on reoffending.

How do interventions to improve supervision skills reduce reoffending?

The meta-analysis did not examine the mechanisms by which enhancing supervision skills reduced reoffending. However, the authors propose that using validated risk assessments, clarifying roles so offenders better understand supervision, building a professional/supportive relationship and using cognitive-behavioural techniques are key.

Procedural justice (characterised by voice, neutrality, respect and trust⁷³) may also be relevant. If these features exist, offenders may perceive the 'system' as just, supporting reduced reoffending. The publication 'Annex A: Evidence and effective probation Practice'⁷⁴ further describes the importance of good supervision within the context of access to interventions, and how good supervision can help the offender to practice, maintain and embed skills learned during participation in other interventions. The publication also references the importance of first contact between the probation practitioner and the offender as important in setting the tone to ready the person for change, and the role of cognitive behavioural techniques and motivational interviewing within this.

Qualitative research suggests prison officer training can support higher quality interactions with offenders.⁷⁵ This comprises a Five-Minute-Intervention (FMI) approach equipping staff with skills to encourage offenders to strengthen decision making skills and build stronger self-efficacy. Higher quality interactions in prisons may support reduced reoffending.

⁷² Chadwick, Nick., DeWolf, Angela. and Serin, Ralph. (2015) 'Effectively Training Community Supervision Officers: A Meta-Analytic Review of the Impact on Offender Outcome', *Criminal Justice and Behavior* 42:10, 977 – 990

⁷³ Tyler, T.R. (2008). 'Procedural justice and the courts', *Court Review*, 44(1/2), pp. 26-31

⁷⁴ Annex A within the HMPPS Publication 'The Target Operating Model for probation services in England and Wales, probation Reform Programme', February 2021

⁷⁵ Hayley Tate, Nicholas Blagden and Ruth Mann, 'Prisoners' perceptions of care and rehabilitation from prison officers trained as Five Minute Interventionists', HMPPS Analytical Summary (2017)

For which offenders do improved supervision skills reduce reoffending?

The meta-analysis did not examine for whom the intervention might work best.

4.2 Accommodation

This evidence is primarily drawn from a REA: 36 primary studies and one systematic review met the minimum criteria for inclusion.

What is the link between accommodation and offending?

Offenders have higher rates of homelessness than the general population. When offenders enter prison, they may lose their accommodation and have difficulty organising accommodation on release.

- For offenders in the community, 33% of those with a full OASys assessment as at June 2021 were identified as having an accommodation need. For those in custody the figure was 62%.⁷⁶
- 15% of prisoners reported being homeless before custody, compared to only 3.5% of the general population having ever reported being homeless.⁷⁷
- A report by Her Majesty's Inspectorate of Probation found individuals released from prison without stable accommodation were almost twice as likely to reoffend compared to those released with stable accommodation.⁷⁸

Do interventions which aim to support offenders into stable accommodation reduce reoffending?

There is **good** evidence accommodation interventions *delivered alongside individualised support* can be effective in reducing reoffending for prison leavers at risk of homelessness. The REA found one meta-analysis from the U.S. (9 studies, all scoring 3 or 4 on the Maryland Scale) indicating that, overall, halfway houses are effective.⁷⁹ The remaining

⁷⁶ Identified needs of offenders in custody and the community from the Offender Assessment System, 30 June 2021, Accessed at: [Identified needs of offenders in custody and the community from the Offender Assessment System, 30 June 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/94444/Identified_needs_of_offenders_in_custody_and_the_community_from_the_Offender_Assessment_System_30_June_2021_-_GOV.UK.pdf)

⁷⁷ Accommodation, homelessness and reoffending of prisoners: Results from the Surveying Prisoner Crime Reduction (SPCR) survey, Ministry of Justice (2012)

⁷⁸ Accommodation and support for adult offenders in the community and on release from prison in England, HMIP (2020)

⁷⁹ Wong, J. S., Bouchard, J., Gushue, K., & Lee, C. (2019). Halfway out: An examination of the effects of Halfway Houses on criminal recidivism. *International Journal of Offender Therapy and Comparative Criminology*, 63, 1018-1037.

evidence is from individual primary studies, which the REA describes as an ‘accumulation of evidence that suggests that accommodation interventions delivered alongside individualised support could be an effective means of reducing recidivism and related outcomes for prison leavers who are homeless or at risk of homelessness’. Most studies report on housing interventions including individual support, so it is not possible to isolate/measure the impact of housing alone. There is **insufficient** evidence that accommodation *alone* reduces reoffending.

Aside from the one meta-analysis, there were two robust primary evaluations of permanent supportive housing that evidence reduced reoffending. The first reports on the impact of the Frequent Users Service Enhancement II (FUSE) Intervention in New York.⁸⁰ This provided permanent supported housing with subsidised rent and individualized support to people cycling in/out of prison and homeless shelters. A 24-month study found FUSE participants spent significantly fewer days in prison (a 40% reduction compared to the matched comparison group) and had significantly fewer jail admissions. Furthermore, they were significantly more likely than the comparison to be housed in permanent housing at 12 months (91% vs 28%) and 24 months (86% vs 42%).

The second is the Returning Home Ohio (RHO) Pilot Program for prison leavers with disabilities in Ohio.⁸¹ This provided housing and additional support, from a range of providers (including a mix of housing provision, such as single-site, scattered housing etc.). Over a 12-month follow-up period, the treatment group were 40% less likely to be rearrested, 61% less likely to be reincarcerated, and had a significantly longer time to rearrest compared to the matched comparison group. However, those in the treatment group who were arrested had 150% more arrests than the comparison group. The higher rate of arrest may be due to a greater level of supervision for those in the treatment group.

Evidence from the UK’s Justice Data Lab (JDL)⁸² is more mixed. The REA considered 17 JDL evaluations (though in some cases multiple evaluations were linked to different

⁸⁰ Aidala, A. A., McAllister, W., Yomogida, M., & Schbert, V. (2014). *Frequent Users Service Enhancement ‘Fuse’ Initiative: New York City Fuse II Evaluation Report*. New York, NY: Columbia University, Mailman School of Public Health.

⁸¹ Fontaine, J., Gilchrist-Scott, D., Roman, J., Taxy, S. & Roman, C. (2012). *Support Housing for returning prisoners: Outcomes and impacts of Returning Home-Ohio pilot project*. Washington, USA; Urban Institute Justice Policy Center

⁸² For more information, see [Justice Data Lab statistics - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/justice-data-lab-statistics)

strands of a single intervention). Overall, six found evidence of positive impact upon reducing reoffending,^{83,84,85,86,87,88} eight found no effective of impact^{89,90,91,92,93,94,95,96} and three found evidence of negative impact on reducing reoffending.^{97,98,99} The REA notes that a limitation of some of these studies is that control groups are not matched on accommodation need or housing status. The JDL has matched on accommodation need since 2016, and in some cases analyses have been re-run to match on accommodation.

There were two approaches to accommodation interventions that returned no positive impact. These were housing voucher schemes (two evaluations from the U.S.), and the Bail and Accommodation Support Service (BASS; four JDL-run studies from England). In relation to housing voucher schemes, Kirk et al.'s (2018) RCT reported no significant differences between the treatment and comparison groups on rearrest rates at 12 months. This pilot study was, however, significantly underpowered with eight participants in the

⁸³ Justice Data Lab analysis (2013a). *Re-offending analysis: Shelter - HMP Leeds*. London: HMPPS.

⁸⁴ Justice Data Lab analysis (2013b). *Re-offending analysis: Brighton & Hove City Council Preventing Offender Accommodation Loss Project*. London: HMPPS.

⁸⁵ Justice Data Lab analysis (2014d). *Re-offending analysis: Home Group (Stonham) Short Term Accommodation service (Home Detention Curfew)*. London: HMPPS.

⁸⁶ Justice Data Lab analysis (2014g). *Re-offending analysis: Adelaide House*. London: HMPPS.

⁸⁷ Justice Data Lab analysis (2014h). *Re-offending analysis: Langley House*. London: HMPPS.

⁸⁸ Justice Data Lab analysis (2018). *Reoffending behaviour after participation in the Amber Foundation programme*. London: HMPPS.

⁸⁹ Justice Data Lab analysis (2013c). *Re-offending analysis: Riverside ECHG Wigan Offender Accommodation Resettlement Service (OARS)*. London: HMPPS.

⁹⁰ Justice Data Lab analysis (2013d). *Re-offending analysis: NOMS Bail Accommodation and Support Services (HDC following release from custody)*. London: HMPPS.

⁹¹ Justice Data Lab analysis (2013e). *Re-offending analysis: NOMS Bail Accommodation and Support Services (court bail who later receive a conditional discharge or fine)*. London: HMPPS.

⁹² Justice Data Lab analysis (2013f). *Re-offending analysis: NOMS Bail Accommodation and Support Services (court bail who later receive a prison or probation sentence)*. London: HMPPS.

⁹³ Justice Data Lab analysis (2014a). *Re-offending analysis: Home Group (Stonham) Support Only service (overall)*. London: HMPPS.

⁹⁴ Justice Data Lab analysis (2014b). *Re-offending analysis: Home Group (Stonham) Support Only service (after prison releases)*. London: HMPPS.

⁹⁵ Justice Data Lab analysis (2014c). *Re-offending analysis: Home Group (Stonham) Support Only service (community services)*. London: HMPPS.

⁹⁶ Justice Data Lab analysis (2016). *Re-offending analysis: Langley House (conditional discharges and fines)*. London: HMPPS.

⁹⁷ Justice Data Lab analysis (2014e). *Re-offending analysis: Home Group (Stonham) Residential and Support Community Sentences Report (after prison sentences)*. London: HMPPS.

