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Attorney-General's Department

office of crime statistics and research

# YOUTH CARDS FINAL EVALUATION REPORT

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# Preface

This evaluation covers the initial setting up processes for Youth CARDS from July 2005 to December 2006. The program began operating in November 2005 and the evaluation also looks at the outcomes for participants over the first 13 months of operation from November 2005 to December 2006.

The problems identified in this report with the management processes were addressed as a result of changes to the management structure and personnel movement at the Youth Court. A new management structure came into effect in February 2007, which brought Youth CARDS under the management of the Courts Intervention Programs Steering Committee.

Dr Andrew Cannon, Deputy Chief Magistrate  
Chairperson, Courts Drug Intervention Programs Steering Committee

# Acknowledgements

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A special thanks is extended to:

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Finally, our sincere thanks to the small group of young people (and their parents) who participated in Youth CARDS and gave their time to share their experiences and perceptions of Youth CARDS either via interviews or questionnaires.

# Executive Summary

This report presents findings of the evaluation of the Youth Court Assessment and Referral Drug Scheme (referred to as CARDS). The evaluation of Youth CARDS was undertaken by the Office of Crime Statistics and Research (OCSAR) from July 2005 to December 2006. As far as is possible within the timeframe, the evaluation focused on both process and outcomes. The process evaluation sought to monitor and record key aspects of the implementation, coordination and operation of Youth CARDS. The outcome evaluation sought to establish the extent to which the aims and intended outcomes of Youth CARDS had been achieved in its pilot period. The evaluation was based on a mixed methods approach incorporating qualitative and quantitative techniques using a range of data collection methods. Although significant and ongoing resources were allocated to contacting Youth CARDS participants, low response rates for qualitative interviews and pre and post-treatment questionnaires have limited the data available on treatment outcomes for Youth CARDS.

## Description of Youth CARDS

CARDS is one of a number of specialist schemes established in South Australia under the National Illicit Drug Strategy and is designed to refer individuals whose offending is believed to be drug-related to drug assessment and treatment. More specifically, Youth CARDS targets young offenders (under 18 years) appearing before the Youth Court or who have a matter being dealt with by Family Conference who use drugs and/or alcohol and who are deemed suitable for referral to treatment. Youth CARDS targets young offenders who may fall between the gaps of the Police Drug Diversion Initiative (which targets simple possession drug offences) and the Drug Court (which targets serious drug related offending for adults).

Youth CARDS was originally piloted from mid 2005 to mid 2007 in the Adelaide Youth Court and Family Conference Team. However, it was envisaged that referrals would also be accepted from metropolitan Family Conference Team sites. During this period, extensions of funding provided by the Australian Government under the Illicit Drug Diversion Initiative has enabled Youth CARDS to continue until June 2009. Youth CARDS was staffed by a Youth CARDS Coordinator (and Assessor), who reported to the Manager, Specialist Sentencing Courts.

Designated criteria determine whether a defendant is eligible to participate. These include that the individual appears before a Youth Court or Family Conference, that the offence is drug and/or alcohol related in some manner and the individual is deemed suitable for release on bail, bond or undertaking and suitable for treatment in relation to drug and/or alcohol use. In addition, the offender's involvement in the scheme must be voluntary.

Referral of an individual to Youth CARDS is normally made by Magistrate or Judge in the Youth Court or by Family Conference Team staff, although self-referral is also an option. The young person is then referred to an assessment to be undertaken by the Youth CARDS assessor, regarding their suitability for participation on Youth CARDS. The Court or Family Conference Team receives this assessment and recommendation as to suitability as a report. If deemed suitable and the individual consents, they are accepted, whereupon they must attend four sessions with a youth treatment provider over a three-month period. A report is then conveyed to the Youth Court or Family Conference team as to the individual's fulfilment of requirements under Youth CARDS.

The treatment intervention is intended to introduce participants into community health based treatment and support, encourage critical reflection on and moderation of their drug and/or alcohol use and promote ongoing contact with health services. The intended outcomes aimed to be achieved include: decreased drug and/or alcohol related crime by participants; decreased licit and illicit drug use by participants; improved health and social functioning; and awareness of community based services.

## **Throughput of participants**

In the 13 months from 30 November 2005 to 31 December 2006, there were 71 referrals made to Youth CARDS. Of these, five referrals involved individuals referred on more than one occasion. The majority of referrals came from the Youth Court (63.4%, n=45). Referrals ranged between seven and nine every two months at the beginning and end of 2006, but reached highs of between 10 and 15 every two months in the middle months of 2006.

Of the 71 referrals, seven in ten resulted in individuals being accepted and commencing involvement in Youth CARDS (51 individuals). Of these 51 participants, 11 individuals were identified as Indigenous. As at 30 December 2005, nine individuals were still in progress and 42 individuals had ended their involvement in Youth CARDS. Of these 42 individuals, half (n=21) successfully completed Youth CARDS, of which 71.4% (n=15) continued treatment on a voluntary basis. There was no difference in completion rates for Indigenous individuals. The majority (85.7%) of clients who successfully completed Youth CARDS attended all four treatment sessions as per the required model. Of those individuals who did not successfully complete, over half (57.1%, n=12), did not attend any treatment sessions, while one quarter (23.8%, n=5) attended one session.

## **Profile of Participants Accepted onto Youth CARDS**

### *Demographic data*

Of the 51 individuals who were accepted onto Youth CARDS, eight in ten were male (80.4%, n=41) and 10 individuals were female. Of the 11 individuals identified as Indigenous, 10 were identified as Aboriginal and one individual was identified as Torres Strait Islander. The majority of individuals (81.6%, n=40) were aged between 15 and 17 years at the time of their assessment. More specifically, four in ten individuals (40.8%, n=20) were aged 17 years. This was followed by two in ten individuals who were aged 15 years and 16 years respectively (20.4%, n=10).

Of the 51 Youth CARDS clients, just under four in ten (39.2%, n=20) were recorded as still enrolled in school. Of the 31 clients no longer recorded to be in school, information as to employment status was available for 22 individuals. Of these the vast majority (86.4%, n=19) were recorded as unemployed. Only two individuals were reported to be employed. Just over half (57.1%) of clients rated their literacy level was good, while four in ten (42.6%) rated it as fair or poor.

### *Drug and Alcohol Use*

Of those individuals accepted onto Youth CARDS, the most common primary drug used was cannabis (74.4%). A small number of participants were recorded as primarily using alcohol (n=6), followed by amphetamines (n=3) and ecstasy (n=2). Half of participants (n=25) were regarded at assessment as being dependent on drugs, while a further 14 individuals were considered to be problematic users. Just over a quarter (27.5%) of Youth CARDS clients reported previously seeking help for their drug use, generally drug and alcohol counselling.

Alcohol use was the most common other drug used, with eight in ten (80.4%) clients reporting use of alcohol in addition to the primary drug used. Of these 41 clients, six in ten (61.0%) were classified as binge drinkers and four individuals were considered to be dependent on alcohol. Just under half (n=16) of individuals for which data was available reported that they started consuming alcohol between the ages of 5 and 13 years of age. Although information in relation to amounts of alcohol consumed was only available for 24 clients, three-quarters (75.0%) reported drinking more than 6 standard drinks on each occasion. Seven in ten (70.6%) individuals reported being cigarette smokers.

In the majority, participants identified both good and bad aspects about drug use. The most common positive aspects identified were that drugs allowed the client to forget about the bad things and problems in their lives. Six clients could (or did) not identify anything positive about drug use. Clients were more likely to cite multiple negative aspects to drug use. The most commonly reported bad things about drug use were in connection with getting into trouble and

committing offences. Health effects, including mental health, were the second most commonly raised negative related to taking drugs. One client did not report any negative effects.

Ten of the 51 clients reported that their partner used drugs and six in ten (59.5%) reported that most or all of their friends or associates used drugs. Almost eight in ten (78.4%) reported that their parents had knowledge of their drug use. One third (33.3%) of clients were reported to have specific health issues, most commonly depression.

#### *Family, Support Networks and Housing*

One third of clients (35.3%) indicated at assessment that they had some form of impaired family relationship, which in many cases was connected to their drug use. Encouragingly, eight in ten (80.4%) individuals reported having the support of at least one family member and seven in ten (76.5%) reported having at least one friend who was supportive. Under half (47.0%) of individuals reported having a supportive network outside of drug using associates. Seven in ten (72.5%) clients were reported to be living in stable housing, although many lived with single parents or grandparents or had been raised by grandparents or aunts.

### **Youth CARDS in Operation**

The operation of Youth CARDS was evaluated according to a number of concrete aspects, including: 'Management and Coordination', 'Referral and Assessment', 'Treatment' and 'Court Processes'. This was informed by data collected from a number of sources, including interviews with stakeholders, interviews with a small number of Youth CARDS participants and parents, post-treatment questionnaires from treatment providers, document analysis and observation.

#### *Youth CARDS in Operation - Management and Coordination*

An interim steering committee was formed in June 2005 to operate for six months, after which it was planned that it would merge with the Adult CARDS Steering Committee as many of the same stakeholders were involved with both committees. However, some stakeholders felt youth specific issues may get overlooked in a more generic steering committee structure and therefore the Youth CARD Steering Committee continued to meet until November 2006; although, on balance, stakeholders did not regard this committee as a productive or effective forum. There were a number of dynamics which appeared to contribute to this, including conflicting personalities, philosophical differences in approaches to youth justice and mandated drug treatment and different views about management and reporting arrangements for Youth CARDS. These issues appeared to have had a detrimental effect on the functioning of the group. A new management structure came into effect in February 2007 which brought Youth CARDS and Adult CARDS under the management of the Courts Intervention Programs Steering Committee.

There were some reported difficulties in relation to the Youth CARDS Coordinator role, including reporting arrangements, access to facilities and services in the court building and the tensions within the Steering Committee. However, in the majority, these were able to be resolved in the first few months of the pilot. The lack of referrals continued to be a challenge for the Youth Coordinator, in particular as it meant there was often little meaningful activity to be undertaken in the role. A number of strategies were used to address this including professional development and relocating the role from the courts to within the Specialist Sentencing Courts. The difficult work environment was also reported to be a challenge by the Manager, Specialist Sentencing Courts.

Considerable effort was made by the Youth CARDS Coordinator to promote Youth CARDS among the agencies and stakeholders involved, including treatment providers, Youth Court staff, the judiciary, lawyers and Family Conferencing staff. Lawyers and the majority of Family Conferencing staff and treatment providers reported having been adequately informed about Youth CARDS. Although most court staff were able to be adequately informed, it was reported that clerks of the court had been difficult to engage, due to busy schedules and limited availability. Although the judiciary were provided with information on Youth CARDS, subsequent difficulties encountered with referrals and Youth CARDS processes highlighted a

possible need for further promotion and explanation. The development of specific and ongoing communication mechanisms is also recommended to ensure the continued provision of information and feedback in relation to Youth CARDS.

#### *Youth CARDS in Operation - Referral and Assessment*

Consistent with the experiences of the pilot of Adult CARDS, the number of referrals were lower than originally anticipated. There were a number of possible underlying factors identified, including: the fact that Youth CARDS was new; difficulties in gaining access to members of the judiciary to promote Youth CARDS; difficulties in identifying suitable participants; or that young people tended to deny drug and/or alcohol use or were not agreeing to participate in the program. Although a change in Registry staff and judicial officers in the Youth Court was correlated with a small spike in numbers, overall referrals continued to be low throughout the evaluation period.

Despite this, stakeholders generally perceived the referral and assessment process to be operating successfully and efficiently with the occasional “hiccup”. Treatment providers generally perceived that clients had a good to very good understanding of what to expect from Youth CARDS. However, it appeared from the small number of clients interviewed (n=7) that more information may have been required for them to make an informed decision about whether or not to participate. Interviewees were evenly divided as to their levels of satisfaction with the referral process. A lack of information was also a common theme amongst those who reported to have been dissatisfied with the referral process.

It was apparent that the decision to refer by Youth Court Judges and Magistrates and Family Conference team staff was influenced by their perception of a defendant’s motivation to address their drug and alcohol issues. There was an overriding concern expressed that referring an individual to Youth CARDS who might be unlikely to successfully complete, may be “setting up a young person to fail”. Thus, it was reported that successful participation was rarely made a condition of bond or bail or a Family Conference undertaking. Defence counsel also reported that they considered such factors in making a decision to suggest a referral to the Court. The entry criteria appeared to be suitable for both Indigenous and non-Indigenous clients.

Following referral, a young person is assessed by a CARDS assessor to determine whether the participant is to be recommended for inclusion onto Youth CARDS. The creation of the model to allow for assessments to be conducted on the same day as clients appeared in the Youth Court, was viewed to be generally working well, beneficial for the client and enabled the “client’s motivation to be captured” while in court. Some difficulties were reported in relation to conducting same day assessments for individuals in secure care.

Although Youth CARDS participants (n=7) generally found it difficult to rate their levels of satisfaction with the assessment process, their comments generally indicated that their interaction with the assessors had been positive. Almost all participants reported that they felt comfortable with the assessor, the way the assessment was conducted and the type and range of questions asked. Some participants did not appear to understand why the assessment had been necessary, although most reported that they had anticipated that it would involve a series of questions about themselves.

#### *Youth CARDS in Operation - Treatment*

The appointment booking system for Youth CARDS clients, the CARDS Appointment Line (CAL) appears to have operated well in providing for the booking of Youth CARDS appointments with treatment providers. The continued use of the CAL is recommended. Stakeholders reported that communication between Youth CARDS personnel, the CAL and treatment providers in relation to appointment booking and treatment issues was effective and open. A lack of consistent data available on the number of appointments altered or missed by Youth CARDS clients has prompted a recommendation to consider the implementation of a process to enable such data to be routinely collected and reported by treatment providers to the CAL.

The low number of referrals and feedback from stakeholder, treatment providers and Youth CARDS clients indicated that there were minimal barriers experienced by clients to accessing treatment. Where barriers were identified, these were primarily homelessness, transport issues and distances to appointment locations. Stakeholders did not identify any specific barriers to treatment access or supports required for Indigenous young people participate in Youth CARDS. The equal completion rates between Indigenous and non-Indigenous clients may also be an indicator that these Indigenous clients had not experienced barriers to accessing treatment.

The process of reporting on treatment under Youth CARDS was, for the majority, reported to be working well and in a timely manner. It was also reported by Family Conference staff, judicial officers and lawyers that reports contained information adequate for their purposes. Treatment providers also reported that the process for reporting on treatment was well designed and easy to use.

The range of treatment service providers for Youth CARDS was reported to have provided flexibility for individual clients. Almost all treatment providers were very positive about being involved in Youth CARDS. Although there was a general lack of data on the types of treatment provided to Youth CARDS clients via post-treatment questionnaires from treatment providers (n=19), some tentative findings can be made. Assistance was reported to have been provided most commonly in relation to drugs, followed by counselling and health. Other assistance was provided in relation to legal issues, education, mental health, accommodation, family mediation and income/Centrelink. Although some service providers reporting making a referral to other agencies, it is difficult to assess the extent to which clients had followed this up and engaged in further treatment.

Treatment providers were in general positive about the effectiveness of Youth CARDS in terms of giving young people access to treatment and assisting them to reduce their drug and/or alcohol use. Factors identified as linked to treatment effectiveness included: the age and experience of users and that it was a voluntary court program. Changes and positive outcomes were most commonly reported by treatment providers in relation to, in order of frequency: drug use; personal relationships; and emotional and mental health. Other changes included reductions to self-reported offending and increased uptake of education, training or employment. Two thirds of 19 treatment providers indicated in post-treatment questionnaires that there had been a self-reported positive change in risk-taking or harm minimisation behaviours for their client. The benefits most commonly reported by Youth CARDS clients (and their parents) centred around the following themes: having someone to talk to, to “get things off your chest”, and being able to speak openly in a confidential environment.

However, in the absence of an agreed approach, hierarchy of treatment goals or practices and consistency in those providing treatment, it is difficult to determine the overall effectiveness of such treatment. An important limitation to assessing treatment participation and outcomes has also been the lack of consistent data collected by treatment providers. To address these issues, a more standardised approach for delivering Youth CARDS treatment and for the collection of consistent and comprehensive data by treatment providers is recommended (see Recommendations 5 and 6).

