

## CHAPTER FOUR

### PROGRAMMES AND PARTNERSHIPS FOR COMMUNITY CORRECTIONS RESIDENTIAL CENTRES

#### 4.1 INTRODUCTION

Chapter four reports about programmes and partnerships for CCRCs. National and international programmes will be discussed, in particular the functioning of CCRC programmes in Denver, Colorado. As already referred to in previous chapters, the visit was for the purpose of qualitative research data. Relevant to the discussion of CCRC programmes, various types of offenders, such as HIV Aids, drug abusers, low intelligence, sex, lifestyle and mentally ill offenders, who need services according to their special needs, will be discussed. In this chapter, emphasis is also placed on job creation projects at CCRCs for offenders who would not qualify for the open labour market.

Finally, the role of social workers as case managers, public/private partnerships, accountability, multi-disciplinary teams, advisory boards and volunteers will be discussed as relevant components for CCRC programmes.

## 4.2 PROGRAMMES

Graycar (2000:9) commented that the only way to find out whether a treatment programme is effective is to look at its "*therapeutic integrity*". In order to reduce recidivism, proper implementation of programmes is necessary by trained personnel, which also includes ample time for the completion of the programme.

Graycar (2000:10) advises that programmes without rehabilitation are not effective in reducing recidivism of either adult or juvenile offenders. He is of the opinion that future criminal behaviour is not successfully targeted if non-criminogenic factors such as depression, anxiety and self-esteem are addressed. Although he acknowledges that there is a link between self-esteem and criminal behaviour, it does not imply that a change in self-esteem will necessarily change criminal behaviour in future.

McShane and Krause (1993:328-331) discuss programmes for juvenile offenders and conclude that effective programmes

share certain principles. These principles, which the researcher regards as applicable to programmes with young adult offenders, are as follows:

- Address actual needs identified by the offenders themselves.
- Keep close contact with the surrounding community to help the client with successful reintegration.
- Personnel should be flexible and act as good role models.
- Rules and discipline should go hand in hand in programmes. This infers that every resident should know all the rules and know what the consequences are for violating them.
- The programme must have a reward system for good behaviour.
- Job training and readiness to take up a job must form part of the programme in order to give the offender the necessary tools for employment.
- The offender must take part in the decision-making process at the CCRC (McShane and Krause, 1993:331).

These principles should guide all relevant programmes of CCRCs that range on a continuum from supportive to interventive programmes.

#### 4.2.1 Supportive to interventive programmes

Allen, Carlson, Parks and Seiter (1978:5) state that programmes can be either interventive or supportive. The interventive programme takes as its aim the treatment of the offender with his/her unique problems in personality and social adjustment as the point of departure. Professional personnel's intervention includes a process of diagnosis, classification and treatment.

The supportive programmes, on the other hand, utilise the available resources in the community, for example community agencies, to meet the needs of offenders. Allen *et al.* (1978:5) maintain that one cannot make a clear division between the two above-mentioned programmes and that most CCRCs will operate somewhere between supportive and interventive programmes.

The CCRCs visited in Denver, Colorado all provide various types of programmes. In agreement with Allen *et al.* (1978:5), all the CCRCs in Denver, Colorado operate according to a combination of supportive and interventive programmes. These programmes will subsequently be discussed from the programme directors'

perspectives as well as the researcher's observations. Where applicable, literature will be integrated to give a broader international perspective and reference will also be made to the South African context.

#### **4.2.2 CCRC programmes in Denver, Colorado**

Sullivan (2000) of Independence House, South Federal CCRC stated that individual assessment is necessary to find out which programme fits which offender. The programmes the facility provides, focus on the following:

- mental health
- drug and alcohol
- cognitive thinking skills
- anger management
- decision-making skills
- parenting programmes
- domestic violence and
- literacy programmes

The success of these programmes is measured in two ways. On the one hand, offenders can move to a lower level of

supervision. However, if a person is sent back to prison, Sullivan (2000) also referred to this as a success because of the protection the community received from the person's crimes whilst the offender had been in the CCRC.

At the Independence House, Fillmore Street, each offender is pre-programmed, during the intake process, to learn in which programmes they will take part (Everett, 2000). This CCRC has a

- drug education course;
- transitional service programme;
- life skills course for people that need this specific course. The life skills course, according to Everett (2000), includes anything from balancing a chequebook to signing a lease for obtaining a residence. It also includes planning to buy groceries and setting career goals.

Carst (2000) stated that 87 percent of the offenders of Tooley Hall, successfully complete their programmes. She noted that the success rate is higher than other centres because this CCRC tries to limit contacts with the outside world. She informed the researcher that many activities are provided at the centre and for the first few months offenders

do not go home on special passes. The percentage of offenders who return to higher custody due to programme violations is very low. The 13 percent is made up of those who returned to higher custody as well as those who escaped. She also mentioned that they have evening visiting times and once a month they have a spaghetti dinner with the families of offenders. Staff then inform the family about the CCRC's programmes as well as about the support groups the residents will need when they leave the centre.

Of great importance is the fact that encouragement of appropriate offender conduct takes place by means of an incentive-oriented system of graduated privileges (Carst, 2000). This view is in line with McShane and Krause's (1993:328) programme principle of a reward system for good behaviour. Tooley Hall CCRC addresses the following issues in their programmes:

- how to dress properly
- health care issues
- nutrition
- social skills
- leisure time

- GED (general educational classes)
- literacy
- drugs and alcohol (classes twice per week and Cocaine Unanimous meets on Saturday evenings)
- relapse prevention (once a week)

According to Carst (2000), the majority of the residents at Tooley Hall have problems with drug abuse and if they received sentences for theft, it is because they stole to satisfy their drug needs. In addition to Cocaine Unanimous, this CCRC also has a drug and alcohol rehabilitation treatment programme (DART), which runs for forty-two days, at the Williams Street Male Centre. In the first thirty-five days they usually have eight to twelve hours of treatment per day. During this time no contacts take place with the outside world with either friends or family. However, they do have a "buddy support system" in place where a friend is with them at all times. After thirty-five days certain paperwork is completed to prepare them for employment. After forty-two days they go back to the Tooley Hall CCRC as regular clients, either of DOC (Department of Corrections) or as diversion clients. To qualify for the DART programme, interviews take place for the take-in. A long waiting list exists for this programme. They usually



stay for thirty to sixty days after the completion of the programme at Tooley Hall CCRC. Only therapists or case managers rehabilitated from a drug and alcohol problem qualify as group leaders. According to Carst (2000) the success rate is 90 percent.

