

The Victorian Juvenile Justice Rehabilitation Review: Programs and Case Practice

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Summary

This stage of the project aimed to map the current status of rehabilitation programs and case practice in Victoria against findings of the literature review of rehabilitation programs and responses effective in reducing juvenile recidivism and improving life outcomes based on international and national practices. The main findings are:

1. There is little evidence of any systematic application of the *risk principle*.
2. The current assessment process meets the *needs principle* in that the Client Assessment and Plan (CAP) collates information about relevant areas of need.
3. Services are particularly strong in the area of *responsivity*, with young people having a range of different rehabilitation pathways open to them.
4. There is a need to introduce measures to address *program integrity*. This may be a future rather than immediate need, in that the short-term priority for Juvenile Justice is likely to be the development and establishment of new programs.
5. If Juvenile Justice moves in the direction of developing intensive new programs based on 'what works' principles, assessment of staff training needs and the development of training programs would be a high priority. Many rehabilitation programs require specific skills, particularly in group work, modelling, and cognitive-behavioural techniques. Without staff skilfully being able to deliver programs, effectiveness will be compromised.
6. There is a need to develop a more systematic and extensive approach to evaluation and research in the service. There were few examples of programs that had been evaluated. Local research and evaluation should be seen as an integral part of the 'what works' approach, rather than as an optional extra.
7. Few free-standing programs offered in Juvenile Justice can be regarded as high intensity in themselves. The most intensive programs – the Male Adolescent Program for Positive Sexuality (MAPPS), *Eastern Hill*, and *The Edge* programs - would be seen as 'appropriate' programs under the 'what works' criteria.
8. There was general support among Juvenile Justice managers for the idea of evidence-based practice. This was seen as offering a potentially useful basis for integrating current practices. Discussions with the CEOs of the custodial centres revealed a general consensus about the need for a framework within which to place the work currently undertaken with young people. It was apparent that uncertainty about the meaning and importance of the term *rehabilitation* was common, with diverse views expressed.
9. Many of the programs aimed at developing custodial-community linkages, focus on meeting non-criminogenic or social integration needs. The major elements for offering continuity of care appear to be in place, at least in some areas of the system. These include: provision for pre-release planning, the involvement of outside agencies in the institution, targeted community activities during custody, and the testing of re-entry prior to release.

The Consultation Process

The aim of the consultations was to map current practice against the principles and practices described as effective or appropriate in the review of published literature. Information about current service provision in Juvenile Justice was gathered in the following four ways:

1. Focus Groups and Interviews

The consultancy team visited juvenile justice services for a period of five days between 16th October and the 22nd October 2002. Over this period, focus groups and individual interviews were conducted with a total of 68 service providers. Three groups of young people were asked to comment on their experience of the services. These involved young women at Parkville Yoth Residential Centre, young men on the Eastern Hill Unit at Melbourne Juvenile Justice Centre (MJJC), and senior young men at MJJC.

2. Review of Documentation

All service providers who participated were invited to provide any documentation relating to programs or interventions that they saw as relevant to the rehabilitation review. A general checklist of questions was completed by program staff for more specific programs.

3. Staff Survey

All juvenile justice staff were invited to complete a brief survey asking about their attitudes to rehabilitation and views about the effectiveness of juvenile justice services. A total of 226 responses were received.

4. Review of Client Assessment and Plans

The consultancy team also reviewed a sample of forty Client Assessment and Plans (CAP).

Ethical permission to conduct the consultations was received from the Human Research Ethics Committee of the University of South Australia. All participants gave their written consent to participate and all group meetings and individual interviews were audio-recorded. The consultations were intended to offer participants an opportunity to describe elements of current service provision that they saw as contributing to the rehabilitation of young people in Juvenile Justice. Participants were also invited to give their views about the '*what works*' approach to offender rehabilitation. The purpose of the consultations was not to establish a definitive list of all programs, initiatives and interventions that might contribute to the rehabilitation of juvenile justice clients, but rather to elicit sufficient information to provide an overview of current service provision. This report attempts to describe some of the major elements of rehabilitative practice in Juvenile Justice, which are discussed with reference to the research literature.

The Application of the Principles of ‘What Works’ in Juvenile Justice

The Risk Principle

Fundamentally, the ‘*what works*’ model can be considered as providing a framework for managing risk. Central to this task is an ability to accurately assess risk of reoffending. The intensiveness of services delivered should be proportional to the level of risk of the offender under consideration. Thus, the *risk principle* suggests that the highest risk juvenile offenders, or the most serious and persistent offenders, should be targeted for specialist interventions designed to reduce their level of risk.

Although there is a general commitment in Juvenile Justice to the reduction of risk through participation in programs (e.g., Malmsbury Operating Manual, 2000), there is little evidence of any systematic application of the risk principle. Thus, whilst the current client assessment and planning process does gather information relevant to risk assessment, this information is not currently collated in a systematic way that allows for the identification of a medium/high risk group, or that channels the higher risk offenders into more intensive programming.

From the consultation process, there was no evidence to suggest that assessments of risk are currently used to guide decisions about program intensity. More commonly, rehabilitation is offered to all clients on the basis of their perceived level of need, although other forms of risk are routinely assessed. These include security risk, absconding risk, self-harm and physical health risks.

Of the specialist programs, only the Male Adolescent Program for Positive Sexuality (MAPPS) showed a commitment to using a specific risk assessment tool. In principle, those clients with the highest levels of risk and criminogenic need receive priority with Adolescent Forensic Health Services (AFHS). The *Framework for the Delivery of Juvenile Justice Health Services* (Department of Human Services, 2001) suggests that “forensic psychosocial intervention are to target serious offending behaviours and recidivist offenders”, and that AFHS staff should “prioritise assessments and interventions according to degree of recidivism risk and need, with client and community safety issues, and mandated Special Conditions for interventions, given the highest priority, and waiting lists for services managed on the above basis”. Without the routine use of an actuarial risk assessment tool, it is difficult to see how this could be achieved.

Some relevant information on risk is available from the report on *Recidivism Among Victorian Juvenile Justice Clients 1997-2001* (Department of Human Services, 2001). It states “custodial services are reserved for only the most serious, chronic and high risk offenders, when no other sentence is appropriate” (p. 3). Given this, one might expect the custodial population to be at higher risk of reoffending and obtain high scores on formal

risk measures. In this report, 48.6 percent of the total sample recidivated: 41.4 percent for first-time clients, 60.7 percent for previous clients. Higher recidivism rates were found with ascending tariff levels: almost 60 per cent of clients on initial community-based orders of probation did not receive further orders, in contrast to 44 per cent of those on initial custodial orders. High recidivism rates were also found for younger offenders (aged 11 to 13 years) and for Aboriginal young people. This would suggest, perhaps, that the most intensive rehabilitation services should be offered towards these groups.

It was apparent that level of risk of reoffending is not routinely assessed, and any assessments were based largely on clinical grounds, professional judgment or determined by tariff level. While professional judgment is clearly an important component of any risk assessment process, current good practice in this area would suggest that it should be supported by some actuarial assessment. This helps to ensure the consistency and quality of the assessment and consequent decision-making. Typically, such an assessment would be made on the basis of scores on a risk assessment tool that has been validated on the local population.

The Needs Principle

The review of the literature suggested that juvenile offenders are likely to experience high levels of need across multiple domains. Nonetheless, a critical distinction is made between those needs that are functionally related to their offending - or criminogenic needs - and those that have a less direct relationship to their offending, also referred to as non-criminogenic. The decision as to what needs should be regarded as criminogenic for a particular young person will depend on an analysis of his or her offending. However, the review did identify the types of need that would be considered criminogenic for young people in general. The *needs principle* suggests that the assessment of these areas is critical to the task of identifying appropriate targets for interventions. The most noteworthy were individual needs relating to:

- substance use
- beliefs about aggression
- accommodation
- family functioning/significant family problems
- cognitive skills e.g. poor problem-solving, lack of social skills
- school problems, and
- associations with a 'deviant' peer group.

The Current Assessment Process

The Victorian Juvenile Justice Case Practice Standards Manual (February, 2002) describes the current assessment and planning process in detail. The Client Assessment and Plan (CAP) is completed for all juvenile justice clients, except for those on remand. Section B of the CAP involves an assessment of five areas of functioning, which are then summarised in the form of a table identifying risks/issues, needs, and strengths. The assessment areas are:

1. The first area relates to the young person's *offending history*, and asks the assessor to complete a number of open-ended questions relating to the offending circumstances, offending patterns, current behaviour related to offending, attitude, victim awareness and safety issues.
2. The second set of questions asks the assessor to comment on the *family* constellation and *significant family history/circumstances*, including previous contact with *protective services*, as well as *current relationships* and *supports, accommodation* and *financial* issues.
3. The third section assesses *health/medical needs, substance use, self-harm, risk taking* and *mental health* issues.
4. The next area of assessment focuses on both *educational* history and *vocational/employment* history.
5. The final assessment concerns *community linkages* and *personal development*, as well as asking for a statement regarding the young person's *strengths*.

