

Rehabilitation programs for young offenders: Towards good practice?

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Invited paper for the Understanding and responding to chronic youth offending conference (Office of Crime Statistics and Research & the Australian Institute of Criminology). 27th October 2005, Adelaide.

Abstract

Recent years have seen the resurgence of interest in the development and delivery of psychological approaches to the rehabilitation of offenders. A set of service delivery principles, collectively known as the 'what works' approach are commonly used to guide the development of service delivery frameworks and a consensus has emerged about both the value of offender rehabilitation programs and those characteristics of programs that are likely to be associated with reduced recidivism. In this paper the 'what work's approach is reviewed and a number of issues and questions raised concerning the utility of the approach with young offenders.

I'd like to use the next fifteen minutes or so to share some of my thoughts about how intervention programs might play a role in responding to the needs of chronic young offenders. My particular interest is in programs that reduce the risk of young offenders committing further offences. This presentation is based upon a project conducted jointly with the Australian Institute of Criminology for juvenile justice in Victoria and a series of projects conducted in South Australia. I'll begin, however, by saying a little bit about how I have come to be interested in this area.

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Although much of my recent work has been conducted in the area of adult offending, my first position was, in 1989, as a psychologist working in a large Young Offender Institution in the UK. The centre I worked in was large by Australian standards, holding over 600 young people between the ages of 15 and 21. You will notice from the picture that the staff in the centre are prison officers rather than youth workers and although secure care facilities do exist for younger children, the young offender system in the UK is administratively aligned with the adult prison system. This has been an important influence on the types of programs that are offered.

The time I started working there coincided with the beginnings of a period of renewed optimism about the possibility of working constructively with offenders, both juvenile and adult, and a new type of offender rehabilitation program was being developed. A feature of these programs was that they targeted particular individuals, rather being open to anyone who volunteered. The idea underlying this approach was that not all young offenders were likely to be good candidates for rehabilitation, and it quickly became accepted that if the aim of programming was to reduce recidivism then the

best way to do this was to offer intensive programs to those who were most likely to re-offend - in other words the chronic or high-risk offenders. These programs also sought to change only those needs that could be shown to be directly related to the risk of recidivism, rather than the wide range of needs that many young people in secure environments have.

There is now a substantial evidence base drawing on around 2,000 controlled outcome studies supporting the idea that rehabilitation programs delivered this way are the most effective in reducing recidivism. The approach, commonly referred to as the ‘what works’ approach or ‘risk-needs-responsivity’ approach has quickly gained popularity and is now the dominant paradigm for offender rehabilitation service delivery in adult correctional settings both in Australia and internationally.

In the last few years, juvenile justice agencies in some jurisdictions in Australia have shown a serious interest in applying this approach to their client group. There are good reasons for this, particularly given the evidence that interventions may be even more effective for younger offenders than they are for their adult counterparts.

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Some reviews have suggested that the most effective programs reduce recidivism by as much as 40% - a figure which Lipsey and Wilson in their review suggest represents

“an accomplishment of considerable social value in terms of the expense and social damage associated with the delinquent behaviour of these juveniles”.

It is also worth remembering that rates of re-offending amongst juvenile justice clients are particularly high.

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In North America, for example, the recidivism rate for young people leaving custody has been reported to be as high as 96%. In another study 88% of British males between the ages of 14-16 years re-offended within two years of release from custody. Around 90% of young people released from South Australian secure care facilities re-offend within 2 years. Re-offending amongst juveniles following community orders appears to be much lower, but the majority still re-offend. In Australia, a Victorian government study into recidivism among juvenile justice clients reported that nearly half of a total sample of over 1,500 clients re-offended, with this rate rising to just over 60 per cent for those who had previously been clients on supervised orders. Many of these young people will go on to have contact with the adult system. Recent statistics from New South Wales suggest that over half of those who appear in children's court go on to also appear in the adult court system.

These statistics suggest that there is a need for juvenile justice agencies to deliver programs that are likely to help young people not re-offend. It is important that programs are developed in ways that are known to be effective. We know from the offender rehabilitation research that the most effective programs have the following characteristics:

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First they are targeted, rather than universally delivered, interventions. There is consistent evidence to show that only those who are of medium- to high-risk of re-offending should be selected for interventions. Programs should also focus on criminogenic targets and be intensive enough to bring about change.

Second, programs should have a strong theoretical focus and the strongest evidence is for structured cognitive-behavioural programs which focus on changing those attitudes and beliefs that support offending.

Thirdly, and importantly in a juvenile justice context, programs need to be engaging and responsive to the needs of those taking part.