The programmes of Summit House CCRC are described by Austin *et al.* (1992:45) under the *"Bringing It All Back Home Family Teaching Model"* where behaviour changes are also stressed by utilising a system of rewards as well as consequences. This system correlates with the system utilised by Carst (2000) of Tooley Hall CCRC, as already indicated.

The researcher agrees that a system relying on both rewards and consequences, could motivate offenders to positively change their behaviour. She recommends that community corrections in South Africa adopts this system in its work with offenders, not only in the community, but also in prison. Small successes will eventually lead to further change and more successes on the part of the offender.

At the Independence House, Pecos Centre, Carrigan (2000) informed the researcher that the success rate of the programmes at the CCRC is 76 percent. They normally give people ample chances to successfully complete the

programmes. When they are eventually sent back to prison, it is because they did not comply or they failed to utilise the opportunities. The researcher found that this programme director supported the offender residents tremendously. Offenders are returned to higher custody only for serious violations such as alcohol and drug abuse and burglaries.

It was observed and noted by the researcher that the programmes utilised by the various CCRCs visited in Denver, Colorado are in accordance with the type of offenders they serve. Other international examples of such programmes will suffice in the discussion that follows.

Austin *et al.* (1992:39) report that the Elizabeth Fry Centre in San Francisco, serves women State prisoners with their children under six years of age, although only one child is allowed to stay with the mother. They ensure a homelike atmosphere for the residents, despite the fact that it is highly secured. The programmes they provide include the following:

- Parenting education
- Recovery counselling
- General education (GED) tutoring
- Training on job readiness

- Money management and other life skills.

The Elizabeth Fry CCRC not only provides programmes for women, but also takes care of their pre-school children in the form of a pre-school educational programme (Austin *et al.*, 1992:39).

The above authors also refer to the Neil J. Houston House/Social Justice for Women in Boston, Massachusetts that cares for pregnant offenders. At this CCRC they receive intensive pre-natal care as well as alcohol and drug abuse treatment (Austin *et al.*, 1992:40).

The above two projects need to be commended in terms of the comment made by Graycar (2000:5). He mentions that cost benefit studies reveal that financial input in early intervention, for instance "*maternal health, pre-school enrichment, remedial education, truancy reduction [and] family support*" have proved to be good crime control investments. Graycar suggests that it is better to aim for "*productive tax paying citizens*" than "*long term welfare recipients*" (2000:5).

In essence, Graycar is suggesting a much earlier input and investment in the lives of families, mothers and their children with a focus on developmental issues in order to safeguard the children against the effects of crime later on in their lives.

Project Greenhope Services for Women, Inc. in New York offers residential services (CCRCs), day treatment facilities, as well as permanent housing for women. They serve awaiting-trial offenders, those sentenced by the courts, probationers and State parolees. They are either felony defendants or offenders. This project focuses on sobriety and, in so doing, addresses the factors contributing to women's addiction, such as sexual abuse, domestic violence and anger. All three programmes focus on the needs of the African-American and Hispanic women and are gender-specific. This facility utilises a volunteer mentoring programme in which African-American professional women are matched with the participant in order to increase cultural and vocational opportunities (Austin *et al.*, 1992:42).

Austin *et al.* (1992:46) refer to the Talbert House for Women in Cincinnati, Ohio that serves women in this CCRC at various offender levels in the criminal justice system. Their programmes focus on the empowerment of women to take responsibility for their life decisions. They provide the following programmes:

- alcohol and drug counselling
- employment development

- GED (General education) preparation
- training in life-skills
- health care
- counselling on domestic violence and co-dependence (Austin *et al.*, 1992:46).

A key factor in providing effective programmes at CCRCs is space. If a facility does not have the necessary space available, programme activities cannot be delivered at the CCRC and it will require additional arrangements. The programme directors at the CCRCs in Denver, Colorado reported the lack of programme space as being a critical issue.

Everett (2000) of Independence House, Fillmore Street, mentioned that not only was the space of this centre inadequate for programmes, but that he also had storage problems. He suggested that when a new facility is planned or an old one renovated, provision should be made for programme and storage space and advised that whatever is foreseen in terms of space, should be multiplied.

Carst (2000), however, alluded to the fact that even when a CCRC has the necessary space to do programme activities, like at the Tooley Hall CCRC, some programmes still take place in

town as well as at the Williams Street CCRC. They network with the community regarding existing programmes such as women's focus groups. This centre also offers aftercare services for clients up to six months.

Carrigan (2000) of Independence House, Pecos Centre confirmed this practice and provided examples of programmes that take place at the Day Reporting Centre, South Federal, including programmes on

- drugs and alcohol
- speaking skills and
- male health.

Another model is that programmes can utilise the CCRC facility, but the programmes are provided by someone from the community. (Compare Carrigan, 2000 & Sullivan, 2000.)

In summary, although CCRCs should make provision for programme space, they should also use facilities and expertise from the community for programmes. This will promote networking with the community and also the offender's reintegration into society.

When CCRCs are embarked upon in South Africa, the importance of programme space should thus not be underestimated. The researcher is of the opinion that it would be to the advantage of South Africa if CCRCs could operate as one-stop services in the community where a holistic approach is followed and the majority of services can be delivered under one roof. This would include using skilled agencies in the community for reasons already outlined above.

The fact that programmes should be linked to the special needs of specific offenders has already been mentioned in this chapter. It has also been emphasised that needs identification by offenders themselves is one of the principles underpinning a programme. (Compare McShane and Krause, 1993:328.) It is therefore important that CCRCs are well informed about the special needs that classify offenders into special clients when they design and develop programmes. A chapter on CCRC programmes, therefore, justifies a more in-depth discussion of these clients.