⁹⁸ Justice Data Lab analysis (2014f). *Re-offending analysis: Home Group (Stonham) Residential and Support Community Sentences Report (community sentences)*. London: HMPPS.

⁹⁹ Justice Data Lab analysis (2017). *Offending behaviour after housing support from the Bail Accommodation and Support Service and a court sentence*. London: HMPPS.

treatment group. Hamilton et al.'s (2015) evaluation of a much larger sample of recipients of 1 to 3 months' worth of housing vouchers reported mixed findings. There were no significant differences between the treatment and comparison groups on reoffending, but the treatment group were associated with significantly greater proportions of violation events. However, given the nature of the comparison group (individuals who may have been held in prison for at least part of the study period), the authors state that decreases in recidivism/violations were not to be expected.

Of the four BASS evaluations, three found no impact of BASS on one-year proven reoffending rates (2013d, 2013e, 2013f). These studies evaluated the BASS service for people on Home Detention Curfew (HDC) following release from custody, people on court bail who subsequently received a conditional discharge/fine, and people on court bail who subsequently received either a prison or probation sentence. These three studies included a comparison group matched on criminal, benefit and employment history, age, gender, ethnicity and sentence type, but not matched on accommodation need or housing status as this wasn't available at the time. Repeating these analyses in 2017, this time matching on accommodation status, the results showed that those who received accommodation support from BASS were more like to reoffend within 12 months, and that they committed more reoffences, compared to the control groups. Further, significantly more custodial sentences were received by those who received BASS housing support and those who received support while on bail or HDC following release from prison over 12 months, relative to their comparison groups. This suggests BASS does not produce reductions in reoffending. However, given BASS is primarily for the purposes of public protection, and given the nature of the treatment group (people selected for BASS), it is possible that there are other, uncontrolled for differences between the treatment and comparison groups (such as level of family support). Note also that these four BASS evaluations related to the pre-2015 BASS model. Pre-2015 BASS provided only a basic level of support to medium and low risk offenders during the 12-week period of residence, who were additionally not routinely supported by probation at that time, which may also partly explain these results.

What is the impact of interventions providing short-term/temporary accommodation on release from custody on reoffending?

Despite the variety in type of short-term provision evaluated (lasting from one month to two years), there is an accumulation of recent evidence that Halfway Houses, Oxford Houses,¹⁰⁰ projects providing housing provision plus individualised support, and Approved Premises all have the potential to reduce reoffending.¹⁰¹

However, few studies measured the length of time spent in accommodation. Some papers state the treatment group was constructed based on the accommodation offenders were released into but (given the fluidity of prison-leavers' housing) it is likely they did not stay in that accommodation throughout the study. One paper¹⁰² describes how such studies evaluate provider contact not housing provision. Effectiveness can be evaluated based on assigned accommodation, but a 'treatment received' approach may provide a better measure of effectiveness for those remaining in the intended accommodation.

Are short-term accommodation interventions more effective than long-term accommodation interventions at reducing reoffending?

The REA found no studies reporting on direct comparisons between temporary/short-term and long-term accommodation interventions. Some papers considered length of engagement with accommodation services and found longer engagement can be associated with greater reduction in reoffending. For example, one study¹⁰³ found that, for those that remained recidivism free for 6 months, longer stays at a Correctional Community Centre (of 3 to 6 months) were associated with statistically significant reductions in one-year recidivism rates relative to those paroled to the street (15% vs 18% respectively). Likewise, another study¹⁰⁴ reported on offenders staying in a Danish

¹⁰⁰ The first Oxford Houses were set up in the U.S. in the 1970s; they are based on a communal living approach to addiction recovery.

¹⁰¹ For example see: Wong, J. S., Bouchard, J., Gushue, K., & Lee, C. (2019). Halfway out: An examination of the effects of Halfway Houses on criminal recidivism. *International Journal of Offender Therapy and Comparative Criminology*, 63, 1018-1037

¹⁰² Fontaine, J., Gilchrist-Scott, D., Roman, J., Taxy, S. & Roman, C. (2012). *Support Housing for returning prisoners: Outcomes and impacts of Returning Home-Ohio pilot project*. Washington, USA; Urban Institute Justice Policy Center

¹⁰³ Bell (2013). Pennsylvania Department of Corrections: Recidivism Report.

¹⁰⁴ Minke, L. K. (2011). The effects of mixing offenders with non-offenders: Findings from a Danish quasi-experiment. *Journal of Scandinavian Studies of Criminology and Crime Prevention*, 12, 80-99.

Halfway House which mixed offenders with non-offenders. Those staying over six months had a probability of recidivism 37% lower than those that stayed one week to two months.

For whom are accommodation interventions most effective at reducing reoffending?

Few studies consider this question, but there are indications interventions may be more effective for higher risk individuals. For low-risk individuals, interventions can be linked to increased reoffending (due perhaps to factors such as increased monitoring of the treatment group). One paper¹⁰⁵ reported the probability of reoffending for low-risk individuals increased by 4%, and for low-moderate risk individuals by 1%. However, for moderate-high risk individuals and high-risk individuals, decreases of 3% (up to 26%) and 8% (up to 34%) respectively were reported.

What are the features of accommodation interventions that successfully reduce reoffending?

There is little evidence to indicate what features of interventions might be most impactful.

4.3 Employment and Education

This evidence is primarily drawn from two commissioned REAs (one on employment and the other on education).

The employment REA drew on findings from 33 studies scoring 4 or 5 on the Maryland Scale.

Employment

What is the link between employment and offending?

Offenders are less likely to be employed, both before and after a custodial/community sentence. Employment provides financial benefits, a sense of purpose and a non-criminal social network.

¹⁰⁵ Lowenkamp, C. T., & Latessa, E. J. (2005). Increasing the effectiveness of correctional programming through the risk principle: Identifying offenders for residential placement. *Criminology and Public Policy*, 4, 263-290.

- For offenders in the community, 45% of those with a full OASys assessment as at June 2021 were identified as having an employability need. For those in custody the figure was 65%.¹⁰⁶
- Of offenders sentenced to a community or suspended sentence, who were available for work where employment circumstance is known, 38.8% were employed 6 months post their sentence whilst 61.2% were unemployed¹⁰⁷ (in the year to March 2022).
- Of offenders released from custody who were available for work, where employment circumstance is known, 13% were employed 6 weeks following release (in the year to March 2022). At 6 months post release, again in the year to March 2022, 17.3% of prison leavers were employed 6 months (excluding cases where the status was unknown).¹⁰⁸
- Analysis produced by the MoJ under a data-share agreement with DWP and HMRC assessed the impact of P45 employment on reoffending.¹⁰⁹ The re-offending rate was lower for individuals who entered P45 employment than for the matched comparison group. People with a P45 employment spell following release who reoffended also took longer on average to re-offend.

Do interventions which aim to increase employment among offenders reduce reoffending?

There is **mixed/promising** evidence that interventions aiming to increase employment can reduce reoffending. A REA published by Manchester Metropolitan University¹¹⁰ found vocational training/employment programmes (delivered in prisons and community based) were associated with 9% fewer individuals reoffending, compared to those who did not take part. Of the 33 studies included within the REA, 17 were conducted in a community

¹⁰⁶ [Identified needs of offenders in custody and the community from the Offender Assessment System, 30 June 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/identified-needs-of-offenders-in-custody-and-the-community-from-the-offender-assessment-system-30-june-2021)

¹⁰⁷ [Community Performance Annual, update to March 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/community-performance-annual-update-to-march-2022)

¹⁰⁸ [Community Performance Annual, update to March 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/community-performance-annual-update-to-march-2022)

¹⁰⁹ Analysis of the impact of employment on re-offending following release from custody, using Propensity Score Matching, Ministry of Justice (2013)

¹¹⁰ Chris Fox, Jordan Harrison, Grace Hothersall and Andrew Smith, 'A Rapid Evidence Assessment To Assess The Outcomes Of Community And Custody Delivered Vocational Training And Employment Programmes On Reoffending', Manchester Metropolitan University (2020).

setting, nine in a custodial setting and seven in a mixed community and custodial setting (through-the-gate).

The 9% reduction was found when restricting analysis to these most robust 33 studies. When analysis was further restricted to only UK evaluations, the reduction was 6%. The analysis also highlights that, despite this overall trend, individual programmes can be associated with increased reoffending.

What types of vocational training/employment programmes are effective at reducing reoffending?

Vocational training/employment programmes were categorised by type, however there was considerable variation within type. The greatest number of statistically significant positive effects on reoffending concerned programmes involving income support and a job placement/ transitional work. Eight out of 10 interventions delivered in both a community and custodial setting had a significant effect on reoffending. In comparison, fourteen of the 21 interventions delivered in the community alone (67%) had a significant effect.

Fewer significant positive effects were reported by evaluations of prison-based programmes (five out of 15 interventions (30%)), consistent with previous research.¹¹¹

The relatively small number of programmes within each type, and the sheer variety in structure/delivery of interventions, means it is not possible to identify which programmes are most effective. Interventions differ as to whether they include elements such as work readiness training, job search training, job placements, prison-based work, a work coach or income support guidance.

For whom are vocational training/employment programmes effective at reducing reoffending?

There is evidence from the U.S. to suggest programmes are more effective when undertaken close in time to point of release.¹¹² There is some further U.S. evidence finding programmes were most effective for offenders with a high-risk of reoffending. There is

¹¹¹ Newton, D., Day, A., Giles, M., Wodak, J., Graffam, J., & Baldry, E. (2018) 'The impact of vocational education and training programs on recidivism: A systematic review of current experimental evidence.' *International journal of offender therapy and comparative criminology*, 62(1) 187-207.

