Article

European Journal of Criminology

The impact of performance management culture on prison-based Therapeutic Communities

European Journal of Criminology
9(4) 407–424

DOI: 10.1177/1477370812448032
euc.sagepub.com
SAGE

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Abstract

Based on a focused ethnographic study, this paper demonstrates how performance measurement culture affects the programme integrity of two English prison-based Therapeutic Communities. The study reveals how completion targets limited staff discretion in both programmes, although the two handled these pressures through different strategies. The paper analyses the factors that shaped these strategies and their consequences. It is argued that, whatever the reasons behind the recent flourishing of rehabilitation programmes in prison, their day-to-day monitoring reflects a highly managerialistic approach. Although the promotion of an entirely 'target-less' rehabilitation environment may not be realistic, the paper suggests that over-reliance on completion targets can be highly damaging to the fidelity of the implementation of such programmes.

Keywords

audit, managerialism, performance management culture, prison, Therapeutic Communities

Introduction

One of the more surprising parallel trends to have characterized the English prison system over the past 20 years is the increasing ascendancy of performance measurement culture and other managerialistic pressures side by side with the rediscovery of rehabilitation. Although there is continuing debate about the extent to which these two trends are consistent or in conflict with each other, existing research tells us little about the impact of managerialism or performance measurement culture on the approaches used to monitor, fund and supervise rehabilitation programmes.

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The present article seeks to address this gap by exploring the interrelationship between the performance measurement culture and the ever-expanding rehabilitative enterprise. It shows what happens when prison-based programmes are required to operate within a highly managerialistic environment and to adjust to the demands of performance measurement culture. More specifically, the article discusses the impact of audit procedures and completion rate targets upon two rehabilitative programmes operating in two English prisons. The article investigates the ways in which managerialistic pressures affect programme managers, shape their rule-enforcement policies and dictate – in ways not always intended by the monitoring bodies – the level of programme integrity.[1]

The new penology and the rediscovery of rehabilitation

Twenty years ago, Feeley and Simon (1992) identified the emergence of a new set of penal discourses, objectives and techniques, which they referred to as 'the new penology'. According to these authors, 'the new penology' was preoccupied with actuarial considerations and with notions of probability and risk. It deployed new techniques that targeted offenders as an aggregate rather than as individuals and represented a decline in the significance of reducing recidivism as a focus of criminal justice systems. The new penology, they argued, prioritized the control of internal systems rather than rehabilitative qualities: 'the task is managerial, not transformative' (Feeley and Simon, 1992: 452).

In the context of the criminal justice system in England and Wales, and particularly its prison system, the two decades that followed the publication of their article corroborated Feeley and Simon's analysis of the increasing centrality of actuarial considerations as well as other aspects of what is now widely termed 'managerialism'. Likewise, notions of risk and the emphasis on public protection became the dominant tone in Prison Service rhetoric and the driving force behind many Prison Service policies (Crewe, 2009; Garland, 2001). However, the accuracy of the prediction that criminal justice systems would lose interest in recidivism is harder to assess, especially given the considerable expansion of rehabilitative interventions in the English and Welsh prison system since the mid 1990s. This expansion of interventions, and the 'What Works' framework developed to verify their effectiveness, followed some promising results of meta-analyses assessing the effectiveness of such programmes (in particular, Andrews et al., 1990; Lipsey, 1992), which created a new wave of optimism regarding prison-based interventions. As a result, an unprecedented number of prisoners are currently engaged in various forms of rehabilitative programme. During 2007–8, more than 18,000 prisoners in England and Wales took part in some form of rehabilitative intervention, including offending behaviour programmes, drug treatment schemes and courses for sex offenders (Prison Service, 2008).

Given Feeley and Simon's comment about the focus on the managerial rather than the transformative, the rediscovery of rehabilitation in the past two decades appears inconsistent with their 'new penology' thesis (Robinson, 2002). Over the years, some attempts to reconcile the renewed interest in rehabilitative programmes with the main ideas of new penology were made. Garland (2001: 175) suggested that the rediscovery of rehabilitation is to be explained by the growing concern about risk, resulting in a new kind of rehabilitative intervention: 'Instead of emphasizing rehabilitative methods that meet the

offender's needs, the system emphasizes effective controls that minimize costs and maximize security.' Hence, according to Garland, the preoccupation with risk is the main force behind the renewed interest in rehabilitation whereas in the previous era of 'penal welfarism' the re-educative purposes of imprisonment were more evident. Others, however, have contested these risk-based explanations and insist that there are other reasons, including more traditional welfare considerations, for the renaissance of rehabilitation. O'Malley, for example, argued that 'an amalgam of persisting welfare, disciplinary and regulatory sanctions either is left more or less intact, or represents a field where there is considerable overlap between the allied rationalities' (O'Malley, 1999: 189). Similar views have been expressed by Robinson (2002) and Hannah-Moffat (2005).