#### **4.3 SPECIAL NEEDS CLIENTS IN THE CRIMINAL JUSTICE SYSTEM**

Clear and Dammer (2000:361-365) argue that offenders have specific problems or criminogenic needs which need to be

handled differently. McShane and Krause (1993:427-437) refer to "*offence specific programmes*". What they suggest in essence is that one should not only look at the needs of offenders, but also at the type of crimes they committed when they are engaged in programmes at CCRCs.

Within the criminal justice system, offenders with special needs include the following:

- Offenders with HIV/AIDS
- Sex offenders
- Arsonists
- Fire-setters
- Shoplifters
- Mentally ill offenders
- Low-intelligence offenders
- Lifestyle offenders
- Substance abuse offenders

Compare McShane & Krause (1993:427-437) and Clear & Dammer (2000:361-365).



In the discussion that follows, a selection of the above-mentioned offenders will be discussed.

According to McShane and Krause (1993:402), identification of these clients and their needs should take place in order to provide them with specific programmes.

#### **4.3.1 Offenders with HIV/ AIDS**

The AIDS pandemic has reached crisis proportions internationally as well as nationally. This pandemic has not escaped the prison community. Offenders engage in unsafe sexual activities either voluntarily through homosexual activities, or involuntarily through homosexual rapes, thus spreading the AIDS virus. (Allen and Simonsen, 1995:501-502).

Allen and Simonsen (1995:502) are of the opinion that *"prison administrators can expect increases in the numbers of infected inmates, HIV-related illnesses and deaths in prisons, intra-prison transmissions and, inevitably, a growing stream of HIV-infected prisoners returning to the community through parole and other release mechanisms"*.

The AIDS pandemic in prison is thus also a community concern when sentenced offenders are released from prison into community-based corrections. It is thus of great importance

that an HIV/AIDS policy for community-based corrections should be in place to address the issue and to counteract specific problems in this regard.

#### **4.3.1.1 HIV/AIDS policy for community-based corrections**

Clunies-Ross (undated: 274) refers to an HIV/AIDS policy for community-based corrections. He explains the necessity for providing both offenders as well as personnel with the most recent information in order to reduce the spread of HIV/AIDS. According to him, it is of the utmost importance that programmes in community-based corrections give specific attention to communicable diseases, how they are transmitted as well as their prevention.

Allen and Simonsen (1995:503) agree with Clunies-Ross in that policies should be developed and implemented so that personnel can be trained and educated regarding the diagnosis, management and treatment of the HIV/AIDS infection. However, it is also the offender who should be educated in this regard.

The Annual Report of the Department of Correctional Services (2000/01:83) reported that 464 prisoners were trained in 2000, who, in turn, provided fellow prisoners with an opportunity to have access to information on HIV/AIDS. In

July 2000, the Department itself demonstrated that the spread of AIDS in prisons is taken seriously, by its attendance of the X111 International HIV/AIDS Conference in Durban.

Clunies-Ross (undated: 275) suggests that any offender with a communicable disease such as HIV/AIDS, just as any other offender, should receive treatment according to his/her individual needs in terms of a case plan. Managers of offenders should take responsibility for knowledge about safe sexual behaviour and link offenders with appropriate resources in this regard. However, in the final instance it is the offender who must take control and responsibility for his/her own behaviour. This responsibility is linked to the offender's right to confidentiality (Clunies-Ross, undated: 275). Management and personnel should respect this right and not discriminate against persons with communicable diseases. This author unequivocally states that the mere knowledge of an offender having HIV/AIDS is not sufficient grounds for suspending his/her programme requirements.

Clunies-Ross (undated, 275) further comments about policy on infection control in case of any blood spillage. According to him, it should be normal procedure to treat any blood spillage as infectious. The necessary equipment to stop blood spillage should be part of the first aid kit at all CCRCs.

In summary, CCRCs should provide access to knowledge and resources on HIV and AIDS to their clients. An HIV/AIDS policy should be in place to prevent the spread of the virus. This includes the education of clients to take responsibility for their own behaviour.

#### **4.3.2 Drug abusing offenders**

Clear and Dammer (2000:361) are of the opinion that drug abusing offenders always have the potential for relapse. On the one hand, the offender must be supported, but on the other hand, swift action must be taken when there is evidence of a relapse. These authors maintain that drug abusing offenders commit more crimes when using drugs, as confirmed by research, and therefore pose a serious threat to the community. Clear and Dammer (2000:361) propose that drug abusing offenders can be addressed through community case management that includes treatment, testing, consequences and progress.

#### **Treatment**

Drug offenders are not able to free themselves of their drug habit without some form of treatment. Some only need drug counselling, whilst others need detoxification. The latter

requires residential treatment for a certain period which may vary from 30 up to 180 days.

### **Drug testing**

Drug treatment is accompanied by drug testing. Initially, frequent drug tests are necessary. Later, however, this could be reduced to sporadic, but random drug testing.

### **Consequences and progress**

There are also consequences resulting from the positive testing of drugs which take the form of curfews that could lead to detention. Clear and Dammer (2000:362) disagree with the "*zero tolerance*" approach for drug offenders. According to them it can be expected that these offenders will have small relapses and a too stringent approach would make them all likely to fail. They suggest that one should rather look at the progress made by these offenders, such as if they remain involved in treatment. Questions that can be asked include the following: Are the failures small and minor? Does the offender have longer periods of sobriety between these failures?

Programmes for drug abusing offenders, therefore, need to include detoxification, residential treatment over a certain

time span and specific guidelines with regard to the consequences and the progress made on the way to recovery.