#### *Youth CARDS in Operation - The Court Process*

Youth CARDS appears to have had minimal impact on the Youth Court or Family Conference processes, in terms of: negative impacts; reducing workload; increasing the amount of time spent dealing with drug and alcohol-related crime and offenders; or approaches to adjudicating and sentencing for drug and alcohol-related crime. However, Youth CARDS was commended as an “extra tool” to use where appropriate. Some concerns were expressed by members of the judiciary, lawyers and Family Conference staff, in relation to the difficulty in determining whether or not a young person had drug and/or alcohol issues and may be suitable for Youth CARDS. Cooperative and trusting relationships between all parties were seen as fundamental for the sharing of such information to enable the effective operation of Youth CARDS.

## Contact with the Criminal Justice System

Contact with the criminal justice system was analysed for a sample of Youth CARDS participants (n=38). This included individuals who did and did not successfully complete.

### *Offending History*

An analysis of the major charge and overall charges laid against the sample of participants for which they were referred to Youth CARDS revealed that:

- Participants were more likely to enter Youth CARDS on a major charge relating to property crime that is acquisitory in nature, particularly larceny and receiving and serious criminal trespass, followed by offences against good order;
- Given the eligibility criteria of Youth CARDS, which generally will not accept violent offenders, offences against the person amongst the sample were rare;
- When all charges were analysed, the 38 clients in the sample were charged with a total of 79 offences, an average of 2.1 charges per person. The majority of individuals had only one or two charge(s); and
- An analysis of the penalties received by those Youth CARDS clients in the sample appearing before a Youth Court (n=28) *may* support the suggestion that the judiciary in the Youth Court considered the completion of Youth CARDS in sentencing, although small numbers limit the conclusions which can be drawn in relation to this.

An overview of the offending history of the sample of Youth CARDS participants in the three years prior to their entry to Youth CARDS revealed that:

- They had an average of 8.2 criminal events each (median 5), equating to almost 3 events per year;
- Males (mean 9.3) had a higher average number of events compared to females (mean 5.1);
- Although numbers were small, Indigenous clients (mean 12.8) had a higher average of events compared with non-Indigenous individuals (mean 7.3);
- Youth CARDS completers (mean 6.4) had a higher average number of events compared with non-completers (mean 9.7);
- Youth Court clients (mean 10.3) had a higher average number of events than Family Conference clients (mean 2.3);
- The majority of individuals had between 1 and 10 events in the period;
- The most common offence category individuals in the sample were charged with were offences against good order, followed by acquisitory crimes such as larceny and receiving.

An analysis of offending of Youth CARDS participants in the six months prior to the involvement in Youth CARDS, revealed that:

- They had an average of 3.1 criminal events each.
- Similar patterns as observed in the three year period prior to entry to Youth CARDS are suggested in relation to males, Indigenous individuals, Youth CARDS completers and individuals referred from the Youth Court.
- Consistent with the analysis of offending three years prior to entry, the most common criminal events were offences against good order, followed by larceny and receiving.
- During their involvement with Youth CARDS, those clients who successfully completed their requirements, averaged .07 events per week. Twelve of these clients did not record a criminal event.

### *Changes in Offending before and after Youth CARDS*

The sample's involvement in offending reduced from an average of 3.1 events each in the six months prior to involvement in Youth CARDS to an average of 1.5 criminal events in the six months following involvement with Youth CARDS. This is an encouraging reduction and this difference is statistically significant. Along with this reduction for the overall group, significant reductions in criminal events were found for males, non-Indigenous participants, clients who successfully completed and who did not successfully complete Youth CARDS and clients who entered Youth CARDS from the Youth Court. Although a reduction was also found in the average events for Indigenous clients, the small sample size limits the conclusions which can be drawn from this. Reductions in offending were particularly noted in the most common offence category, offences against good order. Using a seriousness index based on the National Offence Index (NOI), a reduction in seriousness of criminal events post-Youth CARDS was also noted. Although, again numbers were small, a reduction was noted in the proportion of criminal events categorised as serious from one third of all events to one in ten events.

### **Progress Towards Objectives**

The objectives of Youth CARDS are to:

- Enhance the operation and outcomes of the juvenile justice system by providing direct court and Family Conference access to a structured drug and/or alcohol intervention program.
- Encourage drug and/or alcohol users to address their drug and/or alcohol use and related issues, including offending, by capitalising on the reality that the individual has entered the juvenile justice system as a result of being charged for a drug and/or alcohol related crime.
- Reduce the risk of further offending to support drug and/or alcohol use.
- Reduce associated criminal activity and harm to themselves or others.

#### *Objective 1*

By its very design and implementation Youth CARDS has achieved its first aim. The development of a formalised program to enable court based referral into drug assessment and treatment for young individuals with a treatable licit or illicit drug use problem, is a significant addition to the South Australia's response to youth drug use and offending. At the end of the evaluation period, Youth CARDS was available in the Adelaide Youth Court and at each of the intended Family Conference locations. There is no evidence that young people who may have benefited from Youth CARDS failed to be referred or were deemed ineligible. However, there was some suggestion of a possible 'gap' in knowledge by professionals in Youth CARDS as to young offenders' drug and/or alcohol use.

The numbers of referrals were lower than anticipated. Concerns were also raised by some potential referrers of the 'punitive effect' of failure to complete Youth CARDS on participants. Although the referral process was simplified to enable on-the-spot referrals, this did not increase the number of referrals. Stakeholders also reported that there were some differences in the Youth CARDS Steering Committee members' views in relation to the philosophical and operational operation of Youth CARDS. Although there was a high degree of planning and project management, it took some time for agreement to be reached in relation to Youth CARDS.

However, having said this, the pathway from assessment to treatment appeared to operate effectively and constructive working relationships were formed between the Youth CARDS Coordinator, CAL staff and treatment providers. Although it has not been possible to assess whether the treatment provided by IDDI service providers constituted a 'structured drug

and/or alcohol intervention program', there may be further opportunities to develop a more structure approach with likely changes to the IDDI funding model.

#### *Objective 2*

There is some evidence that Youth CARDS successfully provides opportunities for young people using alcohol and/or drugs to address their drug and/or alcohol related issues, at a number of stages, including the Youth Court or Family Conference process, the assessment process and the treatment phase. It is less clear whether Youth CARDS treatment has been able to capitalise on young people being in the juvenile justice system as a result of their drug use. Positive benefits were reported by participants interviewed, such as the health effects of drug use, changes in drug use, personal relationships and emotional and mental health, and some reductions in self-reported offending and education, employment and training. However, there was little evidence that the treatment had specifically focused in particular on the links between offending behaviour and drug use.

#### *Objectives 3 and 4*

It is difficult to determine the extent to which the final two objectives of Youth CARDS have been achieved - to reduce risk of further offending to support drug and/or alcohol use and to reduce associated criminal activity and harm. This has been due to the relatively short period of time in which to track offending and the lack of data from participants. There were reductions in offending for Youth CARDS clients, including those who completed and failed to complete Youth CARDS, a significant reduction in good order offences and a reduction in the proportion of serious offences. However, not all differences were statistically significant and effects may be masked by short follow up periods. Despite this, the evidence available is encouraging in suggesting that Youth CARDS may reduce offending overall.

Although a broad range of assistance was reported to be received and positive changes reported to treatment providers by two-thirds of clients, the lack of data makes it difficult to assess the extent of associated criminal activity or harm to self or others among participants. Although a small sample, the qualitative feedback from clients about treatment, including the support and having someone to talk to, augers well for reductions in offending and harm to self and others. Importantly, participation in Youth CARDS created a connection for each client to a community based service in their local area. Although the extent to which such services will be re-accessed is difficult to know, this is a significant outcome of Youth CARDS.

### **Conclusion**

Notwithstanding the limited data available, it appears that the objectives of Youth CARDS are reasonable and likely to be achieved, to varying degrees, for participants. A number of stakeholders expressed the view that Youth CARDS should not be viewed as a panacea, but rather a starting point for clients who wanted to change their circumstances. Although most Court and Family Conference staff described Youth CARDS in positive terms, the issues in relation to stakeholder support and agreement indicates that further discussion and agreement about its philosophy and operation should be undertaken in any further continuation or roll out. The low numbers of referrals also needs to be addressed. The absence of an agreed approach in relation to delivering treatment and recording and collecting consistent treatment data is also highlighted. A number of recommendations have been made with respect to these issues, which are tabled overleaf. As per the evaluation of Adult CARDS, it is recommended that any future development of Youth CARDS, includes the development of performance indicators and measures for success, comparable with those developed for Adult CARDS.

# Recommendations

## **Recommendation 1**

It is recommended that any future information sessions provided to judicial officers should include direct input from the Youth CARDS Coordinator.

## **Recommendation 2**

It is recommended that CARDS management consider ways to ensure the ongoing provision of information and feedback about Youth CARDS to new and existing professionals who play a role in the Scheme.

## **Recommendation 3**

It is recommended that consideration be given to the financial and staffing viability of the current CARDS model, in light of the low number of referrals throughout the pilot period.

## **Recommendation 4**

It is recommended that all appointments for CARDS continue to be booked through the CAL.

## **Recommendation 5**

It is recommended that efforts be made to document the range of treatment models used by Youth CARDS providers. It is further recommended that the outcomes of treatment be compared for individuals across these models, and depending on these findings, that an agreed and more standardised approach be developed for delivering CARDS 'treatment'.

## **Recommendation 6**

It is recommended that if Youth CARDS is funded beyond the pilot that efforts be made to develop, implement and monitor the collection of consistent and comprehensive treatment data by all CARDS treatment providers.

# Introduction

An evaluation of the Youth Court Assessment and Referral Drug Scheme (hereafter CARDS) was undertaken by the Office of Crime Statistics and Research (OCSAR). This followed an earlier evaluation by OCSAR of the pilot of Adult CARDS. Like the Adult CARDS evaluation, this evaluation aimed to assess the extent to which Youth CARDS achieved its aims and intended outcomes (as listed in the Program Description), as well as monitoring and recording key aspects of the implementation, coordination and operational procedures of Youth CARDS. The main evaluation period was the first year of the pilot, from November 2005 through to December 2006, however some follow up interviews were conducted after this time. This report presents the findings of the evaluation.

## What is CARDS?

CARDS is one of a number of specialist schemes established in South Australia under the National Illicit Drug Strategy. CARDS was developed at a policy level by the South Australian Attorney-General's Department and is similar to schemes operating in several other Australian jurisdictions – although most such schemes are confined to adult participants only. The lead agency in managing the administrative operation of CARDS is the Courts Administration Authority (hereafter CAA).

CARDS has been developed to provide an increased opportunity for individuals with a drug dependency to receive health treatment. Adult CARDS targets individuals (18 years or older) with drug issues who have charges being heard in the Magistrates Court. Youth CARDS targets individuals (under 18 years of age) with drug and/or alcohol issues who have charges being heard in the Youth Court or a matter being dealt with by a Family Conference. Family Conferences take place when a youth admits the commission of a “minor offence”.<sup>1</sup> The conference involves the offender, their parents or guardian, the police and the victim. These people discuss the offence and determine a suitable outcome which in this context could be a referral to Youth CARDS.

CARDS complements existing strategies such as the Police Drug Diversion Initiative (PDDI) and the Drug Court. The PDDI, established in 2001, which enables police to divert young people (and adults) who have committed a simple possession offence, into health treatment. The Drug Court, established in 2000, provides judicial supervision and health treatment to adult individuals with a drug dependence involved in serious offending and likely to receive a prison sentence. Youth CARDS in particular was intended to fill a gap in South Australia's illicit drug initiatives, by maximising the opportunities for drug using young offenders to engage with the health system and receive drug treatment. The intended target group and eligibility criteria for Youth CARDS are set out in Section 1 of this report.

## Structure of this report

This report follows a largely similar format to that of the Adult CARDS final evaluation report, so as to maximise the extent to which the findings can be compared and contrasted.

There are seven sections. Section 1 provides a description of Youth CARDS and Section 2 sets out the scope of the evaluation. Sections 3 and 4 examine the number and characteristics of individuals accepted on to Youth CARDS, and those who went on to complete its requirements. Section 5 presents ‘Youth CARDS in Operation’ including: its management and coordination, referral and assessment processes, treatment, court processes; participants’ experiences and perceptions of Youth CARDS; and some treatment outcomes. Section 6 analyses participants’ contact with the criminal justice system before

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<sup>1</sup> A “minor offence” is an offence which that should, in the opinion of the police officer in charge of the investigation of the offence, be dealt with as a minor offence because of: (a) the limited extent of the harm caused though the commission of the offence; and (b) the character and antecedents of the alleged offender; and (c) the improbability of the youth re-offending; and (d) where relevant - the attitude of the youth's parents or guardians (Section 4, *Young Offenders Act 1993* (SA)).

and after Youth CARDS. Section 7 draws together the preceding sections in order to examine the extent to which Youth CARDS, in its pilot phase, made progress toward its objectives.

Throughout this report the terms 'defendant', 'participant' and 'client' are used to describe individuals who are referred to and who may subsequently undertake Youth CARDS depending on the context of the usage.

# 1. Program Description

This section provides a description of Youth CARDS. It describes the background to Youth CARDS, key elements of the model, the aims and intended outcomes, target population and eligibility criteria and format. It is based largely on program documentation developed prior to the inception of Youth CARDS and describes these aspects as they were intended to operate. However on some occasions it has been useful to include changes to this, or further clarify aspects of the model during its implementation. In this sense, some content in this section overlaps with Section 5, 'Youth CARDS in Operation'.

## Background

In response to the National Illicit Drug Strategy announcement in 2000 of funding for a national approach to diversion of drug offenders by the Australian Government, South Australia developed, as a first stage response, its proposal for a Police Drug Diversion Initiative (PDDI). The Australian Government approved the proposal and the initiative commenced in September 2001. In the submission South Australia indicated that at a later stage it was proposed that a court based referral scheme be introduced. In 2003, funding for the second stage of PDDI was negotiated with the Australian Government. These negotiations included introduction of a court-based scheme for referral of suitable defendants into a drug treatment intervention. This scheme became known as CARDS (Court Assessment and Referral Drug Scheme). The funding submission identified that an adult and youth version of CARDS would be introduced. The Adult CARDS pilot commenced in June 2004. Australian Government funding for Youth CARDS was confirmed in December 2004.

A Steering Committee was established to oversee the development and implementation of Youth CARDS. It included representation from the judiciary, Youth Court Registry, Family Conference Team, Specialist Sentencing Courts (within the Courts Administration Authority), Legal Services Commission, Aboriginal Legal Rights Movement, SAPOL, Department for Families and Communities, the Illicit Drug Diversion Initiative Coordinator (Department of Health), and the Attorney-General's Department.

## Description of Youth CARDS

Similar to PDDI and Adult CARDS, Youth CARDS is designed to provide an opportunity for young offenders who engage in problematic illicit drug use to be linked with appropriate health assessment and treatment as part of the court process. For young people, this includes problematic alcohol use.

The essential elements of Youth CARDS are that it:

- Addresses the continuing need to minimise drug use (including alcohol) and drug-related offending within the community;
- Provides drug treatment intervention at a timely stage in the juvenile justice process;
- Capitalises on the opportunity provided by contact with the juvenile justice system to encourage drug users to access a community health based drug and alcohol intervention and evaluate their drug use;
- Promotes contact with community health services amongst a high risk group;
- Enables drug treatment to be provided as part of either a pre-sentencing, bail based process or as a post-sentencing process in the Youth Court or Family Conference;
- Enables people to be given incentives to address their drug use problem;
- Is a relatively low cost treatment program enabling high volume access to treatment; and
- Is consistent with the National and State Drug Strategies and complement the Police Drug Diversion Initiative.

Youth CARDS aims to:

- Enhance the operation and outcomes of the juvenile justice system by providing direct court and Family Conference access to a structured drug and/or alcohol intervention program.
- Encourage drug and/or alcohol users to address their drug and/or alcohol use and related issues, including offending, by capitalising on the reality that the individual has entered the juvenile justice system as a result of being charged for a drug and/or alcohol related crime.
- Reduce the risk of further offending to support drug and/or alcohol use.
- Reduce associated criminal activity and harm to themselves or others.

The intended outcomes for participants and the community are:

- Decreased drug and/or alcohol related crime by participants for the duration of the Scheme and following Scheme completion.
- Decreased licit and illicit drug use by participants for the duration of the Scheme and in the post-scheme period.
- Improved health and social functioning for the duration of the Scheme and in the post-scheme period.
- Awareness of community based services.

The treatment intervention is intended to introduce the participant into community health based treatment and support, encourage critical reflection on their drug use, moderate use and promote ongoing contact with health services.

## Target population and eligibility criteria

Youth CARDS is targeted at drug and/or alcohol users at early stages of their offending and drug and/or alcohol dependency who are motivated to address their drug use.