Section C of the Client Assessment and Plan is referred to as the Client Service Plan (CSP), in which the assessments are combined to produce a list of goals or issues in order of priority. The CSP contains information about the action required to achieve each goal, and names a person responsible and a time by which it should be achieved. This plan is then reviewed after three months, and again at later dates as required. There is also provision within the documentation to update the assessment, and some materials are provided to help the assessor complete a genogram and life map with the young person. The completion of the Client Assessment and Plan is meant to take place within six weeks of entry into the service. This is a key performance indicator for service delivery, which most areas of service meet.

The health teams at the custodial centres also conduct an assessment, which then feeds into the process of determining the Client Service Plan. The *Framework for the Delivery of Juvenile Justice Health Services* (Department of Human Services, 2001) suggests that in custodial centres, "health service providers support juvenile justice case management functions by providing a specialist assessment and treatment role to address complex health needs". The type of presenting problems that may require specialist psychosocial intervention are listed and include four types of offending behaviour: substance use, sex offending, serious and persistent recidivist offending, and violence. Thus, although the health services assessment looks in detail at issues relating to physical health and immediate risk, e.g., drug withdrawal, self-harm, there is also an expectation that forensic health staff will contribute to the assessment of criminogenic need.

Review of a Sample of Client Assessment and Service Plans

A total of forty Client Assessments and Plans were reviewed. Of these, 26 clients were on Probation Orders, seven on Youth Service Orders, four on Youth Residential Centre Orders, one dual order, that is, both juvenile justice and child protection statutory orders and two of unknown status. Comments are made in regard to each section of the Client Assessment and Plan.

Section A: Client Details

Clients details were completed for all of the plans reviewed.

Section B: General Assessment

B1: Offending History

All assessments contained a brief, objective and factual overview of the offending behaviour(s). Some assessments provided a more thorough assessment of the pattern of criminal behaviour, with some critiquing the offender's account against other information sources and providing a more functional account of the offence. There was a wide variety of information on offending patterns contained in these sections. This ranged from a description of prior offending behaviour to opinions as to what the individual's criminogenic needs regarding offending were. This may reflect some uncertainty as to what information is required in this section of the report.

The section eliciting attitudes toward offending was completed well. There was a strong trend for authors to discuss aspects of antisocial attitude, include paucity of victim empathy, poor peer resistance and associated cognitive distortions, that is, neutralisation strategies. The assessments of safety issues and victim empathy were not completed in any consistent manner, with one or other subsection often omitted. It may be worthwhile providing brief accounts of the sort of information that may be required in these sections.

B2: Family

All of the assessments contained detailed information pertaining to family structure, family dynamics, accommodation, and finances. The use of genograms and/or life-maps added additional information to this section. What was not made clear in many reports, was how the young person's family, family environment and/or family experiences, may have either contributed to their offending behaviour or may act in the future as protection against recidivism.

B3: Health

The section of the assessment on health was broken down into three subsections: health/medical needs, substance use assessment, and self-harm, risk-taking behaviour and/or mental health issues. Detailed descriptions of the young person's current substance use was provided. However, the majority of accounts lacked a description of the quantity and frequency of substances used, or information about why (and when) the young person began using substances and the factors that maintained substance use. In general, there was little exploration of the relationship between substance use, criminal behaviour and other moderating/mediating factors.

B4: Education/Employment

Every assessment contained a detailed educational history. Vocational/employment histories, where documented, were relevant. However, there was an absence of information on the young person's attitude toward employment, reasons for leaving employment and future vocational/educational directions.

B5: Community Linkages and Personal Development

Reports commonly contained an outline of the young person's community contacts. Detailed information on the young person's social/recreational activities was also often included. This section also focused on the young person's future life goals, areas of resilience (strengths) and their personal attributes. Many reports contained a developmental account of the young person's life, that is, significant life events. In taking such an approach, additional areas of need - commonly non-criminogenic - were identified.

B6: Summary

In general, the risk/issues identified in the summary were non-specific, that is, there was a trend to identify generic problem areas, e.g., vocational training, rather than discrete areas of concern, e.g., motivation to attend TAFE.

Section C: Client Service Plan (CSP)

The majority of plans identified goals/issues within a timeline. There was, however, a lack of focus on interventions that would reduce the likelihood of reoffending. The majority of Client Service Plans were centered on educational, vocational and/or non-specific personal development factors. This is illustrated in the following example of a CSP:

In this instance, the young person had committed a serious violent attack with peers after consuming alcohol, causing bodily harm with a weapon. The antecedent for the attack appeared to be for financial gain. The Client Service Plan did not address attitudes supportive of violence, possible anger management issues, antisocial peer relationships and/or alcohol issues. Rather, the goals of the plan related to education and employment, completion of the order, the relationship with mother, and to 'become a better person'. Thus, those factors that were most directly associated with offending did not form the basis of the plan.

Section D: Assessment Updates

This section is presented in tabular form and outlines the young person's assessments and reports completed (when, where and by whom).

Conclusions

The current assessment process meets the *Needs Principle* in that the Client Assessment and Plan (CAP) collates information about a large number of potential areas of need. These include nearly all of the areas of need that are likely to be criminogenic - the exception being peers/criminal associates. The current system also contains some provision for specialist, more detailed, assessment of areas of high need through assessment conducted by specialist staff.

The CAP does not, however, ask the assessor to specify which needs might be considered criminogenic, or to specify the relationship between any area of identified need and the young person's offending. To be consistent with the *Needs Principle*, the assessment

process should lead to a clear statement of criminogenic needs that are then linked to interventions in the service plan. The Client Service Plan does not offer guidance on how priorities for intervention are to be determined, or relate these to levels of criminogenic need. Further articulation of the relationship between needs, reoffending and programming would assist in the task of rehabilitation.

The Responsivity Principle

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. The principle of delivering services that are responsive to individual needs suggests that programs and interventions should match individual learning styles.

It was evident in the course of the consultations that considerable variability exists in the manner in which interventions are delivered (see the descriptions of program delivery methods contained in this report). While this may have some implications for the consistency and coherence of rehabilitative efforts, it suggests that services are likely to be particularly strong in the area of responsivity, with young people having a range of different rehabilitation pathways open to them.

Over the course of the consultations, a number of participants commented upon the need to prepare young people for criminogenic-focused interventions, either through increasing their levels of motivation and engagement, or through improving their basic skills. Many community-based staff felt that it was unrealistic to expect juvenile justice clients to enter structured programs before basic responsivity issues had been addressed. These included basic living issues related to hunger, finances and accommodation. The concern was expressed that meaningful change would not occur until these basic needs had been met. These issues were less of a concern to custodial staff, probably because many of the basic needs were less likely to concern the young person while in custody.

A range of opinions was expressed concerning the extent to which mandating rehabilitation programs would be an effective strategy, with some arguing that entry into Juvenile Justice provided a valuable opportunity to intervene, with other suggesting that enforcing treatment ran against client-focused principles. However, most agreed that some degree of pressure into services and programs does exist, either through legal mandate or institutional structure. There was also agreement that the very high-risk young people, such as sexual offenders, should reasonably be expected - or be under some compulsion - to address their offending behaviour. Some staff recommended greater use of pre-intervention techniques, such as, engagement strategies and motivational interviewing, as a way of encouraging clients to take up rehabilitation opportunities.

Young People's Views About Rehabilitation

As part of the consultation process, a small sample of current clients was asked about their experiences of rehabilitation services. Three groups of young people were selected: young men aged 15 to 16 years who were resident in the Eastern Hill Unit and another

unit at Melbourne Juvenile Justice Centre, and young women in Parkville Youth Residential Centre. These custodial groups are not representative of the broader juvenile justice population, 80 percent of whom are in the community. Nor were people under the age of 15 years represented. Views about rehabilitation held by a sample of young men at Malmesbury Juvenile Justice Centre are presented in a thesis by Camwell (2002).