#### 4.3.3 Sex offenders

Clear and Dammer (2000:363) describe three keys to prevent a relapse of sex offenders which is related to the fact that many sex offenders behave compulsively. These three keys are *knowledge*, *signal detection* and *multiple sources of contact*:

- The offender's **knowledge base** regarding inappropriate sexual behaviour must be built.
- Their case managers must have a knowledge base regarding the symptoms of re-offending. **Signals** of relapse must be monitored and these may include inconsistent behaviour, buying sex magazines and changes in daily routines.
- **Multiple sources of contact** should be established with the offender, his/her family, employers, neighbours and other associates. However, this should be done sensitively and not through intensive surveillance.

In summary, the intensive monitoring of the sex offender and linkages with support systems are important components of programmes for this type of offender.

#### 4.3.4 Mentally ill offenders

Clear and Dammer (2000:364) describe how difficult it is for the mentally ill offender to comply with regular reporting, curfews and finding a job. According to these authors, mentally ill offenders are not resistant to supervision, as might be thought. What appears to be resistance, is only a manifestation of their mental illness. The authors suggest that, in order to reduce the risk of relapse of mentally ill offenders, it is necessary to work hand in hand with mental health treatment agencies. This working agreement should be mutually supportive (2000:364). Weskoppies Hospital has three "*halfway houses*" in place to meet this need.

Korkie and du Preez (2002) have observed how the mentally ill patients at Weskoppies Hospital have an impaired drive, known as a psychomotor retardation. They experience side effects because of the medicines they take, which makes them drowsy and also requires that they see their doctors frequently. Treatment and prevention programmes must therefore make provision for this impact on patients/clients, including the time span of programmes. In this regard, Korkie and du Preez (2002) are of the opinion that a six-month period of intake is too short for psychiatric patients. In their view, the community corrections system needs an additional step

between the mental hospital (halfway houses) and the community. When a patient is ready to function more independently, he/she can then be released into the community in a form of assisted care CCRC. This type of care need not have a wide range of personnel, but only one person who takes charge and reports to the personnel at Weskoppies Hospital. Korkie and du Preez (2002) are convinced that mentally ill patients in such a special care CCRC would have the benefit of support from Weskoppies Hospital.

It can be concluded that the mentally ill offender needs intervention from a mental health organisation or hospital. The release of such an offender into the community will require closer monitoring by a special care unit CCRC.

#### **4.3.5 Low intelligence offenders**

Clear and Dammer (2000:365) state that approximately one third of prisoners, probationers and parolees function on a low intelligence level. As with psychiatric patients, this group also suffers from unpredictable behaviour. They have difficulty with instructions and rules and their social interactions are accordingly impaired. These offenders, because of their low intelligence, easily fall prey to the influence of others that may tempt them back into criminal behaviour.



For this type of offender, the supervision goals must be short-term and very basic. They are able to do well under supervision as long as their special needs are met (Clear and Dammer, 2000:365).

Low intelligence offenders, therefore, require that rules, procedures, programmes and supervision are conducted in a simple manner which meets their level of understanding.

#### **4.3.6 Lifestyle offenders**

According to Clear and Dammer (2000:365), lifestyle offenders pose the greatest difficulty because of their commitment to criminal activities as a lifestyle. These authors discuss the offender as a gang member with a range of anti-social influences that overrides the pro-social influences. Supervision typically includes that the offender may not have any contact with gang members, a condition that is not easy to realise or meet. Some of these gang members desire jobs, a home and a family and if these goals can be met, pro-social behaviour may be developed.

Lifestyle offenders, pose a threat to the criminal justice system because of constant recidivism and therefore CCRCs need to manage their needs with great care.

In this section, the special needs of specific offenders have been discussed. The slogan "*one size does not fit all*" is particularly appropriate for the special needs group of offenders. However, over and above the special needs of these offenders that have been discussed, all of them have a specific need to be placed in a job, or at least be prepared for a job in job creation projects at CCRCs. Even if offenders are placed at CCRCs in the community and receive specialised rehabilitation programmes, they will not reintegrate successfully into society if no employment is available for them. CCRCs, therefore, need to make provision for job creation projects. The dire need for job creation projects for offenders in community corrections can be contextualised within the national need for job creation.

Graycar (2002:12) argues that the restructuring of the economy is driven by globalisation which results in creating both winners and losers in terms of job opportunities. According to this author, the losers are young and angry males, who are unemployed with little chance of employment in the future. He makes a statement about the contradictions of current times. On the one hand, "*we can send people to the moon, and automatic robots to explore Mars, yet we can't find jobs for our young people; or appropriate accommodation for*

*people leaving prisons. We can fill our cities with glitzy and expensive office blocks which remain empty, yet we can't provide sufficient early childhood interventions which will reduce criminality. We can build jails that work on smart cards, yet we don't do too well at stopping the revolving door"* (Graycar, 2002:2). These words pose a challenge to South Africa to create jobs for the unemployed through job creation projects. This challenge is even more applicable to the offender since all offenders will not qualify for employment in the open labour market and will therefore rely on special job creation projects to meet their needs.

It is against this background that job creation projects will be discussed as a need applicable to all offenders, whether in prison or released into community-based corrections.

#### **4.3.7 Job creation projects**

Mamaila (The Star, 25 July 2002) reported President Mbeki to say that government plans to produce a comprehensive plan of action to reduce unemployment in South Africa in weeks to follow.

As already noted, the economic situation in South Africa is of such a nature that the demands for jobs are larger than the supply. The high rate of unemployment in South Africa has a

direct influence on offenders, who, as a special vulnerable group, are unable to find jobs. On *"Morning Live"* (SABC 2) it was announced on 27 March, 2002 that the unemployment rate had risen from 4,2 million to 4,5 million in South Africa in September 2001. This represented a percentage increase from 26,5% to 29%. In effect, this means that the unemployment rate rose by 300,000 people. As indicated in chapter one of this study, South Africa needs to challenge the national strategy, GEAR, to counteract the problem of unemployment. If South Africa is compared to Denver, Colorado where the demand for jobs is lower than supply, and where offenders find jobs within a month after release from prison, the challenges facing this country are more specifically realised.