Inclusion criteria for Youth CARDS are, the young person:

- Is appearing before the Youth Court or attending a Family Conference; and
- Was apprehended for possession or use of drugs and/or alcohol, or
- Committed the offence(s) whilst under the influence of drugs and/or alcohol, or
- Committed the offence(s) to support a drug and/or alcohol habit; and
- Has a treatable drug and/or alcohol problem; and
- Is suitable for release on bail or order if appearing before the Youth Court; and
- Gives informed consent to participate; and
- Usually resides in an area where drug assessment and treatment programs can be provided as required; and
- Is not on other court ordered drug treatment programs.

Further criteria for inclusion include that the person;

- Is under 18 years of age;
- Has a treatable licit or illicit drug use problem;
- Is suitable for release on bail or bond obligation/undertaking; and
- Gives informed consent to participate if over 16 or has parental/guardianship consent if under 16.

## Format

Youth CARDS consists of several stages;

- The Youth Court or Family Conference Team will invite the defendant to attend an assessment and receive information on Youth CARDS. Alternatively, the defendant may self-refer to CARDS.
- A Youth CARDS assessment is conducted.
- A recommendation is made by the Youth CARDS Assessor to the Court/Family Conference Team as to the defendant's suitability for Youth CARDS.
- The defendant is accepted on to Youth CARDS (if he/she meets the eligibility criteria and agrees to participate by attending four treatment sessions).
- The defendant is referred to a youth specific agency for the provision of drug and/or alcohol treatment services. A participant on Youth CARDS must attend a minimum of four sessions over a three month period in order to fulfil its requirements.
- A report is conveyed to the Youth Court or Family Conference Team as to whether the defendant has fulfilled the requirements of Youth CARDS or not.

The model is underpinned by the philosophy that the defendant (young person) volunteers to participate in Youth CARDS and attend treatment.

There are several avenues via which a defendant may access Youth CARDS as a result of a referral by the Youth Court. These are;

- A Magistrate/Judge may invite a defendant to participate on CARDS at any stage in the court process (including the finalisation of the matter) on a bail or bond. In such instances completion of CARDS may or may not be a condition of bail or bond. However there will be no further involvement by the Court.
- The Magistrate/Judge may simply adjourn the proceedings to enable the defendant the opportunity to participate on CARDS. Only after completion will a plea be taken and sentencing go ahead.

There are two pathways to accessing Youth CARDS through the Family Conference Team. These are:

- A pre-conference referral where the team will seek to identify young people who are suitable for Youth CARDS and have them assessed prior to the Conference.
- During the Family Conference process, whereby an undertaking will be made that the young person attends an assessment and if suitable participates in Youth CARDS treatment.

## Pilot sites

The pilot site for Youth CARDS was the Adelaide Youth Court and the Family Conference Team. It was planned that Family Conference Team assessments will be conducted at the Adelaide, Christies Beach and Elizabeth sites. However, it was also envisaged that referrals would be accepted from other metropolitan Family Conference sites.

## Staffing

The pilot was initially staffed by a Youth CARDS Coordinator, based at the Adelaide Youth Court. It was anticipated that if/when demand for Youth CARDS exceeded the capacity of this individual, a further Youth CARDS Assessor would be appointed. The Youth CARDS Coordinator was to report to the Manager, Specialist Sentencing Courts.

## Timeframe

The pilot commenced in mid 2005 and was originally planned to run up to June 2007. During the course of the pilot funding by the Australian Government for the Illicit Drug Diversion Initiative (IDDI) was extended for a further 12 months and the Youth CARDS pilot was subsequently extended to June 2008. Youth CARDS is continuing to operate under a further extension of funding under IDDI to 30 June 2009.

## 2. Evaluation Scope

### Evaluation Objectives

The development of an evaluation process commenced in approximately July 2005 and the evaluation framework was finalised in December 2005. A process and outcomes evaluation was conducted, in so far as possible within the available timeframe. The process evaluation sought to monitor and record key aspects of the implementation, coordination and operation of Youth CARDS. The outcome evaluation sought to establish the extent to which the aims and intended outcomes had been achieved. The main data collection period for the evaluation was just over one year, from November 2005 through to December 2006.

The objectives of the evaluation were as follows:

- To determine to what extent Youth CARDS processes were implemented and operated as intended, in relation to referral, assessment, recommendation, health intervention and final sentencing. Also, what factors increased its operational success or created barriers.
- To determine what level and categories of participants undertook Youth CARDS assessment and health intervention.
- To identify factors or reasons why Youth CARDS processes operated or didn't operate as intended.
- To make recommendations regarding operational improvements for Youth CARDS.
- To determine whether and to what extent self-reported and detected offending by Youth CARDS participants changed during and after their participation on the Scheme, compared with their pre-participation levels.
- To identify the extent to which Youth CARDS participants self-reported reduced illicit drug use and improved health and social functioning during their participation on the Youth CARDS and following its completion.
- To identify factors or reasons why Youth CARDS aims and intended outcomes were either achieved or not achieved.
- To make recommendations regarding future outcome targets for any development or expansion of Youth CARDS.

In addition, the evaluation was also expected to give consideration to the impact of Youth CARDS on the Department of Health and the Justice Portfolio, and its contribution to South Australia's response to the COAG National Illicit Drug Strategy.

### Ethics and Reporting Arrangements

For the purposes of the evaluation, the Project Manager, Justice Strategy Division, Attorney-General's Department and Manager, Specialist Sentencing Courts, CAA were identified as the primary contacts.

Ethics approval for the evaluation was obtained from the Department of Health and Aboriginal Health Human Research Ethics Committees.

# Evaluation Methodology

The evaluation was based on a mixed-method approach incorporating both quantitative and qualitative techniques in order to appropriately inform the stated evaluation objectives.

The main data collection methods used were:

- *Analysis of available documentation*

This included program procedures, protocols and flow charts as well as minutes of meetings, correspondence and other documentation.

- *Interviews with a range of stakeholders involved in the Scheme's operation, as well as Youth CARDS participants and parents of participants.*

Interviews with stakeholders were, for the most part, conducted in late 2006, although a few interviews were conducted in early 2007 with stakeholders who were newer to Youth CARDS or who had not been available at the end of 2006 or who it was thought may be able to add more up to date information. Interviews with Youth CARDS participants were conducted as soon as possible following the conclusion of their involvement in the Scheme.

Interviews were semi-structured and with the interviewee's permission, were generally audio-taped. As the name suggests, semi-structured interviews involve some level of set or pre-determined questions, whilst still allowing the opportunity to explore unexpected issues and responses, or to probe interesting points further. The interviews were thematically structured and targeted towards informing the evaluation objectives. Most interviews were up to one hour in duration.

Stakeholders interviewed included members of the judiciary, Family Conference Team and SAPOL, lawyers, non-government treatment providers, CARDS staff, and representatives from the CAA and Departments of Health and Families and Communities, and the Attorney-General's Department.

Despite continued efforts, substantial difficulties were encountered in interviewing young people who had completed CARDS and their parents. By the end of December 2006, only seven young people and two parents had completed an interview.

- *Pre and post-treatment questionnaires of CARDS participants.*

A questionnaire was developed for the evaluation to gather information from CARDS participants regarding a range of health and social aspects of their lives. The questionnaire included the standardised SF-12 Health Survey, the social functioning scale from the Opiate Treatment Index (OTI), the Rutger's Alcohol Problem Index, several questions relating to self-reported involvement in crime, text questions relating to their experience of CARDS, whether they would recommend it to others and suggested improvements and basic demographic information. The post-questionnaire also asked about to their current drug use.

Despite significant, ongoing resources being allocated to contacting young people and having them complete the pre and post questionnaires, only a small number of questionnaires were completed, and for the most part a pre and post questionnaire was not available for each individual client. The very small sample makes it difficult to rely on results gained and therefore this data has been excluded from the report, with the exception of qualitative comments – which have been included along with other interview data throughout the report.

- *Analysis of the Youth CARDS database.*

The Youth CARDS database was developed by OCSAR in collaboration with CARDS staff. It was designed to assist with recording data from the assessment of potential clients by CARDS assessors and monitoring clients' progression through the Scheme. It also provided detailed demographic information.

- *A post treatment questionnaire completed by treatment providers for each client they saw.*  
Treatment providers were asked to complete a brief questionnaire at the conclusion of each CARDS client's treatment episode. The questionnaire included their assessment of the extent to which the client understood Youth CARDS, client needs, assistance provided, client contact with the agency, client outcomes, and any other comments they thought pertinent.

In total, surveys were completed for 19 CARDS participants who had completed their involvement in CARDS – although they had not necessarily completed the full requirements of the Scheme. Nine of these clients attended the Streetlink Youth and Health Service, eight attended Second Story and two attended the Port Youth Services Western Connections. Most of the clients reported upon were male (n=15) and aged 16 to 18 years (n=15). Five of the male clients were identified as Indigenous.

- *Analysis of criminal justice data for CARDS participants.*  
Information regarding detected offending by CARDS participants was provided to the evaluators from data extracted by OCSAR's Database Manager. This data was analysed to determine the extent and nature of detected offending amongst CARDS participants prior to and following their involvement with CARDS, including the range, type and seriousness of offending.

Copies of interview schedules and questionnaires are available from OCSAR on request.

The analysed data is presented somewhat differently from the Adult CARDS pilot evaluation report. Low number of participants and (even lower) numbers who were able to be interviewed or who completed questionnaires limited the extent to which the data could be meaningfully analysed. For this reason the data available for analysis is presented in the section entitled 'Youth CARDS in Operation'.

## 3. Throughput of Participants

### Introduction

This section provides detail regarding the throughput of Youth CARDS clients from referral through to completion, using data from the Youth CARDS database. The information presented reflects just over one year of data from the date of the first Youth CARDS referral on 30 November 2005 to 31 December 2006.

### Number of Referrals

In the 13-month period, there were 71 referrals made to Youth CARDS. Of these, five referrals involved individuals referred to CARDS on more than one occasion. Table 1 presents the 71 referrals according to when they occurred and the source of the referral from either, the Youth Court or Family Conference Team. Periods have been divided into two-month blocks, with the exception of November-December 2005, which only covers a one-month period, due to the date of the first referral on 30 November 2005.

Referral date	Youth Court	Family Conference	Total
November / December 2005	4 (57.1%)	3 (42.9%)	7 (100.0%)
January / February 2006	6 (85.7%)	1 (14.3%)	7 (100.0%)
March / April 2006	12 (80.0%)	3 (20.0%)	15 (100.0%)
May / June 2006	3 (30.0%)	7 (70.0%)	10 (100.0%)
July / August 2006	11 (73.3%)	4 (36.7%)	15 (100.0%)
September / October 2006	6 (75.0%)	2(25.0%)	8 (100.0%)
November / December 2006	3 (33.3%)	6 (66.7%)	9 (100.0%)
<b>Total</b>	<b>45 (63.4%)</b>	<b>26 (36.7%)</b>	<b>71 (100.0%)</b>

Around two-thirds of referrals occurred through the Youth Court, with the remaining third through the Family Conference Team. Eleven clients initially self-referred to Youth CARDS. Four of these had their matter dealt with via Family Conference and the other seven had their matter dealt with in the Youth Court. Total referrals were highest during the middle of 2006, ranging between 10 and 15 referrals, and were lower in the early and later periods of 2006, ranging between seven and nine in each period.

# Progression of Clients through Youth CARDS

Figure 1 shows the numbers and progression of clients from referral to acceptance to completion on Youth CARDS up to 31 December 2006. It should be noted that the figures provided below are based on referrals and includes the five individuals who were referred to Youth CARDS on two occasions.

**Figure 1 Progression of individuals referred to Youth CARDS from 30 November 2005 to 30 December 2006**

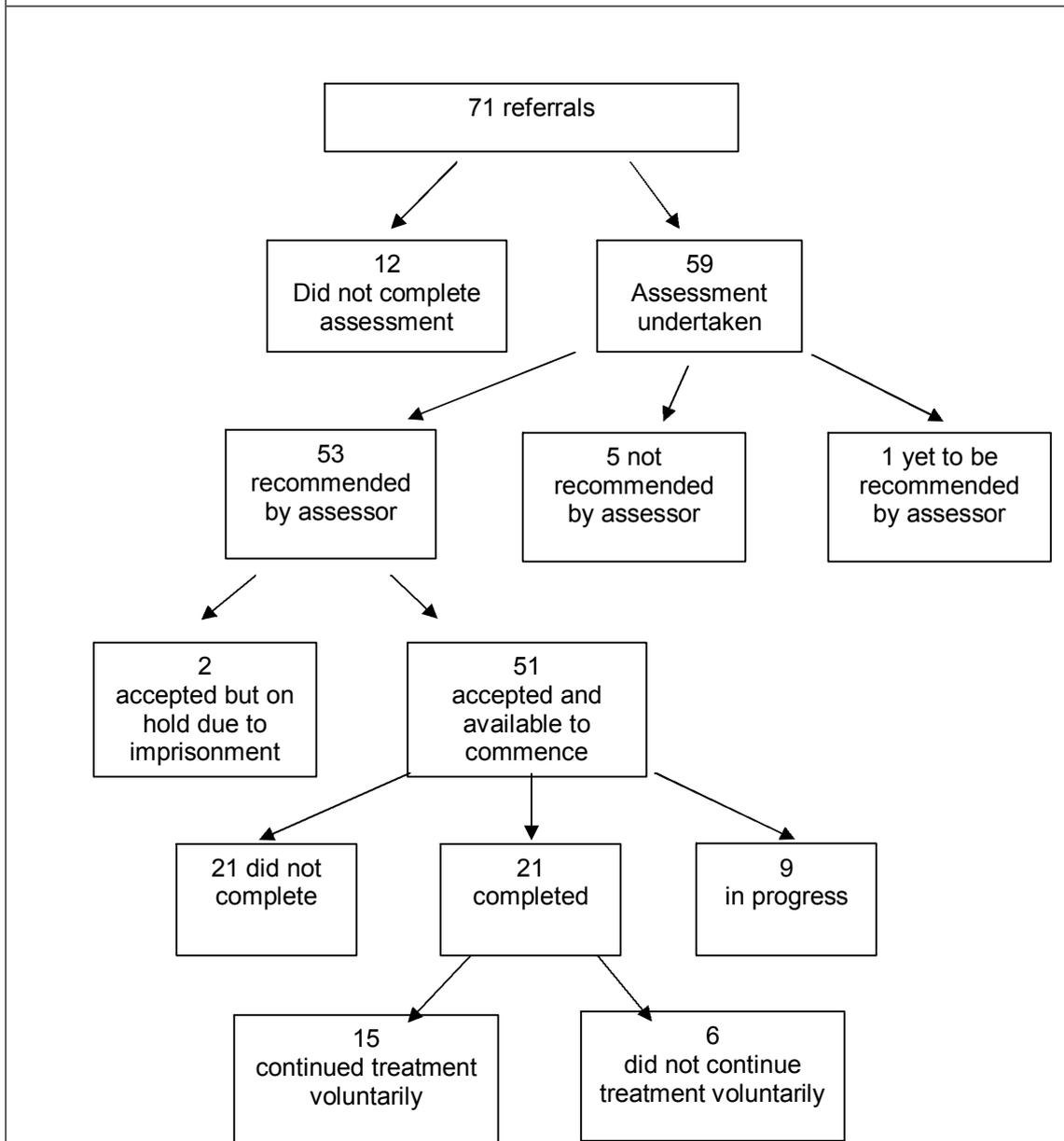


Figure 1 shows that of the 71 referrals made to Youth CARDS in the relevant period, seven in ten resulted in the individual being accepted and commencing involvement in Youth CARDS (71.8%, n=51). Reasons for referrals not resulting in individuals commencing involvement included:

- Not completing assessment (n=12);
- Not recommended by assessor (n=5);
- Yet to be recommended by assessor (n=1); and
- Acceptance being on hold due to the client being imprisoned (n=2).

As at 30 December 2006, of these 51 individuals accepted onto Youth CARDS, 9 were still in progress and 42 had ended their involvement with Youth CARDS. Of these 42 individuals, half (n=21) had successfully completed Youth CARDS and half (n=21) had not been successful. Of the 21 individuals who successfully completed Youth CARDS, seven in ten (71.4%, n=15) continued treatment on a voluntary basis.

Of the 51 clients who were accepted onto Youth CARDS, data as to Indigenous status was available for 43 individuals. Of these, ten were identified as Aboriginal and one identified as Torres Strait Islander. Analysis of the completion rate of individuals accepted onto Youth CARDS according to their Indigenous status, as shown in Table 2, indicates that there was no significant difference in completion of Youth CARDS based on Indigenous status. In fact, individuals identified as Aboriginal or Torres Strait Islander had slightly higher completion rates compared with non-Indigenous individuals.