¹¹² Duwe, G. (2018b). The effects of the timing and dosage of correctional programming on recidivism. *Journal of Offender Rehabilitation*, 57(3-4): 256-271. <https://doi.org/10.1080/10509674.2017.1401025>

further evidence (again from the U.S.) to suggest offenders aged over 27 years benefited more from employment interventions.¹¹³

Education

This evidence is primarily drawn from an REA focusing on education in prisons rather than community settings. Twenty-nine primary studies met minimum criteria for inclusion. Findings from eleven literature reviews were also considered.

What is the link between education and offending?

Offenders tend to have a lower educational level than the general population. Education can build self-belief and facilitate access to employment.

- A survey of prisoners sentenced in 2005/06 found that only 53% had any qualifications at all, compared with 85% of the general working age population; 42% had been permanently excluded from school-age education.¹¹⁴
- Over 60% of prisoners assessed between April 2019–April 2020 had English or Maths skills at or below that of an 11-year-old.¹¹⁵
- Analysis of administrative data published in 2022 shows a lower proportion of children cautioned or sentenced for an offence achieved the expected standard in English and Maths at key stage 2 or achieved various key stage 4 benchmarks, compared to the all-pupil cohort.¹¹⁶

Do interventions which aim to engage offenders in education reduce reoffending?

There is **good** evidence prison-based education interventions reduce reoffending (albeit much of this evidence is from the US). The most comprehensive recent evidence is Bozick et al's 2018 meta-analysis.¹¹⁷ This concluded that prisoners participating in correctional

¹¹³ Newton, D., Day, A., Giles, M., Wodak, J., Graffam, J., & Baldry, E. (2018) 'The impact of vocational education and training programs on recidivism: A systematic review of current experimental evidence.' *International journal of offender therapy and comparative criminology*, 62(1) 187-207.

¹¹⁴ The pre-custody employment, training and education status of newly sentenced prisoners Results from the Surveying Prisoner Crime Reduction (SPCR) longitudinal cohort study of prisoners, Accessed at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/278832/newly-sentenced-prisoners.pdf

¹¹⁵ [Neurodiversity in the criminal justice system: a review of evidence \(justiceinspectorates.gov.uk\)](https://www.justiceinspectorates.gov.uk/neurodiversity-in-the-criminal-justice-system-a-review-of-evidence/)

¹¹⁶ Education, children's social care and offending: Descriptive Statistics, Department for Education and the Ministry of Justice (2022)

¹¹⁷ Bozick, R., Steele, J., Davis, L. & Turner, S. (2018). Does providing inmates with education improve postrelease outcomes? A meta-analysis of correctional education programs in the United States *Journal of Experimental Criminology*, 14, 389-428.

programmes were 32% less likely to reoffend than prisoners who had not. Bozick reviewed 57 studies, 11 of which used a robust evaluation design with well-matched control group. Restricting analysis to these 11 studies, the net reduction in reoffending was 28%.

The aims of prison education in the US are broadly like England & Wales, but types/methods of education may differ. Evidence on the impact of education in the community was out of scope.

What types of prison education programmes are most effective at reducing reoffending?

It is difficult to assess differential effectiveness, because almost all types worked. Bozick et al. (2018)'s meta-analysis¹¹⁸ found post-secondary school education had the largest effect, with vocational education and adult basic education producing similar effects, and the effect of education towards a high-school diploma slightly lower. However, all four delivered statistically significant reductions in reoffending.

A further challenge is the complexity of interventions. Evaluation reports often do not provide sufficient detail for the reader to understand issues such as staffing composition and differences across studies.

For whom are prison education programmes most effective?

It is difficult to identify a specific group of prisoners for whom this type of intervention is consistently more effective. Education programmes are most likely to be effective when tailored to the needs (including prior educational level) of participants. Education programmes appear to have an additive effect whereby those with existing education can benefit more.

By what mechanism does prison education reduce reoffending?

It appears prison education has a direct effect on reoffending, alongside an effect mediated by improved employment outcomes.¹¹⁹ The mechanism by which prison

¹¹⁸ Bozick, R., Steele, J., Davis, L. & Turner, S. (2018). Does providing inmates with education improve postrelease outcomes? A meta-analysis of correctional education programs in the United States *Journal of Experimental Criminology*, 14, 389-428.

¹¹⁹ Bozick, R., Steele, J., Davis, L. & Turner, S. (2018). Does providing inmates with education improve postrelease outcomes? A meta-analysis of correctional education programs in the United States *Journal of Experimental Criminology*, 14, 389-428.

education has a direct effect is unclear, but may link to improved self-belief, sense of achievement and increased engagement with the wider world.

The link with employment outcomes is evidenced in meta-analysis from Manchester Metropolitan University. They reviewed 18 robust evaluations, concluding there is 24% increase in the likelihood of a prisoner gaining employment if they engage in prison education.¹²⁰ (Again, this analysis draws on U.S. studies.)

4.4 Substance misuse

This evidence is primarily drawn from MoJ analysts review of published literature.

What is the link between substance misuse and offending?

The link between substance misuse and crime varies by drug type, with the strongest link between heroin and crack cocaine use, and acquisitive crime.

- For offenders in the community, 35% of those with a full OASys assessment as at June 2021 were identified as having a drugs misuse need. For those in custody the figure was 49%.¹²¹
- An estimated 44% of acquisitive crime is committed by those regularly using heroin and/or crack cocaine.¹²²
- Drug use is linked to health harms, including overdose deaths and infectious diseases. There were 3,060 recorded deaths from drug-misuse in 2021, the highest level since records began in 1993. Of these deaths, around 40% (1,213 deaths) involved heroin or morphine.¹²³
- Drug use amongst prisoners is strongly associated with reconviction on release, with the rate of reconviction more than doubling for prisoners who reported using

¹²⁰ Ellison, M., Szifris, K., Horan, R. & Fox, C. (2017). A Rapid Evidence Assessment of the effectiveness of prison education in reducing recidivism and increasing employment. *Probation Journal*, 64(2), 108-128.

¹²¹ Identified needs of offenders in custody and the community from the Offender Assessment System, 30 June 2021, Accessed at: [Identified needs of offenders in custody and the community from the Offender Assessment System, 30 June 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/offender-assessment-system-30-june-2021)

¹²² Understanding organised crime: estimating the scale and the social and economic costs (2013), Accessed at: [Understanding organised crime: estimating the scale and the social and economic costs \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/publications/understanding-organised-crime-estimating-the-scale-and-the-social-and-economic-costs)

¹²³ Deaths related to drug poisoning in England and Wales: 2021 registrations, Accessed at: [Deaths related to drug poisoning in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/deaths/articles/deaths-related-to-drug-poisoning-in-england-and-wales-2021-registrations)

drugs in the four weeks before custody compared with prisoners who had never used drugs (62% compared with 30%).¹²⁴

- There were 17,700 finds of drugs in prisons in 2021/22.¹²⁵ HMIP have reported a link between drug use and violence within custody.¹²⁶
- The total cost of harms relating to illicit drug use in England was £19.3 billion for 2017/18. Drug-related crime was the main driver of total costs, with recorded offences committed in England by drug users amounting to £9.3 billion in 2017/18. 86% of the costs come from users of illicit opiates and crack cocaine.¹²⁷
- In 2020/21, there were 43,255 adults in alcohol/drug treatment in prisons and secure settings.¹²⁸ 51% (21,957) of the total treatment population were opiate users; 36% (15,655) reported both opiate and crack problems.

Do interventions which aim to address drug misuse reduce reoffending?

There is **good** evidence drug treatment programmes are effective at reducing drug misuse, reoffending and other harmful outcomes. A meta-analysis of evaluations of fifteen prison-based drug treatment programmes carried out in Europe found a 37% reduction in reoffending between those who took part in prison-based drug treatment programmes and those who did not.¹²⁹ Evidence has shown an approximate 19 percentage point difference in the 2-year reoffending rates between those offenders who successfully completed substance misuse treatment relative to those who did not.¹³⁰ For opiate users, the impact was larger for those who were still in treatment compared to those who had completed treatment as the risk of relapse is higher for those who have left treatment than those who

¹²⁴ Gender differences in substance misuse and mental health amongst prisoners, Results from the Surveying Prisoner Crime Reduction (SPCR) longitudinal cohort study of prisoners 2013, Accessed at: [Gender differences in substance misuse and mental health amongst prisoners \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/644444/gender-differences-in-substance-misuse-and-mental-health-amongst-prisoners.pdf)

¹²⁵ [HMPPS Annual Digest, April 2021 to March 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/644444/hmpps-annual-digest-2021-22.pdf)

¹²⁶ HM Inspectorate of Prisons Annual Report 2021-22

¹²⁷ Dame Carol Black (2020) Review of Drugs - evidence relating to drug use, supply and effects, including current trends and future risks

¹²⁸ Alcohol and drug treatment in secure settings 2020 to 2021:report, Accessed at: <https://www.gov.uk/government/statistics/substance-misuse-treatment-in-secure-settings-2020-to-2021/alcohol-and-drug-treatment-in-secure-settings-2020-to-2021-report>

¹²⁹ Johann A. Koehler, David K. Humphreys, Thomas D. Akoensi, Olga Sánchez de Ribera & Friedrich Lösel (2014) A systematic review and meta-analysis on the effects of European drug treatment programme

¹³⁰ The impact of community-based drug and alcohol treatment on re-offending, Accessed at: [PHE-MoJ-experimental-MoJ-publication-version.pdf \(publishing.service.gov.uk\), 2017](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/644444/phe-moj-experimental-moj-publication-version.pdf)

are still engaging (47% reduction in offences compared to 39%). Evidence is stronger for some intervention types, with the strongest evidence supporting Opioid Substitution therapy (OST) for heroin dependence.^{131, 132, 133, 134, 135, 136}

OST is the use of prescribed methadone/buprenorphine to reduce/stop cravings associated with heroin withdrawal, avoiding extreme highs.¹³⁷ The Advisory Council on the Misuse of Drugs (ACMD) states ‘there is international consensus, and a strong evidence base, supporting the effectiveness of OST in the reduction and cessation of heroin use’.¹³⁸ OST is used extensively in prisons as it is currently the most effective treatment for those with an opiate problem. 80% of adults in prison with an opiate need received pharmacological interventions such as OST, with the majority (74%) also receiving concurrent psychosocial interventions.¹³⁹ OST can reduce opiate use, overdoses and reoffending post-release, and help retain clients in treatment. This is enhanced when there is continuity of care for prison leavers, reducing risk during transition into the community, and allowing them to continue OST upon release.