But whatever the reasons for the expansion of the rehabilitative enterprise, whether they are risk based and managerialistic or focused more on individual welfare, the fact is that they operate in a highly managerialistic environment that places great emphasis on measurable risk reduction (Liebling, 2004). As noted, the aim of this article is to demonstrate how managerialism influences the delivery and management of specific rehabilitation programmes: Therapeutic Communities.

Prison-based Therapeutic Communities

The two programmes from which the data for this study were collected are both known as 'Therapeutic Communities' (TCs), although each follows a different model: one follows the Democratic TC model, the other the Addictions TC model (also known as the concept-based, hierarchical or American model).

Democratic Therapeutic Communities

For the past five decades, prison-based Democratic TCs in the UK have been associated with and inspired by HMP Grendon, which has operated this unique regime in all its wings since its opening in 1962. Grendon's TCs combine intensive therapy in small groups with a degree of self-management by prisoners of their everyday lives (Genders and Player, 1995). One of the consequences of the rediscovery of rehabilitation in the early 1990s was the establishment of Democratic TCs in prisons other than Grendon. Four additional English prisons currently host a Democratic TC programme. In most of them this regime is operated on only one wing within an otherwise 'ordinary prison'.

Addictions Therapeutic Communities

Side by side with the establishment of Democratic TCs in prisons other than Grendon, since the mid-1990s several Addictions TCs have been opened in different prisons. There are currently five prisons that host such programmes. In all of these prisons, the Addictions TC programme is delivered on only one wing within an otherwise ordinary prison.

There is very little contact between the two Therapeutic Community models and their monitoring bodies within the prison system of England and Wales. At the time of the study, the Addictions TCs were monitored by the National Drug Programme Delivery

Unit (NDPDU), while the Democratic TCs were monitored by the Dangerous and Severe Personality Disorder (DSPD) and Therapeutic Community Unit. This separate existence in one prison system of two programmes with the same name but with different management bodies and some differences in practices and ideologies is a consequence of their independent historical development. The Democratic model was originally developed in the UK during and after the Second World War by mental health professionals, and it is aimed at people with various mental health problems, but particularly personality disorder (see Kennard, 1998). The Addictions model was originally developed in the USA during the 1950s by non-professionals and is based on a self-help ideology. Its target population is people with drug addiction (Kennard, 1998). Although in the past the two models were perceived as two entirely different programmes, in recent years there has been a growing consensus that they are programmes in which 'the ingredients are the same only organised in a different way' (Kennard, 1998: 21; Vandevelde et al., 2004).

Indeed, within the prison system of England and Wales, the two models share many features. In both, prisoners within the unit are expected to have as little contact as possible with prisoners on other wings. Prisoners participate in small groups where various issues related to their behaviour, habits and relationships with others are discussed. They also participate in community meetings several times a week. The meetings and other managing mechanisms help prisoners to assume a degree of self-management of some aspects of their everyday lives. A leading principle in both models is 'reality confrontation', that is, the expectation that members of the group publicly confront any member who violates the group's rules and norms (see De Leon, 1997; Rapoport, 1960). Both are all-encompassing ('24/7') programmes where the underlying idea is that every aspect of life (the small groups, the sense of belonging to a small community, the relationship with peers and with staff, and the assumption of responsibility) is of therapeutic benefit.[2]

There are still some differences between the programmes. For example, Addictions Therapeutic Community has formal procedures such as a written 'pull-up' and 'encounter' meetings to deal with infringements of the community rules, while in the Democratic Therapeutic Community most elements of the 'culture of enquiry' take place in small groups. Likewise, the small groups in the former are structured while in the Democratic Therapeutic Community the format of the small group is unstructured group psychodynamic work.

The models also differ in their admissions criteria. In order to be able to join the Democratic TC, applicants need to have a period of at least 18 months of their sentence left to serve, to be free of both drugs and self-harm for 2 months prior to the application, to have no diagnosis of any major mental illness, not to pose an active threat to security or to be on the Prison Service 'escape list', and to have admitted responsibility for their offence. Applicants also require cognitive skills and ego strength at a level that will allow them to take part successfully in the programme. For the Addictions TC, applicants need to have 14 months left to serve of their sentence, to be motivated to change, to have a medium-high or high risk of reoffending and to have a high level of drug dependency.

In terms of effectiveness, two meta-analyses of prison-based Addictions TCs found that they were moderately, but significantly, effective (Mitchell et al., 2007; Pearson and Lipton, 1999). Pearson and Lipton analysed the effectiveness of seven prison-based Addictions TCs in terms of recidivism. Their meta-analysis produced an overall mean

weighted *r* effect size of +0.133 ($p < .025$) which, using the binomial effect size display, corresponds to a 57.6 percent success rate (no reoffending in the periods measured) in the experimental group versus a 43.4 percent rate in the comparison group. Mitchell et al. (2007) conducted a meta-analysis of 30 prison-based Addictions TCs. Their meta-analysis produced a mean odds ratio effect size of 1.38 (95 percent CI 1.17–1.62, $p < .05$). As MacKenzie (2006: 256) explains, this finding means that, assuming a 50 percent rate of recidivism for the comparison group, the mean recidivism rate for the TC group is 43 percent. A third meta-analysis was conducted by Lees et al. (1999), who included 29 studies of TCs from both models, four of which were of prison-based Addictions TCs and four were randomized controlled studies. Lees et al. found that prison-based Addictions TCs were the most effective of all types in their analysis, with an odds ratio of 0.318 (where an odds ratio between 0 and 1 indicates a positive effect, and the further the odds ratio is from 1, the stronger the effect). This finding indicated that Addictions TCs were markedly more effective than Democratic TCs. Nevertheless, the authors noted that every one of the TCs in the analysis had a strong positive effect (Lees et al., 2004: 47–8).

