

The Future of Prison Rehabilitation and Care Service Delivery

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The interview took place on Wednesday 18th June 2025.

MC: Starting off with an open question, tell me a bit about yourself. And can you tell me what a health services criminologist does?

FT: I am a university professor at George Mason University, which is right outside of Washington, DC. I run a centre called the Centre for Advancing Correctional Excellence and I'm a health services criminologist, which means that I was trained as a criminologist. But I'm really interested in issues related to helping people address mental health, substance use and physical health issues that can help them improve the quality of life. A health services criminologist attention is on the individual level looking at questions such as: how do people get access to care? What are some of the issues about retention and care and what are some of the issues regarding completion of programmes and/or services? I am also interested in recidivism and the factors that contribute to it. Another component of being a health services criminologist is looking at the organisational issues of how correctional agencies or justice agencies, prisons, probation, jails, prosecutors, the courts how they support involvement in health services for addressing people's various needs. We do a lot of work around what's called implementation science, which is really a discipline focused in and the advancement of evidence-based practices but also advancing the notion that if we want to reduce recidivism, we have to help people improve the quality of their life, particularly in productive activities. If you're not feeling well, if you're depressed, if you have a lot of physical ailments, if you're in pain, it's hard to get to that place to make constructive changes. So, the question is, what can correctional, and justice agencies do to help facilitate people, to get them involved, the services, treatments and interventions and activities that are going to help them improve their quality of life?

These same activities or interventions will also reduce their likelihood of further interactions with the criminal justice system, a.k.a recidivism.

MC: Thank you for that brilliant summary. Is there something earlier on in your career or when you were studying that sparked your interest in this field?

FT: I was trained as a traditional criminologist. My mentor was Don Gottfredson, who was famous for guidelines and efforts to really improve decision making in the criminal legal system. One thing I learned from Don, because he was an experimental psychologist, was that this interdisciplinary approach can be really fascinating, looking at things that are at the borders of one discipline versus another helps us to get a better understanding of issues. For me that was very formative. My whole interest in criminology actually grew out of a sibling that I have who had a substance use issue at a very young age of 13 years. She developed a problem with using illicit drugs. That escalated into pretty serious criminal behaviour, and she was in jail and detention. But she also was involved in substance use treatment programmes and as she used to say to me, you know, when I really want to get good drugs, I just go to my treatment programme because that is where all the dealers hang out. So, I got intrigued about how these programmes run and what we should be doing to really facilitate better quality programmes. This was a long time ago, before evidence-based programming came into being. But there's clearly something wrong when people who have substance use issues go to their treatment programmes to get illicit drugs.

MC: It sounds like your interest is quite personal and was sparked from quite a young age. Do you think that drives your passion for it today as well?

FT: Most definitely.

MC: You've talked about evidence-based practices in terms of determining the models of treatment. How do you see the kind of work that you do, specifically tying into prison rehabilitation?

¹ Taxman is a health services criminologist, she is an expert in implementation and intervention sciences where she has conducted various experiments to determine which processes will improve access to treatment and retention, and to formulate and assess new models of probation that is consistent with current evidence-based practices. She is the founding director of the Center for Advancing Correctional Excellence! (ACE!), which conducts collaborative and creative research to bring evidence-based practices and treatment to practitioners and policymakers in the criminal justice and health fields. She has a PhD from Rutgers University School of Criminal Justice.

FT: In most of my career I've worked across the spectrum of justice organisations, jails, probation and parole. I did a lot of work in the 1990s bringing treatment programmes into prisons and jails. It seemed to me you could have the best designed programmes, but the culture of the prisons really undermined the quality of those programmes and what was delivered. Early on I was interested in how correctional officers could have a different role than merely security in these programmes. But more so, being part of the delivery of the treatment services. In the 1990s, I developed several initiatives about training correctional officers on delivering substance use programmes, serving as role models instead of just security for people in care. It seems to me that until we address the culture of punishment in those facilities, we're not going to get very far in helping people. I often like to say to people it's like having either a devil or an angel in the ear and the angel is saying you should be thinking about this, and the devil is basically saying, hey, what's the reward here for doing this? Why are you wanting to change or you're doing great the way you are. There is a constant tension and struggle between security and rehabilitation. I think until we can balance that out in a way that's meaningful and that supports rehabilitation programmes in prisons and jails, I don't think rehabilitation can thrive.