Completion	Aboriginal		Torres Strait Islander		Non-Indigenous		Total	
	No	%	No	%	No	%	No	%
Not successful	6	60.0	0	-	20	62.5%	26	60.5
Successful	4	40.0	1	100.0	12	37.5	17	39.5
Total	10	100.0	1	100.0	32	100.0	43	100.0

Note: data as to Indigenous status was missing for 8 individuals (of which 4 completed and 4 did not complete).

## Attendance at treatment sessions

The Youth CARDS database was also analysed to determine the number of appointments attended by those individuals accepted on to Youth CARDS according to whether or not they successfully completed their involvement. Table 3 shows that of the 21 individuals who were accepted but did not successfully complete Youth CARDS, 57.1% did not attend any treatment sessions. Five participants (23.8%) attended one treatment session and four (19.0%) individuals attended two sessions. Table 3 also confirms that almost all individuals who successfully completed Youth CARDS were recorded as attending all four treatment sessions (85.7%, n=18). However, one participant was recorded as successfully completing through attendance at three sessions and two participants were recorded as successfully completing by attending only two sessions.

There are a number of implications of this analysis. This means that those individuals accepted into Youth CARDS but who failed to complete, tended to be unsuccessful due to failure to attend the first, or indeed any, treatment sessions. Thus a significant number of those individuals who did not complete Youth CARDS did not receive any 'treatment' due to their failure to attend any sessions. This may be of some relevance, when levels of contact with the criminal justice system are analysed pre and post-Youth CARDS for completers and non-completers of Youth CARDS (see Table 18 in Section 6).

**Table 3 Number of appointments attended by successful and unsuccessful Youth CARDS clients**

Appointments attended	Not successful		Successful		Total	
	No	%	No	%	No	%
0	12	57.1	0	-	12	28.5
1	5	23.8	0	-	5	11.9
2	4	19.0	2	9.5	6	14.3
3	0	-	1	4.7	1	2.3
4	0	-	18	85.7	18	42.9
<b>Total</b>	<b>21</b>	<b>100.0</b>	<b>21</b>	<b>100.0</b>	<b>42</b>	<b>100.0</b>

## 4. Profile of Clients Accepted onto Youth CARDS

### Introduction

The following analysis on the profile of Youth CARDS clients focuses on those 51 individuals accepted and available to commence involvement in Youth CARDS from 30 November 2005 to 30 December 2006, rather than the individuals those initially referred in the period. The source of the data is again the Youth CARDS database.

### General Demographic Profile

Of the 51 clients who were accepted and became involved in Youth CARDS during the relevant, 8 in 10 were male (80.4%, n=41) and 10 were female (19.6%). Data on Indigenous status was available for 43 of these individuals. Ten individuals identified as Aboriginal whilst one further individual was identified as Torres Strait Islander. At the date of assessment, age data was available for 49 clients. The age of these individuals was determined by calculating the difference between the date of assessment and the client's date of birth. All ages were rounded down to their exact year. This detail is provided in Table 2.

Age at assessment date	Number	Percentage
13	1	2.0
14	6	12.2
15	10	20.4
16	10	20.4
17	20	40.8
18-19	2	4.1
<b>Total</b>	<b>49</b>	<b>100</b>

Note: Ages were not available for two clients

Of the 51 clients accepted onto CARDS, four in ten (39.2%, n=20) were recorded as still enrolled at school. Of the 31 clients (60.8%) recorded to be no longer at school, information was available in relation to the employment status of 22 individuals. Of these, the vast majority (86.4%, n=19) were unemployed and one each was employed casually and full-time. A further client's employment type was described as "youth". Of the 49 clients for which such data was available, just over half (57.1%, n=28) rated their literacy level as good, a further quarter (n=26.5%, n=13) described it as fair, whilst eight (16.3%) considered it poor.

## Client Drug Use and Drug Using History

The Youth CARDS database also contained information collected in relation to a range of other client characteristics, including drug and alcohol use and history, drug and alcohol use by partners and friends, parental knowledge of drug and alcohol use and health.

Of the 51 clients, information in relation to drug use was available for 29 individuals. Of these, half (51.0%, n=25) were regarded as being dependent on drugs, 14 were regarded as showing problematic use and nine were considered as regular users. One individual was rated as an experimental user. Of the 43 clients for whom a primary drug of use was recorded, the most common was cannabis (74.4%, n=32). Alcohol was recorded as the primary drug used for six individuals, whilst amphetamines and ecstasy were the primary drug for three and two clients respectively. Very few clients reported a prior history or experience with injecting drug use. Of the 42 clients, for whom this data was available, just under three-quarters (73.8%, n=31) reported no prior injecting drug use. Seven individuals were reported to have injected drugs within the last three months; two individuals reported injecting drugs within three to 12 months; and two individuals reported injecting drug use greater than 12 months prior to assessment. Four of the total 51 clients reported having previously had a drug overdose on one occasion.

Alcohol use was prominent amongst the Youth CARDS client group, with eight in ten (80.4%, n=41) reporting that they used alcohol. Of these 41 clients, six in ten (61.0%, n=25) were classified as binge drinkers, seven as social drinkers and five as occasional or infrequent drinkers. Four individuals were considered to be dependant upon alcohol. Information in relation to the age that individuals started drinking was available for 33 of the 41 clients who reported alcohol use. It should be noted that this self-report data may be influenced by client interpretation of what constitutes 'commencing drinking', for example whether this means taking a sip of alcohol or drinking whole drinks. Age of drinking commencement was reported to be as young as five years, five individuals reporting starting drinking at 10 years or younger. Half of individuals (51.5%, n=17) reported commencing drinking between the ages of 14 and 17 years, while a further 11 clients (33.3%) reported starting drinking between 11 and 13 years. Information was also provided in relation to the number of standard drinks that individuals who reported use of alcohol would normally drink in one sitting. This information may be subject to misinterpretation depending on whether individuals provided this information on the basis of the 'usual' or the 'maximum' amount consumed and individuals' knowledge of what constitutes a standard drink. Of the 24 clients who provided such information to assessors, just under three in ten (29.1%, n=7) reported having between four and six drinks and a third (33.3%, n=8) reported having between seven and 10 drinks. One quarter (25.0%, n=6) reported consuming between 11 and 20 drinks and four individuals reported having over twenty drinks in a sitting.

Information was also available in relation to clients' use of cigarettes as reported to assessors. Of the 51 clients, seven in ten (70.6%, n=36) reported being current cigarette smokers. Thirty-four of these individuals provided information on the amount of daily use. Four in ten (41.1%, n=14) individuals reported smoking 10 cigarettes a day. This was followed by a quarter (26.5%, n=9) of clients reported smoking between 25 to 50 cigarettes a day. Six clients reported smoking five or fewer cigarettes per day and five clients reported smoking 15 to 20 cigarettes per day. Information as to the age of first cigarette usage was available for 27 clients. Of these, almost all individuals reported commencing smoking under the age of 15 years. Almost half of the 27 clients reported first usage between the ages of 12 and 14 years (48.1%, n=13). Two in ten individuals (22.2%, n=6) reported first usage at 10 or 11 years of age and under the age of 10 respectively. Two of these latter individuals reported starting use of cigarettes at five years of age. Only two clients reported commencing cigarette usage at age 15 to 17.

Of the total 51 clients, just over a quarter (n=27.5%, n=14) reported previously having sought help for their drug use. Generally this involved counselling directed to their drug and alcohol issues, including via the PDDI. Clients also referred to other counselling that was not directly drug or alcohol related such as anger management courses, mental health support and

school-based counselling support. Clients generally appeared to have little exposure to other specific forms of drug treatment. One client reported experience with inpatient detoxification, two reported experience of home-based detoxification and another reported experience with drug substitution. None reported experience of group therapy or residential rehabilitation.

The database also contained some information in relation to the use of drugs by partners and friends, and also clients' parent's knowledge of their drug use. Ten clients reported that their partner used drugs. Of the total 51 clients, 42 clients provided information in relation to the drug use of friends or associates. Of these, six in ten (59.5%, n=25) reported that most or all of them did, while just under a quarter (23.8%, n=10) said some of them did. Seven individuals reported that a few of their friends or associates used drugs. Parental knowledge of the client's drug use was reported by almost eight in ten individuals (78.4%, n=41).

One third of clients (33.3%, n=17) were identified to have specific health issues. Most commonly identified was depression (64.7%, n=11), with a further two clients identified as likely to be suffering from depression, where reference was made to either anxiety or suicidal thoughts. Other health issues mentioned included learning difficulties and Attention Deficit Hyperactivity Disorder. One client reported having Hepatitis C, although it was not clear how this had been contracted through intravenous drug use. A further two clients mentioned concerns about contracting Hepatitis C but reported that they had not been tested.

## Client Opinions Towards Drug Use

The Youth CARDS database also contained information, collected through open-ended questions by assessors, from clients regarding their opinions in relation to the good and bad things about using drugs. More than one response was possible from each client. Good things about using drugs were categorised according to the responses given by clients. The most common "good thing" mentioned about drug use (n=19) was that drug use allowed the client to forget about the bad things and problems in their life. Comments included:

- 'Escape from the hard things in life';
- 'To forget the past and stop the depression'; and
- 'Use it to block out my problems'.

The next most common responses with 17 responses each were the social benefits of drug use and also its ability to relax the client. These were often paired together or paired with forgetting the past. Comments supporting the relaxing or social benefits included:

- 'Calms me down, helps me to sleep';
- 'Chill out, feel relaxed';
- 'Smoke with friends which makes it social';
- 'Better able to talk to people'; and
- 'Makes me feel good and have a good time'.

Three clients referred to the positive effect or status that using drugs provided amongst their group. Some clients referred to the various differing benefits achieved via the use of different drugs, such as cannabis and alcohol. Six clients could either not identify anything positive about drug use, or chose not to respond to this question.

In contrast to the limited number of positive things associated with drug use, clients were more likely to cite multiple negative things associated with drug use. The most commonly reported negative aspect of drug use was getting into trouble with the law and committing offences, particularly stealing to get money for drugs or violent behaviour. Seventeen clients made such comments, including:

- 'Fucks up whole life, never been in trouble with the law prior to drug use'; and
- 'Don't like what I do when under the influence of drugs, getting arrested, fighting with girlfriend'.

Health effects were the next most commonly mentioned bad things about drug use, with 12 clients referring to this. Four specifically referred to mental health impacts of drug use. Comments included:

- 'You live longer if you don't use drugs';
- 'It leaves scars on (your) arms from injecting'; and
- 'It makes me feel suicidal'.

Nine clients referred to issues with "coming down" off the drugs or hangovers. Seven clients referred to the impact upon their finances by consuming drugs. As one client stated, "I use all my money on drugs (and) don't have anything left for other things". Six clients referred specifically to the impact upon their family or social life, including impaired relationships with parents and siblings. Other negative impacts from drug use referred to by clients included the effects of addiction, effects on learning and career, an increase in laziness and general stupid behaviour and decreases in motivation. Only one client mentioned that they had no negative effects as a result of drug use.

## Family, Support Networks and Housing

One third of clients (35.3%, n=18) indicated having some form of impaired family relationships in their lives. In some cases this was said to have existed for some time prior to the drug use, and may have been a precipitator for later drug using behaviour. In other cases the drug use was said to have hampered family relationships. Some referred to the breakdown of their relationship with a certain parent, or having no contact with at least one parent.

Encouragingly, eight in ten individuals (80.4%, n=41) reported having the support of at least one family member or relative. A slightly lesser proportion (76.5%, n=39) reported having at least one friend who was supportive. Less than half of individuals (47.0%, n=47) reported having a supportive network outside of drug using associates. Finally, some mention was made of specific agency-based supports that clients had through prior treatment for drug or health issues. These included specific Families SA officers and other community-based service providers.

Of the 51 individuals, seven in ten (72.5%, n=37) were reported to be in stable housing. Where the young person lived with a parent, this was usually a single parent. Two clients lived in supported accommodation facilities and two were under the guardianship of the Minister. Several clients lived with grandparents and had been raised by aunts or grandparents. Many clients reported having moved out of home but that they had recently returned or were set to return.

## 5. Youth CARDS in Operation

This section analyses the operation of Youth CARDS based on data collected using a range of methods. These include analysis of documents; observation by the evaluators; semi-structured interviews with stakeholders involved in the management and coordination, referral and assessment, court or Family Conference processes, and treatment aspects of Youth CARDS; interviews with a small number of Youth CARDS participants and parents; and questionnaires completed by treatment providers, for each participant, at the end of that participant's involvement in the Scheme. Given the limited data collected from some groups (or using particular methodologies) the results have been collated and presented in this section, in an effort to provide the most complete analysis possible.

### Management and Coordination

#### Communication and collaboration between stakeholders

Some months prior to the commencement of Youth CARDS a Steering Committee was established to oversee the development and implementation of the Scheme. As mentioned previously, this group included representation from the judiciary, Magistrates Court (which already managed Adult CARDS), Youth Court Registry, Family Conference Team, Specialist Sentencing Courts (within the Courts Administration Authority), Legal Services Commission, Aboriginal Legal Rights Movement, SAPOL, Department for Families and Communities, the Illicit Drug Diversion Initiative Coordinator (Department of Health), and the Attorney-General's Department. After this group began to meet the Youth CARDS Coordinator was appointed, and this person worked initially in a 'project officer' type role, under the manager of the Specialist Sentencing Courts and the guidance of the Steering Group, to undertake the developmental activity required.

Notwithstanding that Youth CARDS was eventually able to be implemented, on balance, stakeholders did not regard the Steering Group as a productive or effective forum. Reactions to participation in the group ranged from slight annoyance through to anxiety and loathing the meetings. The underlying dynamics which appeared to contribute to this, were a combination of conflicting personalities, philosophical differences in youth justice approaches and mandated drug treatment (including whether in fact CARDS was mandated or voluntary) and polarised views about the ideal management of Youth CARDS and reporting arrangements. Many issues associated with these topics were not openly or constructively discussed, but had a detrimental effect on the functioning of the Steering Group, the implementation of the Scheme, referrals and the work environment for the Coordinator (as discussed below).

After the conclusion of the data collection period for the evaluation there was a recess in the Steering Group meetings, and a decision was ultimately taken to disband the existing group and instead to bring Youth CARDS under the banner of the Court Drugs Intervention Programs Steering Committee.

#### Staffing

As previously indicated, a Youth CARDS Coordinator was appointed several months prior to the rollout of Youth CARDS. Much like Adult CARDS, the Youth Coordinator's role was initially to finalise the model, establish operational processes, provide information and training as appropriate and consult with stakeholders. In addition, the Coordinator also played a key role in the organisation of the Youth CARDS Steering Group meetings and in negotiating with treatment agencies contracted for the PDDI to expand their services to CARDS clients.

The Youth CARDS Coordinator initially reported to the Adult CARDS Coordinator (who held a dual role as Senior Coordinator) however after several months the reporting arrangements

were altered so that both the Adult and Youth CARDS Coordinators reported directly to the Manager of the Specialist Sentencing Courts. The evaluators observed that this change appeared to lead to the more effective deployment of CARDS and Specialist Sentencing Court resources as a whole and reduced the layers of management associated with the Scheme.

The experience and skills of the Youth CARDS Coordinator, along with her patient and amiable approach earned her respect among many stakeholders. Notwithstanding this, some of the difficulties described above (in relation to the Steering Group) led to a difficult and tense work environment for the Coordinator. For example, although she was a Courts Administration Authority employee she was hindered for many months in gaining access to the court building, registry area, facilities of the registry, services of the administrative staff, access to the office allocated to her, or sitting in court during Youth Court hearings.

Funding available for Youth CARDS included provision for the Coordinator and an additional Assessor. The lower than anticipated number of referrals (which is discussed below) meant that it was not necessary (in the relevant period) to employ the additional assessor. The lack of referrals, combined with the difficult working environment, was an ongoing challenge managed by the Specialist Sentencing Courts Manager. Having promoted Youth CARDS widely and ensured the necessary procedures, protocols and service agreements were in place; there was little meaningful activity for the Coordinator to engage in for some periods of time. In response to this the Coordinator was encouraged to take on other professional development activity or Specialist Sentencing Court project work, so as to ensure the maintenance of her skills and a satisfying job role. Some months into the pilot the decision was taken to relocate the Coordinator back with the Specialist Sentencing Courts staff, and to attend the court for assessments on an as needed basis. Eventually another role came up within the Specialist Sentencing Court and the Coordinator won and took up this position. A new Coordinator was appointed. She was also well respected by stakeholders, however there was no significant alteration to the numbers of referrals or the general working of Youth CARDS.