Evidence suggests psychosocial and behavioural therapies can play an important role alongside OST. They aim to give people the ability to resist drug misuse and cope with

¹³¹ NICE Guidance, Methadone and buprenorphine for the management of opioid dependence, Accessed at: [NICE guidance on methadone and buprenorphine](#)

¹³² Methadone and buprenorphine for the management of opioid dependence, NICE guidance Evidence and Interpretation, Accessed at: [4 Evidence and interpretation | Methadone and buprenorphine for the management of opioid dependence | Guidance | NICE](#)

¹³³ Opioid dependence: buprenorphine prolonged release injection (Buvid) Evidence Review 2019, Accessed at: [1 \(nice.org.uk\)](#)

¹³⁴ Mattick RP, Breen C, Kimber J, Davoli M., Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. Cochrane Database of Systematic Reviews 2014, Issue 2, Accessed at: [cochranelibrary.com/cdsr/doi/10.1002/14651858.CD002207.pub4/pdf/full](#)

¹³⁵ Wakeman SE, Larochelle MR, Ameli O, et al. Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder. JAMA Netw Open. 2020

¹³⁶ Degenhardt L, Grebely J, Stone J, Hickman M, Vickerman P, Marshall BDL, Bruneau J, Altice FL, Henderson G, Rahimi-Movaghar A, Larney S. Global patterns of opioid use and dependence: harms to populations, interventions, and future action. Lancet. 2019

¹³⁷ Public Health England Guidance, Part 1: introducing opioid substitution treatment (OST), Accessed at: [Part 1: introducing opioid substitution treatment \(OST\) - GOV.UK \(www.gov.uk\)](#)

¹³⁸ Time limiting opioid substitution therapy 2014, Accessed at: [https://www.gov.uk/government/publications/time-limiting-opioid-substitution-therapy](#)

¹³⁹ Substance misuse treatment in secure settings, 2020 to 2021, Accessed at: [Substance misuse treatment in secure settings: 2020 to 2021 - GOV.UK \(www.gov.uk\)](#)

associated problems. These therapies are intended to complement, rather than replace OST, and may be ineffective if used alone.

Other approaches, including abstinence-based treatments, are less evidenced based in comparison. While some research demonstrates that abstinence-based programmes can lead to positive outcomes for those who complete them, including reductions in reoffending, these studies also show high levels of dropouts and relapse.¹⁴⁰ The evidence suggests that abstinence-based approaches are most effective when used with strict eligibility criteria, to ensure the selection of suitable participants who have a strong chance of success.¹⁴¹

A systematic literature review of 49 studies between 2000 and 2017 concluded¹⁴² that therapeutic communities (abstinence-based approaches, which accommodate prisoners receiving treatment in distinct treatment units away from non-participating prisoners) appear to be effective in reducing reoffending and, to a lesser extent, substance use in ex-prisoners with a dependence on drugs. Care after release from prison appears to enhance treatment effects, but further information is needed about long-term impact on reoffending. The same literature review concluded that CBT is largely ineffective as a stand-alone treatment (although significant reductions in reoffending were reported when CBT was included as part of a multi-component approach) and that Motivational Interviewing (MI) shows promise in reducing the risk of drug use after release but does not appear to reduce reoffending.

What is the link between alcohol use and offending?

The link between alcohol use and crime is different to that of illicit drugs. Heavy episodic drinking can cause violent crime and anti-social behaviour even in non-dependent users.

¹⁴⁰ Malivert M, Fatséas M, Denis C, Langlois E, Auriacombe M. (2012) Effectiveness of therapeutic communities: a systematic review. *Eur Addict Res.* 2012, Accessed at: [Effectiveness of therapeutic communities: a systematic review - PubMed \(nih.gov\)](#)

¹⁴¹ Rawlings, B., & Haigh, R. (2017). Therapeutic communities and planned environments for serious offenders in English prisons. *BJPsych Advances*, Accessed at: [Therapeutic communities and planned environments for serious offenders in English prisons | BJPsych Advances | Cambridge Core](#)

¹⁴² de Andrade D, Ritchie J, Rowlands M, Mann E, Hides L. Substance Use and Recidivism Outcomes for Prison-Based Drug and Alcohol Interventions. *Epidemiol Rev.* 2018, Accessed at: [Substance Use and Recidivism Outcomes for Prison-Based Drug and Alcohol Interventions - PubMed \(nih.gov\)](#)

- For offenders in the community, 22% of those with a full OASys assessment as at June 2021 were identified as having an alcohol misuse need. For those in custody the figure was 21%.¹⁴³
- Victims of violent crime perceived the offender(s) to be under the influence of alcohol in 40% of incidents.¹⁴⁴ Alcohol was a particularly prevalent factor in violent incidents between strangers, 62% of which were perceived to be alcohol related.
- There were 43,255 adults in alcohol and drug treatment in prisons and secure settings 2020/21.¹⁴⁵ Whilst 44% of these reported having a problem with alcohol, this was frequently alongside illicit drugs. Those with solely an alcohol problem represented a smaller number of the total prison treatment population (4,678; 11%).
- Alcohol misuse is associated with reoffending on release from prison, although this association is not as strong as that for drug misuse.¹⁴⁶

Do interventions which aim to address alcohol misuse/dependence reduce reoffending?

There is **insufficient** evidence that interventions to address alcohol misuse reduce reoffending.

The UK clinical guidelines outline a range of evidence-based treatments including assisted withdrawal, medication, and psychosocial interventions.¹⁴⁷ There is evidence these interventions improve health outcomes, but less evidence to conclusively link them to reduced reoffending. These treatments are routinely available for prisoners with an

¹⁴³ Identified needs of offenders in custody and the community from the Offender Assessment System, 30 June 2021, Accessed at: [Identified needs of offenders in custody and the community from the Offender Assessment System, 30 June 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/96444/Identified_needs_of_offenders_in_custody_and_the_community_from_the_Offender_Assessment_System_30_June_2021.pdf)

¹⁴⁴ Overview of violent crime and sexual offences, ONS 2017, Accessed at: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focus/onviolentcrimeandsexualoffences/yearendingmarch2016/overviewofviolentcrimeandsexualoffences>

¹⁴⁵ Alcohol and drug treatment in secure settings 2020 to 2021: report, Accessed at: [Alcohol and drug treatment in secure settings 2020 to 2021: report - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/96444/Alcohol_and_drug_treatment_in_secure_settings_2020_to_2021_report.pdf)

¹⁴⁶ Gender differences in substance misuse and mental health amongst prisoners, Results from the Surveying Prisoner Crime Reduction (SPCR) longitudinal cohort study of prisoners 2013, Accessed at: [Gender differences in substance misuse and mental health amongst prisoners \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/96444/Gender_differences_in_substance_misuse_and_mental_health_amongst_prisoners.pdf)

¹⁴⁷ Alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence, Clinical Guidance Accessed at: [Introduction | Alcohol-use disorders: diagnosis, assessment and management of harmful drinking \(high-risk drinking\) and alcohol dependence | Guidance | NICE](https://www.nice.org.uk/guidance/CG148)

alcohol-need. Psychosocial intervention only was the most common treatment type in the alcohol only groups (65%), whilst 32% received pharmacological interventions.¹⁴⁸

A systematic literature review of 49 studies between 2000 and 2017 led to the following conclusions about the effectiveness of interventions to address alcohol misuse:¹⁴⁹

- MI was used in three studies with varying results. All studies demonstrated MI had a positive treatment effect; however, the effects were not long term.
- CBT appeared to be largely ineffective on its own, only demonstrating in one study a reduction in alcohol use at 3 months after release.

4.5 Finance, benefits and debt

This evidence is primarily drawn from a commissioned REA. Nine evaluations were reviewed; however, none met minimum criteria for inclusion.

What is the link between finances and reoffending?

- A recent extensive literature review found a strong link between debt and crime whereby debt is a risk factor for crime (especially for reoffending and regardless of the offence type) and crime is a risk factor for debt.¹⁵⁰

Financial difficulties may lead to offending; time in prison can compound problems with debt. Offenders' financial situations may impair ability to find accommodation, gain employment, connect with supportive people and access treatment for substance misuse. Overall, however, it is unclear whether debt directly impacts offending. Debt may correlate with the challenging situations which people are in before and after time in prison.

Do interventions to address offenders' financial management reduce reoffending?