MC: There's so much there that I want to unpack, and it's also sparked questions for me. One is going back to the culture of prison and what you were seeing in the early 1990s with the culture undermining rehabilitation. Can you tell me more about what kind of cultures were you seeing that were detrimental to what you were trying to do?

FT: The security culture in prison does not respect the human being but rather sees the individual as something that has to be watched and restricted in behaviours. It basically treats a person similar to a caged animal, where you're just reinforcing, you're going to get your meals, but you have to behave yourself. It doesn't allow a person to really grow and develop. That's one aspect of the culture which is the overemphasis on security and coming with that over emphasis on security is undermining the belief that a person can grow and that a person can become autonomous or has agency. That's one issue with the culture. The second part is that of control. Correctional officers have to 'other' the people who are incarcerated to make themselves feel better about who they are and support their own self efficacy. They have to really think about the person who's incarcerated as being less than

they are. And whenever people do that, in society, whether it's in prison or in the community that leads to people feeling the need to be defiant and to not want to follow the rules, and so that undermines change or rehabilitation. Then there's the third aspect of this culture, that officers are rewarded for punishing people. They're not rewarded for helping people succeed, and when you have a system incentivised like that, people are looking for, what did a person do wrong? How are you a bad person? Focussing in on all the deficits instead of realising this is a person who has strengths and weaknesses. Those were some of the key aspects of culture I noticed back then. This was 35 years ago yet they still exist today, and I think they're to a large extent what we need to tackle in recreating a prison culture to be one that is reformatory, that actually helps people, one that helps redeem who they are and who they can be.

MC: That nicely answers one of my questions! Does the prison culture look different today?

FT: What I see with the exception of places like Norway, where they have a different role of their correctional officers and maybe some efforts in Finland. What I see across the world, and this is very true in the United States is this culture of control and that culture of control does not respect the individual who happens to be residing in the prison or jail.

MC: One of the other points that I wanted to pick up on was the training, the training of correctional officers in delivering programmes. Can you tell me more about that? Do those programmes still exist? Have you evolved them over time? Have you seen any kind of success from them?

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FT: I started experimenting with this idea in the 1990s in a jail-based substance use treatment programme and it actually worked well. Correctional officers wanted to be a different type of person. They gravitated towards the training, and it was very well received. The problem was that when the client was done with the treatment programme, they went back to general population and then that usually resulted in their behaviour regressing. We have worked extensively over the years on developing strategies to enhance correctional officer knowledge and skills. We have worked on a number of different initiatives. I think the one that has the most staying power is something called the quality improvement process, or plan-do-study-act (PDSA). In that process you get small working groups together of correctional officers with their supervisors or counsellors who work in the facility, and they discuss how things operate. They identify from their lens what are the barriers to helping people become successful or what are the barriers that put in place a system that rewards sanctioning people and punishing people. In this process, the first part is to really understand what the problem is. The teams look at that and they come up with some of their own ideas. Then we get data to help them look at what does this mean, that's the first part.