The unique challenges of prison-based Therapeutic Communities

Both models of Therapeutic Community also operate in non-secure settings, but running the programmes in prison creates various challenges that do not exist in civilian settings. The typically permissive and relaxed TC regime, which emphasizes personal autonomy, open discussion and shared decision-making, is at odds with the hierarchical structure of decision-making in prison, the dominance of security and the expectation of conditioned obedience (Genders and Player, 1995; Rawlings, 1999). However, some difficulties in managing TCs in prison derive not from the inherent limitations of the setting but rather from the changing trends and agenda of the England and Wales Prison Service. This article now turns to some of these trends.

Managerialism, completion targets and drop-out rate

Pollitt (1993: 1) suggests that managerialism is a set of beliefs and practices ‘at the core of which burns the seldom tested assumption that better management will prove an effective solvent for a wide range of economic and social ills’. As he further explains, although this assumption seems at one level obvious and at another level optimistic, it can also become a term of abuse, because it suggests ‘that problems which really need new policies or additional resources can be solved merely by more effort or efficiency within the structural and budgetary status quo’ (Pollitt, 1993: 1). An important part of this new trend is a strong focus on monitoring performance, using (mainly) quantitative measurement tools and defining periodic measurable targets for improvement.

The practical implications of managerialism are sometimes described with reference to the ‘three Es’: effectiveness, efficiency and economy. TC programmes, like the entire Prison Service, are forced to deal with growing cutbacks and diminished resources, which are both related to the last two Es (efficiency and economy). However, one of the main factors affecting the strategies of the TCs is the Prison Service’s concerns about the first E – effectiveness. In the past decade or so, the Prison Service has invested

considerable effort in making the case that TCs, as well as other prison-based rehabilitative programmes, are effective in reducing reoffending. The relevant point in the context of TCs is how this demand for effectiveness has been translated into annual performance targets defined for each programme. Rather than conducting a large-scale evaluation of the actual effectiveness of TCs (or other offending behaviour programmes), the Prison Service has adopted the assumption that any programme accredited by the Correctional Services Accreditation Panel is effective. Once the effectiveness of the programme has been 'established' in this way, the inference is that the greater the number of prisoners who complete the programme, the greater the number of prisoners who are rehabilitated. So, for example, in many of the Prison Service's Annual Reports (Prison Service, 2008), the main indicator of its ability to meet the aim of reducing reoffending is meeting the target for 'the number of prisoners completing programmes accredited as effective in reducing re-offending' (Prison Service, 2008 :18). Importantly, it has also been assumed that programme management teams have the power to increase the number of prisoners who complete the programme successfully. Completion rates are monitored and the pressures to increase them are controlled through TC audits and prison Key Performance Targets (KPTs).

One of the reasons completion rate targets are such a major issue for both models is that the very nature of TCs typically results in high drop-out rates. The combination of a craving for drugs, being subject to constant enquiry and the need for emotional openness and the contrast between the TC norms and the 'inmate code' all prove to be too demanding for many of the prisoners starting the programme. In non-prison Addictions TCs, 65–80 percent of participants leave the programme within the first year and, as a consequence, 70–90 percent do not complete the programme (De Leon, 2001; Lipton et al., 2002). There is less research about retention rates in prison-based Addictions TCs, but according to Lipton et al. (2002) the average completion rate in prison-based Addictions TCs is higher, around 50 percent. This still means that, on average, half of the people starting these programmes do not finish them.

High drop-out is also a serious concern in prison-based Democratic TCs, but there is less research about actual drop-out rates. Genders and Player (1995) reported drop-out rates of 18 percent and 19 percent respectively from two wings in Grendon and 46 percent from a third wing. This resulted in a total drop-out rate of 28 percent (for prisoners in their first year of the programme) (Genders and Player, 1995: 105). A study of the TC in Dovegate (Miller et al., 2004) reported that approximately 30 percent of prisoners left these institutions within the *first year*. Again, these findings indicate a retention rate higher than non-prison Democratic TCs. Studies of different non-secure Democratic TCs in England report that 30 percent of participants leave within the *first three months* (Campling, 1992; Dolan et al., 1992). Because there are consistent findings of a correlation between the length of stay in a Therapeutic Community and the effectiveness of treatment (see, *inter alia*, the studies reviewed and analysed by Lees et al., 1999, and Lipton et al., 2002; and see Genders and Player, 1995), drop-out rates are a major concern and, at times, 'almost an obsession' (Lees et al., 1999: 102) for TCs. The major aim of completion rate targets is to tackle high drop-out rates and, in this way, increase programme effectiveness. The targets' success in doing so is discussed further below.