There is **insufficient** evidence interventions to address financial management reduce reoffending. This is an evidence gap. Despite systematic searches, no relevant studies were found. To be in-scope, interventions needed to consist of more than simply financial

¹⁴⁸ Substance misuse treatment in secure settings: 2020 to 2021, Accessed at: [Substance misuse treatment in secure settings: 2020 to 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/91444/substance-misuse-treatment-in-secure-settings-2020-to-2021.pdf)

¹⁴⁹ de Andrade D, Ritchie J, Rowlands M, Mann E, Hides L. (2018) Substance Use and Recidivism Outcomes for Prison-Based Drug and Alcohol Interventions.

¹⁵⁰ van Beek, G., de Vogel, V. & van de Mheen, D. (2021). The relationship between debt and crime: A systematic and scoping review. *European Journal of Probation*, 13(1), 41-71.

advice. Interventions needed to amount to training in financial competence, conceptualised as knowledge or skill acquisition.

4.6 Cognitive behaviour interventions

This evidence is primarily drawn from MoJ analysts review of published literature.

Certain thinking patterns can contribute towards criminal behaviour. By assuming these criminal thinking patterns have been learned, cognitive behavioural interventions focus on teaching offenders to understand the thinking processes and choices that can lead to criminal behaviour.

Accredited Programmes delivered in custody and the community typically use CBT-informed approaches. CBT is an umbrella term for a varied combination of models, approaches and theoretical assumptions used to challenge the thinking, attitudes and behaviours of individuals. The programmes are designed to help people develop skills to manage their offending, including problem solving, perspective taking, managing relationships and emotional self-management. These skills provide individuals with the tools to live crime free lives and can support engagement with wider rehabilitative opportunities (employment, substance misuse services, etc), contributing to a holistic package of support. There is evidence to suggest improved thinking skills may be foundational to success in other areas such as employment or housing.¹⁵¹

What is the link between cognitive-behaviour interventions and offending?

Offender's thinking and behaviour and attitudes can be related to their reoffending behaviour. Indeed, these types of criminogenic needs are some of the most prevalent that are associated with an elevated risk in reoffending. These types of offender needs are addressed by CBT-informed offending behaviour programmes.

¹⁵¹ Bucklen, Kristofer & Zajac, Gary. (2009). But Some of Them Don't Come Back (to Prison!): Resource Deprivation and Thinking Errors as Determinants of Parole Success and Failure. *Prison Journal* - PRISON J. 89. 239-264.

- 79% of offenders in custody and 62% of offenders in the community were identified through OASys assessments as having a thinking and behaviour need.¹⁵²
- 84% of offenders in custody and 61% of offenders in the community were identified through OASys assessments as having attitudes need.¹⁵³

Do cognitive-behaviour interventions reduce reoffending?

The international literature for CBT-based interventions is extensive and, overall, there is **good** evidence to suggest that CBT based programmes can reduce proven reoffending.

An international meta-analysis by Lipsey et al. (2007) assessed 58 studies of CBT informed interventions which either had a randomised design or were quasi-experimental studies comparing adult or juvenile treated individuals with an untreated group.¹⁵⁴ They found an overall positive effect of CBT based interventions for general reoffending with mean treatment group reoffending rates of 30% vs 40% for the comparison groups.

Compared to general reoffending, meta-analyses focusing on specific offence types/cohorts found weaker and more mixed results. Evidence suggests that violence programmes can work; however, effect sizes tend to be small and study approaches tend to be weak.¹⁵⁵ The evidence base for sexual offending interventions is mixed and studies also tend to employ a weak methodology.¹⁵⁶ This is in part due to the challenge of delivering robust impact evaluation for sexual offending programmes given the relatively low reoffending base rates and the long prison sentences often served by participants. For domestic violence (DV) programmes, the evidence is also mixed and high-quality studies

¹⁵² Official Statistics, Identified needs of offenders in custody and the community from the Offender Assessment System, 30 June 2021, Ministry of Justice (2022) Accessed at: [Identified needs of offenders in custody and the community from the Offender Assessment System, 30 June 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/identified-needs-of-offenders-in-custody-and-the-community-from-the-offender-assessment-system-30-june-2021)

¹⁵³ Official Statistics, Identified needs of offenders in custody and the community from the Offender Assessment System, 30 June 2021, Ministry of Justice (2022) Accessed at: [Identified needs of offenders in custody and the community from the Offender Assessment System, 30 June 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/identified-needs-of-offenders-in-custody-and-the-community-from-the-offender-assessment-system-30-june-2021)

¹⁵⁴ Lipsey, M. W., Landenberger, N. A. and Wilson, S. J. (2007). Effects of Cognitive-Behavioural Programs for Criminal Offenders. *Campbell systematic reviews*, 3(1), pp.1-27.

¹⁵⁵ Jolliffe and Farrington, 2007; Papalia et al., 2019; Robinson et al., 2021.

¹⁵⁶ Schmucker and Lösel, 2015; Gannon et al., 2019; Mews et al., 2017.

are rare. It is also difficult to compare evidence across the range of DV interventions due to different intervention approaches.¹⁵⁷

While there is no UK published cost effectiveness evidence, a U.S. cost-benefit analysis reported that for every \$1 spent on CBT programmes, \$6.31 of benefits are yielded.¹⁵⁸

It is important to note, there are few impact studies that have used high quality evaluation methods (especially in the UK) and those that did have found smaller effect sizes. For example, the Beaudry et al. 2021 international meta-analysis examined 29 RCTs of prison-based programmes for adults and adolescents. Their analysis included six CBT-based studies, which found “no strong evidence of reducing reoffending” and the odds of reoffending for those who were treated were the same as the untreated.

That said, there are challenges to conducting high quality impact evaluation, including: participant volumes, constructing comparison groups, relatively low reoffending rates and long prison sentences for some cohorts. These factors are especially relevant to sexual and extremist offenders.

What elements of programme delivery are important to reduce reoffending?

There is some evidence suggesting the type of CBT delivered is not as important as the delivery factors (or moderators) for reducing reoffending. An international meta-analysis conducted by Lipsey et al. (2007) found that there was not a statistically significant difference between the types of CBT programme delivered, and it was more beneficial to ensure that programmes are well implemented.¹⁵⁹

In general, larger treatment effects have been found in CBT-informed interventions which:

- have a high dosage (number of sessions per week, duration etc.)¹⁶⁰

¹⁵⁷ Arce et al., 2020; Gannon et al., 2019; Cheng et al., 2019.

¹⁵⁸ Washington State Institute for Public Policy (2019). Cognitive Behavioral Therapy (CBT) (for individuals classified as high- or moderate-risk). WSIPP. Accessed from: <https://www.wsipp.wa.gov/BenefitCost/Program/10>

¹⁵⁹ Lipsey, M. W., Landenberger, N. A. and Wilson, S. J. (2007). Effects of Cognitive-Behavioural Programs for Criminal Offenders. *Campbell systematic reviews*, 3(1), pp.1-27.

¹⁶⁰ Papalia, N., Spivak, B., Daffern, M. and Ogloff, J. R. P. (2019). A Meta-Analytic Review of The Efficacy of Psychological Treatments for Violent Offenders in Correctional and Forensic Mental Health Settings. *Clinical Psychology and Practice*, 26(2), e12282.

- use group-based delivery,¹⁶¹ especially for violent offences where a greater impact was found compared to general offences.¹⁶²

Quality of programme delivery is important to reduce reoffending. Implementation factors include targeting using Risk Need Responsivity (RNR) including allocating medium+ risk offenders to programmes,¹⁶³ programme completion,¹⁶⁴ staff factors (e.g., qualification, skill training),¹⁶⁵ and treatment setting.¹⁶⁶ An example of the importance of quality delivery can be seen with the MoJ impact evaluation for the RESOLVE Accredited Programme which targeted violent reoffending. Results showed that reoffending was only reduced for a broad measure of violence when the programme was delivered in line with the programme manual.¹⁶⁷

The evidence for programme quality of delivery can, however, be complex, is often weak and this type of information is frequently unreported in studies.

For whom are cognitive behaviour interventions effective?

There is evidence to suggest that CBT programmes are most effective when targeting higher risk of reoffending individuals.¹⁶⁸

Participants who complete the cognitive-behavioural programmes may be less likely to reoffend than those who take part but do not complete it. One meta-analysis found that

¹⁶¹ Some evidence suggests this is not the case with sexual offences and group-based delivery may be no more effective, or even damaging, compared to individual delivery (see Lösel and Schmucker, 2017; Mews, 2017).

¹⁶² Gannon, T. A., Olver, M. E., Mallion, J. S. and James, M. (2019). Does Specialized Psychological Treatment for Offending Reduce Recidivism? A Meta-Analysis Examining Staff and Program Variables As Predictors Of Treatment Effectiveness. *Clinical Psychology Review*, 73, 101752.

¹⁶³ Lipsey, M. W., Landenberger, N. A. and Wilson, S. J. (2007). Effects of Cognitive-Behavioural Programs for Criminal Offenders. *Campbell systematic reviews*, 3(1), pp.1-27.

¹⁶⁴ Henwood, K. S., Chou, S. and Browne, K. D. (2015). A Systematic Review and Meta-Analysis on the Effectiveness of CBT Informed Anger Management. *Aggression and violent behaviour*, 25, pp.280-292.

¹⁶⁵ Dowden, C. and Andrews, D. A. (2004). The Importance of Staff Practice in Delivering Effective Correctional Treatment: A Meta-Analytic Review Of Core Correctional Practice. *International Journal of Offender Therapy and Comparative Criminology*, 48, pp.203–214.

¹⁶⁶ Gannon, T. A., Olver, M. E., Mallion, J. S. and James, M. (2019). Does Specialized Psychological Treatment for Offending Reduce Recidivism? A Meta-Analysis Examining Staff and Program Variables As Predictors Of Treatment Effectiveness. *Clinical Psychology Review*, 73, 101752.