Motsoatsoe reported in the Pretoria News of 27 March, 2002 about the loss of one million jobs between February and September 2001 (Statistics South Africa's Labour Force Survey as released on 26 March 2002). This has a direct influence on all those who are unemployed and more so on offenders. The National Advisory Commission on Criminal Justice Standards and Goals (1976:489) points out that the emphasis placed on the employment of the offender, is related to the awareness that an unemployed offender easily falls prey

to recidivism. To place offenders in CCRCs without training and creating jobs for them would be disastrous. The researcher is of the opinion that a comprehensive national strategy, built on interdepartmental collaboration and consultation, is the only way to succeed in this regard.

McShane and Krause (1993:238) maintain that over the years research has confirmed that employment is one of the most dependable predictors of success when a person is on parole. They comment that a study in Illinois during 1985 pointed out that 65 percent of recidivists who were re-arrested, were unemployed.

Similar findings are made by Latessa and Travis III who evaluated treatment programmes at CCRCs and found that "*employment services and enrolling in an educational programme reduced recidivism*" (Latessa and Allen, 1997:333).

The researcher observed at the CCRCs in Denver, Colorado that offenders stay at the CCRCs at night and are employed during the day in the community. Through employment, offenders become responsible and accountable, not only to meet the needs of their families, but also to pay for services provided by CCRCs. In addition and where applicable, restitution monies could also be deducted to pay the victims of

crime as an order. In Denver, offenders also have to pay the State for the crimes they have committed, according to Carst (2000) of Tooley Hall.

At Weskoppies Hospital, Korkie and du Preez (2002) reported that some of the psychiatric patients in their CCRCs ("*halfway houses*") are involved in sheltered employment. Korkie and du Preez (2002) suggest shared jobs for these patients in the community where three persons can each work for a third of the day in sheltered employment. Psychiatric patients need sheltered employment because of their limited skills due to illness.

Offenders released from prison, not only need jobs; they also need help in initial job-seeking skills, as well as in other skills training. However, McShane and Krause (1993:238) caution that training programmes should be appropriate to the current job market. They suggest the provision of "*supported work training*" in sheltered workshops similar to that for people with disabilities. In such an environment, offenders will not only master the necessary technical skills successfully, but will also develop good employment behaviour. McShane and Krause (1993:239) also indicate the possibility of giving companies tax breaks if they are prepared to employ offenders or ex-offenders.

In South Africa, the White Paper for Social Welfare (1997:84) gives a guideline for a strategy in services to offenders, victims and their families regarding employment programmes:

*"Employment programmes, skills training and retraining opportunities for ex-offenders will be developed, as well as halfway houses and community-based temporary shelter arrangements".*

The Department of Labour agrees with the Department of Social Development about the training of special needs groups. The Skills Development Bill, (Department of Labour, 1997:18) allocates certain functions to the Minister, one of which is to *"determine target groups and special target group training programmes which may be supported from public funds"*. The Skills Development Bill (Department of Labour, 1997:6) describes the establishment and functions of Employment Services. Various functions are mentioned whereby special assistance could be rendered. The researcher will only refer to those described under section 5 (c) namely:

*"render special assistance by -*

- (i) referring persons in target groups to appropriate training providers;*

- (ii) *assisting persons with special problems, such as alcoholics, drug addicts and ex-prisoners after their rehabilitation, to enter or re-enter the labour market;*
- (iii) *supporting communities to start income generating and training projects linked to local economy initiatives and to assist them to get support for skills development; and*
- (iv) *developing special employment programmes to enable individuals in target groups to participate actively in the labour market".*

The researcher is of the opinion that the above-mentioned section of the Skills Development Bill (Department of Labour, 1997) makes provision for the needs of offenders. Not only is employment and job creation a must for offenders, but if they are trained, it should be by appropriate service providers, which raises the issue of accredited service providers.

#### **4.3.7.1 Accredited service providers**

The New Dictionary of Social Work (1995:1) defines accreditation as follows:





*"Recognition of a training, welfare or other institution on account that it meets specific minimum standards or accepted criteria of quality".*

The Skills Development Bill (Department of Labour, 1997:9) stipulates that a service provider must *"be accredited in terms of South African Qualifications Authority Act, 1995 (Act No. 58 of 1995), and comply with the prescribed requirements to obtain funds for training"*. The use of accredited service providers is thus the only way to help offenders adequately, according to the researcher.

Premier Mbhazima Shilowa in his address at the opening of the Gauteng Legislature (2002:1) reported on the existence of programmes to create jobs. He speculated that at the end of this financial year, job creation would have increased to more than 30 000 per annum. The average was 18 000 per annum for the previous financial year. The Zivuseni public works job creation programme was a good start, being launched in 2002 and aiming to alleviate poverty by creating short-term jobs. This job creation programme entails the maintenance and upgrading of schools, hospitals, clinics, libraries, welfare pay points, multi-purpose community centres and sports facilities. However, Premier Shilowa concluded that although the *"primary solution to poverty is economic growth and job*

*creation, the impact of this will be evident only in the medium to long term” (2002:6).*

In conclusion, offenders released from prison need employment to resume their responsibility of meeting their own needs. Therefore, CCRC programmes should include job creation projects with skills training for jobs relevant to the market being provided by accredited service providers.

Programmes can only be effective if they are based on partnerships. The various components of partnerships relevant to CCRCs will subsequently be discussed.

#### **4.4. PARTNERSHIPS FOR COMMUNITY CORRECTIONS RESIDENTIAL CENTRES**

Key components for effective partnerships in CCRCs include accountability, the role of social workers as case managers, public-private-partnerships and advisory boards. These components will be discussed in this section.

##### **4.4.1 Accountability**

The various CCRCs as well as the DRCs visited in Denver, Colorado, expected accountability from all the offenders they served. The researcher is of the opinion that accountability should also play a central role in South Africa when serving

offenders at CCRCs. Offenders should take responsibility for their own lives. There is, however, a marked difference with regard to accountability when an offender is in prison as opposed to when he/she is staying at a CCRC.

