

Implementing risk and needs classification in the Correctional Service of Canada

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The mandate of the Correctional Service of Canada is to protect the public while assisting offenders to prepare for a law-abiding return to the community. To achieve this, the Service must accurately assess the risk and needs of offenders and exercise a risk management response (such as incarceration, programming, structured community supervision) which corresponds to that assessment. This is particularly critical for high risk and high need offenders. The Correctional Service of Canada has made major advances in implementing policy and procedures for the systematic assessment and management of offender risk and needs.

This article examines the Service's experience in the development and implementation of an approach for the classification of offenders according to the level of risk and needs each presents.

Why assess offender risk and needs?

Research² both within and outside the Correctional Service of Canada has shown that:

- factors related to an offender's criminal history are strongly related to failure on conditional release;
- there is a consistent relationship between the number and type of offender needs and recidivism; and
- the combined assessment of **both** risk and needs greatly improves our ability to predict which offenders will be recidivists.

Accurately classifying offenders according to their risk/needs level helps the Correctional Service of Canada and the National Parole Board to make appropriate management decisions which will, in turn, reduce recidivism and better protect the public.

How is offender risk/needs classification conducted?

Structured risk/needs assessment is exemplified by the Offender Intake Assessment (OIA) process, an improved approach to penitentiary placement that represents the latest advance in risk assessment technology. Information is obtained (through face-to-face interviews and file review) from internal and external sources including the courts, police, probation files, victims' reports, family, employers and offender self-reports. This may include

supplementary assessments such as psychological, educational/vocational, substance abuse, family violence or psychopathy. Using a multidisciplinary team approach and case conferences, case managers at centralized intake units integrate the information into a comprehensive summary report. For each offender, case managers provide an overall risk/needs rating ranging from "low-low" to "high-high."

The Intake Assessment Report uses a revolutionary automated format for recording information: details of the assessment are entered on-screen in the Offender Management System (OMS), the Service's mainframe computer network. In each area of the assessment, **indicators** (short statements describing a risk factor) — where present — are flagged, risk and need levels are rated, and a narrative text is provided to round off the analysis. This approach permits easy accessibility to precise statistical information related to offender needs and risk for management and research purposes.

The Offender Intake Assessment process has two principal components: criminal risk assessment, and case needs identification and analysis.

Criminal risk assessment

The offender's Criminal Risk Level is rated as high, medium or low based on a systematic review of information in the following areas:

- Criminal History Record, number and type of previous and current offences — both as a youth and adult — and number of crime-free periods;
- Offence Severity Record, for previous and current convictions — offence type, sentence length, degree of force used and physical/mental harm caused;
- Sex Offence History Checklist, type of past and current sex or sex-related offences, victim information, serious harm assessment and treatment history;
- Review of Detention Criteria, legislated criteria used to prevent the statutory release of dangerous offenders; and
- Statistical Information on Recidivism Scale, a statistically derived tool used for predicting recidivism.

Case managers then record a narrative description of current offences and an analysis of criminal behaviour patterns.

Case needs identification and analysis

Using a similar approach, the offender's Case Needs Level is rated, based on a detailed review of seven need areas:

- employment;
- marital/family;
- associates/social interaction;
- substance abuse;
- community functioning;
- personal/emotional orientation; and
- attitude.

For each need area, case managers flag indicators (risk factors) and rate the severity of need. They also provide details and programming recommendations for need areas that require intervention, describe the offender's motivation for change and other specific characteristics (for example, learning disabilities), chronicle the offender's social history and note any immediate concerns (for example, suicide, physical and mental health).

How does the Correctional Service of Canada use this information?

Having an accurate assessment of the offender's risk/needs classification is important for making sound management decisions throughout the sentence. The information collected and analyzed during the Offender Intake Assessment process is used to help make decisions regarding the need for immediate intervention or intensive supervision, programming and security requirements, initial custody level and assignment to a placement institution.

At the receiving institution, the results of the intake risk/needs assessment form the base of the offender's correctional treatment plan: criminogenic need priorities are set and targeted for intervention, with intensity of treatment corresponding to the offender's level of risk.

Decisions to transfer the offender to reduced security, to grant a conditional release into the community or to detain the offender past the statutory release date are also based on a structured assessment of the offender's risk and needs. Once the offender is granted a supervised release, risk/needs classification is used to determine the minimum frequency of supervision contacts and to orient case management.

How risk/needs classification was introduced

The Community Risk/Needs Management Scale (CRNMS) was part of a 1988 initiative to develop new standards for supervision of conditionally released offenders. Implemented in 1990, it represents the Correctional Service of Canada's first systematic and comprehensive approach to risk/needs classification.

What happened next?