It is difficult to make any general comments about responsivity, based on such a small sample of clients. From the young people who did participate, the male juvenile justice clients saw rehabilitation initiatives as both relevant and meaningful to their needs. For young women in custody, there was less evidence to suggest that current services and programs are meeting their needs, although it should be emphasised that only the views of a small, and therefore unrepresentative, group of young people are reported. Further, as participation was voluntary, it is unclear how self-selecting the groups of young people were. Notwithstanding these limitations, a brief account of the comments of the young people is given below:

1. *Young men in Eastern Hill Unit, Melbourne Juvenile Justice Centre*

Four young men were interviewed individually about their experiences of the Eastern Hill Unit, all of whom had been resident on the unit for some time. Each of the participants showed a clear understanding of the Eastern Hill program model and goals, and was able to accurately describe the program content. All four participants felt that their understanding of their offending and its impact on victims had improved as a result of attending the program, and were able to describe some concrete cognitive-behavioural strategies that they had developed through the program. They were also aware of the linkages between behaviour on the unit, the behaviour management policy and their treatment. One participant who reported a history of major mental health problems was also able to do this. These accounts suggest that the Eastern Hill program is delivered with some program integrity, and in a manner that is responsive to the learning styles of participants.

2. *Young men in Melbourne Juvenile Justice Centre*

Two young men in another unit in Melbourne Juvenile Justice Centre were interviewed together about their experiences. One participant had only been in custody for a short period of time and was due to be released in the next week. Both were able to talk about the assessment process, though comments were largely restricted to their contact with the forensic health team. Both experienced drug and/or alcohol problems that they considered to be areas of need that were criminogenic. One reported that he had been satisfied with the drug withdrawal services he had received and felt that this would significantly aid his intention not to reoffend. Both participants felt that supports available to them upon their return to the community were somewhat limited. In brief, it appeared that both had received an appropriate level of service given their length of sentences, and that both would benefit greatly from throughcare into the community.

3. *Young women in Parkville Youth Residential Centre*

Four young women in Parkville Youth Residential Centre were interviewed together about their experiences. A sample of four cannot be representative of the young

women in custody at Parkville and the following comments must be read with this in mind. Furthermore, these young women were all young adults, so the issues raised are likely to be relevant only to the older females. The potential age range of young women in Parkville, from 10 to 21 years, means that a very wide range of developmental issues is relevant.

A major preoccupation of the women interviewed was finding suitable independent accommodation upon release. All felt safer in custody and were very concerned about their release into the community, as they had no family support and were unlikely to have suitable accommodation or employment. Substance misuse was acknowledged as a major criminogenic need, yet these young women claimed to have been offered no substance abuse programs while in custody other than the Peer Education Program. This program was positively evaluated by the women, who said they enjoyed participating in the program and had learned a great deal that would help them on their release. In contrast, they reported that the TAFE programs did not meet their needs in terms of providing them with skills to find employment upon release. There appeared to be very few rehabilitation programs offered to these young women. Consistent with the literature in the area, the young women identified substance abuse, unsafe accommodation, relationships and loneliness as factors that would impact on their reoffending behaviour on release. Note that the very important issues of sexual abuse and sexual behaviour were deliberately not discussed in the focus group, although these are identified in the literature as major issues for female offenders.

The Principle of Program Integrity

The major threat to program integrity in any system delivering rehabilitation or treatment programs is the phenomenon of program drift. This refers to the gradual erosion of the program, with the effect that, in time, the content and delivery of the program increasingly deviate from what was originally planned and intended. This erosion can have a number of causes, including the tendency of staff to return to previous, more habitual ways of working, poor organisational support for the program and inadequate staff training in the areas of competence required by the program.

Remedies for program drift include:

1. Clear definitions of the objectives, content, procedures and modes of delivery of the program. Comprehensive program manuals are usually recommended for use by staff delivering program sessions.
2. Ongoing monitoring of organisational support and other resources for the program.
3. A training strategy to ensure the relevant skills are acquired and maintained.
4. Development of a monitoring system to observe the program, either directly, audio or tape recording, or indirectly, e.g., collecting participant reports on sessions.

Some of the more intensive juvenile justice programs, for example, *Eastern Hill*, *The Edge* and *Targets for Effective Change*, do involve the use of detailed manuals. However, the *Eastern Hill* manual requires further work and threats to program integrity exist at the level of inadequate staff training provision and high staff turnover. The Male Adolescent Program for Positive Sexuality does not currently have a manual.

Currently, there does not appear to be a formal system for monitoring program integrity within Juvenile Justice. It might be argued that measures to address program integrity are a future need rather than an immediate one, in that the short-term priority for Juvenile Justice is likely to be to develop and establish new programs. Nevertheless, attention is required in the planning process to how monitoring of integrity can be built into the system for program delivery, so that it becomes a routine source of feedback to managers.

If Juvenile Justice moves in the direction of developing intensive programs based on 'what works' principles, a high priority would be assessment of staff training needs and the development of training programs. This training will need to be specialist, for example, cognitive-behavioural therapy, motivational interviewing and self-regulation strategies. In interviews, staff drew attention to what they believed to be training deficits, including Koori issues, intellectual disability and risk-needs assessment.

The Need for Evaluation

Underpinning the 'what works' approach is a commitment to what has become known as evidence-based practice. Evidence-based practice is concerned with the application of research and evaluation data to the provision of services. Layton MacKenzie (2000) describes two forms of research: 'basic research' which examines "what works best when implemented properly under controlled conditions", and 'outcome research' which examines "the results of each individual program, agency or facility" (p.263). While an earlier literature review summarised much of the basic research in Juvenile Justice, the concern here is to identify outcome research relating to the rehabilitation of juvenile offenders in Victoria.

Participants in the consultations were generally receptive to the idea of program evaluation, although there were few examples of programs that had been evaluated. Evaluation was not 'built in' to program design in a way that might be expected by the 'what works' approach. Funding and staff time were issues for some programs in developing more routine evaluation or outcome research. Further, a commitment to evidence-based practice was not evident in practice manuals, although the Victorian Juvenile Justice Case Practice Standards Manual (Department of Human Services, 2002, p. 11) has a section dedicated to evidence-based practice.

A number of evaluation reports were identified, including the *Evaluation of the Juvenile Justice Specialist Support Services Adolescent Peer Education Program* (Department of Human Services, 1996). This evaluation involved interviewing program staff, peer educators and program participants. Information from participants was collected through pre- and post-peer education workshops. There was also a follow-up assessment and use of a control group. The program was successful in engaging the participants in peer education and in producing attitudinal changes. This evaluation was broad-based and clearly useful as a resource in developing the program further.

Victoria also participated in the national study of the *Evaluation of the Young Offenders Pilot Program* or YOPP initiative (ARTD, 2001). The aim of the evaluation was to investigate and assess pilot projects related to coordinated intensive support for young offenders in various contexts. The Commonwealth funded seven projects in Victoria, commencing in December 1998 and continuing until December 2001. YOPP involved

co-ordinated intensive support to assist the integration of young offenders into employment, education and training, and community life. Intensive support was operationalised as a support worker who formed the point of contact for young offenders and assessed their needs, developed integrated case plans, made referrals to or purchased from appropriate services, and provided direct services. Young people involved in the program had high support needs, of whom the vast majority were on juvenile justice orders, with approximately 18 percent of the national sample being in custody (ARTD, 2001).

Descriptive data provided in the evaluation indicated that YOPP had been effective in improving participation rates for clients in Victoria. The projects had different foci, structures and auspice types in the various Victorian service settings. For example, the Malmsbury Juvenile Justice Transition project targeted 17-20 year-olds about to be released from detention and focused on a release transition program. The evaluation report describes the good working relationship that was established between Malmsbury Juvenile Justice Centre and YOPP. Similarly, the efforts of the Shepparton service in promoting community education about offenders were acknowledged.

Amongst the gaps in services identified nationally were the provision of stable, independent accommodation, suitable drug and alcohol counselling in the community and adequate employment services. It was also noted in the report's account of national issues that "the most successful programs made a point of accommodating the cultural needs of Aboriginal youth and involving the Aboriginal community in the process" (p.27).

The Evaluation of the Young Offenders Pilot Program includes a wealth of recommendations relating to effective support of clients, assessment, case planning, goal-setting and developing pathways for education, training and employment. Detailed breakdowns for Victorian projects indicated significant gains being made in participation from the entry to the exit phase of the project in education, training and employment, with a mean gain in participation of 50 percent for Victorian projects. Such figures need to be interpreted with some caution, given that the study did not involve a comparison group of young people not receiving the intensive support service, to establish what increase in participation might occur without any intervention.

In a Masters thesis study: "Malmsbury: Can 'meaningful' and 'effective' programs be provided to young offenders in a custodial environment?" (2002), Camwell conducted a qualitative study based on interviews with clients and staff at Malmsbury Juvenile Justice Centre. The interviews focused on perceptions of programs and on program attendance. The sample size for the young offenders was modest (24), but nevertheless, a number of interesting observations were made about the perceptions of participants and their program attendance, including:

- Most saw Malmsbury as a positive and non-punitive environment based on trust, consistent with its philosophy.
- Actual program attendance was variable, with the mean attendance hours being substantially less than that planned, particularly later in the sentence. Camwell interprets this finding largely in terms of "resistance" and a desire to maintain personal autonomy, though a range of other factors were identified by participants, including boredom, "standovers" and low motivation.