Methodology

The study reported in this article took place between 2006 and 2009. It investigated various aspects of the organization of treatment and the culture in two one-wing Therapeutic Communities: an eight-year-old Addictions TC wing and a four-year-old Democratic TC wing. The Democratic TC was in a medium-security adult male prison located in the east of England. At the time of the fieldwork, the prison's Certified Normal Accommodation was 424 and its operational capacity was 464. The programme was located on a small 40-cell wing separated from the rest of the prison. The Addictions TC was located in a prison in the north of England, and this too was a medium-security adult male prison. At the time of the fieldwork, the Certified Normal Accommodation was 990, although in practice it accommodated more than 1000. The TC was located in one of the prison's five main residential buildings, on a 64-cell wing.

The study employed focused institutional ethnography consisting of observations of everyday life, routines and activities in both settings and semi-structured interviews with prisoners and staff. The observations in the Democratic TC were made on four days each week, over a period of three months. The observations in the Addictions TC were also conducted on four days each week, over a period of two months. Observations were conducted by a single researcher, following introductory visits to the two settings and the distribution of written information about the research to prisoners and to staff. The fieldwork included observation and participation in the various structured activities of both settings, as well as time spent in staff offices, on the wings and in prisoners' cells. Detailed fieldwork notes were taken by the researcher during the day, and these were edited every evening.

In addition to informal conversations with staff and prisoners, semi-structured interviews were conducted with both groups: on the Democratic TC wing, 20 prisoners (out of 30) were interviewed, as were all members of staff (13); on the Addictions TC wing, 18 prisoners (out of 64) were interviewed, as well as 9 staff members. The prisoner interviewees in both settings were chosen primarily through a process of purposive sampling. In each programme, the experienced and more programme-enthusiastic prisoners were approached first but, over time and with growing levels of trust between the researcher and all members of the Therapeutic Community, prisoners who had spent less time on the programme or who were more critical of various aspects of the regime were approached and all but one agreed to be interviewed. Staff and prisoners were asked to recommend other prisoners who might have different views from their own about specific issues, and on the basis of these recommendations other prisoners were approached. Prisoners who approached the researcher and expressed a wish to take part in the study were also interviewed. The first 10 prisoner interviewees in the Addictions TC were selected in the same way. However, in order to make the sample more representative (since this programme had 64 rather than 30 prisoners), another 8 participants were chosen through random selection. The researcher received an alphabetical list of all the members of the programme; beginning with a name selected at random, every sixth person on the list was approached with a request for an interview (and all consented to take part in the study).

One-day follow-up visits to both settings took place about a year after the completion of the fieldwork. A thematic analysis was used to analyse the data. The analysis involved

four phases: (1) familiarization with the data: reading of transcripts and notes and listening to the audio dialogue to extract main themes and ideas; (2) thematic framework development: identification of the key issues and concepts present in the data; (3) indexing of the data: application of the thematic framework to the interview transcripts; (4) focusing or axial coding: defining the main concepts and recurring themes present throughout the dialogue, investigating associations and explanations for the findings. In order to avoid identification, the names of prisoners and officers used in the quotations throughout the article are pseudonyms.

Findings

The importance of the audit

A key factor that shaped the processes and procedures in the two prison-based Therapeutic Communities was the audit. This requires some elaboration. In order to retain their accreditation, both types of programme undergo a bi-annual audit. The audits of both models are divided into the same four sections: (1) institutional support, (2) treatment management and integrity, (3) continuity and resettlement, and (4) quality of delivery. However, at the time of the study the content of these sections, the methodology and the audit administration were quite different and the audits are therefore discussed separately.

The Addictions Therapeutic Community audit

The NDPDU used the same audit format for all drug programmes. Although there were some specific requirements for specific programmes, overall the audit document was tailored to the basic structure of non-TC drug programmes. As such, it focused mainly on the structured sessions, the level of attendance and the quality of their delivery. It also covered formal requirements and aspects of the programme related to staff training and staffing levels. Because the audit was the same for most drug programmes, very few items were designed to assess the unique features of the Addictions TC. For example, the culture of enquiry and the self-management of life on the wing were not covered by the audit, which was based primarily on recorded documentation and observations of structured sessions. Although some qualitative data were collected, the input of prisoners was limited.

At the time of the study, the completion target for the Addictions TC (which was also part of the prison's KPTs) was 65 percent (42 completers out of 64 starters). In the audit, a 50 percent completion rate was worth only one point out of four. To obtain the maximum score on this item, the Addictions TC (like any other drug programme) had to achieve an 80 percent completion rate.[3] The completion target was considered a key audit item by many staff members and additional items in the Addictions audit indirectly encouraged staff to increase retention rates (for example, the item: 'De-selection of group members must follow procedure and meet criteria as directed in the Management Manual'). The audit document referring to the period preceding my arrival had criticized staff for the fact that the 'process used to manage voluntary de-selections by use of motivational interviews, re-focus, etc., could not be evidenced' ('manage' here implies 'reduce'). Given this message, it is not hard

to understand why management and some staff members of the Addictions TC viewed a high retention rate as a top priority, to be achieved almost at any cost.