The second part of the process is to brainstorm. How could we address these issues? Typically, in the second part you will usually hear correctional officers talk about how unfairly they are treated by the administration such as not getting pay raises, the rewards tend to go to a few favourite correctional officers in the facility, they don't get assignments that they feel comfortable with and other issues that affect the officers. They start raising all of these issues that affect how they work. That's the second part of the process and then the next is to brainstorm ideas about what to change and how to make these changes. Now most of the changes are not directed at pay but rather the operations of the jail/prison. That has to do with more procedural fairness within the correctional officer's employment system. Staff/administrators are usually pretty smart about coming up with ideas. Then the third part of the process is to implement a few of the ideas. Usually, you start with low hanging fruit to get some wins and to get people involved in the change processes. They then become champions. Yes, we're going to have to change. You know how the promotion system is done. Yes, we're going to have to change how shifts are assigned so you get them involved in the process and then you monitor the impact.

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On the system overall and what we have seen is you have changes in correctional officers who feel that their role is not just to punish, but their role is to be a role model, or their role is to really help people address some of the issues that affect why they are in the criminal justice system. This is not a training programme per se, it's really an initiative by which you're getting the "ground up" to come up with solutions to the problems that occur in their facility. What's really interesting about this process is you can go to 10 prisons and you can have 10 different problems and then you could have 9 million different solutions- a smart way of doing these PDSA processes is to have those number of different facilities go through the process but then have them come together and talk about what they've done so they can learn from each other. This is called a learning organisation model, and it has been very effective in really being able to enlighten others about different solutions to try or what might work within your particular setting.

MC: You talked about monitoring the impact. Can you tell me a bit more about any evaluation models or when you say monitor the impact, how you are doing that?

FT: Part of implementation science strategies, we tend to take surveys of officers/administrators and people who are incarcerated and look at how people's attitudes and experiences change over time. That's one aspect, those surveys are hard to do because some administrators don't want their staff to have opinions. This is part of the culture issue; staff are intelligent and insightful and usually have opinions about what's going on in the workplace. That is one mechanism, another mechanism is we use administrative data to track changes in the facility. For example, because I am interested in access to care and retention, we oftentimes will use administrative data to look at how many people were referred to a programme, how many people participated in the programme, one time, or how many participated multiple times. And how many people completed the programme. This gives you a sense of whether or not the system is improving itself. Lastly, we look at infraction behaviour and what the responses were to the infraction as well as recidivism in terms of re-arrest for new types of crime or incident.

MC: What are your thoughts on the future of prison rehabilitation? What should we be striving for as a prison/justice system, and how do we get there?

FT: I'm pretty fascinated by the Norway model including that they train their correctional officers for several years. I think it's two to two-and-a-half years before they actually put them in an officer role in a prison. The training is on developing people's skills to help people regulate behaviour and help officers really respect the needs of individuals. That's one issue. The second issue is that their prisons are much more like what in the US would be called halfway houses or community based facilities.

Where people get their own sleeping space, they create norms for what daily life should be like you get up, you work, you contribute to the community, you're involved in productive activities, and you are part of a thriving community. I think some lessons that we can take from the Norway model is that we shouldn't have these massive facilities that house large numbers of people like in the US where the average prison has over 1,000 people. This is difficult to manage and particularly when you have people with problem behaviours all in the same place. I think there is a real need in our programming to utilise the therapeutic community framework, where people start off as members of the group and rise through leadership activities, ultimately becoming responsible for what happens within the group. Part of the attraction to that framework is that it helps people become leaders and not followers, and it helps people develop self-efficacy about who they are, who they can be, and it makes them look at the positive things in their lives. Between those two models, I think we'd have a drastically different prison system. We'd have much better outcomes because there's more investment in individuals both in terms of the correctional staff but also investment in terms of people who are incarcerated. That's the big picture. Can we get there? I don't think so. In the United States, we love big prisons. I mean, there's a mentality there and what I see in other places around the world, including the UK, is big prisons are favoured. Maybe not as big as the US but if you like big prisons it's therefore hard to do some of these things we've discussed when you've got a lot of correctional officers to manage, and you've got a lot of people who are incarcerated to manage, security then rules the day. In big prisons you could have specialised units which allows correctional officers to deal with those special areas, whether it be substance use or people have literacy problems or people with mental health. That is a step that can be taken to emphasise rehabilitation over security in large prisons.

