The Community Correction Branch of the Department of Justice of Newfoundland and Labrador introduced the Wisconsin Case Classification System in October 1984. The system combines several recidivism risk indicators, including criminal history and psycho-social functioning, to classify probationers into high, medium and low risk levels. The classification procedures provide an objective method of matching probationer risk levels with supervision standards. Frequency of contact with probation officers and casework time is allotted to individual cases in proportion to the risk level identified by the classification system. Hence, probationers at highest risk of becoming re-involved in criminal activity automatically receive the highest levels of supervision.

The implementation of the system included a research component aimed at the effectiveness of the Wisconsin system in Newfoundland and Labrador. Reconvictions for offences committed during probation were monitored for 200 probationers who had been classified using the Wisconsin system. The recidivism rate, including reconvictions and absconsions, was 10.5% (21/200).

The Wisconsin system showed a good measure of success in identifying probationers who would reoffend during supervision. The recidivism rate for cases classified as low risk was 3%, while the rate for medium and high risk cases was 17%. Statistical tests revealed that the difference in recidivism observed for "low" versus "medium" and "high" risk groups was greater than would be expected by chance. The success of the system can be measured in terms of the fact that close to 50% of the 200 cases had been defined as low risk probationers, and members of this group subsequently recidivated at a very low rate.

The classification levels also predicted regular versus early terminations of supervision. Fifty percent of low risk cases received early terminations compared to 13% among medium and high risk cases. This difference was also statistically significant.

A shortcoming of the system was that it failed to differentiate between the recidivism rates of medium and high risk cases. However, exploratory analysis indicated that changes to the scoring of the Wisconsin risk/need device would not result in improvements to the classification system currently in use.

Re-assessments conducted using the Wisconsin system were also completed for a subsample of 108 cases. On average, reclassifications were completed eight months after the initial classification. The results indicated a high degree of predictive validity for classifications. Recidivism rates of 1.5%, 37.9% and 54.5% were recorded for cases reclassified low, medium and high risk, respectively. Thus, the initial inability of the system to discriminate between medium and high risk cases was no longer observed when reclassifications were examined.