Following an extensive period of research and development that included pilot projects at male institutions in all regions and at the Prison for Women, the Offender Intake Assessment process began in November 1994.

The approach offered some significant improvements over the original community version, including:

- collapse of the 12 need dimensions of the CRNMS into 7 areas;
- detailed review and flagging of risk factors (indicators);
- addition of a medium level of risk; and
- creation of screening inventories for suicide prevention and living skills programs.

Since the process was implemented, approximately 6,000 newly admitted federal offenders have been assigned a risk/needs classification. In addition, the Correctional Service of Canada has just completed a catch-up exercise for incarcerated offenders admitted before its introduction, using a modified approach where case managers assign ratings only to the levels of case needs and criminal risk and to the seven need areas.

What does the risk/needs profile of offenders look like?

With a risk/needs classification assigned to all federal offenders, it is now possible to examine a profile of the offender population. The table provides a national overview of the risk/needs levels of all currently incarcerated offenders at the time of their admission to federal custody.

What were some of the challenges of implementing risk/needs classification?

When the Correctional Service of Canada's executive committee approved the implementation of Offender Intake Assessment, the first major task was to convert the process from a Windows-based application (chosen to facilitate future development)

Table

National Overview of the Federal Institutional Population: Percentage Distribution of Risk/Needs Levels (at Admission) by Region (10,908 male offenders)

Risk/Need Level	Region				
	Atlantic (1,209)	Quebec (2,999)	Ontario (3,090)	Prairies (2,114)	Pacific (1,496)
Low-Low	4.9	4.4	5.8	3.9	2.8
Low-Medium	5.3	5.7	3.9	4.2	1.9
Low-High	2.1	2.2	0.5	1.1	0.3
Medium-Low	2.8	1.7	2.3	1.3	1.4
Medium-Medium	24.2	18.0	19.9	20.6	21.3
Medium-High	12.0	19.7	10.5	13.1	9.8
High-Low	0.7	0.3	1.1	0.2	0.1
High-Medium	7.1	6.0	13.0	7.5	7.0
High-High	40.9	42.0	42.9	48.0	55.2
Total	11.1	27.5	28.3	19.4	13.7

to the existing OMS environment. This involved a complete redesign and testing of screens and reports, a process which took six months. Also, an extensive communication and training exercise was developed and delivered to all operational staff affected by the changes.

Implementing the assessment process presented a variety of challenges for intake units across the country. Here is a sample.

- Some regions were required to convert from a decentralized admission process to the centralized approach used with this process, which involved recruiting additional staff, converting facilities and staff responsibilities and establishing new procedures and lines of communication.
- Where centralized processes already existed, staff needed to shift to a different approach involving a greater degree of structure and the use of a standardized computer program to record the results of their assessments.
- Most locations experienced an increase in workload; in some instances, this was temporary resulting from the training and implementation exercise; in other cases, requirements were more demanding than previous assessment practices, necessitating the long-term allocation of new resources.

What developments can we expect in the near future?

A research project has been launched to examine closely issues involved in the collection and use of information during the Offender Intake Assessment process. This study will pinpoint areas of difficulty

and identify examples of best practices, to improve the information retrieval process in all regions.

Improved OMS screens and reports for Offender Intake Assessment, which integrate penitentiary placement requirements and incorporate user suggestions, have been designed and will soon be implemented.

Other planned changes include:

- improving the Statistical Information on Recidivism (SIR) Scale;
- adding a screening inventory of risk factors for violent recidivism;
- creating a separate protocol for psychological intake assessments; and
- using artificial intelligence technology to assist staff in rating criminal risk.

Some important changes are under way for post-intake risk assessment and management practices. Responding to user feedback, the Correctional Service of Canada has made plans not only to bring the Community Risk/Needs Management Scale into line with the risk/needs classification approach used with Offender Intake Assessment, but also to integrate existing correctional planning and case reporting requirements into this exercise. The result will be a single comprehensive case management document that will ensure consistency in assessments and reduce data-entry time for case managers.

This new approach, the reassessment and management of risk, is based on the work of a major pilot project in the Ontario region (Community Offender Management Strategy)³. The integrated process will also be extended for use in federal institutions, making it possible for case managers to conduct dynamic risk/needs classification throughout the entire sentence. ■

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² L.L. Motiuk and S.L. Brown, *The Validity of Offender Needs Identification and Analysis in Community Corrections*, Research Report R-34 (Ottawa: Correctional Service of Canada, 1993). See also D.A. Andrews and J. Bonta, *Psychology of Criminal Conduct* (Cincinnati, Ohio: Anderson Publishing Company, 1994).

³ C. Townson, "An Improved Risk-Assessment Process: Ontario Region's Community Offender Management Strategy," *Forum on Corrections Research*, 6, 3 (1994): 17-19.