Programs should, where possible, be delivered in community settings, and when offered in residential settings throughcare should be provided.

Finally, and perhaps obviously, the most effective programs are those which are carried out by well-trained staff.

There are, however, a number of issues that require careful consideration before this approach is fully embraced within juvenile justice settings and I would like to use the rest of my time today to discuss some of these.

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First, the idea that programs should be targeted only at those people who are most likely to offend implies that there are valid and reliable ways of classifying people in terms of their risk of re-offence. The last few years have seen the development of a number of different risk assessment tools, developed specifically to predict the probability that a person who is known to have offended, will re-offend. These tools have consistently been shown to be more accurate predictors of risk than judgements

which are based solely on an assessment of case materials, and the assessor's previous experience. There are also a number of these tools which have been developed specifically for use with young offenders, including work in South Australia by Aldis Putnins and by juvenile justice services in Victoria.

Risk assessment tools typically seek to assess two types of risk factor - static factors which are unlikely to change over time and include both individual factors, such as age, age at first offence, and number of previous offences; and social factors, such as gender and socio-economic status. Dynamic factors, such as substance use, and attitudes or beliefs that support offending, are those that can change over time and are known to predict recidivism at least as well as static factors. Because they can be changed, they represent the main targets for intervention.

In 2001, Cottle, Lee and Heilbrun published a meta-analysis of risk factors that predict juvenile recidivism. This involved 23 published studies involving over 15,000 juveniles. This work illustrates the types of risk factor that are likely to be relevant to juvenile recidivism. They grouped risk factors into six categories:

DEMOGRAPHIC risk factors, such as gender and socio-economic background;

OFFENCE HISTORY risk factors, such as first age of contact with the law;

FAMILY & SOCIAL risk factors including physical or sexual abuse;

EDUCATIONAL FACTORS, such as a history of special education;

SUBSTANCE USE HISTORY and

CLINICAL FACTORS such as a history of conduct problems.

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A problem with any risk assessment tool is that it will never be 100% accurate in its predictions about future behaviour. The dangers associated with false positives, or wrongly classifying a person as being at high risk of re-offending, are particularly high in juvenile justice settings where such labels can have far-reaching and potentially damaging effects. Most people would, I think, be uncomfortable about labeling a 12 year old a 'high risk' or even a 'chronic' offender.

Secondly, because the development of risk assessment instruments requires large numbers of offenders, they are typically not very finely calibrated. There is little data available, for example, upon which to base judgments of future risk about young women or, or people from different cultural or linguistic backgrounds. There are some concerns, for example, that the factors that predict indigenous re-offending may be different from those that predict non-indigenous offending and that as such the results of a risk assessment may unfairly disadvantage indigenous young people. An even greater issue concerns the extent to which both the probability of re-offence and the types of risk factors vary according to age. Those risk assessment tools that have been validated on young offender or juvenile justice populations, typically do not report differences in risk factors or risk ratings for different age groups. There is some work to be done in this area given that crime rates have been shown vary as a function of age, as illustrated by these American statistics which shows how the crime rate peaks in late adolescence:



A third concern about the indiscriminant use of risk assessment tools is that whilst they provide the probability that a person will commit any re-offence, they typically do not consider issues of the dangerousness or the public harm that may be caused by the offence. Being clear about what we actually mean when we use terms like ‘chronic’ and ‘high risk’ is therefore of great importance. A repeated low level offender would, if given a risk assessment, probably be classified as high risk, whereas it may be the non-chronic but serious offender that is a greater cause for concern. Given the statistics mentioned earlier it is clear that the majority of juvenile justice clients will go on to commit further offences. The real issue is how to develop services that focus on intervening with those young people who cause the most harm **and** who are likely to commit similar or even more serious offences in the future. Risk assessment tools provide only part of the assessment here, particularly when we consider that for some young offenders their offending is in Caspi and Moffitt’s terms likely to be ‘adolescent limited’ rather than ‘life course persistent’.

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Loeber and Farrington have shown that there is a small subgroup of juvenile offenders who begin their offending careers early, commit more offences and more serious and violent offences, and account for a disproportionate number of offences in their adult years.

The question is whether risk assessments can accurately identify this group at a young age.

A second point of discussion concerns the extent to which programs should focus exclusively on addressing criminogenic needs. One of the main ideas underlying the 'what works' approach is that programs should aim to intervene in ways that change those risk factors which cause offending.

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Andrews and Bonta originally defined criminogenic needs as those set of attitudes values, beliefs and behaviours held by an offender that support:

- negative attitudes towards all forms of official authority and conventional pursuits.
- deviant values that justify aggression, hostility and substance abuse.
- rationalisations for anti-social behaviour that free one from any moral constraints.