¹⁶⁷ Robinson, C., Sorbie, A., Huber, J., Teasdale, J., Scott, K., Purver, M. and Elliott, I. (2021). *Reoffending Impact Evaluation of the Prison-Based RESOLVE Offending Behaviour Programme*. London: Ministry of Justice.

¹⁶⁸ Lipsey, M. W., Landenberger, N. A. and Wilson, S. J. (2007). Effects of Cognitive-Behavioural Programs for Criminal Offenders. *Campbell systematic reviews*, 3(1), pp.1-27.

reconviction rates for those who completed treatment were 42% lower for general offences and 56% lower for violent offences, compared to individuals who did not complete treatment.¹⁶⁹ Furthermore, evidence suggests that those who do not complete sexual offender behaviour interventions can have worse outcomes than if they had never started at all.¹⁷⁰

These findings are further supported by a study assessing the effectiveness of the Thinking Skills Programme (TSP) in the community. This showed reductions in re-offending, but only for those who meet suitability criteria and successfully completed the programme. Increases in re-offending were observed for unsuitable individuals, and these were highest in those who failed to complete the programme.¹⁷¹

As noted above, the strongest evidence for reductions in reoffending was seen with general reoffending, compared to specific offence types.¹⁷²

4.7 Community Ties

The evidence in this section is primarily drawn from a commissioned REA. Four evaluations were considered, of which two met the minimum criteria for inclusion. It is acknowledged there is a large evidence base covering the relationship between community ties and offending, including family networks, friendship networks and wider social support. However, for the purposes of this synthesis, the focus is specifically on interventions that aim to improve community ties and evidence of their effectiveness to reduce reoffending.

¹⁶⁹ Henwood, K. S., Chou, S. and Browne, K. D. (2015). A Systematic Review and Meta-Analysis on the Effectiveness of CBT Informed Anger Management. *Aggression and violent behaviour*, 25, pp.280-292.

¹⁷⁰ Carl, L. C. and Lösel, F. (2021). When Sexual Offender Treatment in Prison-Based Social-Therapeutic Treatment Is Not Completed: Relationship To Risk Factors And Recidivism After Release. *Criminal Behaviour and Mental Health*, 31(6), pp.421–43.

¹⁷¹ Travers, R (2016) Why What Works Works, Doctoral Thesis, University of Leicester [Unpublished]

¹⁷² Lipsey, M. W., Landenberger, N. A. and Wilson, S. J. (2007). Effects of Cognitive-Behavioural Programs for Criminal Offenders. *Campbell systematic reviews*, 3(1), pp.1-27.

What is the link between community ties and reoffending?

It is widely accepted offenders are at risk of being stigmatised within their communities, making reintegration challenging.¹⁷³ However, there is a lack of statistical data evidencing links between community ties and reoffending. There is no universal definition of 'community ties', and the evidence base overlaps with that of mentoring, relationships with family and/or peers, participation in community activities etc. For offenders in the community, 63% of those with a full OASys assessment at June 2021 were identified as having a relationships need. For those in custody the figure was 72%. Furthermore, the lifestyle and associates (or lifestyle) need was the most prevalent criminogenic need in both community (66%) and custody (87%). This OASys section includes issues such as being influenced by criminal peers, and having a lifestyle and/or associates that encourage offending, or engaging in activities that encourage offending (all of which may all overlap with community ties).¹⁷⁴

Do interventions to improve community ties reduce reoffending?

There is **insufficient** evidence that interventions to improve community ties reduce reoffending. No meta-analyses were found. Of a small number of individual evaluations, only one was considered robust. This single evaluation describes how a faith-based community support programme resulted in reduced reoffending.

For whom do interventions to improve community ties reduce reoffending?

It is unclear if certain types of offender benefit more. The one robust evaluation concerned an intervention delivered by a Christian organisation; Christian offenders benefitted more.¹⁷⁵ It is likely that, as with all interventions, matching the intervention to the offender improves effectiveness.

¹⁷³ Moore KE, Stuewig JB, Tangney JP. The Effect of Stigma on Criminal Offenders' Functioning: A Longitudinal Mediation Model. *Deviant Behav.* 2016 Feb 1;37(2):196-218. doi: 10.1080/01639625.2014.1004035. Epub 2015 Dec 23. PMID: 26973364; PMCID: PMC4788463.

¹⁷⁴ [Identified needs of offenders in custody and the community from the Offender Assessment System, 30 June 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/614441/Identified_needs_of_offenders_in_custody_and_the_community_from_the_Offender_Assessment_System_30_June_2021_-_GOV.UK.pdf)

¹⁷⁵ Duwe, G., & King, M. (2012). Can faith-based correctional programs work? An outcome evaluation of the InnerChange Freedom Initiative in Minnesota. *International Journal of Offender Therapy and Comparative Criminology*, 57, 813–841.

How do interventions to improve community ties reduce reoffending?

Specific mechanisms by which such interventions may reduce reoffending are unclear. The reduction in reoffending in the one robust evaluation may be linked to support provided during transition into the community. Offenders were matched to mentors in prison and support continued post release.¹⁷⁶ There is further discussion of the evidence base on peer mentoring in the following section.

Theories of desistance contribute further insight. For example, providing opportunities for offenders to link with their local community and gain a sense of ‘giving something back’ may support development of pro-social identities.¹⁷⁷

4.8 Mentoring

This evidence is primarily drawn from MoJ analysts review of published literature.

Mentoring involves interactions between two individuals, where the mentor shares knowledge/skills and provides support. The mentor may be a ‘peer’ with shared characteristics, such as an ex-offender, or a ‘non-peer’. Where the term ‘peer mentor’ is used, this is a mentor who is an ex-offender. Where the term ‘non-peer’ is used, this is a mentor who is **not** an ex-offender.

The mentoring relationship may involve emotional support, guiding, coaching, signposting to support opportunities etc. Mentoring involves both direct and indirect support. Important considerations include how the mentoring is structured and how both the mentor and mentee are supported to focus on purposeful sessions, and then to end the relationship positively. The variety of different types of mentoring interventions make it difficult to compare across evaluations and assess overall effectiveness.

Do interventions which provide mentors to offenders reduce reoffending?

Overall, there is **mixed/promising** evidence that mentoring reduces reoffending.

¹⁷⁶ Duwe, G., & King, M. (2012). Can faith-based correctional programs work? An outcome evaluation of the InnerChange Freedom Initiative in Minnesota. *International Journal of Offender Therapy and Comparative Criminology*, 57, 813–841.

¹⁷⁷ See for example, Maruna S (2001) *Making Good: How Ex-convicts Reform and Rebuild Their Lives*. Washington, DC: American Psychological Association.

A meta-analytical review of **non-peer** interventions for young offenders found a statistically significant reduction in reoffending amongst those who received mentoring compared to those who did not.¹⁷⁸ However, of the 25 studies included, three found a significant increase in reoffending among those receiving mentoring and eight found no effect. Any beneficial impact of mentoring on reoffending was limited to the time period that mentoring was being offered. This meta-analysis included interventions where professionals took the role of non-peer mentors.

A further meta-analysis of interventions for young offenders, reviewing 18 studies, found limited evidence of positive effect.¹⁷⁹ Overall, the meta-analysis found non-peer mentoring may reduce reoffending by 4 to 10 per cent. However, restricting analysis to the highest quality studies found little evidence that mentoring reduces reoffending. Again, any beneficial impact on reoffending was limited to the period during which mentoring was offered. These meta-analyses cover interventions with young offenders so may not be generalisable to adult offenders.

A REA of intermediate outcomes of non-peer mentoring interventions with adults found tentative evidence mentoring may be associated with improvements in employment and housing outcomes and may improve engagement in other interventions.¹⁸⁰ It found 'very limited' evidence that mentoring is associated with reduced substance misuse, increased coping abilities, improved family/peer relationships and reduced pro-criminal attitudes. These intermediate outcomes would appear to support reduced reoffending.

In relation to **peer** mentoring specifically, there is an evidence gap. One study piloted an RCT to evaluate the impact of peer mentoring on reoffending,¹⁸¹ with 55 men allocated to receive either the standard service for community re-entry or the standard service plus

¹⁷⁸ Tolan, P., Henry, D., Schoeny, M., Bass, A., Lovegrove, P. and Nichols, E. (2013) 'Mentoring Interventions to Affect Juvenile Delinquency and Associated Problems: A Systematic Review', *Campbell Systematic Reviews* 2013:10, DOI: 10.4073/csr.2013.10

¹⁷⁹ Jolliffe, D. and Farrington, D. P. (2008) 'The Influence of Mentoring on Reoffending', Swedish National Council for Crime Prevention

¹⁸⁰ Jirka Taylor, Nina Burrowes, Emma Disley, Mark Liddle, Mike Maguire, Jennifer Rubin and Sam Wright. Intermediate outcomes of mentoring interventions: a rapid evidence assessment, National Offender Management Service Analytical Summary (2013)

¹⁸¹ Sells, D., Curtis, A., Abdur-Raheem, J., Klimczak, M., Barber, C., Meaden, C., ... & Emigh-Guy, M. (2020). Peer-Mentored Community Reentry Reduces Recidivism. *Criminal Justice and Behavior*, 47(4), 437-456

peer mentorship. It found those receiving the peer mentorship condition had significantly lower recidivism, however this was a single small-scale study, and did not include a non-peer mentor condition for comparison.

It is unclear if mentoring can produce longer-term reductions in reoffending (beyond the period mentoring was offered).

What types of mentoring interventions reduce reoffending?