### **Training and informing key stakeholders**

Prior to the implementation of Youth CARDS, information sessions were conducted with various agencies and stakeholders involved in the operation of the Scheme. This process was undertaken to ensure that they were familiar with the Youth CARDS model in order to carry out their specific tasks. Initially, information was delivered in the form of a PowerPoint presentation; however, this was reported to be “too much” information. The Coordinator then revised the format of the information sessions, which comprised distributing copies of the model, final treatment report templates and other relevant documentation to agency staff and then having a “sit down” session with them to discuss how the program would work. The Coordinator described this as a much more productive and effective way of delivering the information to staff. With only one exception, feedback from treatment providers suggests that they received adequate information about Youth CARDS from the Coordinator.

The Coordinator also conducted information sessions with clerks of the court, Sheriff's Officers and other court staff. She found the latter two to be very supportive and open to the training and to the idea of Youth CARDS in general. Ensuring that the clerks were adequately informed prior to the roll-out of the program was somewhat more difficult, due to their busy schedules and limited availability. The Chair of the Youth CARDS Steering Committee delivered information to Magistrates and Judges. The Chairperson reported that this had gone well, however as the Youth CARDS Coordinator had no direct input into this, she was unable to provide an assessment on the content and/or effectiveness of these information sessions. Subsequent difficulties encountered with referrals and judicial officers understanding of CARDS processes suggests that further information sessions may have been required to effectively communicate and reinforce the information provided.

### **Recommendation 1**

It is recommended that any future information sessions provided to judicial officers should include direct input from the Youth CARDS Coordinator.

Lawyers who were interviewed reported that they had received adequate information about Youth CARDS from the Coordinator, but that they already had prior knowledge of the program through their involvement with the Youth Court.

Youth Justice Coordinators and Family Conference Team members indicated that the Coordinator had explained the model and the processes to them, and that they found the information given to them to be both adequate and clear. One individual, however, stated that it might have been helpful to have additional information, but this same person also stated that she had opted not to use Youth CARDS as in her view it can “set them up to fail” and that “we are making a bigger deal out of something that is not an issue”.

Given the turnover of staff within health treatment agencies, lawyers attending the Youth Court and judicial officers it is important that mechanisms are developed for educating new staff about Youth CARDS and its processes. Referral rates are discussed separately below, however these communication mechanisms may also serve to foster (or reinforce) commitment to Youth CARDS through repeated provision of information and feedback.

### **Recommendation 2**

It is recommended that CARDS management consider ways to ensure the ongoing provision of information and feedback about Youth CARDS to new and existing professionals who play a role in the Scheme.

## **Referral and Assessment**

During the planning phase of Youth CARDS there were reservations about the staff being able to cater for anticipated demand for Youth CARDS from the Youth Court, let alone the Family Conference team. This expectation proved to be unfounded, and consistent with the experiences of Adult CARDS in the pilot period, Youth CARDS experienced a lower than anticipated number of referrals.

As with the Adult CARD Scheme, this lower than anticipated number of referrals was initially explained in terms of Youth CARDS being ‘new’ and that awareness would take time to build. Extensive efforts to promote Youth CARDS were made with defence counsel, police prosecutors and youth services, as well as via promotional materials (brochures, posters and cards), but were hindered by difficulties in gaining direct access to judicial officers. Initial feedback suggested that it was sometimes difficult to identify suitable defendants. Further efforts were made by the Coordinator to assist in this process, however these did not yield any observable increase in referrals. It was then suggested that there may not be the ‘pool of defendants’ first thought that may be suitable for the Scheme, that young people tended to deny drug or alcohol use in the court or Family Conference process, or simply refused to be referred to the Scheme. During and after the conclusion of the pilot there was a change in the Youth Court Registrar as well as changes to several judicial officers in the court, and the appointment of a Magistrate who was strongly committed to the CARD Scheme. This correlated with a small spike in the number of referrals, however it proved overall to be short lived. The implications of the low number of referrals are further discussed in the final section of this report.

### Recommendation 3

It is recommended that consideration be given to the financial and staffing viability of the current CARDS model, in light of the low number of referrals throughout the pilot period.

The general view among those interviewed was that the referral and assessment process was operating successfully and efficiently, despite the occasional 'hiccup'. Examples of such 'hiccups' include a magistrate accepting clients into the program without their having been assessed or a very short amount of time being allowed for an assessment before the defendant was required back in the courtroom.

Of the 19 clients for whom treatment providers had completed a post-treatment questionnaire, six in ten reported that in their view the client had a good to very good understanding of what to expect from Youth CARDS. Of the seven CARDS participants interviewed by OCSAR, those who were referred by the Youth Court had not usually heard of the Scheme, whereas those referred by the Family Conference Team had usually seen printed material about Youth CARDS or been given information by Family Conference Team staff prior to referral. Notwithstanding this, most still described the information available to them about Youth CARDS as being limited and were unsure whether they had received enough information to make a decision about whether they wished to be involved prior to being assessed. Interviewees were evenly divided as to whether or not they had been satisfied with the referral process. Those who were satisfied consistently described the process as quick and easy. For example, "*when I was at Court, they told me like, do you want to go to CARDS? And I was like, yeah, and the lady just came in*". Those who were dissatisfied again related this back to the lack of information about the Scheme; "*just because they didn't explain anything, ... bad, yeah*".

Participants gave varied reasons, or combinations of reasons, as to why they had accepted a referral to Youth CARDS. These included wanting to please someone else (eg their parent/s), hoping to avoid a period of detention, trying to get help with their drug habit, or believing that completing Youth CARDS would result in a better outcome in court.

*I had to do it really, because if I didn't do it I was going to get a harsher penalty.*

*Basically just so I could get out of lockup ... what I've got to do to keep mum happy.*

The judiciary and Family Conference Team staff reported that their perception of a defendant's motivation to address their drug/alcohol issues influenced whether or not they chose to make a referral to Youth CARDS. This is perhaps problematic, in so far as these staff may not be professionally qualified to make such an assessment (indeed, part of the reason for the assessment is to determine the young person's level of motivation to address their drug use); and furthermore, young people may be 'guarded' about their intentions or motivations with such authority figures.

Both members of the Youth Court judiciary and Family Conference Team staff expressed concern about 'setting young people up to fail'; that is, of referring a young person they thought would be unlikely to complete Youth CARDS and this leading to yet another example of the young person failing to complete something – but on this occasion there could be legal consequences. For this reason, even if judicial officers did accept young people on to Youth CARDS, it was rarely made a condition of bail or bond, and Family Conference staff were more likely to impose 'attending a Youth CARDS assessment' as the extent of the undertaking, rather than successful completion of Youth CARDS. There were other reasons for limiting the undertakings in this way, such as difficulties in recording appropriate undertakings so that young people would not be further caught up in the legal system if they

failed to be suitable or to complete the Scheme. As with Adult CARDS, defence counsel generally reported that in making a decision as to whether to suggest a referral to CARDS they weighed up whether or not CARDS participation was likely to help or hinder their clients chances of obtaining bail, as well as how the court may interpret a failure to complete CARDS. This said, they also reported generally leaving it up to the Magistrate or Judge to decide whether to refer, and that where this occurred they stressed to their client that it was in their best interests to attend.

Unlike Adult CARDS there did not appear to be any young people who were may have benefited from Youth CARDS but were excluded because of entry criteria. This perhaps reflects the learnings from Adult CARDS being included in the development of the Youth CARDS model. Furthermore there was no suggestion from stakeholders that Youth CARDS was less suitable for Indigenous defendants or that this group were unlikely to access Youth CARDS because of its eligibility criteria or cultural appropriateness.

After referral to Youth CARDS, defendants are required to undertake an assessment to determine whether they are suitable to be accepted into the Scheme, and if accepted to undertake treatment. The Youth CARDS model was set up so that assessments could be conducted on the same day that the client appeared in court to enable the "client's motivation can be captured" while they are in court, rather than deferring the case until an assessment can be undertaken. Lawyers viewed this as beneficial for their clients. While the concept of same day assessments was generally seen to be working well, there had been times when the referral was received quite late in the day, resulting in pressure for staff and clients, as there was only limited time in which to conduct an assessment before the client had to be escorted back to a secure care facility. Despite negotiations to conduct assessments in secure care facilities, this was not considered by some to be an ideal environment in which to carry out an assessment.

Youth CARDS participants interviewed by OCSAR (n=7) generally found it difficult to rate how satisfied they were with the assessment process. This said, their comments generally indicated their interaction with the assessor had been a positive experience and focused on describing the assessor's approach and the extent to which they felt at ease with her.

*It was like good ... she was just nice to talk to.*

*Very good. It was just easy, the person who was holding the session was understanding.*

*Good. She was polite, she wasn't rude like some people are, just the facial expressions, the way they speak to you. If I didn't understand something, then she would explain it to me.*

When asked to describe why the assessment had been necessary, some participants said they did not know why. Others referred to the need to identify whether they had a drug problem and what sort of drugs they were using.

*I suppose they asked a lot of questions. But that's what you need to do to identify the problem.*

*They looked at my history and worked out that I was using too much ... that I needed help.*

When asked if the assessment was what they had expected, most reported that they anticipated it would involve a series of quite personal questions, but that they were comfortable with the type and range of questions asked.

*Personal questions ... but I didn't have a problem answering her questions at the time.*

*Helped me out. Got a lot off my chest.*

*Didn't mind at all. I felt free to answer.*

Almost all participants interviewed reported that they had felt comfortable with the assessor and the way the assessment was conducted, and that if a question was not clear they were comfortable asking for an explanation.

*Yeah, she was nice. I just asked her, what it mean and then she explained. ... It wasn't rushed.*

## Treatment

This section examines the treatment appointment process, treatment barriers, the use of Indigenous treatment services, reporting processes and treatment effectiveness. Unlike the Adult CARDS pilot where treatment was confined to the use of one service provider<sup>2</sup> Youth CARDS treatment was provided by almost all of the treatment providers funded by the Police Drug Diversion Initiative. The CARDS Coordinator and other stakeholders reported that this provided flexibility in location, gender of treatment worker, access to workers with particular skills or knowledge and the ability to better 'match' workers to young people<sup>3</sup>. Treatment providers, almost without exception, were very positive about being involved in Youth CARDS.

### Appointment Booking

The Youth CARDS model sets out an arrangement whereby when clients are accepted for Youth CARDS treatment they are required to attend four treatment sessions with a designated health treatment provider. The Youth CARDS Assessor (Coordinator) books the appointments via the CARDS Appointment Line (CAL); which provides a centralised mechanism for booking appointments for CARDS and PDDI.<sup>4</sup> Treatment providers at the various agencies have allocated appointment times, and when CAL staff receive a request for an appointment, it is entered into the central booking system. There was some suggestion that it may have been simpler for the CARDS Assessor to liaise directly with individual treatment providers. For reasons outlined in the Adult CARDS evaluation<sup>5</sup>, booking through the CAL appears to have a number of advantages.

#### Recommendation 4

It is recommended that all appointments for CARDS continue to be booked through the CAL.

<sup>2</sup> This was the Drug and Alcohol Services Council of South Australia, otherwise known as DASSA.

<sup>3</sup> It is acknowledged that efforts were made to do this with Adult CARDS also, however the range of options was often fewer.

<sup>4</sup> Although the same appointment booking system is used for both programs, for the purposes of the PDDI and other diversion programs such as the Drug Court, this is referred to as the Drug Diversion Line (DDL).

<sup>5</sup> These included being able to monitor the use of appointments (and thereby ensure an appropriate mix of services and timeslots), recording of data consistently and completely, and ensuring the use of accredited treatment workers.

When a client is booked in for treatment, all four appointments are booked at the one time, and if necessary, times can be changed when the client attends the first session. Renegotiating appointment times was not seen as a problem as treatment providers acknowledged that clients have various issues to deal with and their often-chaotic lifestyle may lead to missed appointments. Changed appointments were often negotiated directly with the treatment provider and given the variety of data collection systems used by providers it was not possible to gather reliable data on the number of appointments altered or missed.<sup>6</sup> This said, based on the small sample of treatment providers who returned questionnaires for clients they saw, just under half had missed one or more appointments, excluding those appointments where the client advised the agency they would be unable to attend prior to the appointment time. It was also clear that altering appointments was common among Youth CARDS participants given the number of treatment providers who expressed concern about needing to monitor carefully that clients completed the four treatment sessions within three months of being recommended. It may be useful to instigate a process whereby data on missed appointments is routinely collected and reported to the CAL for all Youth CARDS clients. This information is likely to be useful for any future need to calculate complete treatment costs.

Communication between CARDS personnel, CAL and treatment providers in relation to appointment booking, treatment issues and reporting was stated as effective. Staff from each group reported that if they needed to clarify anything they felt comfortable in contacting the other parties.

### **Treatment barriers**

Feedback from treatment providers and CAL staff indicated that the level of demand for Youth CARDS could be comfortably met. This is likely to be due to the low number of referrals during the pilot period. Some did express concern that if the anticipated numbers of young people had taken up Youth CARDS they may have had difficulty accommodating this.

Stakeholders were not aware of any barriers to accessing treatment amongst those young people referred to Youth CARDS with respect to location, timing of appointments, or the availability of appropriate treatment workers. Similarly, CARDS participants did not cite any barriers to accessing the treatment service and several commented that if they missed an appointment this was easily rescheduled. Of the 19 questionnaires returned by treatment providers for individual clients just over three quarters stated that there had been no barriers to the client's treatment. Of those who cited barriers, they related to homelessness, transport issues and the proximity of the client in relation to the agency, such as clients living in the country.

### **Indigenous Services**

Within the pool of treatment providers for Youth CARDS there was an Indigenous organisation and some agencies had treatment workers with particular skills or experience in working with young Indigenous people and their families. There were very few Indigenous treatment workers, however stakeholders noted that in their experience few Indigenous young people specifically requested Indigenous workers.

The decision was taken by the Steering Committee that additional assistance to attend appointments (such as transport or bus tickets) would only be provided on a case-by-case basis if deemed necessary by the Youth CARDS Coordinator, and no specific provisions would be made for Indigenous clients. Treatment providers were generally not aware that this additional assistance was available and it was rarely utilised. One Indigenous participant interviewed indicated that he had been told he could access bus tickets, but he had not needed this assistance.

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<sup>6</sup> This data was able to be collected and analysed for the Adult CARDS evaluation.

There was no information gathered during the evaluation which suggested that specific or additional supports were required to assist Indigenous persons to participate in Youth CARDS. As with Adult CARDS the proportion of Indigenous participants in Youth CARDS was higher than that commonly experienced across South Australia's other diversion or court based programmes. However, the equal completion rates by Indigenous and non-Indigenous Youth CARDS clients (see Section 3) may be an indicator that these Indigenous young people did experience barriers to accessing treatment.

## Reporting

Processes are in place whereby treatment providers complete a treatment report after the fourth treatment session and return this to the Youth CARDS Coordinator. Upon receipt of the report, the Coordinator forwards a copy to either the Family Conference Coordinator, or the police prosecutor, Youth Court registry staff, and the client's legal representative (if their details are available). Where relevant, this occurs within 1-2 weeks prior to the next court date for that defendant.

For the most part, this process was reported to be working well. Family Conference staff, lawyers and judicial officers reported that reports received via the Coordinator were received on time and that they contained adequate information for their purposes. Unlike the Adult CARDS pilot, there did not appear to be concerns about variability in quality or consistency of treatment providers' reports. Treatment providers reported that the forms they were required to complete for the court were well designed and easy to use. Youth CARDS participants interviewed reported that they had been provided with a copy of their report, or that someone (usually their lawyer) had gone through the report with them. They did not express any concerns about the content of the report or the way the information was presented.

The system implemented for sending reports back to the court was also considered to be working efficiently. The occasional delay had been experienced, but it was thought this was due to staff giving priority to other tasks over report preparation. Overall the reporting process was deemed to be both efficient and effective.

## Types of 'treatment' provided to Youth CARDS clients

On the post-treatment questionnaire completed by the treatment agency for each client, treatment providers were asked to indicate what type of treatment or assistance they had provided to that client, choosing from the following areas: *recreational; sport; groups; income/Centrelink; drug/alcohol; education/training; accommodation; counselling; family mediation; health; mental health; legal; other*. More than one area of treatment or assistance could be selected. Unfortunately, as previously indicated, this data was only returned for just under half of all clients accepted on to Youth CARDS (n=19). Some comparisons were made between these data and the sorts of assistance noted on treatment reports provided to the court; while proportionately the two types of data appear reasonably consistent, caution needs to be used in relying on this data as it may not be representative of all services provided to CARDS clients.