Such evaluations have provided useful information about juvenile justice services. However, there is a need to develop a more systematic and extensive approach to evaluation and research in the service. Local research and evaluation should be seen as an integral part of the *'what works'* approach, rather than as an optional extra. Many staff suggested that a research or evidence-based “culture” does not exist at present, though most expressed the opinion that further development in this area was desirable. An ideal evidence-based service would have several components:

1. The implementation of programs that have been demonstrated by research elsewhere to be effective in producing change.
2. Organisational support for periodic research and evaluation studies, whether conducted internally or by external research bodies, with such studies fed back into service delivery and decision-making.
3. Ongoing evaluation of existing programs and services: the most important and frequently neglected aspect of evidence-based practice and one that might usefully be developed in the Victorian juvenile justice system. Ongoing evaluation would involve “building evaluation in” to routine delivery of services. For example, any program delivered might routinely involve assessment of the demographic and other characteristics of participants, pre-program baseline assessments, post-program assessments of change, collecting information about program completions and attendance, assessing client satisfaction with the program, and administering brief assessments of the extent of participation in program activities. Once routine, such an approach is not necessarily labour-intensive and can provide important feedback to managers about program effectiveness. It may well be that this “built-in” approach to research will be more cost-effective than a common strategy of conducting large-scale research projects every few years.

Program Intensity

The appropriate level of program intensity depends on the level of risk and needs of the population being addressed. In some juvenile justice settings, the general milieu - including the quality of staff-client relationships - is construed as a major part of “the program”, as is the case at Malmsbury Juvenile Justice Centre. Milieu programs are arguably of high intensity, as would be most educational and vocational programs. On the other hand, few free-standing programs offered by Juvenile Justice can be regarded as high intensity in themselves, with the exceptions of the Male Adolescent Program for Positive Sexuality (MAPPS) and *Eastern Hill*.

Programs offered by the health services, apart from MAPPS, are of low intensity and for this reason, are most suited as introductory or educational programs, rather than as treatment interventions adequate for high risk clients. The same is true for the community programs and there is a clear need to develop further high intensity programs (100 hours plus) to deal with important areas of criminogenic need and, perhaps, community integration. Less intensive programs could continue to be offered, either as an introduction to more intensive programs or as a general educational input for the broader population of young people in the juvenile justice system.

Effective Programming

Organisational Issues

Transferring knowledge about program effectiveness into practice in human services agencies is increasingly recognised as the crucial and challenging task for managers and administrators (Leschied et al., 2001). In a recent review of implementation issues regarding the ‘what works’ approach, Ferguson (2002) identified a number of areas considered important for the effective implementation of a framework. These included:

- organisational commitment to research-based practice
- staff training issues
- maintaining appropriate levels of resources and support
- managing workloads and
- overcoming resistance to change.

Managerial Views about Rehabilitation

Discussions with juvenile justice managers suggested that there was general support for the idea of evidence-based practice. This was seen as offering a potentially useful basis for integrating current practices. One participant suggested that more could be done with the highest risk juvenile justice clients, and there was some support for the application of the risk principle through the development of discrete programs for this high-risk group.

At the same time it was felt to be important to acknowledge the contribution to rehabilitation by other staff who may not be directly involved with ‘program’ delivery. The idea of a ‘hub and spoke’ model, whereby specialist services support juvenile justice staff was regarded as potentially effective. The current Client Assessment and Plan was seen as providing a platform upon which any assessments of risk or needs might be made.

Discussions with the CEOs of the custodial centres revealed a general consensus about the need for a framework within which to place the work currently undertaken with young people. It was felt that this would help to integrate the diversity of approaches currently delivered across the juvenile justice system, assist in communication between staff, and improve both the accountability and the consistency of service delivery. There were, however, divergent views on both what the juvenile justice service should be aiming for, and the methods by which this might be achieved. Other issues that arose in these interviews included the need to develop the skills of the custodial workforce through a coordinated training program.

For one CEO, the primary focus of the work was on meeting developmental needs, and managing transitions, both from childhood to adulthood, and from custody into the community. The term rehabilitation in this context was used to mean “being able to assist young people and get what they need to be self-sufficient”. For another CEO, the issue of the context in which interventions were delivered was critically important – “it doesn’t matter how good specialist interventions are – critical is the establishment and maintenance of a humane environment”. For the third, the focus was more programmatic - “the big concern is to get appropriate programs in place. There is a need for more

targeted programs that address offending. We have some of those programs, but not nearly enough”.

It is possible, of course, that these differences of emphasis reflect important differences in the different populations within Juvenile Justice. Such views would all be consistent with the research literature that provides the basis for the ‘*what works*’ approach. The programmatic model is regarded as particularly important for the highest risk juvenile offenders, consideration of developmental and transition issues is central to the identification of needs, and the interpersonal context in which any intervention takes place, be it familial or institutional, is clearly critical to the extent to which any changes are sustained over time and generalised.

Staff Support for Rehabilitation

A total of 594 staff work in juvenile justice settings in Victoria, the majority of whom (423) work within custodial centres. Of these, 210 work at Melbourne Juvenile Justice Centre, 137 at Malmsbury Juvenile Justice Centre and 76 at Parkville Youth Residential Centre. A total of 146 staff are employed in regional settings, with 56 in rural locations and 90 in metropolitan locations. A further 25 staff are employed in Juvenile Justice Section at Head Office.

To gain some sense of the extent to which juvenile justice staff value rehabilitation initiatives, all staff were invited to complete a brief survey (see Appendix). The survey used was an adaptation of the ‘Attitudes towards Offenders’ scale, which was originally developed as part of the survey of over 6,6000 staff conducted in 1994 by the Correctional Services Canada, an adult correctional service (Lariviere & Robinson, 1996). This all-staff survey contains over 200 questions. The Attitudes to Offenders questionnaire contains 17 questions, which are divided into three subscales termed ‘empathy’ (7 items) ‘punitiveness’ (4 items) and ‘support for rehabilitation’ (3 items). Minor wording changes were made to some items to make the scale appropriate for use in Juvenile Justice. Each item consists of a statement which respondents are asked to rate their agreement with on a 7-point rating scale, ranging from strongly disagree to strongly agree. The reliability of each subscale was reported to be $\alpha = .80$ for the empathy subscale, $.64$ for punitiveness and $.72$ for rehabilitation.

In addition, staff were asked to rate on a scale of 0 to 10 how effective they thought custodial and community programs were in helping young people not to reoffend, and invited to give provide some explanation for their ratings. Staff were also asked to report their views on the most effective things that can be done in custody and the community to help young people not to reoffend. Finally, some demographic questions were included, relating to the age, gender, experience and workplace of respondents.

Initial inspection of the quantitative data from the survey revealed that the staff generally perceived both custodial and community programs as moderately to highly effective (see Tables 1 and 2). Furthermore, staff showed moderate to high empathy towards young offenders, were mostly low in punitive beliefs and were strongly supportive of rehabilitation (see Tables 1 and 3). Of the staff surveyed, 85 percent showed high support for rehabilitation of young offenders.

Table 1: Descriptive statistics of effectiveness of programs, attitudes toward offenders and demographic characteristics

Variable	M	SD	Min	Max	N
Effectiveness of custodial programs	5.35	2.07	0	10	219
Effectiveness of community programs	6.42	2.04	0	10	209
Empathy	5.15	0.90	2.57 ^b	7	226
Punitive	2.82	1.32	1	7	225
Support for rehabilitation	5.93	1.00	2	7	226
Age	38.7	10.4	22	65	191
Length of experience in Juvenile Justice	5.93	6.05	0 ^a	42	201

^a Worked less than one week; ^b pro-rated to include missing values.

Table 2: Frequencies of effectiveness of programs

Level of effectiveness	Type of programs	
	Custodial programs	Community programs
Low (0 – 3)	47 (22%)	20 (10%)
Moderate (4 – 6)	99 (45%)	71 (34%)
High (7 – 10)	73 (33%)	118 (57%)

Across all staff, community programs ($M = 6.4$) were perceived as more effective than custodial programs ($M = 5.4$). It can however, be seen that the means suggest that both types of programs are seen as moderately effective on average. Qualitative responses to the program effectiveness questions showed that many staff believed that the programs were effective for some of the young offenders but not for others. Furthermore, some staff also believed that effectiveness was tied in with the aims of the programs being run. Although community programs were viewed as more effective, program effectiveness was influenced by where staff worked. There was a trend for staff working in custodial settings to perceive custodial programs ($M = 5.6$) as more effective than did staff in community settings ($M = 5.1$). This was not statistically significant. On the other and, staff working in community settings perceived community programs ($M = 7.0$) as more effective than did staff from custodial settings ($M = 6.1$), $t(167) = -3.3$, $p = .001$.