In prison the offender has very little responsibility and accountability according to Everett (2000), whereas in CCRCs this role is of primary importance. The researcher is of the opinion that an offender's motivation is strongly linked to accountability. Austin *et al.* (1992:44) discuss the project Re-Entry Metro in Minnesota which stress both personal as well as group accountability. The expectation of accountability, however, does not stop at the offender. Professionals also need to be accountable. The Annual Report of the Department of Correctional Services in South Africa (2000/01:102) mentions that in order for professionals to be accountable, it is not only necessary to follow a scientific approach, but also to have appropriate training programmes. Such programmes would result in improved validity and reliability in the helping process.

Graycar (2000:11) refers to the social worker being accountable to:

- the community
- individual clients

- colleagues
- employers.

Smith, (1997:3) takes accountability one step further when she also includes all stakeholders and role-players in community corrections, be it the State, policy makers or service providers. The researcher fully agrees that all stakeholders must be accountable and that accountability and transparency are two important issues in managing CCRCs successfully.

Meatheringham (1997:4), however, is of the opinion that the private sector does not have to account so rigorously as is the case with a public agency when it comes to funds. However, when a private service provider is contracted to a public agency, the same rigorous controls of accountability come into practice.

Richards, (1997:2) comments that State departments find it all the more necessary to share service delivery between themselves and private service providers as co-partners. Not only are they collaborating, but they also compete with each other for contracts. According to him, certain developments such as a less hierarchical type of accountability occurred with the result of a better informed community. As a result, accountability is now of a more complex nature. He is of the

opinion that private sector service providers should have the same principle of accountability applied to them as was previously rigorously applied to State departments (Smith, 1997:3).

Lindsay (1990:7) discusses accountability of advisory boards within the framework of partnership as a serious issue. Board members should be well trained and knowledgeable in order to make decisions for which they should be held accountable.

In summary, the above discussion centred on accountability and various points were stressed, such as the accountability of the offender, the social worker, the state, the private sector and also of advisory boards. All role-players and stakeholders involved in CCRCs should therefore be held accountable.

The social worker is accountable to the offender and the community as clients. The social work context of this study, justifies a discussion of the future roles of social workers as case managers. As case managers, social workers have an important role to play in CCRC partnerships.

#### **4.4.2 Future roles of social workers as case managers**

Austin, Bloom and Donahue (1992:24) define case management as incorporating individualised "*treatment planning, referrals*

*to community resources, systematic tracking of participants progress, and intensive monitoring of activities".*

Clear and Dammer (2000:413) refer to case management as *"any system that provides for the organised and client-specific supervision of offenders"*.

The researcher concludes that case management is more than just a therapeutic relationship with the client. In essence, it means that the social worker should have a thorough knowledge of resources in the community so that the client can be referred to the most appropriate sources for programmes and services not provided at a CCRC. Treatment programmes are necessary social work intervention tools in supporting the offender to successfully reintegrate into the community. Howes (1996:37) regards the following objectives of great importance in social work interventions:

- Promote and expand community service orders as a sentencing option.
- Develop relevant treatment and training programmes which may be used by the courts in conjunction with a suspended or a postponed sentence.
- Provide victim-offender mediation as a sentencing option.

- Monitor and evaluate community-based sentences by means of record-keeping and action research in order to determine the effectiveness of the sentencing option.
- Report the findings of the evaluation or research to the courts in order to maintain the credibility of such a sentencing option.

Graycar (2000:13) emphasises the future role of social workers as case managers as opposed to caseworkers: Negotiating access, a broker of services, building a bridge between needs of client and resources available in the community, acting as an intermediary between offender and relevant agency and as a social resource manager.

Austin *et al.* (1992:24) indicate that *Summit House* uses the treatment-team approach when dealing with case management. This includes a multi-disciplinary team of various persons who are directly involved with offender's care. This team approach has the explicit advantage of the availability of personnel with various expertise perspectives when managing difficult problems. In addition, this approach has the advantage of protecting staff from burnout.

McShane and Krause (1993:396) refer to the *Federal Probation Service* approach as the "team approach" which

includes specialisation of services. As examples they mention employment referrals and drug and educational counselling. Team members are "*resource brokers*" regarding the services offered in the community. With the team approach each offender receives the services of a team of professionals and consequently a wider range of offenders' needs can be met. The team approach also decreases the possibility of personality conflicts between offender and team member as was seen with traditional casework intervention. All team members in the team approach are familiar with the offender's case and can stand in for one another when required. With a team approach a more balanced case planning and management service can be provided (McShane and Krause, 1993:396).

Bartollas (1985:199) discusses the concept of a "*Community Resource Management Team (CRMT)*" which is in essence a similar approach to that described by McShane and Krause. In this approach, offenders and community resources are linked. A new probationer is interviewed by one of the team members who then stipulate the needs of the probationer on a needs-assessment scale. Team members specialising in the various needs systems, then network the probationer with the specialised field in the community, such as drug and/or alcohol



abuse facilities, mental health and unemployment resources, or whatever the need may be.

Within the team work approach, it is important to have a well-developed supervision system in order to ensure accountability by all team members.

Latessa and Allen (1997:287) discuss "*casework supervision*" versus "*brokerage supervision*" as the two primary approaches of supervision. They state that the two approaches are usually mixed and do not exclude each other. They regard casework supervision as the more traditional approach, referring to probation and parole supervision. This supervision approach still follows the medical model. Their critique of this approach is that the caseworker does not make enough use of community support systems and relies too heavily on him/herself as the primary change agent of the offender. Given the large caseloads, extensive report writing required as well as a shortage of social workers, caseworkers are unable to produce the results demanded by casework (Latessa and Allen, 1997:290).