The Democratic Therapeutic Community audit

In contrast, the Democratic TC audit was developed by the DSPD and Therapeutic Communities Unit with a view that the conventional course-based audit was inappropriate for the unique structure, principles and mechanisms of change that characterize the Democratic TC (Clark and Lees, 2007). The audit is currently conducted by professionals from the Prison Service together with a body called the 'Community of Communities' (a partnership between the Royal College of Psychiatrists' Centre for Quality Improvement, the Association of Therapeutic Communities and other organizations). The Community of Communities developed a set of Service Standards and Core Values as well as accreditation procedures and quality improvement methods specifically suited to Democratic TCs both inside and outside prisons. Its methods are peer-review based (that is, there are members from other Democratic TCs in the audit team) and are based on the Community of Communities' set of standards. The data are collected from formal records and from discussions with staff and prisoners in TC meetings, in focus groups and in personal interviews.

In addition to conventional audit items (for example, competency of staff and their training, physical facilities and support of senior management), the audit consists of items aimed at capturing the unique aspects of the TC programme. Among these items are the following: 'Managerial information and issues that affect the community are shared with the whole therapeutic community'; 'All community members can discuss any aspect of life within the community'; and 'All community members create an emotionally safe environment for the work of the community'. Each item is assessed both by the audit team and in advance by the Democratic TC staff and prisoners. The self-review scores have the same weight as the scores awarded by the audit team (the overall score is calculated by adding both sets of scores) (for further details, see Clark and Lees, 2007). Although still a stressful process for prisoners and especially for staff, the Democratic TC audit reflects an attempt to better capture the unique nature of the work of the Therapeutic Community and to produce a less alienating audit process.

The Democratic TC audit required a 50 percent completion rate to pass the relevant audit item and meet the prison's KPTs. Comparison of this target with the Addictions TC's target reveals that the completion targets of the Democratic TC were considerably lower than those of the Addictions TC, despite the fact that research to date has shown that the attrition rate of Addictions TCs (and other drug-free programmes) is higher than that of Democratic TCs and other psychotherapy interventions (see the discussion above).[4] Other than the differences in rates, the completion target for the Democratic TC did not dominate the audit in the same way as in the Addictions model. The overall message communicated to the TC by the audit team and the DSPD and Therapeutic Community Unit was that the stability of the community (rather than the completion rate) should be the top priority.

The impact of completion targets on the Addictions Therapeutic Communities

Although it was not the only relevant factor, the explicit pressure to increase completion rates in the Addictions TC contributed to a relatively lenient rule-enforcement strategy. The main rule infringement in the Addictions TC was drug use and importation. Although the official rule was that prisoners had to leave the programme if they were caught using drugs for the second time, staff were not consistent in enforcing this rule. Some prisoners who had been caught or admitted to using drugs two or three times had been allowed to stay in the programme. Being caught for the first time was not considered a 'big deal' by the prisoners, so they felt reasonably safe from expulsion, at least until they failed a drug test for the first time. During the fieldwork, between two to three waves of extensive importation and use of drugs on the wing were identified by staff members. Several people who were identified as the source of the drugs left the wing at their own will, but others were allowed to stay.

The lenient approach towards rule infringement was not restricted to drug issues. There were additional and controversial cases in which people were allowed to remain on the programme despite their destructive behaviour. In one case, a resident who forcefully grabbed the hand of a staff member was allowed to stay even though any use of violence against staff or other prisoners should lead to immediate dismissal from the programme. In a second case, a prisoner was considered a threat to the security of some staff members because of remarks he had made about his knowledge of their family members. There were also incidents of intimidation, threats and occasional violence between the prisoners on this wing (although considerably less compared with other wings in the prison), mainly by prisoners who were hostile to the Addictions TC ethos. In one case, a billiard ball was thrown at a prisoner who had voiced his disapproval of the behaviour of other prisoners, and on another occasion a cell door was shut on his hand. After the second incident, this prisoner decided to leave the Addictions TC because of fears about his safety. Very little was done by staff to find the prisoners responsible for these acts of violence or to try to make sure they did not stay in the programme. The overall feeling was that people had to work very hard to 'leave' the Addictions TC, whereas residents in a well-working TC are expected to work hard to remain.