Table 3: Frequencies of attitudes towards offenders

Attitude level	Empathy	Attitude	Support for
		Punitive	rehabilitation
Low (< 3)	3 (1%)	153 (68%)	4 (2%)
Moderate (3 – 5)	98 (43%)	49 (22%)	31 (14%)
High (> 5)	125 (55%)	23 (10%)	85 (85%)

Similar differences in attitudes toward young offenders were also observed between those working in custodial compared to community workplaces. Community staff were higher in empathy ($M = 5.3$) and lower in punitiveness ($M = 2.5$) than were custodial staff (empathy $M = 5.1$; punitive $M = 2.9$); empathy $t(171) = -2.2, p = .03$, punitive $t(175) = 2.1, p = .04$. Nevertheless, note that both custodial and community staff were generally high in empathy and low in punitive belief. Both community ($M = 5.9$) and custodial ($M = 6.0$) staff were similarly supportive of rehabilitation at a high level.

No differences were found on any variables between:

- those in rural and metropolitan juvenile justice staff, either across all workers or only looking at community-based workers or
- the three Juvenile Justice Centres: Malmsbury, Melbourne, Parkville. However, an analysis comparing Melbourne Juvenile Justice Centre workers with those from Malmsbury Juvenile Justice Centre and Parkville Youth Residential Centre showed *small* differences with Melbourne staff perceiving custodial programs as slightly less effective ($M = 5.1$ vs $M = 5.9$) and having slightly more, nevertheless still relatively low, punitive beliefs towards young offenders ($M = 3.2$ vs $M = 2.7$).

Finally, female workers tended to be *slightly* more empathic ($M = 5.3$ vs $M = 5.0$), less punitive ($M = 2.6$ vs $M = 3.1$) and more supportive of rehabilitation ($M = 6.1$ vs $M = 5.8$), than male juvenile justice workers. Moreover, there are a significantly greater proportion of females working in community workplaces relative to custodial workplaces in comparison to males, as shown in Table 4. Since gender is related to both workplace setting and attitudes towards young offenders, the previous analyses comparing custodial and community staff were reanalysed statistically controlling for gender. The results remained the same with community staff being significantly more empathic and less punitive than custodial staff, albeit only slightly.

Table 4: Frequencies and percentages of males and females according to workplace

Gender		Workplace setting		Total
		Custodial	Community	
Female	Frequency	52	49	101
	% within setting	(47)	(68)	(55)
Male	Frequency	59	23	82
	% within setting	(53)	(32)	(45)
Total		111	72	183

Training Needs

Training needs were seen as a major concern by staff in all custodial centres, although this concern was less evident at the policy and program planning levels. One of the main reasons that training was such a pressing need is that high staff turnover was a concern for all services, with the exception of Malmsbury JJC where there had been greater recent stability in staffing than at other services. High turnover meant a recurrent need to upskill new staff. Furthermore, high turnover meant that for many services there was a high level of casual staff, who did not have the knowledge or training required. High

turnover, lack of experienced and trained staff, and lack of adequate supervision of inexperienced staff translate into a very high level of training need. Ongoing training and support did not appear to be built into most programs and services. Many staff commented that currently, there was less training available now than in the past.

Training needs can be met in several ways. One way is to attain staff with adequate tertiary training. A substantial proportion of staff have TAFE Certificate 4, which provides training in adolescent development, but provides no specific understanding of rehabilitation issues, particularly of the ‘*what works*’ literature. There may be scope to negotiate these specific curriculum needs with the TAFE. Furthermore, a greater proportion of staff need to be recruited with tertiary training, or incentives provided for current staff to upgrade their qualifications.

Once staff members have been employed, there is need for a systematic approach to the ongoing training needs of both the individual staff members and the services being provided. Professional development is an essential component of an effective workplace and contributes to staff retention through job development and satisfaction. Individual workers require an ongoing professional development program that is negotiated, taking into account their personal development needs and the needs of the workplace.

Ongoing training and professional development can be provided ‘in-house’ in a number of ways. Several staff mentioned the need for secondments and staff swaps, and maintained that currently, staff are not given these opportunities to expand their experience through working in other areas of the system. A system to encourage staff movements throughout the system could expand the experience of staff, and also contribute to the development of a common staff culture.

Specialist service and training providers also have a major role in staff training. Many staff had specific expectations of the Adolescent Forensic Health Service (AFHS) in this regard that were not being met. The custodial staff saw a major role of the AFHS in proactively providing programs and training for staff. Yet, the AFHS staff expressed the concern that in some areas the custodial staff were not accepting of training and moreover, did not know what they wanted from the AFHS in terms of training. There appeared to be a lack of communication around training needs and expectations in terms of the role that the AFHS might play in providing training. In contrast, collaborative training took place jointly with AFHS staff and unit staff in the *Eastern Hill* program, and was reported to be a very effective model in this context.

There is clearly a need for systematic and ongoing training, rather than one-off training that meets a particular need, often crisis related. Programs that had been particularly effective, such as *Eastern Hill* and MAPPS, had associated intensive ongoing training, and this was an important foundation to their success. Staff in these programs required intensive training in group work skills and an understanding of cognitive-behavioural changes. Most staff do not have the skills to deliver the types of interventions like *Eastern Hill* and MAPPS. It was reported to be challenging and difficult, but also rewarding, for those staff who were prepared to undertake this training and be part of these programs. Ongoing training was evident in the *Eastern Hill* program, with in-house training every Monday, and the program facilitators returning at regular intervals, e.g., each six months. Both these levels of training were essential to maintain skills and enthusiasm.

There are some training needs that staff identify as being particularly urgent. Parkville YRC staff were especially concerned with a need for ongoing training. Staff identify the following as priority, ongoing needs for training:

- managing conflict effectively
- responding to self-harm
- responding to disclosure
- engagement skills to motivate young people
- dealing with drug and alcohol issues
- working with families
- relationship violence, particularly assessing risk.

To implement more effective case management, some staff and program managers also recommend training around:

- prosocial modelling
- information sharing and working within a multidisciplinary and multiagency environment
- assessment skills, use of assessment tools and how to incorporate them into case management
- group work training
- interviewer training.

Other areas where training is needed relate to young people with special needs, specifically:

- young people with a disability, particularly intellectual disability and mental health problems. Here training is required in identification of special needs and the appropriate responses to these young people.
- working with Koori youth.

In terms of supporting the implementation of a ‘*what works*’ approach to rehabilitation, it would be essential to ensure that staff are appropriately and adequately trained to deliver interventions. Many interventions are not effective because staff are not trained to be able to maintain the integrity of a program. Many rehabilitation programs require specific skills, particularly in group work, modelling, and cognitive-behavioural techniques. Without staff effectively being able to deliver the program, the effectiveness will be compromised.

Furthermore, there is merit in all staff having some level of training in the basic principles of rehabilitation being implemented across the entire system. A coordinated system requires staff at all levels to be supportive of the approach being implemented. A case management approach that incorporates assessment, planning, rehabilitation programming, client motivation, multiagency coordination and communication, and follow-up aftercare requires a unique set of skills that need to be supported in an ongoing and effective way.

Custodial–Community Linkages

Continuity of care between community and custodial-based services is important in the effective delivery of rehabilitation programs. Within Juvenile Justice, continuity of care is maintained through the allocation of a community team worker. This worker retains a relationship with both the young person and custodial programs staff while the young person is in custody. The process is described in documentation received from the Western Juvenile Justice Unit. The intensive team from this unit undertake to visit within two weeks of their admission, each young person sentenced to a Youth Training Centre Order of over six months. This team then maintains regular contact with the young person until their release into the community and the completion of his/her sentence. All clients are also offered a voluntary three-month support period at the end of their parole.

Similarly, a key characteristic of some of the non-government (NGO) programs, e.g., Whitelion, was that they attempted to make contact with young people prior to their release from custody. NGO providers saw this ‘in-reach’ work as critical to the success of these programs. The concern was that if this did not happen then it would become impossible to track, let alone engage, the young person following release. The *Next Step* program run by Youth for Christ, provides an “institutional, transitional and post-institutional, intensive support service to residents of Parkville YRC”. The program aims to develop volunteer network supports for young people leaving institutional care, as well as helping young people to establish or consolidate their own support networks.