The evidence is unclear as to whether mentoring can be effectively implemented in isolation (and, as mentoring interventions are not typically implemented in isolation, there is little opportunity to collect evidence on this). One review suggested it is most effective implemented as part of a broader set of interventions.¹⁸²

There is some evidence suggesting mentoring is helpful where support acts as a bridge in improving access to other services.¹⁸³ Interventions involving at least weekly contact, and where the average duration contact time was longer, tended to be more successful than less intensive/frequent interventions.¹⁸⁴ There is some evidence indicating interventions may be more effective where the mentoring relationship is established prior to release from prison.¹⁸⁵ There is some evidence of greater effects where mentors took on the role as a means of developing their own careers.¹⁸⁶

There is an evidence gap as to the effectiveness of peer versus non-peer mentoring. It is possible peer mentors may provide a clearer sense of hope, as offenders may identify

¹⁸² Jolliffe, D. and Farrington, D. P. (2008) 'The Influence of Mentoring on Reoffending', Swedish National Council for Crime Prevention

¹⁸³ Jirka Taylor, Nina Burrowes, Emma Disley, Mark Liddle, Mike Maguire, Jennifer Rubin and Sam Wright, Intermediate outcomes of mentoring interventions: a rapid evidence assessment, National Offender Management Service Analytical Summary (2013)

¹⁸⁴ Jolliffe, D. and Farrington, D. P. (2008) 'The Influence of Mentoring on Reoffending', Swedish National Council for Crime Prevention

¹⁸⁵ Duwe, G., & King, M. (2012). Can faith-based correctional programs work? An outcome evaluation of the InnerChange Freedom Initiative in Minnesota. *International Journal of Offender Therapy and Comparative Criminology*, 57, 813–841.

¹⁸⁶ Tolan, P., Henry, D., Schoeny, M., Bass, A., Lovegrove, P. and Nichols, E. (2013) Mentoring interventions to affect juvenile delinquency and associated problems: a systematic review.

more with an ex-offender.¹⁸⁷ There are some additional qualitative findings suggesting that peer mentors have greater credibility with offenders.¹⁸⁸

Which types of offenders benefit most greatly from mentoring?

Some evidence suggests mentoring may have stronger effects amongst people apprehended by the police, rather than those at risk of offending (but who have not yet committed a crime) or those with a criminal history on probation.¹⁸⁹ This suggests mentoring may be more effective for people at the start of their criminal career. However, a limitation was that interventions targeted at those apprehended by the police also tended to involve the most comprehensive mentoring.

4.9 Restorative justice

This evidence is primarily drawn from MoJ analysts review of published literature.

Restorative justice involves offenders engaging with victims of crime, taking responsibility for the offence and its consequences, and making amends for harm caused. Restorative justice can take different forms. A restorative justice conference is a meeting between an offender, a victim and wider family or community members, whereas victim-offender mediation is a meeting just between the offender and victim. Both are run by a trained facilitator and can be voluntary or court-ordered.

Do restorative justice interventions reduce reoffending?

There is **good** recent evidence, published in 2013, that restorative justice interventions can reduce reoffending. A systematic review of ten restorative justice conference (RJC) interventions (all RCTs) found that RJC in addition to prison reduced reoffending compared to prison alone.¹⁹⁰ The percentage differences associated with the ten RCTs ranged from 7% to 45% fewer repeat convictions or arrests. Where the offender did go on

¹⁸⁷ Buck, G 'Peer mentoring in the criminal justice system', Clinks, (2021), accessed at: [https://www.clinks.org/sites/default/files/2021-08/Peer mentoring in the criminal justice system_0.pdf](https://www.clinks.org/sites/default/files/2021-08/Peer%20mentoring%20in%20the%20criminal%20justice%20system_0.pdf)

¹⁸⁸ Matthews, E (2021) Peer-focused prison re-entry programs: Which peer characteristics matter most?, Incarceration. Vol 2(2) 1–19

¹⁸⁹ Jolliffe, D. and Farrington, D. P. (2008) 'The Influence of Mentoring on Reoffending', Swedish National Council for Crime Prevention

¹⁹⁰ [Heather Strang, Lawrence W Sherman, Evan Mayo-Wilson, Daniel Woods, Barak Ariel, 'Restorative Justice Conferencing \(RJC\) Using Face-to-Face Meetings of Offenders and Victims: Effects on Offender Recidivism and Victim Satisfaction. A Systematic Review', Campbell Systematic Reviews \(2013\)](#)

to offend again, repeat offending was generally reduced in seriousness/frequency. However, the authors found the value of RJC's was best expressed via a cost-effectiveness estimate. The seven UK-based RCTs found a ratio of 8 times more benefit in costs of crimes prevented than the cost of delivering RJC's. In contrast, the review found smaller effects when comparing treatment groups with control samples. For example, the London robbery experiment had 8% fewer reconvictions and the London burglary experiment had 16% fewer reconvictions for RJC cases than controls. However, when the cost of crime prevented in London was compared to the costs of delivering RJC's (excluding start-up costs of a new project), the ratio was £14 in the cost of crime prevented for every £1 spent on delivering RJC's.

MoJ analysis published in 2008 provided less clear evidence of effectiveness. At that time, most evidence had focused on young offenders not adults, and the MoJ analysis evaluated three restorative justice interventions covering adult offenders who had committed relatively more serious offences. This review found that, overall, offenders who participated in restorative justice committed statistically significantly fewer offences (in terms of reconvictions) in the subsequent two years than offenders in the control group. Looking only at likelihood of reconviction over the next two years, although the overall result suggested restorative justice reduced reoffending, the result for individual interventions was not statistically significant. However, the individual restorative justice trials within this study each had relatively small sample sizes and therefore would not, on their own, be expected to have a large enough impact on re-offending to be statistically significant (i.e. so that we would know that they were unlikely to have been caused by chance).

For which offenders are restorative justice interventions most effective at reducing reoffending?

The evidence is unclear as to which types of offenders may benefit most from restorative justice. MoJ analysis found a significant relationship between the offender's experience of the conference and reoffending.¹⁹¹ Specifically, the extent to which offenders felt the conference made them realise the harm done; whether the offender wanted to meet the

¹⁹¹ Shapland J and others. (2008). 'Does restorative justice affect reconviction? The fourth report from the evaluation of three schemes'. London: Ministry of Justice.

victim; the extent to which the offender was observed to be actively involved in the conference; and how useful offenders felt the conference had been, significantly and positively related to decreased subsequent reconviction. The MoJ analysis assessed age, gender, ethnicity, type of offence, and stage of criminal justice at which the restorative justice took place. There were no significant differences, but small subgroup sizes made it unlikely differences would be found.

There is some evidence suggesting restorative justice interventions may be more effective for violent compared to property crime, and for more serious crime generally.¹⁹² There is also some evidence to suggest high-frequency offenders seem to benefit more in terms of reduced reoffending.¹⁹³

4.10 Mental health needs

This evidence is primarily drawn from MoJ analysts review of published literature.

Mental health problems include common mental health complaints, severe mental illness, neurodevelopmental disorders and acquired cognitive impairment. Evidence from NICE states mental health problems are very common amongst offenders, with estimates of those affected ranging from 39% in police custody up to 90% in prison. Certain disorders, e.g., personality and psychotic disorders, are more prevalent in the prison population than the general population.¹⁹⁴

The HMIP report 2021/22 indicated 51% of men and 76% of women prisoners surveyed had a mental health problem.¹⁹⁵ It has been reported certain groups, e.g., women, ethnic minorities, people over 50 years and people with comorbid disorders are over-represented in prisoners with mental health disorders.¹⁹⁶ Unaddressed mental health needs can make

¹⁹² Heather Strang, Lawrence W Sherman, Evan Mayo-Wilson, Daniel Woods, Barak Ariel, 'Restorative Justice Conferencing (RJC) Using Face-to-Face Meetings of Offenders and Victims: Effects on Offender Recidivism and Victim Satisfaction. A Systematic Review', Campbell Systematic Reviews (2013)

¹⁹³ Heather Strang, Lawrence W Sherman, Evan Mayo-Wilson, Daniel Woods, Barak Ariel (2013) 'Restorative Justice Conferencing (RJC) Using Face-to-Face Meetings of Offenders and Victims: Effects on Offender Recidivism and Victim Satisfaction. A Systematic Review', Campbell Systematic Reviews

¹⁹⁴ Mental health of adults in contact with the criminal justice system, NICE Guidelines 2017, Accessed at: <https://www.nice.org.uk/guidance/ng66/chapter/Context>

¹⁹⁵ [HMI Prisons Annual Report 2021–22 \(justiceinspectorates.gov.uk\)](https://www.justiceinspectorates.gov.uk/hmi-prisons/annual-report-2021-22/)

¹⁹⁶ Mental health of adults in contact with the criminal justice system, NICE Guidelines 2017, Accessed at: <https://www.nice.org.uk/guidance/ng66/chapter/Context>

it harder to sustain socially supportive relationships, employment etc., which may increase risk of reoffending.

It should be noted mental health needs represent a responsivity factor (related to how practitioners work with this group, and how they respond to interventions) rather than a dynamic criminogenic need. Mental health (like physical health) is a foundational area for work with offenders but does not in itself link directly to reoffending.

What is the relationship between mental health and reoffending?

Evidence of statistical links is complex. A meta-analysis of 126 studies from the U.S., UK and Canada reviewed the strength of association between reoffending and clinical indicators of mental health. None of the indicators had a strong positive association with either general or violent reoffending. Two variables moderately predictive of general violent reoffending were “personality disorders (unspecified)” and “antisocial personality/psychopathy”.¹⁹⁷

- Separate meta-analysis found certain psychiatric disorders (including attention-deficit hyperactivity, schizophrenia, bipolar disorder, depression and anxiety) are associated with a substantially increased hazard of violent reoffending.¹⁹⁸

Studies finding no effect of mental health on reoffending after controlling for criminal history may ignore the possibility mental health factors contributed to criminal history. Mental illness may exert its effect on reoffending indirectly, through other risk factors.