One of the consequences of this leniency was that drug use in the Addictions TC was rife. Prisoners were highly disappointed by the existence of drugs on the wing. One commented:

> 'It's meant to be a treatment programme. The amount of people that I've seen walking around smashed, blatantly coming out onto the landing pinned up, just rubbing their noses and sitting there. People like straddling down the landing cos they're pissed.[5] . . . I thought "there's no way am I gonna be able to sort my head out on here".' (Troy, the Addictions TC)

Completion targets were not the only performance indicator, and they were not the only factor influencing this non-selective policy. The Addictions TC was also assessed for other performance indicators, among which were the completion of all activities records, namely the completion of individual records of prisoner attendance at activities and the recording

of other procedures, and meeting targets with respect to staff training and supervision. Like every other wing in the prison, the Therapeutic Community wing was subject to targets related to security, and it was affected by a constant reduction in resources and growing population pressure. However, as staff acknowledged, completion targets were clearly an important factor. One of the staff members in the Addictions TC commented:

> 'I think sometimes we're too bound to KPTs and starts and completion figures. I think if there's evidence that we can show this person isn't a positive influence on the wing, if they are actually a negative influence on the wing and we can evidence it, I think we should be allowed to act a lot quicker so we can remove them from the wing. I think sometimes the KPT targets of starts and completions and the NDPDU audits . . . It can be stifling for staff.' (Sandy, the Addictions TC)

Kyle, another staff member in the Addictions TC, complained that, owing to the wing management's fear of poor completion rates, there were no proper sanctions against prisoners who overstepped the boundaries. If staff insisted on a different policy, Kyle argued, the Therapeutic Community would fail the KPTs and 'the Governor will go mad'. What Sandy and Kyle suggest is that the focus on completion targets undermined programme integrity because of the negative impact of some non-committed individuals on the rest of the community (as with the case of intimidation and bullying discussed above).

Pollitt and Bouckaert (2000: 166) argue that when 'managers are enjoined to concentrate on concrete outputs . . . they tend to lose sight of outcomes'. One of the staff members expressed the same view about events in the Addictions TC:

> 'We were talking just a minute ago about percentages, about who's been a failure and who's been a success. That person [who is not suitable to do the Addictions Therapeutic Community] will be a failure. However, you get him on the course and here he 'succeeds' – on paper he's succeeded as he has completed 12 months on the Therapeutic Community. But then when he gets out he commits crimes again. So that's a failure. That's only because he was bound to be a failure from the start but because we had to get him to finish so . . . we'd get one moving on . . . What's the good of that?' (Ashley, an officer in the Addictions TC)

Ashley's description demonstrates why it is too simplistic to see completion and effectiveness as analogues (that is, the Therapeutic Community has more completers, so it is more effective). If prisoners who were accepted on to the programme continue to use drugs, for example, they are unlikely to become drug free at the end of it. However, as long as they are not deselected, if they stay in the TC for 12 months and go to all the relevant structured sessions, they can be defined as completers. Complaints about the impact of external pressures on the level of rule enforcement in the Addictions TC came not only from staff but also from the prisoners. One prisoner in the Addictions TC commented:

> 'I mean, everyone's got the right to treatment. I agree with that, but what they should do, I think, is go on the basis of how a person responds to treatment. How their input is into treatment. How they're seen on the wing, how they behave on the wing. If it's a person that doesn't care, then that person should go; there should be no second chance.' (Paul, a prisoner in the Addictions TC)

The follow-up visit that took place a year after the fieldwork was particularly telling in this regard. Despite improvements in the audit scores, discussions with staff and prisoners soon revealed that, in terms of programme integrity, the situation had, if anything, deteriorated. Prisoners reported that some of their more experienced peers had begun to tell new residents that they could easily get away with being caught using drugs at least three or four times before being deselected. One staff member admitted that, because the Addictions TC had moved to a bigger unit with more beds (70 compared with 64), standards of enforcement were lowered in order to fill spaces. Here again it was clear that, although outputs improved, outcomes did not.

It is worth mentioning that the existence of drugs on the wings also had a more indirect impact on the Therapeutic Community dynamics. Any prisoner who used drugs, even once, lost much of his authority to challenge his peers and could not challenge other residents without being challenged in turn about his use of drugs. If he held a position of responsibility (as monitor, coordinator, expeditor, and so on), it was almost impossible for him to use his authority. As one prisoner explained:

Q: What happens when there are a lot of drugs on the wing?
A: It destroys it.
Q: Why?
A: Why? Because it brings the whole . . . the whole wing community down, because if you know someone's running about with drugs you're not gonna respect them are you? Well, I'm not. (George, a prisoner in the Addictions TC)

The Democratic Therapeutic Community

The Democratic TC had a much more selective admissions policy. This was in part a reflection of the more selective policies of all Democratic TCs,[6] but some aspects of this policy were unique to this setting. For example, the Democratic TC required that candidates be 'adjudication free' for at least three months prior to joining the programme and for at least six months for offences related to assaults on staff. The Democratic TC also applied a rigorous rule-enforcement policy. Prisoners who were identified as intimidating other prisoners were deselected without exception and with little delay. More minor rule infringements were discussed at length in the small groups, sometimes over several meetings, and the severity of the behaviour was stressed by the staff and by the other prisoners in heated debates. Punctuality and adherence to the rules of participation in the meetings were strictly enforced. There were also some elements of flexibility: for example, one prisoner, despite having been caught once using drugs, was allowed to stay on the wing because of his progress in therapy. This was a controlled form of flexibility, however, and the overall approach to rule enforcement was strict. It is worth noting that, similarly to the Addictions TC, staff and prisoners in the Democratic TC dedicated considerable time to dealing with audit assignments to the extent that one of the prisoners commented: 'The key word in this place is audit, audit fulfilment, audit fulfilment.'