The pre-release program at Malmsbury JJC is a leave program, aimed at providing opportunities for young people to engage in a vocational pathway prior to their release from custody. One of the five Victorian projects of the federally-funded initiative, the Young Offender Pilot Program (YOPP), is run by BAYSA to provide institutional and pre-release support to young people leaving Malmsbury Juvenile Justice Centre to the Barwon region. The program has been evaluated as part of the YOPP Evaluation (ARTD, 2001). The evaluation concluded that this type co-ordination and intensive support service was effective in meeting the needs of young offenders with high support needs. The impact of the program upon offending was not examined. BAYSA also co-ordinate a pre- and post-release support program to 17-21 year olds leaving all three custodial centres. The pre-release program offers intensive support in regard to Centrelink, accommodation, employment, training and personal support needs. BAYSA also offer a temporary accommodation (housing support) program.

Many of the programs aimed at developing custodial-community linkages focus on meeting non-criminogenic or social integration needs. Such programs are important in that they are both timely, and highly relevant and meaningful to young people. Many young people spend relatively short periods of time in custody and there is an appropriate concern with meeting immediate needs upon release, such as for accommodation, and financial support. For this group, there may be relatively few opportunities for them to receive high intensity interventions. However, they are likely to be a relatively high-risk group who require some targeted criminogenic interventions in the community. Thus, for many young people serving short sentences, custody represents a ‘window of opportunity’ to stabilise their lives, put in place community supports, and engage them in rehabilitation programs.

In the context of rehabilitation, transition programs are likely to provide a necessary foundation for change to take place. In Victoria, the major elements for offering continuity of care appear to be in place, at least in some areas of the system. These include provision for pre-release planning, the involvement of outside agencies in the institution, targeted community activities during custody, and the testing of re-entry prior to release (see OJJDP, 1999). It is not clear how such services might relate to other more criminogenic-focused programs, or how consistently such services are either offered to, or accepted by, young people.

Coherence and Consistency Across the System

All staff interviewed were asked about their understanding of the term *rehabilitation* and their attitude towards this activity. It was apparent that uncertainty about the meaning and importance of the term was common, with diverse views expressed. What the main goals of the service were, and the extent to which the reduction of offending was a priority, varied across staff and service settings.

There was widespread agreement, however, that the responsibilities of staff are broader than reducing the risk of offending. Many staff stressed that the major goal of their day-to-day work was to *engage* their clients through establishing a supportive relationship. For some, establishing such a relationship was a *sufficient* condition for change to occur. For others, the relationship was *necessary* but not *sufficient*, and for these, the staff-client relationship set the scene for implementing more structured, programmatic interventions.

The term “program” also had different meanings for different people. Although the term is generally used in the rehabilitation literature to refer to a structured and well-defined intervention intended to produce behavioural change, for many juvenile justice staff the term denotes vocational and educational provision. For Adolescent Forensic Health Services staff, much of their rehabilitative activity was conceived of as “programs”. This was less true for juvenile justice youth workers. The absence of a shared vocabulary appears to work against a coherent and consistent approach across the whole system. Many staff welcomed the review as an opportunity to reconsider core concepts and goals, and saw it as an opportunity to define objectives and strategies that would apply with some consistency across the system.

Although a number of programs were identified, it was not clear whether such programs were officially identified in the system as programs run by Juvenile Justice. Many of the programs appear to be locally conceived, planned, implemented and reported. This clearly has the advantage of encouraging creative innovation and staff involvement. The disadvantage is that there is no central mechanism for establishing and approving what programs are implemented, determining whether the programs are consistent with the core goals of the service, whether they are of adequate quality and whether they are effective in producing change. The rehabilitation literature suggests that a central mechanism for program quality control is essential for best practice. Formal accreditation of new and established programs is currently being established in many systems for adult offenders, for example, in Canada and the United Kingdom, and it is likely that similar developments will occur in services for young offenders.

Interventions Targeting Offending

Rehabilitation Programs Targeting Specific Types of Offending

Sexual Offending Programs

Given the levels of harm caused by sexual offending, and risk that the intensity and frequency of sexual offending increases over time without appropriate intervention, the rehabilitation of juvenile sexual offenders is a particularly important area of service delivery. The literature suggests that the specific needs of this client group warrant the delivery of specialist services designed to meet the particular needs of the client group. In Victoria, the rehabilitation of juvenile sexual offenders is provided predominantly by such a specialist service, the Male Adolescent Program for Positive Sexuality (MAPPS). Information about this program has been received from an interview with the program manager, responses to a number of criteria relevant to appropriate rehabilitation programming contained in the Best Practice schedule, and from an evaluation report of MAPPS published in 1998.

Description of Rehabilitation Services for Juvenile Sexual Offenders

MAPPS provides an assessment and treatment service for adolescent males aged 10 to 21 years who have been convicted of a sexual offence, and who are supervised by the Department of Human Services through custodial or community-based sentences imposed by the courts (Evaluation Report, p.1). In practice, the majority of clients are aged between 15 and 17 years. A separately funded service is provided to adolescent sex offenders who have not been placed on orders supervised by Juvenile Justice and who have often not been to court due to family reluctance to press charges.

MAPPS is described as based on a cognitive-behavioural model. It involves a holistic approach to change covering seven main areas of intervention: cognitive restructuring, fantasy control, relapse prevention, victim awareness and empathy, social skills training, sex and sexuality education, and coping with change. In addition to direct client work, MAPPS also offers a secondary consultation service to juvenile justice case managers and provides community education for various agencies and other stakeholders. Parents and/or caregivers are actively encouraged to participate in the program through attendance at a family support group and education nights.

The program content is reasonably well documented in the Evaluation Report, although no specific program manual was available. It is described as having discrete phases, including an assessment phase, basic and advanced group treatment, and a transitional program involving an intensive four-day adventure therapy component. The assessment phase typically involves a review of all relevant documentation, followed by a series of individual interviews. Some standardised assessment measures are used to assess general functioning, and emotional and behavioural problems, and a video exercise records the

young person's attitudes to offences. MAPPS encourages the involvement of families in the assessment process, after which a review meeting is held between the client, family, juvenile justice caseworker and MAPPS staff member.

Although MAPPS is largely group delivered, clients can receive individual sessions, which are also offered to help prepare some clients for entry into the Basic Group. The young person initially enters the Basic Group program for a 14-week period, which works on the young person's understanding of his offending through exploration of his offending cycle (see Evaluation Report p.13). Basic Group focuses on cognition and offence cycles, in contrast to Advanced Group, which concentrates on affective change within a framework of relapse prevention. Those assessed as appropriate for entry into the Advanced Group, are invited to participate in a Transitional Program consisting of a four-day adventure therapy based approach. This helps prepare clients for the more emotional content of Advanced Group. On average, young people stay in MAPPS for a period of 10 months (Evaluation Report, p.16).

The 1998 evaluation of the MAPPS program compared the practice of the program against best practice guidelines developed from a review of the international literature on male adolescent sex offending and treatment. That literature is consistent with the research summarised in this review. Program outcomes were reviewed and key stakeholders, including program staff, clients, parents/caregivers and agencies interacting with the program, were also interviewed. This evaluation concluded that the MAPPS program met the criteria for best practice for interventions with adolescent sexual offenders. The report commented that the program design, pre-treatment interventions and treatment phases, and secondary levels of support to juvenile justice staff and families, were particularly effective aspects of the program.

The evaluation recommended that MAPPS should seek to improve client follow-up (post-program completion), focus on staff skills and supports, and develop protocols regarding risk management with other agencies and parents/carers. MAPPS have responded to these recommendations by developing a staff position whose role is to focus on family involvement. Recent figures suggest that this initiative has been successful, with the proportion of family members involved with the program rising from 37 percent to 72 percent. The program has sought to improve client follow-up with the introduction of a two-year voluntary follow-up program, including a monthly drop-in group for ex-clients.

MAPPS are planning a further recidivism review, and would welcome a more systematic approach to the routine evaluation of the program. The service itself reported that the next step in the development of the program would be to develop a residential treatment unit, either in the community or custody, where more intensive therapy could be offered.

Comparison of MAPPS against the Literature

The program assessment schedule completed for this review suggested that MAPPS would meet all of the elements contained in the checklist. The program targets higher-risk offenders and appears to be appropriately intensive, although there may be an argument for the development of a residential-based service for the most high-risk offenders, depending on the numbers of clients in this category. MAPPS has a clear focus on offending and the targeting of criminogenic needs, and appears to be delivered in ways that could be considered to be responsive. The only area that is (self-) identified

as requiring further work, is to further develop and improve links with community agencies that provide follow-up support of clients. The more systematic evaluation of program outcomes would also be desirable.

Given that, typically, only around ten percent of correctional programs would meet the best practice criteria we have used, MAPPS should be viewed as a high quality rehabilitation program. It has been developed and delivered in a way that meets the general best practice criteria articulated in this report, and those specific to sexual offender program delivery contained in the 1998 evaluation. In the course of our consultations with juvenile justice staff, it was evident that MAPPS was well regarded and valued, particularly in the metropolitan area. As a whole, juvenile justice staff commented on the way in which they were able to work collaboratively with the program staff in managing the risk of program clients. For some, the Male Adolescent Program for Positive Sexuality was thought of as a model of how specialist services and programs might operate.