Service provider responses indicate that clients required assistance in the following areas:

Drugs - 15	Legal - 5	Accommodation - 3	Other - 2
Counselling - 12	Education - 5	➤ Family Mediation - 3	- relationship and anger management
Health - 6	Mental Health - 4	➤ Income/Centrelink - 1	- community health nurse consultation

It is clear that the areas in which clients primarily sought assistance related to drug use, health concerns (including mental health), and counselling. Agencies were also asked to identify whether there were any services required by the client that they were unable to

provide. Only two responses indicated that, in their view, the client had required a form of treatment or assistance that they had not been able to provide.

Fifteen questionnaires provided information as to whether they had referred the client to other agencies or services and if the client followed up with the referral. Of these, seven had not referred clients to other services, while eight had done so. Agencies or services to which referrals were made included Centrelink, Youth & Parent Services, Outreach Housing, Women's Health Service, Legal Services Commission, a community health nurse and a Psychiatrist. The majority of these eight agency personnel indicated that they believed the client had followed through with the referral, however it is not clear how this was known.

## **Retention in treatment**

During interviews most treatment providers indicated that they would be able to readily accommodate clients who showed an interest in continuing with treatment on completion of the four sessions required by Youth CARDS.

Of those clients for whom the treatment provider completed and returned a questionnaire (n=19), fifteen questionnaires contained information as to whether the client had expressed an intention to continue future treatment, of which two thirds (66.7%, n=10) had reported that they intended to continue contact with the agency after completing CARDS. However, of these 15 clients, only three clients (20.0%) were reported to have actually had post-Youth CARDS contact with the treatment provider. The remaining twelve clients were reported not to have had continued contact. Agency respondents were also asked to assess the likelihood of this particular client contacting the agency in the future if they needed assistance. This was measured via a Likert Scale ranging from 'highly unlikely' to 'highly likely'. Of the 16 respondents to this question, eleven indicated that there was an 'average' to 'high' probability that their client would contact them again if they required assistance in the future. The remaining five respondents considered it unlikely that their client would recontact their agency.

CARDS participants interviewed commonly reported that they felt they would be able to go back to the treatment provider if they needed further assistance in the future, but only one had clear intentions to return in the foreseeable future; and this was linked to additional outstanding court matters.

## **Treatment Effectiveness**

When asked to comment about the effectiveness of Youth CARDS, those treatment providers interviewed reported that the program had achieved its central objectives, namely to give young people access to treatment and to assist them to reduce their drug and/or alcohol use. Treatment providers reported that a number of clients had achieved such a reduction. One provider suggested that Youth CARDS was more likely to be effective with younger, less experienced, users who may be overwhelmed by the court process and be frightened away from the drug or alcohol scene. They felt Youth CARDS was less likely to have an impact on "hardened users". Other treatment providers believed that Youth CARDS had been designed in a way that involved clients and thereby maximised the potential for a successful outcome. Several suggested that if individuals make the decision to attend, as opposed to it being imposed by the court as a condition, they thought the individual would be more likely to comply with the program. This said, they did not express reluctance to work with clients who were told by the court that they had to attend – as had been found with some treatment providers working in Adult CARDS.

Questionnaires returned by treatment providers provided further insights into the likely benefit and/or effectiveness of treatment. Agency respondents were asked to indicate if they had observed, or if the client had reported, any changes or positive outcomes in a range of areas during participation in CARDS. The areas where change was most often reported, in order of frequency, were drug use, personal relationships and emotional and mental health. Reductions in self-reported offending and increased take up of education, training or

employment were also reported for some clients. These responses were consistent with comments provided during interviews with treatment providers, where respondents were likely to note factors such as clients simply 'looking better', communicating more clearly, having improved their relationships with family members, or working on resolving loss and grief issues.

Treatment providers were also asked to report whether the client had reported any changes to their risk-taking or harm minimisation behaviours around drug or alcohol use. Two thirds indicated that there had been a self-reported positive change for that client, whilst the remaining one third reported no change. Positive feedback received from clients included comments such as:

*Reduced contact with groups of friends who use drugs*

*Drinking socially at recommended levels rather than everyday to get drunk*

*Have goals/strategies in place for using drugs*

*Cutting down marijuana use - no smoking at school*

*Have not used ecstasy for two months*

Since agencies relied on client's feedback, it is difficult to substantiate the extent to which the treatment was responsible for reducing drug use or drug-related activity or whether this in fact occurred.

Treatment providers were also asked if clients had provided any feedback in relation to whether they had found CARDS useful. Of the 15 who replied to this question, nine said that client had found CARDS useful whilst six said that they had not. Those clients who thought they had benefited from Youth CARDS provided the following comments:

*Enjoyed talking to someone and being supported*

*Understood the consequences of their actions*

*Liked the support... thought the Magistrate took his efforts into consideration*

*Had got a lot out of counselling sessions and wanted to continue them*

*Found sessions worthwhile and fun*

Comments of this nature are consistent with those provided by CARDS participants direct to the evaluators. The benefits of CARDS were most often described by participants in terms of having someone to talk to, being able to 'get things off your chest' and knowing that you could speak openly to someone and that it would be kept confidential. While only two parents agreed to be interviewed, they also described the benefits of CARDS in similar terms.

Treatment providers also noted that, in their view, clients who had not completed the program were also likely to have benefited in some way through their involvement, either through making an initial connection to a service – where they could return later, or by having the opportunity to access other services such as mental health practitioners or mediation services. It was perceived that this allowed clients to address other issues in their life.

It is difficult to determine the effectiveness of treatment in the absence of an agreed approach, hierarchy of treatment goals, or practices – or consistency in the qualifications and experience of those providing the treatment. As per other IDDI funded initiatives there was no

prescribed model of Youth CARDS treatment, nor any agreed, measured treatment outcomes.

#### **Recommendation 5**

It is recommended that efforts be made to document the range of treatment models used by Youth CARDS providers. It is further recommended that the outcomes of treatment be compared for individuals across these models, and depending on these findings, that an agreed and more standardised approach be developed for delivering CARDS 'treatment'.

An important limitation to assessing treatment participation and outcomes was the lack of consistent data collected by treatment providers. During the Adult CARDS pilot all treatment was provided by DASSA who had consistent and comprehensive data collection in place across its sites. A disadvantage, from an evaluation perspective, of the Youth CARDS pilot was the lack of consistent or comprehensive data collection among the various providers. The evaluators implemented a post treatment questionnaire in an effort to remedy this for the evaluation, however this was completed for less than half of all Youth CARDS participants. Consistent and comprehensive treatment data will be critical to measuring the success of Youth CARDS over time, should it continue.

#### **Recommendation 6**

It is recommended that if Youth CARDS is funded beyond the pilot that efforts be made to develop, implement and monitor the collection of consistent and comprehensive treatment data by all CARDS treatment providers.

A number of suggestions were made by treatment providers on possible ways to improve the delivery of Youth CARDS. These included the introduction of a three month post-treatment follow up to check how clients were going. Another was to introduce group discussions, where appropriate, as a way of facilitating discussion among clients with similar circumstances, thereby creating a support system for them.

## **Court Processes**

Youth CARDS was not perceived as having impacted negatively on the Youth Court or Family Conference Team workload, though this said, nor did it appear – at least during the lifespan of the pilot – to have reduced the courts workload either. Both court staff and lawyers reported that Youth CARDS had not significantly increased the amount of court/Family Conference time they spent dealing with drug and alcohol-related crime and offenders. Youth Court Judges and Magistrates and Family Conference Team staff reported that Youth CARDS had not significantly altered their approach to adjudicating and sentencing for drug and alcohol related crime. They described the program as an extra tool to use where appropriate and an opportunity to facilitate discussion of drug and related issues with young offenders and their families.

Similar to Adult CARDS, magistrates, prosecutors, lawyers and in the case of Youth CARDS, Family Conference Team staff noted that they sometimes had difficulty in determining whether or not a young person had drug (or alcohol) related issues and therefore may be suitable for CARDS. One magistrate in particular expressed concern as to whether young people who may benefit from the program were continuing to miss out, either because their lawyer was reluctant to speak up about their drug use, or because they (along with police) may not know of a defendant's drug use. Cooperative and trusting relationships between magistrates, prosecution, defence counsel and Youth CARDS personnel was therefore seen as important for the program to operate effectively.

## 6. Contact with the Criminal Justice System

### Introduction and Methodology

This section provides an overview and analysis of the contact that a sample of Youth CARDS clients have had with the criminal justice system. This includes the extent and nature of their prior offending before involvement with the Scheme, the range and type of charges that they entered Youth CARDS upon, and the extent and nature of their offending following involvement in Youth CARDS. The section will be separated into three main parts as outlined below:

Firstly, a demographic overview is provided of the sample of clients used in the analysis (see “Demographic Profile of Study Sample”). Secondly, an analysis is provided of the major charge and overall charges that clients presented to court with when referred to Youth CARDS (see “An Overview of Offences at Entry to Youth CARDS”). Finally, an analysis is undertaken of clients’ offending histories prior to, during and following their involvement in CARDS (see “Pre and Post Offending of Youth CARDS Clients”). Particularly critical here is a comparison of client offending for the six months prior to their involvement in Youth CARDS and the six months following this involvement.

The study sample comprises 38 Youth CARDS clients referred to and accepted onto Youth CARDS from its inception and who had completed their involvement by end March 2007, of which 28 were male and 10 were female. It includes clients who both successfully completed the Youth CARDS requirements and those who did not. Where possible, differentiation is provided between these two client groups.

For most of the following analysis, offending is measured by the number of criminal incidents or ‘events’ with which each individual has been charged and recorded on a police apprehension report. An event has been defined as that offence or group of offences charged against an individual that occurred on the same day. For example, an individual may be charged with offences for breaking into a house, assaulting a person and stealing a car. If these three charges were committed on the same day, this is counted as one event. However if they were committed on different days, each will be counted as a separate criminal incident.

It should be stressed that the information presented represents the minimum amount of alleged offending by individuals involved in Youth CARDS. Charges laid against an individual do not necessarily reflect the full magnitude of a person’s offending behaviour. If an individual commits an offence which goes undetected, or for which he or she is not charged by police, such incidents will not appear in official police or court databases. In addition, as individuals in the sample were juveniles (prior to and at the time of their offending which introduced them to CARDS), there may be some informal contact with the criminal justice system which may not be recorded and therefore not captured in this analysis of contact with the criminal justice system.

### Demographic Profile of Study Sample

Table 5 provides a breakdown of the age and gender of this sample. Ages here are rounded down to the nearest year. Age was calculated by considering the age when the client was listed as commencing Youth CARDS. Therefore, as the criminal event which saw the offender introduced to Youth CARDS occurred sometime before their commencement on Youth CARDS, this results in some individuals being aged 18 or over in this sample.

**Table 5 Age and Gender of Youth CARDS Sample**

Age	Male	Female	Total	
	No.	No.	No.	%
14	3	-	3	7.9%
15	5	1	6	15.8%
16	7	3	10	26.3%
17	8	3	11	29.0%
18-19	5	3	8	21.0%
<b>Total</b>	<b>28</b>	<b>10</b>	<b>38</b>	<b>100.0%</b>

Males in this sample considerably outnumber females by approximately three to one. The majority of offenders in this sample were aged 15 to 17 years. Only six were indicated by Courts Administration Authority data to be Indigenous, three of which were male and three female. The vast majority of clients were considered to be non-Indigenous (n=31, 81.6%) and one client's Indigenous status was not recorded. For the following analyses, this client with unknown Indigenous status will be listed as non-Indigenous.

Of this sample, 28 had their case heard and dealt with in the Youth Court, whilst 10 had their case dealt with via Family Conferencing. Of the 28 cases dealt with in the Youth Court, 23 occurred at the Adelaide Youth Court, four at the Port Adelaide Youth Court, whilst the court location was not identified for the remaining client.

## An Overview of Offences at Entry to Youth CARDS

This section provides an analysis of the major charge and overall charges laid against clients, for which they were referred to Youth CARDS. This section will firstly summarise and analyse the range and type of major charges that clients presented with at their entry to Youth CARDS, along with the overall number and combination of charges that each client presented with. It also provides an overview of the penalties received for the major offence for both Youth CARDS completers and non-completers. Differences on the basis of age, gender or Indigenous status are also highlighted, however the small sample precludes any detailed analysis in this area.

### Range and Type of Major Charges Presented by Clients

The major charge that each individual in this sample entered Youth CARDS upon was categorised according to its JANCO offence code.<sup>7</sup> The categories adopted here resulted in 14 possible categories of offences, although not all occurred within this sample. Categorisation included distinguishing offences within the categories of offences against the person (minor, major, sexual and other assaults) and property-related crime (larceny and

<sup>7</sup> The JANCO classification system is an adaptation of the Australian Bureau of Statistics' ANCO (Australian National Classification of Offences, 1985. Catalogue No. 1234.0) classification system. Offences are grouped into nine categories which cover twelve major offence types. In some instances, additional lower levels of JANCO are used to distinguish particular subgroups of offences or to provide information on the characteristics of the victim. For further information see Castle, C & Sampson, L (2005) *JANCO Classification System*. Office of Crime Statistics and Research, Department of Justice, Government of South Australia, Adelaide.

receiving, serious criminal trespass and fraud and misappropriation). The major charge with which clients presented to court when accepted onto Youth CARDS are presented below. These are provided according to gender (Table 6) and age (Table 7).

<b>Table 6 Major Charge on Entry to Youth CARDS for Male and Female Clients</b>			
Major Offence	Male	Female	Overall Total
Minor assault	2	0	2
Major assault	2	1	3
Sexual assault	-	-	-
Other assault	1	-	1
Robbery	2	-	2
Fraud and misappropriation	-	-	-
Larceny and receiving	6	2	8
Serious criminal trespass	6	-	6
Damage property	2	1	3
Offences against good order	7	5	12
Drug offences	-	1	1
Driving and motor vehicle offences	-	-	-
Other regulatory offences	-	-	-
Non-offence matters	-	-	-
<b>Total</b>	<b>28</b>	<b>10</b>	<b>38</b>

As can be seen from Table 6, this sample was most likely to enter Youth CARDS on a major charge related to property crimes such as larceny and receiving and serious criminal trespass, along with offences against good order.

Not surprisingly, given the eligibility criteria of Youth CARDS which generally will not accept violent offenders, offences against the person amongst the sample are rare, with only five clients referred to Youth CARDS on such a charge, two of which involved a major assault.

Only one individual in this sample had a drug offence as their major charge. This lack of drug offences for clients involved in an initiative focused on their drug use is surprising at first glance. However, this may have been strongly influenced by the common police practice of diverting minor drug offences, which could also be more prevalent for offenders that are not adults.

Of the six Indigenous clients in this sample, four had an offence against good order as their major charge whilst one each had a major charge of larceny and receiving and major assault. With such a small number of Indigenous offenders and female offenders it is not possible to identify any particular patterns in terms of the type of major offence presented with on entry to Youth CARDS.

The major charge of Youth CARDS clients in this sample according to their age is provided in Table 7. Overall the sample is too small to uncover differences in major charges across clients varying in age relative to their respective proportion in the sample.

Major Offence	14	15	16	17	18-19	Total
Minor assault	-	-	1	1	-	2
Major assault	-	-	-	1	2	3
Sexual assault	-	-	-	-	-	-
Other assault	1	-	-	-	-	1
Robbery	-	-	2	-	-	2
Fraud and misappropriation	-	-	-	-	-	-
Larceny and receiving	1	1	3	2	1	8
Serious criminal trespass	1	3	-	1	1	6
Damage property	-	1	-	2	-	3
Offences against good order	-	1	4	4	3	12
Drug offences	-	-	-	-	1	1
Driving and motor vehicle offences	-	-	-	-	-	-
Other regulatory offences	-	-	-	-	-	-
Non-offence matters	-	-	-	-	-	-
<b>Total</b>	<b>3</b>	<b>6</b>	<b>10</b>	<b>11</b>	<b>8</b>	<b>38</b>

## All Charges on Entering Youth CARDS

In order to provide some overview of the overall charges that defendants on Youth CARDS presented to the court with beyond the major listed charge, the number, type and combination of charges that defendants presented with was also analysed.