There is a danger that this leads to an overly narrow conceptualisation of the needs of young people. The focus is on one type of problem behaviour, offending, rather than any other problems that may be experienced. This would clearly be undesirable given that services also have a duty of care to address non-criminogenic needs and promote a healthy transition from adolescence into adult life.

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The belief here is that the main purpose of juvenile justice agencies is to reduce re-offending and that this is the primary indicator of how effectiveness should be measured. The argument runs that young people are in juvenile justice services because of their offending and that although they may have a range of other needs, it is inappropriate to use the criminal justice system as a means of providing intervention. Such ideas may be controversial for some who see their role as broader than stopping offending.

One way of balancing the different needs of young offenders is to implement programs, such as multi-systemic family therapy, that address multiple needs within a broad offence-focussed framework. In this way it may be possible to work on issues that are related to both offending and well-being. For example, Farrell and colleagues in their work on violence prevention identify different targets for intervention at different developmental stages, where the focus for younger children is on family functioning and for older children on peer relationships.

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Striking the balance between specialist offending programs and more holistic and strengths focussed programs presents particular challenges. In Victoria they are seeking to do this by placing criminogenic programs within the context of social integration.

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In this model, represented as a triangle, all clients receive sentence administration and social integration programs, with those identified as of medium or high risk of re-offending offered additional offence focussed programs. A final tier, Level 4 on the diagram, is reserved for those who are identified as high risk, but also serious and persistent offenders.

My final point of discussion concerns the responsiveness of services to young people. The responsivity principle is a particularly important, yet relatively neglected principle of the 'what works' approach.

Responsivity refers to the need to match the intervention offered to the learning style of the offender and refers to client and program characteristics that influence the offender's ability to learn within a therapeutic situation.

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Responsivity factors can be understood as contextual variables that may have an influence on treatment outcome. These contexts make a difference both to the skills, strategies, or identities that individuals develop and to the support that is available when transitions are made.

Clients of juvenile justice agencies are likely to be difficult to engage in structured activities, and may often perceive their needs to be different from the way in which services perceive them. Some groups of juvenile justice clients may be more difficult to engage than others. In some of our work, for example, we found that Indigenous young people in secure care settings held less positive attitudes towards services and were less likely to seek help from staff than non-indigenous young people. It has been widely suggested that programs for this group should address these type of issue:

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Whether or not these represent criminogenic or non-criminogenic needs for indigenous young people has yet to be established, although clearly cultural programs are essential if services are to adhere to the responsiveness principle.

Youth workers are often very skilled in finding ways of engaging young people in meaningful activities, and there is good evidence to support the idea that change is unlikely to take place unless a positive emotional relationship exists between the client and the service provider. A danger in focussing too much on the offending behaviour is that it under-emphasises the importance of the development of strong alliances with young people. It is, however, also clear that effective rehabilitation involves working on a set of agreed tasks and goals that directly address criminogenic needs. Activities that are engaging and enjoyable are unlikely, by themselves, to have a systematic impact on re-offending. The challenge is to find ways of doing this that are engaging for young people and it is here that case management becomes critical. Case management sets the objectives, tasks and activities of any intervention.

To conclude, there is now a great deal of knowledge around those factors that are associated with the risk of committing an offence. There is a substantial evidence base supporting the idea that programs which target those who are most likely to re-offend and focus on changing these factors, are most likely to be effective. In my view there are good reasons to use this model as a framework for structuring juvenile justice interventions. The important thing is not to do this uncritically given that there are particular issues associated with juveniles and juvenile offending that need to be considered. It is important that services retain their ability to ‘work alongside young people’ rather than to ‘manage offenders’. In terms of identifying some future directions for interventions in juvenile justice, I can think of at least four areas for further research and thought:

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1. The ongoing development of risk assessment tools tailored specifically to predict serious and persistent offending in juveniles which include protective as well as risk factors for re-offending.
2. Program evaluation. There are very few Australian evaluations of juvenile justice programs which have used recidivism as an outcome measure. There is also a need to establish the impact of different types of program, such as mentoring programs, activity and outward bound programs on criminogenic needs.

3. Further work on establishing effective interventions for young people of different age groups, young women in juvenile justice settings and indigenous young people.
4. and finally there is space for thinking more about how public policy can influence those criminogenic needs that programs can't – these may be related, for example, to education, socio-economic status and diversion from the criminal justice system.

Ultimately questions regarding the value of any programs can only be resolved empirically. There is a great need for much research relating to program outcomes if those programs currently offered within juvenile justice services can truly be considered to be evidence-based.