Violent Offending and Anger Management Programs

The Eastern Hill ‘Stop the Violence’ Program

This program is one of the most intensive programs delivered within Juvenile Justice and was widely praised by staff. It has a residential base at Melbourne Juvenile Justice Centre. The program commenced in April 1998 and was originally devised by John Bergman, a drama therapist from the United States, who has periodically visited the unit for ongoing staff training and support. The vision statement for the unit identifies the foundation principle of the program as being to resolve differences without violence – “verbal, physical, emotional, financial, cultural or related to gender”. Other objectives of the program include increasing young people’s awareness of their thoughts and feelings, improving their relationships with others and changing “antisocial logic”.

Program Description

The *Eastern Hill* program has a clear structure and is based on a series of group work sessions, organised into levels, and held for an hour each morning and a half hour each evening, delivered Tuesday to Friday. These sessions are organised within a broader framework for preparing and reviewing Client Service Plans (CSP). Personal reviews of individual participants occur regularly throughout the program. A “Serious Risk Assessment” occurs in the fourth week of the program. Family, support services and juvenile justice staff are involved in the risk assessment, personal reviews and CSPs.

Group sessions are facilitated by custodial youth workers. Training for the staff appears to occur on an informal basis, although in-house training occurs on the unit on Monday mornings, largely focusing on group process issues. The absence of a more systematic and sustained training program poses a substantial threat to the integrity and effectiveness of the program in the future. This threat is accentuated by the high staff turnover on the unit, particularly in recent months. The effect of the staff turnover is that the skill and enthusiasm of staff associated with the program needs to be constantly rebuilt through mentoring by experienced staff.

Staff comments suggest that the “special” status of staff working on the program was a major motivating and morale-building feature in the past, but that there is a danger of this being lost. It appears that resources for training are insufficient, with some staff interpreting this as reflecting low support for the program at the management level. To our knowledge, there is no budget allocated to the program to support the distinctive rehabilitative work performed within it. Nor is there a formal mechanism to recruit staff with relevant skills and interests to the program.

Handouts are widely used to reinforce the content of sessions. Progression from one level to the next depends on the participant achieving particular tasks, including a “thinking report”. Clear group rules exist, for example, “no put downs”, “no swearing or verbal abuse”. *Eastern Hill* can be regarded as having a sound cognitive-behavioural basis, given the explicit emphasis on changing patterns of thinking and behaviour. However, the program documentation available to the consultants did not explicitly relate the content of the program to previous literature, established programs elsewhere, or to recognised cognitive-behavioural methods. The “thinking reports” used in the sessions usefully assist participants to identify the situational, cognitive, emotional and behavioural aspects of their experiences.

One of the strengths of this program is the clear feedback to participants about their performance, which is provided in terms of points awarded for specific behaviours in the group sessions. Problems in the self-regulation of anger are an important criminogenic need and work on anger clearly occurs as a major part of the *Eastern Hill* program. This includes the use of an anger journal, role plays, problem-solving angry situations, relaxation to counteract anger etc.

A substantial “Step 3” aspect of the program has been developed, with an accompanying manual. The development of Step 3 occurred some two years after Levels 1 and 2, and was intended for longer-stay clients. This section comprises thirty-three further group sessions and covers a wide range of topics including the conflict cycle, conflict resolution, further exercises on anger management, a useful component on revenge, cognitive change and loss of self control. Some of Step 3 relates to sex offending, but it is unclear from the documentation provided what the objectives of these sessions are, and how (if at all) they relate to more substantive work on sex offending conducted by MAAPS.

The content of Step 3 is good, and has a clear cognitive-behavioural orientation, but the format and style differ substantially from Levels 1 and 2 sessions. From the available information, there appears to be a need to integrate Step 3 within the program as a whole, and to more fully explain the rationale and intentions that underlie this section of the program.

Staff perceived that the *Eastern Hill* program was compatible with the client behaviour management system run in the unit, with its emphasis on providing positive consequences for good behaviour. Staff were also able to clearly articulate areas in which they would like to see further development of the *Eastern Hill* program. These included greater use of role plays, psychodrama techniques, and more family work, with associated training being provided for facilitators. Staff would also like better links with the community to ensure greater continuity of care – “the logical next stage”, as one staff member put it.

Assessment of the Eastern Hill 'Stop the Violence' Program Against 'What Works' Principles

The main selection criteria for the program are that the young person has a history of violent offences and that they are serving a sentence of at least six months. There are no specific exclusion criteria. The program will accept individuals with intellectual disabilities and those with mental health problems. No formal risk-needs assessment or assessment of responsivity is conducted to assess eligibility for the program.

As judged from the session booklets, a strength of the program is the responsivity of the program content. Examples used and the style of the materials is well-suited to the target group of young people, being not too “dry” and likely to engage young people. The broadening of the material to include a range of emotions other than anger assists in preventing boredom with the topic. The program also gives attention to future goals, self-images of participants and to methods of problem-solving. Attempts are made by staff to adapt program delivery to meet the requirements of participants with particular needs relating to ethnicity, or variations in ability or personality.

Given that 48 treatment sessions are involved in Levels 1 and 2 of the program, *Eastern Hill* can be described as a medium-intensity program. In this respect, it has a level of intensity which would be regarded in the ‘*what works*’ literature as sufficient to produce change. The location of the program within a custodial unit offers the opportunity to enhance intensity further, by integrating the lessons learned in the program with day-to-day experiences in the unit. However, inadequate systematic training and perceptions of low institutional support are threats to program integrity, as is the high level of staff turnover. Current staff seem to be aware of the integrity threat and perceive the need to reinforce the program and develop it further.

In terms of the Best Practice Schedule devised for the review, areas of strength of this program would include that it addresses criminogenic needs, that it is cognitive-behavioural in orientation, manuals are available, it has reasonable program intensity, and an appropriate reward/punishment system. In addition, many juvenile justice staff showed a sense of ownership and pride in the program. Several suggested *Eastern Hill* provided a model of program delivery that could be replicated elsewhere in the service. Areas of weakness include issues related to staff training, sustainability in terms of funding and resources, staff turnover, standardised risk-needs assessment, and community links.

Eastern Hill 'Stop the Violence' Program Evaluation

An evaluation of the program was conducted in 1999 by a team from the Youth Research Centre at the University of Melbourne. This was an evaluation not of program effectiveness, but of issues arising in the initial implementation of the program. Interviews were conducted with staff, clients and the program originator, John Bergman. In addition, the Moos Correctional Institutions Environment Scale was administered, and incident reports and staff absences were analysed. The report described the enthusiasm and commitment of staff at that stage of the project, the pivotal role of John Bergman – “Bergman was the project” - and the initially stormy, but subsequently harmonious, reactions to the new initiative. Amongst the recommendations of the evaluation report were the following:

that any future innovation be adequately costed and resourced.....this costing to include.....ongoing program support needs (Semmens et al., 1999, p.27)

that staff training be an integral part of the job requirement and that all staff have supervised training and regular opportunity for evaluation and feedback on their performance as group leaders (p.28).

Violence/Anger Programs Delivered by Adolescent Forensic Health Service

A number of other, less intensive violence and anger management programs are also delivered. Examples of these were identified by the Melbourne Juvenile Justice Centre Health Team and are summarised in Table 5.