The 38 clients in this sample were charged with a total of 79 offences, an average of 2.1 charges per person when entering Youth CARDS. The majority of these people presented to the Youth Court or Family Conference with only one or two charges (31 offenders, 81.6%). Eight was the maximum number of charges that any individual presented with. Table 8 provides an overview of the number of charges for which clients appeared before the Youth Court or a Family Conference.

**Table 8 Total Number of Charges for which the Client was before the Youth Court or Family Conference**

Number of Charges	Number of Participants	Percentage
1	16	42.1
2	15	39.4
3	3	7.9
4	-	-
5	2	5.3
6-8	2	5.3
<b>Total</b>	<b>38</b>	<b>100.0</b>

There were no noteworthy differences identified in the pattern or number of charges for clients across age range, gender, Indigenous status or whether the client appeared before the Youth Court or attended a Family Conference. Table 9 below shows the types of charges that defendants presented with to the Youth Court or Family Conference.

<b>Table 9 All Charges on Entry to Youth CARDS for Male and Female Clients</b>			
Major Offence	Male (n=28)	Female (n=10)	Overall Total
Minor assault	4	0	4
Major assault	3	1	4
Sexual assault	-	-	-
Other assault	1	-	1
Robbery	2	-	2
Fraud and misappropriation	-	-	-
Larceny and receiving	15	4	19
Serious criminal trespass	8	-	8
Damage property	7	1	8
Offences against good order	18	7	25
Drug offences	-	1	1
Driving and motor vehicle offences	5	2	7
Other regulatory offences	-	-	-
Non-offence matters	-	-	-
<b>Total</b>	<b>63</b>	<b>16</b>	<b>79</b>

As per the analysis by major charge, larceny and receiving, serious criminal trespass and offences against good order all featured prominently. Damage property was more prominent as a secondary charge than as a major charge. As for major charge, there was only one drug charge, but again this may be explained by diversionary programs in place for minor possession offences.

Of the 38 individuals in this sample, 21 presented with more than one charge when accepted onto Youth CARDS. Only one of these represented additional charges in the same category of offence, in this case, two offences against good order. The remaining 20 clients presented with at least two different categories of charges, 17 of which had two categories of offences and three who had three categories of charges. The most common combination, occurring in four clients was larceny and receiving and serious criminal trespass. A further two clients had this combination along with a third offence category comprising an offence against good order. Three clients had the combination of a minor assault and an offence against good order.

### **Penalties for Youth CARDS clients**

Table 10 below provides an overview of the penalties received by clients for offences upon which they entered Youth CARDS. This is only provided for those appearing in the Youth

Court. A brief description is also provided of those 10 Youth CARDS clients whose major charge was dealt with via a Family Conference, where there is a lesser range of penalties available. The analysis of Youth Court participant penalties separates first, second and third penalties received and distinguishes between those clients who successfully completed Youth CARDS and those who did not, as this may influence sentencing outcomes. However, it should be noted that the type and seriousness of the offence(s) for which clients are sentenced, along with their prior offending histories, would have been considered by the courts. Therefore, caution must be used in considering these outcomes according to the clients' completion of Youth CARDS or otherwise.

<b>Table 10 Penalty Received by Youth CARDS clients for the Major Charge in the Youth Court</b>										
Penalty 1 for offence that clients entered CARDS upon										
Successfully completed	Fine	No penalty	Other order	Driver's licence disqualification	Bond without supervision	Bond with supervision	Community service order	Suspended imprisonment	Imprisonment / detention / home detention	Total
No	-	5	-	1	3	-	-	4	2	15
Yes	-	4	1	-	7	-	-	1	-	13
Total	-	9	1	1	10	-	-	5	2	28
Penalty 2 for offence that clients entered CARDS upon										
No	-	9	1	-	1	3	-	1	-	15
Yes	-	11	1	-	1	-	-	-	-	13
Total	-	20	2	-	2	3	-	1	-	28
Penalty 3 for offence that clients entered CARDS upon										
No	-	11	-	3	1	-	-	-	-	15
Yes	-	13	-	-	-	-	-	-	-	13
Total	-	24	-	3	1	-	-	-	-	28

For the first penalty, Table 10 reveals that clients who successfully completed Youth CARDS were more likely to receive a bond without supervision than clients who did not successfully complete Youth CARDS. Whilst numbers are very small, Youth CARDS non-completers (n=4, 26.7%) were more likely to receive a suspended sentence or some form of detention

(n=2, 13.3%) than Youth CARDS completers, none of whom were detained and only one who received a suspended imprisonment as the first penalty. Youth CARDS completers were also less likely to receive a second (n=2, 15.4%) or third penalty (n=0) than Youth CARDS non-completers (2nd penalty, n=6, 40.0%; 3rd penalty, n=4, 26.7%). These findings may indicate that Judges and Magistrates in the Youth Court may consider the completion of Youth CARDS when sentencing a defendant who has had the opportunity to attend the Scheme.

Of the 10 clients that attended a Family Conference rather than the Youth Court, four successfully completed Youth CARDS and six failed to complete. All of the six non-completers received a first penalty of "other order", whilst three of the four completers also received "other order" as the first penalty. The remaining successful completer received a community service order. None of the non-completers attending a Family Conference received a second or third penalty. Of the four completers, three received no second or third penalty. The remaining completer received a second penalty of "other order" and no third penalty.

## Pre and Post Offending of Youth CARDS Clients

This section firstly provides an overview of the offending history of the sample of Youth CARDS clients prior to their entry, during and following their involvement in the Scheme. It then provides a comparison of offending prior to and post involvement with CARDS.

### Offending History of the Client Group

The analysis of client offending history is primarily focused on the number of criminal events<sup>8</sup> which clients were apprehended for across particular periods, namely all events recorded for clients:

- in the three years prior to Youth CARDS involvement;
- in the six months prior to Youth CARDS involvement;
- during involvement in Youth CARDS (this period will vary according to the amount of time the client spent on the Scheme); and
- in the six months since their involvement in Youth CARDS was completed or ceased.

Offending at three years prior will include the criminal event upon which clients entered Youth CARDS. This will also generally be the case for offences six months prior to Youth CARDS involvement.

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<sup>8</sup> A criminal event refers to one or more offences that occurred on the same day for which the individual was apprehended.

## Client Offending in the Three Years Prior to Youth CARDS

In order to provide detail regarding the criminal histories of clients on Youth CARDS, their offending for the three years prior to Youth CARDS involvement was analysed. Unlike offending data for the six months prior to Youth CARDS involvement, this data will not be used for any comparison of pre-post offending.

In the three years prior to involvement in Youth CARDS, clients (n=38) had an average of 8.2 criminal events each (median 5). This equates to nearly three events per year. Males (mean 9.3) had a higher average number of events than females (mean 5.1) in the three years prior to Youth CARDS involvement. The number of clients at each age was too small to reliably compare prior offences on this basis. The mean offences three years prior to Youth CARDS involvement in completers (mean 6.4) was lower than that in non-completers (mean 9.7). Whilst the number of Indigenous offenders was small, the six Indigenous clients had a greater offending history in the three years prior to Youth CARDS involvement with 12.8 criminal events on average, compared to 7.3 criminal events on average across the 32 non-Indigenous clients. Most evident was the difference in prior offending in the three years before entering Youth CARDS for clients who entered Youth CARDS from either the Youth Court or a Family Conference. Youth Court clients had an average 10.3 offences each, compared to just 2.3 offences each for clients attending Youth CARDS via a Family Conference. This difference is not surprising given the common practice of repeat offenders appearing before court rather than a Family Conference, which is more commonly used early in a defendants' criminal career.

There was some variation in the number of events for the sample of 38 clients in the three years prior to their Youth CARDS involvement. Three clients had only one recorded event, this being the event that brought them onto CARDS, whilst four clients had over 20 events each. The majority had less than 10 events (n=26, 68.4%), whilst eight clients each had 11 to 20 events (21.1% each). The number of events, categorised by range, for CARDS completers and non-completers is provided in Table 11.

Offences	Completed CARDS	Did not complete CARDS	Overall Total
1 to 10 offences	13	13	26
11 to 20 offences	3	5	8
21 to 30 offences	1	2	3
Over 30 offences	-	1	1
<b>Total</b>	<b>17</b>	<b>21</b>	<b>38</b>

In the three years prior to CARDS involvement, the most common offence category Youth CARDS clients were charged with were offences against good order charges, followed by larceny and receiving, which together comprised around 65% of all criminal events. The details across the offence categories analysed are provided in Table 12.

**Table 12 Prior Criminal Events in Three Years Prior to Youth CARDS Involvement for Male and Female Clients**

Major Offence	Male (n = 28)	Female (n = 10)	Overall Total
Minor assault	14	2	16
Major assault	4	1	5
Sexual assault	2	-	2
Other assault	3	-	3
Robbery	6	1	7
Fraud and misappropriation	-	-	-
Larceny and receiving	53	18	71
Serious criminal trespass	26	1	27
Damage property	22	2	24
Offences against good order	108	24	132
Drug offences	4	1	5
Driving and motor vehicle offences	15	1	16
Other regulatory offences	-	-	-
Non-offence matters	3	-	3
<b>Total</b>	<b>260</b>	<b>51</b>	<b>311</b>

Interestingly, only five drug offences were recorded across the 311 criminal events and these were committed by only four of the sample of 38 offenders. This finding does not preclude a range of other offences committed being drug-related, although no data is available on this. As earlier stated, it is clear that males in this sample had a higher number of previous criminal events in this period than females.

Table 13 provides an overview of the criminal events of Youth CARDS clients in the three years prior to involvement in Youth CARDS and shows the distinction between the events of completers and non-completers.

**Table 13 Prior Criminal Events in Three Years Prior to Youth CARDS Involvement for Completers and Non-Completers**

Major Offence	CARDS completers (n = 17)	CARDS non-completers (n = 21)	Overall Total
Minor assault	4	12	16
Major assault	5	0	5
Sexual assault	-	2	2
Other assault	-	3	3
Robbery	2	5	7
Fraud and misappropriation	-	-	-
Larceny and receiving	23	48	71
Serious criminal trespass	8	19	27
Damage property	8	16	24
Offences against good order	47	85	132
Drug offences	2	3	5
Driving and motor vehicle offences	8	8	16
Other regulatory offences	-	-	-
Non-offence matters	1	2	3
<b>Total</b>	<b>108</b>	<b>203</b>	<b>311</b>

As earlier stated, those clients who did not successfully complete Youth CARDS requirements had a much higher level of prior offending in the three years prior to involvement (mean 9.7 events) than clients who successfully completed Youth CARDS (mean 6.4 events).

### **Client Offending in the Six Months Prior to Youth CARDS**

In the six months prior to their involvement in Youth CARDS, clients (n=38) had an average of 3.1 criminal events each. This six-month period did not always include the charge upon which they entered Youth CARDS, which may have occurred more than six months prior, particularly if adjourned through the courts. Males had more events (mean 3.5) than females (mean 1.7), whilst Indigenous clients, although limited in number, had more events (mean 4.2) than non-Indigenous clients (mean 2.8). Clients who entered Youth CARDS after appearing in the Youth Court had a higher average number of events (mean 3.6) than those clients who entered CARDS after appearing in a Family Conference (mean 1.5). Also, in the six months prior a difference remained in prior criminal events between those clients who ultimately successfully completed CARDS (mean 2.8 events) and those who did not (mean

3.3 events). The number of clients by age was too small to reliably compare prior offences on this basis.

The 38 clients varied in the number of events in the six months prior to Youth CARDS involvement from two individuals who had no recorded events, to two clients that had 10 or more events. No recorded event occurred where the event that led to the Youth CARDS referral occurred more than six months prior to acceptance onto Youth CARDS and where the client had not otherwise been apprehended for a criminal event in the six-month period. The majority had one or no events (n=15, 39.5%), whilst a further 13 had two or three events (34.2%). This is detailed in Table 14 below, which also distinguishes CARDS completers and non-completers.

<b>Table 14 Offences for Six Months Prior to Youth CARDS by Completion Status</b>			
<b>Offences</b>	<b>Individual completed CARDS</b>	<b>Individual did not complete CARDS</b>	<b>Total</b>
0 to 1 offence	7	8	15
2 to 4 offences	8	7	15
5 to 9 offences	1	5	6
10 or more offences	1	1	2
<b>Total</b>	<b>17</b>	<b>21</b>	<b>38</b>

Consistent with the analysis of offending in the three years prior to Youth CARDS involvement, in the six months prior to involvement the most common criminal event were offences against good order followed by larceny and receiving. Together these two offence types comprised over 70% of all criminal events in this period. Only two defendants had a drug offence in this period. Table 15 below provides an overview of these recorded events, with a distinction made between criminal events for males and females.

**Table 15 Prior Criminal Events in Six Months Prior to Youth CARDS Involvement for Male and Female Clients**

Major Offence	Male (n = 28)	Female (n = 10)	Overall Total (n = 38)
Minor assault	5	-	5
Major assault	3	-	3
Sexual assault	1	-	1
Other assault	1	-	1
Robbery	2	-	2
Fraud and misappropriation	-	-	-
Larceny and receiving	16	4	20
Serious criminal trespass	6	-	6
Damage property	8	-	8
Offences against good order	51	11	62
Drug offences	1	1	2
Driving and motor vehicle offences	5	1	6
Other regulatory offences	-	-	-
Non-offence matters	-	-	-
<b>Total</b>	<b>99</b>	<b>17</b>	<b>116</b>

Table 16 shows the number of criminal events for clients in the 6 months prior to Youth CARDS involvement, according to whether the offender ultimately completed or failed to complete Youth CARDS.

**Table 16 Prior Criminal Events in Six Months Prior to Youth CARDS Involvement for Completers and Non-Completers**

Major Offence	CARDS completers (n = 17)	CARDS non-completers (n = 21)	Overall Total (n = 38)
Minor assault	2	3	5
Major assault	3	-	3
Sexual assault	-	1	1
Other assault	-	1	1
Robbery	1	1	2
Fraud and misappropriation	-	-	-
Larceny and receiving	7	13	20
Serious criminal trespass	2	4	6
Damage property	3	5	8
Offences against good order	26	36	62
Drug offences	1	1	2
Driving and motor vehicle offences	2	4	6
Other regulatory offences	-	-	-
Non-offence matters	-	-	-
<b>Total</b>	<b>47</b>	<b>69</b>	<b>116</b>

### **Client Offending During Involvement in Youth CARDS**

The number of weeks that each client was listed as being on Youth CARDS was recorded along with the number of events these clients were charged with during this period. Those who successfully completed Youth CARDS averaged 10.6 weeks each on the Scheme. These clients ranged between five weeks and 26 weeks on the Scheme, with most between eight and 10 weeks. During their involvement in Youth CARDS, five of these 17 clients had a total of 10 criminal events, with the remaining 12 not recording a criminal event. Overall, during involvement, the 17 successfully completed clients averaged just .07 criminal events per week, or one event for every 15 weeks spent on Youth CARDS as a whole. A valid comparison was not possible for clients who did not successfully complete CARDS as their time on the program was often recorded as zero weeks (16 of the 21 non-completing clients) and the maximum was just five weeks.

## Client Offending in the Six Months Post CARDS Involvement

The 38 clients had an average of 1.5 criminal events each in the six months following their involvement in Youth CARDS. This compares favourably with the average 3.1 offences that clients had in the six months prior to Youth CARDS involvement (this is analysed in detail in the upcoming comparison of pre and post offending - see below). Males had slightly more (mean 1.6) events than females (mean 1.0), whilst Indigenous (mean 1.3) clients had slightly less events than non-Indigenous clients (mean 1.5). A slight difference existed in post offending levels between clients who successfully completed CARDS (mean 1.4) and those who did not (mean 1.6). Consistent with the analysis of offending three years and 6 months prior to Youth CARDS involvement, the difference in recorded offending in the six months post Youth CARDS involvement was considerable between those clients referred following appearance in the Youth Court (mean 1.8 events) or following a Family Conference (mean 0.6 events).

The 38 clients ranged in their number of criminal events in the six months following CARDS involvement from 17 who had no recorded event, 11 who had one or two events, and 10 who had three to six events. This is detailed in Table 17 below, which also distinguishes CARDS completers and non-completers.

Offences	Individual completed CARDS	Individual did not complete CARDS	Total
No events	8	9	17
1 or 2 offences	6	5	11
3 to 6 offences	3	7	10
<b>Total</b>	<b>17</b>	<b>21</b>	<b>38</b>

The most common offence category for total events committed by this client group in the six months following their CARDS involvement were offences against good order (n=26) and larceny and receiving (n=16), which together comprised 75% of all post Youth CARDS criminal events. There were no defendants with a criminal event involving a drug offence as the major charge in this period.