However, the cost of the audit and completion targets in terms of programme integrity were not as severe as in the Addictions TC. Although the initial impact of the Democratic

TC's strict rule-enforcement policy was a low retention rate (and notwithstanding the importance of this),[7] those prisoners who remained in the Democratic TC were very positive about the regime and its commitment to the Democratic TC ethos. Prisoners felt safe and trusted each other, and staff and prisoners were highly involved in the management of community life. There was a sense of togetherness and a consensus that intensive therapeutic work took place in the small groups. More importantly, the Democratic TC's management team was able to stabilize the programme and build it up around a small group of enthusiastic prisoners who had survived several waves of deselection. Together with this team of prisoners, in the following year the Democratic TC was able to increase the number of new recruits significantly without relaxing its admission criteria. As a result, in the year following the fieldwork, the Democratic TC was fully occupied and the ratio of planned moves (completions) to non-completion improved considerably.[8]

Discussion

The findings of this study point to some of the limitations of the audit process. The expansion of the use of audits and their failure to identify accurately the functioning of organizations is not unique to prison-based programmes. Power (1999: 143) describes the considerable expansion of audit procedures in recent decades and the increased importance ascribed to them even though they 'are neither as effective nor as neutral as commonly imagined'. As Power suggests, the danger of audits is not only that they become a 'ritual of verification' and fail to contribute to improving organizations, but that they may generate excessive preoccupation with the, often costly, audit process. Power's (1999: 143) suggestion that, at the extreme, performance and quality are in danger of being defined largely in terms of conformity to such processes seems a fair description of the impact of the audit, and particularly of the completion targets, on the Addictions TC. The pressures of the audit, especially with regard to completion targets, limited the professional discretion of staff and made them keep prisoners who should not have been in the Addictions TC. It also contributed to the under-enforcement of rules regarding drug use, and to ignoring the destructive acts of some prisoners whose behaviour had a detrimental impact on the therapeutic atmosphere of the wing. Completion rates were prioritized over considerations of programme integrity, resulting in at least one prisoner fearing for his safety, a lack of sense of community and highly frustrated staff and prisoners.

Some audits are more relevant than others

On the other hand, it is important to maintain a balanced and realistic approach regarding managerialism and audits. As Crewe (2009: 449) comments, one should not discount 'the degradations of the pre-reform era and ignore the improvements that modern management techniques have secured' (see also Liebling, 2004: 480; Cheliotis, 2006). In the context of offending behaviour courses, accreditation processes are based on the view that sceptical accounts of prison-based interventions (Martinson, 1974, for example)

were a criticism of the way that interventions were designed and administered (MacKenzie, 2006). The aim of accreditation processes is to rectify these deficiencies by ensuring that programmes incorporate a 'clearly identified rationale consistent with the human service theoretical literature, qualified and trained staff to deliver the program, treatment methods shown to be effective, and a consistent protocol' (MacKenzie, 2006 : 55). Staff in both Therapeutic Communities commented that, although a preoccupation with paperwork and records could distract them from engagement with the 'real' therapeutic work, there could be no programme efficacy without basic record-keeping. It is also doubtful whether any programme could survive, in terms of both staff morale and the responsible use of public resources, with completion rates that are consistently very low. In addition, even if, as Power (1999) argues and some of the findings of this work suggest, audits can become not much more than 'rituals of verification', some audits are more relevant than others. In this study, the Democratic TC's audit had more realistic completion rate targets, with some balance between completion rate and other targets, and it reflected a better understanding of the necessity to reinforce staff efforts to maintain a therapeutic atmosphere. It also used methods that better captured the less tangible or less easily measurable aspects of the programme. The Democratic TC audit was therefore able to provide a more accurate picture of the programme's integrity and to have a less detrimental impact on the regime.

It is also important to stress that, despite the superficiality and important impact of external pressures such as completion targets and the audit process, these do not in themselves determine the integrity of a programme. The role of human agency in implementing criminal justice policies should not be underestimated. Indeed, the policies of the management teams of such programmes can make a difference even when the range of possible strategies is narrowed by external pressures. When deciding about a strategy one should be careful not to ignore the rule-enforcement basis of the Therapeutic Community and the dangers of lax or inconsistent policies. There is room for controlled flexibility and there must be some leeway for trial and error, but an over-lenient approach can result in a programme that is neither therapeutic nor a community.