Do interventions to address mental health needs reduce reoffending?

There is **insufficient evidence** that interventions to address mental health needs reduce reoffending. However, there is evidence of improvements to mental health leading to reduced reoffending.

Meta-analysis found that the better one's mental health is in prison, the lower the odds of reoffending. Improving mental health post-release also benefits reoffending. The study found that as a person's mental health post-release improves, there is a decrease in the

¹⁹⁷ James Bonta, Julie Blais, Holly A. Wilson, (2014) A theoretically informed meta-analysis of the risk for general and violent recidivism for mentally disordered offenders

¹⁹⁸ Zheng Chang, Henrik Larsson, Paul Lichtenstein, Seena Fazel (2015), Psychiatric disorders and violent reoffending: a national cohort study of convicted prisoners in Sweden

likelihood of reoffending.¹⁹⁹ Further meta-analysis found psychological interventions were associated with reduced reoffending outcomes. However, after excluding smaller studies, there was no significant reduction in reoffending. Two of the studies in the meta-analysis found therapeutic communities were associated with decreased rates of reoffending.²⁰⁰

Some studies have found similar reoffending rates to the general population amongst individuals with significant mental disorders. This was attributed to the use of good risk assessment and interventions including psychiatric therapy; law enforcement measures like social skills training; handling addiction; occupational interventions; and follow-up care.²⁰¹

Mental Health Treatment Requirements²⁰² (MHTRs) attached to Community or Suspended Sentence Orders were associated with significantly reduced reoffending (approx. 3.5 percentage points lower over the one-year follow-up period), compared with similar cases where they were not used.²⁰³ However, the study used relatively few variables in the dataset to flag mental health issues and their reliability is unknown, so these findings should be interpreted with caution. A systematic review found mental health courts²⁰⁴ associated with significantly lower reoffending.²⁰⁵ All were U.S. studies; it is unclear how far results generalise to England & Wales.

¹⁹⁹ Wallace D, Wang X. (2020) Does in-prison physical and mental health impact recidivism?

²⁰⁰ Gabrielle Beaudry, Rongqin Yu, Amanda E Perry, Seena Fazel (2021), Effectiveness of psychological interventions in prison to reduce recidivism: a systematic review and meta-analysis of randomised controlled trials

²⁰¹ Schaffner Daniela, Weber Michael, Kochuparackal Tanya, Graf Marc, Hachtel Henning (2021) Long-Term Recidivism of Mentally Disordered Offenders Considered “Dangerous to the Public” in Switzerland,

²⁰² A mental health treatment requirement (MHTR) is one of twelve options available to judges making a Community Order. This allows them to access appropriate treatment for mental illness while serving their sentence. The MHTR is intended for the sentencing of offenders convicted of an offence(s) which is below the threshold for a custodial sentence and who have a mental health problem which does not require secure in-patient treatment.

²⁰³ MoJ. (2018). *Do offender characteristics affect the impact of short custodial sentences and court orders on reoffending?* Retrieved from <https://www.gov.uk/government/publications/do-offender-characteristics-affect-the-impact-of-short-custodial-sentences-and-court-orders-on-reoffending>

²⁰⁴ Mental health courts aim to give offenders access to treatment, as an alternative to imprisonment. What constitutes a mental health court varies but commonly: individuals must report regularly to the court to discuss progress and update treatment plans, during which time they receive community supervision by a case manager.

²⁰⁵ Sarteschi, C. M., Vaughn, M. G. and Kim, K. (2011) 'Assessing the effectiveness of mental health courts: A quantitative review', *Journal of Criminal Justice*, 39, 12-20

Which offenders benefit most from addressing mental health needs?

There is an evidence gap as to whether different offender groups benefit more from MHTRs. The systematic review of mental health courts noted ethnicity, age and gender as potential moderators but these factors were not assessed statistically.

What is the link between specific conditions and reoffending?

Much of the evidence focuses on psychosis.

- A study of 7393 offenders with psychosis found a linear relationship between an increased number of clinical contacts and reduced risk of reoffending. Those with no clinical contact had more than a fivefold risk of reoffending compared to those with the highest number of contacts.²⁰⁶
- A study of 7030 offenders with psychosis showed a link between increased contact with community mental health services (within 30 days after an offence) and reduced reoffending in men, but not women.²⁰⁷

There is substantial evidence that incidents of traumatic brain injuries (TBI) are disproportionately present in offenders. TBI can lead to cognitive and personality issues which may increase the risk of crime. The relationship between TBI and crime is complex, as risk factors such as low socio-economic status can lead to additive risk of poor outcomes. The link between TBI and offending is relatively new and there is little information on interventions aimed at mitigating effects of a TBI on reoffending.

- Headway (a brain injury charity) estimates that around half the prison population have suffered a TBI. The proportion is higher among women with domestic violence a leading cause.²⁰⁸
- Adults with TBI were younger at entry into the justice system, with higher rates of repeat offending and greater time spent in prison.²⁰⁹

²⁰⁶ Adily A, Albalawi O, Sara G, et al. (2023) Mental health service utilisation and reoffending in offenders with a diagnosis of psychosis receiving non-custodial sentences: A 14-year follow-up study.

²⁰⁷ Adily A, Albalawi O, Kariminia A, et al. (2020) Association Between Early Contact With Mental Health Services After an Offense and Reoffending in Individuals Diagnosed With Psychosis.

²⁰⁸ Understanding acquired brain injury in the criminal justice system, A guide for probation staff, Headway 2021, Accessed at: [print \(headway.org.uk\)](https://www.headway.org.uk/print)

²⁰⁹ Williams WH, Mewse AJ, Tonks J, Mills S, Burgess CN, Cordan G. (2010), Traumatic brain injury in a prison population: prevalence and risk for re-offending.

- The frequency of self-reported TBI was positively associated with the number of convictions, with three or more self-reported TBIs associated with greater violence in offences.²¹⁰
- Another study found that whilst TBI were found to predict violent offending, they did not predict general criminal behaviour.²¹¹

²¹⁰ Williams, William & Cordan, Giray & Mewse, Avril & Tonks, James & Burgess, Crispin. (2010). Self-reported traumatic brain injury in male young offenders: A risk factor for re-offending, poor mental health and violence?

²¹¹ Lattimore, P.K., Richardson, N.J., Ferguson, P.L. et al. (2022) The Association of Traumatic Brain Injury, post-traumatic stress disorder, and criminal recidivism.

5. Conclusion

Evidence on some specific interventions to reduce general reoffending has been discussed and is summarised in Table 1. There are some common features across successful interventions, which are summarised here. The characteristics of successful interventions align broadly with principles of behaviour change frameworks used in other settings such as public health. These principles reflect the need to create capability for change (physical/psychological ability to change), opportunity (external factors making change possible) and motivation (cognitive processes inspiring change).²¹²

- **They are not solely punitive.**

Research shows little positive treatment effects for punitive interventions,²¹³ unless alongside rehabilitation.

- **They build skills which help people behave differently in the future.**

This is supported by behaviour change principles; people need not only motivation and opportunity to change, but also capability.

- **They help develop pro-social identities.**

Development of a non-criminal identity helps people reintegrate into society.

Maintaining a criminal identity can lead people to feel “doomed to deviance”.²¹⁴

- **They use the principles of Risk-Need-Responsivity.**

Interventions matching level of treatment to the risk of reoffending and targeting criminogenic needs are more effective at reducing reoffending than those which do not.²¹⁵

²¹² Michie S, Van Stralen MM and West R, ‘The Behaviour Change Wheel: A New Method for Characterising and Designing Behaviour Change Interventions’ (2011) 6 Implementation Science 1

²¹³ Lattimore et al., 2016

²¹⁴ Maruna, S. (2001). *Making good* (p. 86). Washington, DC: American Psychological Association.

²¹⁵ Prendergast, M. L., Pearson, F. S., Podus, D., Hamilton, Z. K., & Greenwell, L. (2013). The Andrews’ principles of risk, needs, and responsivity as applied in drug treatment programs: Meta-analysis of crime and drug use outcomes. *Journal of experimental criminology*, 9(3), 275-300.

- **They target factors linked to offending.**

As above, interventions targeting linked criminogenic needs reduce reoffending.²¹⁶

- **They develop intrinsic motivation to change.**

Behaviour change is most likely to be sustained when resulting from personal desire. Interventions placing external pressure on individuals to change without developing intrinsic motivation may be less successful.²¹⁷

- **They are implemented in accordance with the specification.**

Evidence shows programme integrity is related to reductions in reoffending.²¹⁸

There is a wider context covering pre-conditions for good rehabilitation. This includes quality leadership, organisational structures, partnership working, etc. The evidence base for these pre-conditions was out of scope for the purposes of this synthesis. However, where there is evidence an intervention is effective, it is likely pre-conditions have been addressed.

²¹⁶ Andrews, D. A., Zinger, I., Hoge, R. D., Bonta, J., Gendreau, P., & Cullen, F. T. (1990). Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis. *Criminology*, 28(3), 369-404.

²¹⁷ Deci, Koestner & Ryan, 1999.

²¹⁸ Lowenkamp, Latessa & Smith, 2006. Does correctional program quality really matter? The impact of adhering to the principles of effective interventions. *Criminology and Public Policy*, 5, 575–594. <https://doi.org/10.1111/j.1745-9133.2006.00388.x>