## Comparison of Offending Prior to and Post Youth CARDS Involvement

The number of events charged against Youth CARDS clients in the six months prior to their entering Youth CARDS was compared to the number of events they were charged with 6 months post their involvement in Youth CARDS. Analysis was undertaken via a Wilcoxon Matched Pairs Signed Ranks test for the group as a whole, along with subsequent analysis of particular groups within the overall group based on gender, Indigenous status, completion of Youth CARDS and whether CARDS was entered via the Youth Court or a Family Conference.

The result for the overall Youth CARDS group, which is our best indicator as to the potential effect of Youth CARDS on offending levels, is encouraging. In the six months prior to involvement in Youth CARDS clients had an average of 3.05 criminal events each. This had reduced to only 1.47 events each in the six months following their involvement in Youth CARDS. The Wilcoxon Matched Pairs Signed-Ranks test indicated that this difference was significant ( $Z = -2.98$ ,  $p = .003$ ). This result and the results of analyses undertaken with the sub-groups mentioned within this group are provided in Table 18 below.

**Table 18 Comparison of Client Mean Criminal Events Six Months Pre and Post Youth CARDS Involvement**

Paired sample	Criminal events 6 months pre Youth CARDS	Criminal events 6 months post Youth CARDS	Wilcoxon Matched-Pairs Signed-Ranks Test Result	Significant p < .05
Whole Group	3.05	1.47	Z = -2.98, p = .003	Yes
Gender				
- male	3.54	1.64	Z = -2.72, p = .006	Yes
- female	1.70	1.00	Z = -1.41, p = .159	No
Indigenous status				
- non-Indigenous	2.84	1.50	Z = -2.63, p = .009	Yes
- Indigenous	4.17	1.33	Z = -1.48, p = .140	No
Completion				
- completers	2.76	1.35	Z = -1.82, p = .068	No
- non-completers	3.29	1.57	Z = -2.37, p = .018	Yes
Court				
- Youth Court	3.61	1.79	Z = -2.67, p = .008	Yes
- Family Conference	1.50	0.60	Z = -1.61, p = .107	No

As can be seen from Table 18, there was a reduction in the overall group and all sub groups in the number of criminal events charged in the six months post Youth CARDS involvement compared to the six months prior to Youth CARDS involvement. Along with the significant result stated for the overall group, significant reductions in criminal events were found for males, non-Indigenous clients, clients who did not successfully complete Youth CARDS and clients who entered CARDS from the Youth Court. Small sample sizes may limit the conclusions which can be made in relation to some sub-categories and the changes in offending pre and post Youth CARDS. This is evident in the small group of Indigenous offenders (n=6) who reduced from an average of 4.17 criminal events pre-CARDS to just 1.33 criminal events post-CARDS.

The improvement in those who did not complete CARDS is somewhat unexpected, although is consistent with changes in offending for non-completers in the Adult CARDS evaluation. From a positive viewpoint, this may indicate that Youth CARDS provides benefit regardless of whether or not it is completed by the client. It may be that merely being assessed Youth CARDS and perhaps having some exposure to health treatment provides benefits. However, it is also possible that a reduction in offending may have occurred irrespective of CARDS involvement and is not related to this Scheme. Without a control or matched comparison

group, it is not possible to make any firm conclusion on this matter. Regardless, the result is in the desired direction of a reduction in offending.

The number of events for which clients appeared before the court both six months prior to and post CARDS involvement were compared on the basis of their JANCO offence category. Table 19 shows that whilst the numbers are small, in every category of offending there was a reduction or no change in criminal events from pre to post Youth CARDS. A reduction was particularly evident for the most common offence category of offences against good order, down to 26 from 62 across an equivalent six-month period.

<b>Table 19 Comparison of Offence Categories for Client Criminal Events Six Months Pre and Post Youth CARDS Involvement</b>		
Major Offence	Six Months Pre-CARDS	Six Months Post-CARDS
Minor assault	5	-
Major assault	3	2
Sexual assault	1	-
Other assault	1	1
Robbery	2	-
Fraud and misappropriation	-	-
Larceny and receiving	20	16
Serious criminal trespass	6	3
Damage property	8	3
Offences against good order	62	26
Drug offences	2	-
Driving and motor vehicle offences	6	5
Other regulatory offences	-	-
Non-offence matters	-	-
<b>Total</b>	<b>116</b>	<b>56</b>

A final point of comparison was undertaken between the seriousness of clients' criminal events in the six months prior to and six months post CARDS involvement. Table 20 shows the seriousness of events for clients pre and post-Youth CARDS according to the categories of minor, moderately serious or serious offences.

**Table 20 Offence Seriousness Across Client Group Six Months Pre Versus Six Months Post Youth CARDS**

Seriousness level of criminal event	Six months pre-CARDS		Six months post-CARDS	
	Events	%	Events	%
Minor offences	64	55.2%	31	55.4%
Moderately serious offences	29	25.0%	19	33.9%
Serious offences	23	33.9%	6	10.7%
<b>Total</b>	<b>116</b>	<b>100%</b>	<b>56</b>	<b>100%</b>

Whilst numbers are small, a reduction was noted post-CARDS in the proportion of criminal events categorised as serious, which reduced from around a third of all events (33.9%, n=23) to 10% of all events (n=6). Along with the reduction in overall criminal events, this reduction in more serious criminal events amongst the sample is encouraging.

## 7. Progress toward aims

Drawing on analyses contained in previous sections of the report, this section examines the extent to which each of the aims of Youth CARDS was achieved during the evaluation period. Within this discussion, the essential elements of Youth CARDS and its intended outcomes, as outlined in the earlier 'Program Description' section of this report, are also considered.

The conclusions with respect to Youth CARDS are necessarily more tentative than those for Adult CARDS. This is due to a combination of factors, namely: the very low numbers of individuals referred and accepted on to Youth CARDS in the pilot period and linked to this, the small sample interviewed and for whom pre and post offending data was available; the difficulties from the Steering Group level down in operationalising and managing the Scheme, and the evaluators' ability to quantify the possible impact of these.

### **Enhance the operation and outcomes of the juvenile justice system by providing direct court and Family Conference access to a structured drug and/or alcohol intervention program.**

CARDS was developed and implemented in order to fill a gap along the continuum of drug interventions available to individuals in contact with the criminal justice system. For adults this 'gap' lay between the Drug Court – which deals with higher tariff offences in a specialist court setting, and the Police Drug Diversion Initiative – which is confined to simple possession or use drug offences. For young people between the ages of 10 and 17 inclusive, prior to Youth CARDS there was no formalised program of court based referral into drug assessment and treatment for individuals with a treatable licit or illicit drug use problem. In this respect the development and implementation of Youth CARDS is a significant addition to South Australia's response to youth drug use and associated offending; and by its very design and implementation Youth CARDS achieved its first aim.

It is not clear whether any young people who may have benefited from Youth CARDS failed to be referred. Interviews with stakeholders did not detect evidence of this occurring. However, as noted in earlier sections, it is possible that for some young people none of the professionals involved in Youth CARDS (i.e. the judicial or Family Conference officer, the prosecutor or defence counsel) knew they had a drug issue. This 'gap' in knowledge is only likely to be overcome with more detailed screening of all Family Conference and Youth Court defendants. More robust findings on the benefits of youth CARDS are required before it would be prudent for the evaluators to recommend such a measure.

Taking account of the above comments, importantly, no defendants identified as likely to benefit from Youth CARDS were deemed ineligible and there were no other issues reported with the eligibility criteria. At the end of the evaluation period Youth CARDS was available in the Adelaide Youth Court and at each of the intended Family Conference locations. Indeed, lower than anticipated referrals from the Youth Court meant that it was able to be rolled out to these additional locations sooner than originally planned.

There were some concerns expressed by judicial officers and Family Conference staff that failing to complete Youth CARDS could render a participant in further trouble with the law. These concerns were said to be addressed by not making Youth CARDS a condition of bail or bond, or the Family Conference undertaking only extending as far as requiring the young person to attend the CARDS assessment. Despite probing this issue during interviews it is not clear whether this detracted from the numbers of defendants referred to Youth CARDS.

The Youth CARDS referral process was simplified to enable on-the-spot assessments and verbal reports to the court – in an effort to minimise the number of potential participants that did not 'get on the Scheme' because they failed to come back to the Court on a subsequent occasion to be assessed. Even this did not lead to more referrals. Similarly, the Steering

Group decided that although it would be likely to proportionately increase the gap between those referred and those accepted, the young person would be referred for a CARDS assessment even if drug issues had not been explicitly disclosed to the court or at the Family Conference (provided the parent or guardian if relevant and the young person consented). It is unclear to what extent all judicial officers or Family Conference staff put this in to practice. Although the numbers referred but not accepted on to Youth CARDS was higher as compared to Adult CARDS the number of referrals overall remained low.

As discussed in earlier sections, interviews with stakeholders and observations of Steering Group meetings revealed that not all parties were in agreement – philosophically or operationally – about Youth CARDS. It is difficult to quantify the impact which this had on referrals to Youth CARDS and flow ons from this. It is apparent that there was some increase in referrals to Youth CARDS following a change of judicial officers at the Youth Court, but this increase was not consistently sustained over the months that followed. Other changes in court personnel made it easier for the CARDS Coordinator to go about her work in an operational sense, however again, it is not clear that this adversely affected program outcomes.

Similar to Adult CARDS there was a high degree of planning and project management during the Scheme's development and implementation – and throughout the pilot period. Youth CARDS took comparatively much longer to reach agreement, however from the point at which a Coordinator was employed the pace of this increased.

The pathway from assessment to treatment appeared to operate effectively and constructive working relationships were established between the Youth CARDS Coordinator, CAL staff and treatment providers.

The extent to which the treatment provided by IDDI funded agencies constituted a 'structured drug and/or alcohol intervention program' is outside the expertise of the evaluators to properly assess. This said, similar observations were made as to the PDDI evaluation, which noted questions as to whether what was offered by those funded was better described as 'treatment' or some other kind of 'intervention'. This is not a criticism of what was provided, but simply an observation that a broad range of interventions was provided, many outside what might traditionally be called treatment; and that there was not necessarily consistency in the approach, delivery or measurement of treatment outcomes. Likely changes to the IDDI funding model may provide an opportunity to develop a more structured approach to 'treatment' with a greater emphasis on consistency in approach between providers if this is deemed desirable.

**Encourage drug and/or alcohol users to address their drug and/or alcohol use and related issues, including offending, by capitalising on the reality that the individual has entered the juvenile justice system as a result of being charged for a drug and/or alcohol related crime.**

Youth CARDS provides opportunities to encourage drug and/or alcohol users to address their drug and/or alcohol related issues, including offending, at several points in the Scheme; namely - the Youth Court or Family Conference process, the assessment process and the treatment phase. Each is discussed briefly below.

The efforts of the Youth Court and Family Conference process to encourage young people to address their drug and alcohol use were touched on to some extent in the previous section. Judicial officers and Family Conference Team staff both noted that it was difficult with many young people to determine whether in fact they had a drug or alcohol problem, though where this was able to be ascertained (for example, they committed the crime to get money), they could leverage off this to encourage the young person to attend a CARDS assessment, and point out the gravity of their situation and that their drug use had contributed to this.

Some of the young people recollected stories of previously telling their parents that if they got out of secure care they would do the right thing and not use drugs, but invariably found

themselves going back to using a couple of months after leaving secure care. They noted that the CARDS assessment process came at a time when they were feeling very scared and they thought that agreeing to CARDS would help them stay out of secure care and to keep off of the drugs. This said, for some, the sorts of questions asked in the assessment or the information provided played some part in making the connection between their offending and their drug use, or offered an insight into how they could change the cycle that they found themselves in.

It was less clear from the interviews with young people the extent to which the CARDS treatment had been able to capitalise on their being in the juvenile justice system as a result of their drug use. It was clear from the comments of young people that they had learnt about the health effects of drug use during the treatment sessions and that the areas where change was most often reported, in order of frequency, were drug use, personal relationships and emotional and mental health. Reductions in self-reported offending and increased take up of education, training or employment were also reported for some clients. There was very little evidence from the CARDS treatment surveys or the participant interviews that the treatment had had any focus on offending behaviour specifically and the links between this and drug use. This may be simply a lack of data, or alternatively a factor of the treatment having had an explicit health focus.

### **Reduce the risk of further offending to support drug and/or alcohol use.**

### **Reduce associated criminal activity and harm to themselves or others.**

The final two aims of Youth CARDS were to reduce the risk of further offending to support drug and or alcohol use and to reduce associated criminal activity and harm to themselves or others. As with Adult CARDS, the relatively short period of time in which to track offending amongst CARDS completers, combined with the low numbers of CARDS participants able to be interviewed, make it difficult at this point in time to definitively say that CARDS has reduced the risk of further offending to support drug use, associated criminal activity or harm to themselves or others.

The section 'Contact with the Criminal Justice System' highlighted that there were reductions in offending among both those who completed and those who failed to complete CARDS, a significant reduction in some types of offences (such as good order offences) and a reduction in the proportion of serious offences committed by this group. While there was a significant reduction in post-CARDS offending compared to pre-CARDS offending, the difference was not statistically significant for all groups, and the effects may be masked by the short follow up period available. This said, the available evidence is encouraging in suggesting that Youth CARDS may reduce offending overall – irrespective of the links of that offending to supporting drug or alcohol use.

From the available data it is difficult to know the extent of associated criminal activity or harm to self or others among CARDS participants. The reports from health treatment providers suggest that CARDS participants received a broad range of assistance and support, along with referrals to other services. Two thirds reported positive changes in their lives to health treatment providers and many indicated a willingness to continue treatment after the minimum number of sessions. The best things about the treatment most often reported were the support and having someone to talk to. This qualitative feedback from the small sample available should be viewed cautiously, however it augurs well for reductions in offending and harm to self and others.

Importantly, participation in Youth CARDS did create a connection for each young person to a community based service in their local area. It is difficult to know whether young people will in the future re-access these services, however the findings from the PDDI evaluation suggest that some do. CARDS participants are likely to be considered 'high risk' groups by virtue of their illicit drug use and offending, and it is these groups who often fail to access mainstream community services. This is an important outcome of Youth CARDS.

## **Conclusion**

Notwithstanding the limited data available, it appears that the objectives of Youth CARDS are reasonable, and likely to be achieved (to varying degrees) by participants. Youth CARDS was described by a number of stakeholders in terms of not being “the complete cure” but was a starting point for clients who wanted to change their circumstances. Many went on to note that given the limited minimum treatment requirement, it was likely to be most effective for those whose drug use, offending, or overall level of dysfunction was not high.

The suggested positive outcomes for CARDS participants are, perhaps in spite of the difficulties encountered at the Steering Group level and the difficult working environment which the Coordinator operated within. In contrast to Adult CARDS, the mixed levels of stakeholder support for Youth CARDS suggest that further discussion and agreement about the philosophy and operation of Youth CARDS should be undertaken as part of any continuation or further rollout within South Australia. Most Court and Family Conference Team staff described the program in positive terms, stating that it had met their expectations and that they would continue to use Youth CARDS where appropriate. This said, the continued low take up of Youth CARDS also needs further examination. If referrals cannot be sustained at a level that properly uses the resources available, other models of offering the same services to young people may need to be considered.

As per the recommendations in relation to Adult CARDS, it is suggested that any future development of Youth CARDS also include the development of performance targets and measures for its success, and that these targets be comparable with those developed for Adult CARDS.

# Recommendations

## **Recommendation 1**

It is recommended that any future information sessions provided to judicial officers should include direct input from the Youth CARDS Coordinator.

## **Recommendation 2**

It is recommended that CARDS management consider ways to ensure the ongoing provision of information and feedback about Youth CARDS to new and existing professionals who play a role in the Scheme.

## **Recommendation 3**

It is recommended that consideration be given to the financial and staffing viability of the current CARDS model, in light of the low number of referrals throughout the pilot period.

## **Recommendation 4**

It is recommended that all appointments for CARDS continue to be booked through the CAL.

## **Recommendation 5**

It is recommended that efforts be made to document the range of treatment models used by Youth CARDS providers. It is further recommended that the outcomes of treatment be compared for individuals across these models, and depending on these findings, that an agreed and more standardised approach be developed for delivering CARDS 'treatment'.

## **Recommendation 6**

It is recommended that if Youth CARDS is funded beyond the pilot that efforts be made to develop, implement and monitor the collection of consistent and comprehensive treatment data by all CARDS treatment providers.