The brokerage approach, on the other hand, entails the social worker assessing the concrete needs of the offender and networking with skilled agencies in the community to provide

the specific service (Latessa and Allen, 1997:290). This approach places less emphasis on a one-to-one relationship between the caseworker and the offender, because the social worker functions more as a manager or "*broker of resources*". S/he is the contact point with the resources in the community and follows up the referral process to ensure that the offender receives the necessary services. The relationship between the social worker and the service-providing agency in the community is of greater importance than that of the relationship between the social worker and the offender. It is clear that the social worker should have in-depth knowledge about resources in the community. Latessa and Allen (1997:292) are convinced that in the brokerage approach, the social worker primarily plays the role of advocate. It also relies on the reintegration model as opposed to the medical model which is the case with the traditional casework supervision approach. It accentuates specialised services for the needs of the correctional client provided by skilled service agencies in the community. These authors state that as "*a rehabilitation device, brokerage replaces the casework approach*" (1997:292). The CCRCs visited in Denver, Colorado all reported that they use the case manager's approach as opposed to the traditional casework approach.

In summary, the above discussion focussed on traditional casework as opposed to the case management approach, where the social worker takes on the role of advocate on behalf of the offender and provides the link with resources in the community. This new role of case management has more to do with the social worker's relationship with resources in the community, than the relationship with the offender. A team approach is followed which implies that each member of the team must have knowledge on the cases of all offenders. Case management falls within the reintegration model, whereas traditional casework falls within the medical model.

Not only is a role change from traditional casework to case management necessary with regard to community corrections, but a role change is also called for in the general management of crime in South Africa. Traditionally, it was the primary role of the Department of Correctional Services in conjunction with the police and the courts to manage crime in society. The extent of crime in South Africa is far too pervasive for Government to continue to take the sole responsibility for crime management. In addition, community corrections programmes and programme activities are also limited, there being only a few role-players involved. Public-private-partnerships need to be extended to include as many

stakeholders and role-players in the community as possible to take responsibility, as a team, for crime in the community.

#### 4.4.3 Public / private partnerships

The previous discussion clearly indicated that crime should be the responsibility of not only the State and the Department of Correctional Services, the police and the courts, but also that of the community. The various sectors should become joint partners in an orchestrated fight against crime. (Compare Richards and Storr, 1999:7.) According to these authors, the current trend is to contract certain services to the private sector.

Lindsay (1990:3) is convinced that the public would consider alternative forms of punishment other than imprisonment, if the issue of public or personal safety was addressed. This implies that alternative forms of sentencing must be safe, adequately punitive as well as more cost-effective than prison. Community support will also be more easily achieved if offenders are adequately supervised in the community.

Steps are therefore necessary to ensure that public-private partnerships (PPP's) develop, where all role-players involved take a stance against crime. The question is, how could this be made possible? The Annual Report of the Department of

Correctional Services (2000/01:115) maintains that contracts form the basis for public-private partnerships in South Africa. The private sector should take responsibility for tasks such as the designing, building, financing, operating and maintaining of prisons. The government would then pay for the services that are provided.

The researcher is of the opinion that PPP's should be extended to include CCRCs in the community, based on sound contracts. Contracts can be negotiated through tendering.

Brown, the Director of the National Institute of Corrections of the U.S. Department of Justice, acknowledges in the foreword of *"Contracting for community corrections services"*, that the private sector provides many programmes for the public sector ([www.nicic.org](http://www.nicic.org), 1987:1-47). In the introduction of the said document it is stated that community corrections has a number of options available, including the following:

- They operate the programmes themselves.
- The issuing of vouchers to enable eligible persons to obtain services from either single or multiple service providers.
- Contracting of services/programmes to for-profit agencies.
- Contracting of services/programmes to non-profit agencies.

In this report, the U.S. Department of Justice acknowledges the existence of contracts for partnerships for the following:

- *"Residential programmes (including CCRCs, house arrest, restitution centres, juvenile facilities).*
- *Counselling and treatment programmes (for general client groups, targeted offenders, victim offender reconciliation programmes).*
- *Testing (from employment/aptitude to biological lab work, e.g. urine analysis).*
- *Administrative services (for data processing, record keeping, programme evaluation services.)" (www.nicic.org 1987:1).*

For Parent (1990:5) it is important that State officials and CCRCs should reach an agreement about the purposes of sentencing and corrections and that the programmes at CCRCs should advance these purposes. In this way, CCRCs could successfully be integrated into a jurisdiction's corrections policy. However, according to this author, this would require a substantial amount of input by the public and private sectors as role-players. They should discuss existing sentencing options as well as the utilisation of CCRCs. They must also be able to

identify offenders suitable for CCRC placement. Parent also advises that adequate political skills are necessary to ensure that the right officials take part in the discussions in order to ease conflict that might arise due to differences of interest, jurisdiction and/or funding (1990:5).

Johnson (1997:2) mentions that the Victorian Government's policy declares that the government should make maximum use of contracting services from the private sector. The author regards competition as an inherent part of reform because it focuses more on outcome, greater financial accountability as well as control, enhanced management practices and a major shift of risk to the private sector.

Smith (1997:2-3) discusses various reasons for forming partnerships with non-governmental organisations as service providers. One of these reasons is linked to the power base of partners. Smith points out that although the government shares service delivery responsibility with non-governmental organisations, it will maintain its authority for corrections under the auspices of the Minister. The researcher agrees with this view that the partnership should always be a joint venture between the Department of Correctional Services and the private sector (for-profit/non-profit). A complete take over by the private sector is not advisable because that would

relinquish the responsibility of the Department of Correctional Services completely.

Smith (1997:3) comments on areas in which gaps in service provision exist and where contracts with non-governmental agencies resulted in various programmes to address issues such as the following:

- Drink-driving
- substance abuse
- relationships/communication
- anger management and resolution of conflict
- domestic violence
- transitional phase guidance for newly released parolees
- psychological and psychiatric assessments and therapy
- gambling and other addictive behaviours
- intellectual disability
- culturally defined groups (i.e. Vietnamese, Lebanese)
- Aboriginal cultural and educational groups.



Shilton (1993:5) agrees that new ways are developing in corrections where governments and the public sectors work together in partnerships to develop services for offenders in geographic communities. This takes place by developing a *"continuum of graduated sanctions and community-based treatment"*. According to Shilton (1993:5) this community-based treatment is not only more cost-effective, but also has the probability of a higher success rate. She states, however, that legislation should first change in order for this public-private partnership (PPP) to develop. She further elaborates on the need for the elimination of mandatory minimum sentences and suggests that non-violent offenders should receive alternative sentencing such as the placement in CCRCs, intensive probation as well as home confinement with monitoring (Shilton, 1993:6).