MC: Just reflecting on the Norway model and the length of training that they've got, is there an average length of training in the US for correctional officers?

FT: Yes, it's generally Six weeks to around three months. I think what's interesting about the Norway approach is the emphasis is on skills particularly more people skills. In the US and other countries that I've seen the correctional officers are basically trained on what are the prison rules, how to enforce the rules and what to do with people who violate the rules. In Norway, they not only teach the regulations of the prisons, but they also focus on developing people's skills. Skills such as neutralising a situation, dealing with people who are under stress or acting out, or how to be a role model. Norway has a very different philosophical orientation. In the US, we tried to do a little of some of the soft skills in our prison system but to be honest, it gets undermined by all the security rules.

MC: What do you think are some of the greatest challenges to having a more rehabilitation focussed system and how do you think we can overcome them?

FT: I'd be remiss if I didn't say the major challenges are the pay rate for correctional staff, which is very low. The requirements too are low - people only need to have a high school diploma or a General Educational Development (GED) to become a correctional officer. Then there are the work demands including what the shifts are like and then whether there's rotating shifts or not. In the United States right now, after COVID, we have many of our prison facilities that are operating with two-thirds of their required staff. People are being asked to work overtime and they're exhausted. And so that does not foster good environments either. I think all of those are really big impediments. If I had to pick anything, I would basically increase the salary by a third in the US, and I'd ask people to get an associate's degree in our system. An associate's degree requires that you have your high school diploma or GED, and then you have two years of studying. I'd recommend psychology courses so that people can understand human development and human emotions.

MC: As you know this special edition is about the future of prisons 10 years from now, what do think is the biggest issue facing prisons and probation over the next 10 years?

FT: I think staffing is the huge issue. Both probation staff and correctional staff are underpaid, and they work in, the terminology in the research literature, toxic environments. The toxic environments mean that the staff themselves see their own work as not being meaningful work. If we want to make headways over the next 10 years, we really have to focus our attention on improving the staff and the environment. The collateral impact of that will be better quality programmes. For example, the biggest issue in a lot of our programmes is that people get assigned to a treatment programme and then they have to be escorted to the programme by a correctional officer. Oftentimes the correctional officer doesn't take the time frame seriously, so they're late. So, people show up to their treatment programmes after the programme begins due to the escort process which has nothing to do with the will of the client. It has to do with the correctional officers who haven't been told to prioritise the treatment program. We do lots of things where we undermine rehabilitation programmes by how we organise prisons and the work that they do. I like to tell the story of a substance use treatment programme we were evaluating. The programme was offered at 11:00am but every day at 11:30am the laundry unit would bring clean clothes for the men; in the middle of their treatment session, everybody had to change clothes. That process took 15 minutes, which meant that they lost that time for treatment. I remember discussing this with the administrator who emphasised the importance of schedules in the prison. I asked about the value of the treatment programme. He acknowledged this and I offered that the administrator could either change the time of the treatment programme or change the time when the men get their clean clothes. And, you know, he looked at me. He goes well I never really thought about it that way. The point is it shows how the programme really wasn't important. This was a structural issue, and it wasn't about the clients not valuing the programme.

MC: Following on from that what are the most important features that are needed in prisons and probation to promote rehabilitation beyond the staffing we have discussed?