The danger of unrealistic expectations

Andrews and Bonta (1998), whose work had a major influence on the development of the 'What Works' framework and the rediscovery of rehabilitation, defined 'risk', 'need', 'responsivity' and 'professional discretion' as the four basic principles of their new correctional framework (see also Hannah-Moffat, 2005). The current Prison Service approach seems to focus on risk and its translation into 'criminogenic needs', while it seems to ignore the other two principles. 'Responsivity' is a principle that suggests that 'treatment be delivered in a style and mode that is consistent with the ability and learning style of the offender' (Andrews and Bonta, 1998: 245); 'professional discretion' reasserts the importance of retaining professional judgement, provided that it is not used 'irresponsibly' and it is systematically monitored (Andrews and Bonta, 1998: 245). Furthermore the Prison Service approach is inconsistent with what studies have taught us about the nature of rehabilitation

programmes and about processes of desistance from crime. As Pawson and Tilley (1997: 36–7) explain in their criticism of Porporino and Robinson's (1995) evaluation of the Canadian Cognitive Skills Training Programme, it is not programmes that simply *work* as such, but that (some) participants cooperate and make them work on them. Programmes offer a range of opportunities and 'whether they are cashed in depends on the potentiality and volition of the subject'.

Maruna (2001) reminds us that both processes of change in self-identity and self-narratives leading to desistance from crime involve:

> incremental, internally consistent shifts rather than a wholesale overthrow of the previous self-story . . . Although such a change can appear revolutionary in retrospect, it is often experienced as a more gradual evolution based on the slow accumulation of disconfirming information. (Maruna, 2001: 86)

Similar findings of long-term processes of trial and error have been reported in relation to the treatment of drug addicts. In a literature review of 'drug treatment careers', Hser et al. summarized their findings by stating that 'research in drug treatment effectiveness has been frustrated by, among other difficulties, the small and often short-lived effects of most treatment approaches when examined in terms of a single treatment episode', and added that 'many may require cumulative treatment participation to create substantial change over time' (Hser et al., 1997: 544). I stress this contrast not to suggest that the ideologies and practices of Therapeutic Communities are unrealistic or contribute nothing to processes of desistance. Evidence suggests that prisoners who stay in Therapeutic Communities for long periods (18 months, according to Genders and Player, 1995) can make considerable progress in their 'therapeutic careers', and many interviewees in the current study commented positively on the processes of change that they had experienced. However, expectations of what Therapeutic Communities can achieve must be realistic, and this requires an appreciation of the complexity of the process. A recognition of the complex, incremental and individual process of desistance is inconsistent, however, with the current managerialistic rhetoric and practice.

Concluding comments

This study adds to the prison-based rehabilitation debate by demonstrating how structural pressures, and in particular performance management, affect management discretion and shape the strategies of two prison-based TCs. Although some strategies deal better with such pressures and some audit procedures are more relevant than others, what this study demonstrates is that the fragility of TC programmes and their unique needs must be considered by all role-holders and monitoring bodies involved with them. The current managerialist approach, which perceives the TCs as just another 'production unit' of rehabilitation targets, not only is ineffective but also can be highly damaging. Even if the recent rediscovery of prison-based rehabilitation partially represents a renewed belief in welfarism, the dominance of managerialistic actuarial considerations in the everyday management of prisons means that no initiative or environment can escape their impact.

Funding

This work was supported by: Cambridge Overseas Trust; the Manuel Lopez-Ray studentship; the Cambridge Journal of Economics; the Yorke Fund; the Gilchrist Educational Trust; St. John's College, Cambridge.

Acknowledgements

I would like to especially thank Dr Ben Crewe, who devoted a great deal of time to reading and commenting on several drafts of this article. I would also like to thank Professor Alison Liebling and Elaine Genders for their comments on the thesis from which this article originates.

Notes

1. I use the term 'programme integrity' in this paper in a way that is close to the term 'fidelity of implementation'.
2. There are still some differences between the programmes. The Addictions TC has formal procedures such as a written 'pull-up' and 'encounter' meetings to deal with infringements of the community rules, whereas in the Democratic TC most elements of the 'culture of enquiry' take place in small groups. Likewise, the small groups in the former are structured whereas in the Democratic TC the format of the small group is unstructured group psychodynamic work.
3. It is important to note that different programmes vary in their duration and for that reason the term 'completion rate' can mean different things for different programmes. The typical duration of Addictions TCs is 1 year. In Democratic TCs prisoners are expected to stay for at least 18 months. The term used in Democratic TCs instead of completion is a 'planned move'.
4. The fact that the Democratic TC programme was longer in duration than the Addictions TC programme (18 months compared with 12) was accounted for by the fact that half a completion point was given after 12 months and another half after 18 months.
5. The terms 'smashed', 'pinned up', 'rubbing their noses' and 'pissed' all refer to people who are under the influence of drugs.
6. One of the major differences in this regard between Democratic TCs and the Addictions TCs is that the former involve an assessment period of several weeks during which the candidate lives on the wing but does not join the small groups.
7. This policy was implemented by a new wing management team that started to work together towards the end of 2006. In 2007, the year of the fieldwork, only 11 prisoners had a planned move (the Democratic TC equivalent of completion) and 26 left without completing the course. Of these, 16 were deselected by staff.
8. During 2008, 16 prisoners left the Democratic TC and, of those, 10 had a planned move. During the first nine months of 2009, 34 prisoners left the TC and, of those, 18 had a planned move. If the completion rate is calculated as the number of planned moves out of all those who left the programme in a certain year, the completion rate for 2008 was 62.5 percent and for 2009 was 53 percent.

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