Although public-private partnerships exist in South Africa between government and private prisons, South Africa has, at this stage, no act or section of the Criminal Procedure Act which allows magistrates to sentence offenders directly to a CCRC, (Coetzee, 2002). An amendment to the relevant section of the Criminal Procedure Act is therefore necessary before CCRCs could be embarked on in South Africa. This would enable magistrates to sentence an offender directly to a CCRC

for a certain period of time where he/she has to comply with certain programmes and conditions. This amendment should apply to offenders who commit petty crimes and who are non-violent and also to offenders who are pre-released before their due parole date to a CCRC in the community. The development of a public-private partnership between CCRCs and the criminal justice system, would also have an enormously positive effect on the overcrowding of prisons.

Broad (1996:212-213) alludes to various aspects that are important after a partnership is established, namely:

- Who is responsible for monitoring?
- Continuous training in the fields of *"budgeting, business management, information technology and monitoring skills"*
- *"advanced business and management skills at the post-qualifying level"*.

Shilton (1993:8) highlights the *"dynamic problem-solving process"* in partnerships between community corrections and the private sector. However, changes to correctional decisions such as the following, require enactment by community corrections acts:

- *" Shift authority to local or private agencies, and provide subsidies to assist with programme costs*
- *develop a range of intermediate punishments and front-end alternatives*
- *emphasise both public and private involvement through local community corrections advisory boards, private organisations providing correctional supervision, and programmes for offenders"* (Shilton, 1993:8).

The suggestion made by Shilton (1993:8) of community corrections advisory boards is of great importance in the development and maintenance of a partnership between the public (criminal justice system) and the private sector (for-profit as well as non-profit).

#### **4.4.4. Advisory boards**

Lindsay, (1990:4) regards advisory boards as an opportunity to establish and maintain effective public-private partnerships for residential as well as other community corrections programmes. An Illinois statute includes the following purposes and activities for such a board:

- *"The council shall be composed of individuals who represent the following areas in the community:*



*Local business;*

*Education;*

*Law enforcement; and*

*Social services.*

- *Employees of the Department of Corrections, shall not be members of the council. The Chief Administrative Officer shall serve as an ex-officio member.*
- *The Chief Administrative Officer shall appoint council members to a one-year tenure".*

According to the Illinois statute the goals of the advisory board shall be to:

- *"Pursue ways and means of communicating the Community Services Division's mission to the public;*
- *assist in the identification of public service projects;*
- *develop resources which will benefit inmates/releasees;*
- *assist in the development of private business enterprises to provide employment to the inmates/releasees;*
- *advise the Chief Administrative Officer on policies which impact the community; and*

- *provide other advice and input which will enhance the Community Services Division's position in the community"* (Lindsay, 1990:4).

Lindsay (1990:5) suggests that board members should be orientated and informed clearly about their roles. They must understand that they act in an advisory capacity as opposed to that of being directive and prescriptive. The ultimate value of the establishment of an advisory board is the open invitation to become actively involved as a partner of the CCRC. Extension of this partnership takes place through negotiations with local officials and covers a wide range of expertise. These negotiations start at the beginning of a CCRC project but thereafter continue on an ongoing basis.

The researcher is of the opinion that when this process of CCRCs starts in South Africa, many agencies will compete as service providers. In this light, lessons can be learned from international experience and one is that interagency planning is advisable. Lindsay (1990:6) argues that allocation of programmes in a community should be done from an expert point of view. Too many CCRCs in one community is neither fair to the community, nor to the offenders living as residents in CCRCs. Her solution to this problem is that joint planning should take place between CCRC agencies. To make this

possible, a "central file" should be utilised for interagency planning. This file should, according to Lindsay (1990:6), include general information on various cities and towns, such as the following:

- *"zoning and licensing requirements;*
- *the nature and track records of any past or existing residential programmes;*
- *community and neighbourhood organisations;*
- *important issues in the community; and*
- *leading political and community figures and, if possible, their positions on community-based programmes in general as well as on specific programmes".*

The challenge of the proposed interagency planning for the establishment of CCRCs in communities, needs to be contextualised within the trend to build more prisons for violent offenders. Light (2001:1) asserts that this trend may actually stand in the way of proper planning for non-violent offenders.

In this regard, Light (2001:1) alludes to the crossroads in which Georgia's Criminal justice system finds itself. Georgia

has spent billions over the last ten years to build new prisons where they accommodate the most violent criminals for long periods of time and even for life. Light further points out that a thin line exists between "*tough laws and smart criminal justice decisions*". He asks the question whether Georgia overlooked alternatives to deal with petty crime and non-violent offenders, as well as the youth, in their rush to reach their goals with violent criminals. The petty crime, non-violent offenders and the youth are at great risk when entering the adult correctional system, according to Light (2001:1).

The experience of Georgia is a clear warning and challenge for South Africa to establish formal contracts between the public and private sector when embarking on the design, development and sustaining of CCRCs.

#### 4.5 CONCLUSION

This chapter focussed primarily on CCRC programmes and partnerships. It was concluded that programmes vary on a supportive-intervention continuum. Programmes need to be designed and presented in accordance with the special needs of specific offenders including offenders with HIV/AIDS, drug abusers, sex offenders, the mentally ill, lifestyle offenders and offenders with a low intelligence.

It was also concluded in this chapter that all offenders need jobs when they are released in order to reintegrate successfully into the community. Because not all offenders will qualify for the open labour market, job creation projects should form an integral part of CCRC programmes. CCRC programmes can only be in accordance with the needs of offenders, be accountable and supported by the community if they are designed, developed and implemented within partnerships.

Furthermore, the conclusion was reached that accountability, social workers as case managers, the public-private partnership and advisory boards are critical components of forming meaningful partnerships for CCRCs.

Chapter five reports on the findings of the quantitative empirical study.