FT: One is technology, such as secure iPads that people can have in prison/jail (or in the community) that have curriculum and workbooks and videos on. It's critically important because when people are released from prison,

they have to get use to using the digital world. For example, banking is now mostly digital, a lot of service provision and applications for jobs require these skills that people may or may not have. Technology is critically important to supplement treatment programmes. Another is allowing people who have been successful in those programmes to come in and work with clients to show them what success looks like through peer-related services. When you're incarcerated constantly dealing with lots of different issues, there isn't a lot of hope. Talking to and

seeing people who have done well helps. Another piece I think is critically important is dealing with the mental health and trauma issues that people have. We tend to assume that people can manage their own trauma, that it doesn't really affect their behaviour; everything we know about trauma is that it has a huge impact and so we have to be able to help people navigate through and to identify how those prior experiences in life have really affected what they're able to do and how they're able to do things. Mental healthcare is

just so important, it's not just about medications. It's really about helping people learn to manage their conditions such as dealing with depression, anxiety, address the things that make them feel less of who they could be. I would really focus our attention on those issues. Mental health and trauma are important. I am also going to put a plug that we should do this for our staff because the staff come to work with the baggage of life on their shoulders and if you're not feeling good then it's really hard to be able to do well on the job.

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MC: How can our efforts be strength-based instead of focusing on personal deficits?

FT: In US culture, we're a deficit-based society, we always look at the negatives of people, so I think to move to a strengths-based society, we have to respect the fact that people have support systems. And we need to help those support systems become a part of their lives. In the prison, this means providing opportunities for exposure to their families and loved ones, and this is where iPads can be particularly helpful. This allows for some 'normal' activities such as reading kids stories at night or being able to talk to family members who are not well. These establish connections. I think that becomes an important linkage to really changing the culture because people don't feel isolated from the norm. It's just a mere extension of that norm.

MC: Are there any particular case studies of your work that you'd like to highlight or any success stories?

FT: I feel proud of the work I've done, particularly in probation and parole agencies, in helping officers see themselves more as behavioral managers rather than focusing on control. To really help the officer see themselves as someone who can facilitate change as compared to someone who is merely looking at compliance. The feedback from the probation staff is, this helps me feel better about my job, I feel like I have actually contributed to someone's life. For me, that kind of work that I've done has been really critical and important. It's about being able to help people see their job in terms of what it can accomplish. Also to use the PDSA process that I talked about earlier - we have worked with probation departments to unravel some of the environmental cultural issues that negate the officer from actually being a behaviour manager, and that's included working with judges and prosecutors to basically say the big stick doesn't always change behaviour at all. Something else we've been able to accomplish is changing the curriculum for pre-service training academies for correctional officers and probation staff to include motivational interviewing strategies and core correctional practice strategies. We have helped organisations phase in these changes over time to allow staff to begin their service by realising that the job is to help others (not merely to control others). We then try and reinforce it with continued training sessions

(called boosters) - this model appears to work fairly well. I firmly believe that we need to modify our training academies to mirror the approach used in Norway. Most systems cannot afford two to two-and-a-half years, but one can think about moderating the training over time where skills are introduced pre-service, then six months later they get a reinforcement package and six months after that. You can build those into your systems so that you know we're helping people learn new skills over time, practise new skills, and get some feedback.

MC: Is there anything that we haven't covered that you'd like to highlight?

FT: The one thing that I would want to include is how we really need to routinise the behavioural health services that are offered in prisons and in the community. The justice system does not consider itself to be a service provider, but the majority of individuals have serious health and mental health issues. It seems to me we lose opportunities to really help people learn to manage whatever situations and/or diseases they have. These are the kind of programmes that need to be standard in prisons/justice settings - they need to be staffed with clinical staff, but also people who have had lived experience. Most importantly, we need to help the correctional and probation staff to use those services for themselves, because a lot of people who work in the system also have substance use, alcohol abuse, mental illness and they don't know how to deal with that, and it affects their daily lives. I like to think about a future in which correctional staff and people who are incarcerated or on supervision can access services without it being a big deal. We just normalise it. One of the culture issues is recognising that the criminal legal and justice systems are a service provider. It has opportunities to deal with people who have the highest needs in our society, we tend to ignore those. But if we could actually help those in need that would be really, really, helpful.

MC: Thank you very much for your time. This has all been really fascinating to hear. I've really enjoyed the interview.