Table 5: Other violence/anger management programs at MJJC

Program name	Number of sessions	Target group	annual/ document -ation	Content of group discussion
Basic Anger Group	3 x 2 hrs	15-17 & 18-21 year-old males, custodial setting, specifically those identified as having significant anger management issues or where such issues are connected to their offending behaviour	Yes	A group program to assist adolescents develop control over their feelings of anger & provide strategies to manage anger
Advanced Anger Group	3 x 2 hrs	15-17 & 18-21 year-old males, custodial setting, specifically those identified as having significant anger management issues or where such issues are connected to their offending behaviour	Yes	Focuses on developing constructive ways of responding to anger, with the emphasis on the ownership of emotions, choices/ decision-making, stop-think-do, experiential learning and CBT workbooks
Anger Management Group (General)	4 x 2 hrs	17-21 year-old males, custodial setting, specifically those identified as having significant anger management issues or where such issues are connected to their offending behaviour	Yes	For older adolescents, focusing on increasing clients' awareness of their pathways to anger, exploring connections between thoughts, feelings and behaviour & ways to improve management of angry feelings
'Walk Tall' (General Anger Management Group)	6	15-17 & 18-21 year-old males, custodial setting, specifically those identified as having significant anger management issues or where such issues are connected to their offending behaviour	Yes	Designed to help adolescents develop more control over the emotion of anger

Program name	Number of sessions	Target group	annual/ document -ation	Content of group discussion
Violence Prevention (1)	10	15-17 & 18-21 year-old males, custodial setting, specifically those who are currently detained for violent offences or who have a history of violent offending/ behaviour or are currently displaying antisocial behaviours	Yes	To increase clients' awareness & insight into warning signs and triggers to aggressive/violent behaviour, develop strategies for managing aggression & skills for preventing relapse into violent behaviour
Violence Prevention (2) (START)	12	15-17 & 18-21 year-old males, custodial setting, specifically those who are currently detained for violent offences or who have a history of violent offending/ behaviour or are currently displaying antisocial behaviours	Yes	The focus of this group is in dealing with the anger-violence continuum, racial/gender issues, ripple effects of violence, victim empathy & violence management strategies

These programs target various aspects of anger and its role as an antecedent for offending. Two programs, Violence Prevention (1) and (2), target violent offending in particular. All of these groups clearly address an important area of criminogenic need for offenders. All appear to be structured in format and to have a broad cognitive-behavioural theoretical base. All have Manuals to facilitate consistent delivery, as emphasised by the Integrity Principle in the rehabilitation field. These are programs of low intensity in terms of the hours involved, and for this reason, are arguably more suited to participants of low risk than to those of medium or high risk. These programs have not yet been subject to any formal evaluation of effectiveness.

Rehabilitation Programs Targeting Criminogenic Needs

Other Related Programs

In addition to the Male Adolescent Program for Positive Sexuality, the *Targets for Effective Change* program offers an individual program for sexual offenders. While some juvenile justice regional staff use this manual, it is not clear how regularly the sexual offending component is offered. MAPPS were not aware of any other programs for juvenile justice clients who sexually offend. A number of other more general programs targeting sexual health were referred to in the course of the consultations.

A report into the prevention of sexual offending amongst adolescents with an intellectual disability (Department of Human Services, 1999), suggested that it was reasonable for service providers to adapt models of effective intervention. This would enable mainstream sex offender treatment agencies to adapt their programs to allow access to treatment for intellectually disabled offenders. MAPPS currently does not offer a service to clients who have an intellectual disability, or if they have a significant mental health problem. Intellectually disabled adolescent sexual offenders are referred to the Statewide Forensic Service. It is not clear what interventions are offered in this service.

Drug and Alcohol Programs

Drug and alcohol programs are an essential component of juvenile justice rehabilitation. Most young people in Juvenile Justice have drug and alcohol use as a major factor in their offending behaviour, and have mandated drug and alcohol treatment as part of their sentence. This criminogenic need was recognised by most staff and is supported by the literature. Drug and alcohol problems are so pervasive for young offenders that programs to address this need should have high priority and be provided to almost all clients, especially to young women and younger male offenders who invariably have drug and alcohol use as a criminogenic and health need.

It is important to note that over 90 percent of juvenile justice clients are placed on community-based orders, and that many of these young people have drug and alcohol treatment as a Special Condition attached to their order. Clients on community-based orders have access to a range of mainstream services provided in the community, particularly through Youth Substance Abuse Services. The scope of this review did not allow consideration of treatment services that are not provided by Juvenile Justice and consequently, the following review is primarily based on information related to drug and alcohol programs available to juvenile justice clients in custodial settings. The efficacy and safety of mainstream drug and alcohol treatment services is, however, clearly a major concern for the Juvenile Justice program.

A range of drug and alcohol programs is provided by Juvenile Justice. These are:

- the *Peer Education Program*
- *The Edge*
- individual counselling and programs provided by health services
- the Purple Room service.

Some of these will be considered in more detail later, but some general comments are necessary. Firstly, it needs to be understood that there is little evidence supporting particular approaches to drug and alcohol rehabilitation for juveniles. This is a vexed area for adult rehabilitation, but is much more problematic for juveniles. Some of the treatments that promise to be effective for adults are not appropriate for juveniles. Specifically, pharmacological treatments are often not available for younger people, and many abstinence-based approaches are not appropriate. It is clear that juvenile drug rehabilitation programs cannot just be applications of adult programs (Spooner, Mattick, & Howard, 1996). Consequently, there are fewer options for juveniles and a very limited evidence base upon which to make decisions about program choice.

Victorian juvenile justice custodial services were particularly aware of the immediate health needs of young people who were drug dependent when they entered custody. Most young people had urgent health needs related to their drug use and the health service was geared to meeting these needs. Many staff, both custodial and health staff, reported that it was not possible to undertake any rehabilitation efforts with clients until their health needs were met, and they were well enough to be involved in other programs.

For young people, it is important to recognise that drug use is determined by a range of other factors, based in the young person's family, peer group, environment, and personal

characteristics. Consequently, it is necessary to individually assess each young person to identify the factors that contribute to their drug use. Individual counselling is often a good way to do this. While such counselling is available to all young people in Juvenile Justice, it is not taken up by all the clients who need it. Ways to encourage more young people to participate in counselling to uncover the factors supporting their drug use would be useful, particularly for the young women and boys.

A harm minimisation approach was recognised as being important for juvenile justice clients. It is unrealistic to expect abstinence to be the goal of drug rehabilitation for most young people in juvenile justice settings, and many staff expressed this view. Young people are often either not ready to give up drug use, or do not have the skills and environmental support to enable them to do so. It is important to recognise this and provide them with the skills to keep themselves alive and as harm-free as possible until they can make the choice to give up drugs. While harm minimisation programs may not appear to be directly related to criminogenic needs, they are essential as a first step toward rehabilitation. The *Peer Education Program* is essential in this regard and was positively regarded by the staff.

The Purple Room service was set up as a methadone pick-up service in the Parkville custodial precinct, in recognition that environmental influences can have a strong impact on drug use. Clients could obtain their methadone without having to go into urban areas where there was a high level of drug use. It would also provide an opportunity to link young people in with other programs, such as mentoring. However, the Purple Room is currently not operating, but such a service has the potential to be an important rehabilitation component by supporting drug-using clients to break ties with drug-using peers. Some staff commented that it is not clear whether Juvenile Justice should provide this service, or whether such a service is best based at a correctional institution or elsewhere in the community.

The health teams offer a number of other programs targeting substance use. Table 6 contains a summary of those programs offered by the Adolescent Forensic Health Service at Melbourne Juvenile Justice Centre. The extent to which these programs are also offered to other clients, e.g., at Parkville or in the community, is not clear.

Table 6: Substance use and high-risk behaviours programs at MJJC

Program name	Number of sessions	Target group	Manual/document-ation	Content of group discussion
Drugs n' Stuff	1	New arrivals to custody (remanded or sentenced)	Yes	Provides information & education with a harm minimisation approach to new clients, focusing on drug groups & their effects, Hepatitis (A, B & C) & overdose prevention
Ready, Steady, Go	6	15-17 & 18-21 year-old males, custodial setting with significant drug use history	Yes	Focuses on alcohol & drug-related issues - skills, information & beliefs necessary to prepare for change, helps participants identify their stage of change, examines what motivates people to change introduces a range of harm reduction skills & identifies future risks regarding drug use, incorporating relapse prevention strategies
Motivation & Preparing for Change	3	15-17 & 18-21 year-old males, whose offending is related to their drug use	Yes	Examines how drug use is interconnected with offending behaviour, aiming to prepare & equip participants with skills for changing these behaviours
Overdose Prevention	1	15-17 & 18-21 year-old males, in custody with a history or at risk of drug overdose, or unsafe drug-use practices	Yes	Harm minimisation approach to drug use & safer using, with a particular focus on overdose prevention
Relapse Prevention	2 – 3	15-17 & 18-21 year-old males on remand in pre-release phase	Yes	Focuses on risk factors associated with relapse into drug use & practical relapse prevention strategies
Blood-Borne Viruses and Drug Use	1	15-17 & 18-21 year-old males on remand or new arrivals to custody, those engaged in high-risk behaviours incl. polysubstance use, IV drug use	Yes	Education-based session to provide information regarding health risks associated with drug use & teaching safer using practices (harm minimisation approach), encompassing risks in custody & the community
Drug-Induced Psychosis & Other Mental Health Issues Related to Drug Use	1	15-17 & 18-21 year-old males, in custody with a history or at-risk of developing a drug-induced psychosis, have an existing mental health issue or have a family member with a psychotic disorder	Yes	Psycho-educational session providing information regarding the link between drug use & psychosis, exploration of risk & vulnerability factors

Substitution Therapies as Treatment Options	1	15-17 & 18-21 year-old males, custodial setting, with a history of opiate dependence who are exploring treatment options		Information-based session regarding substitution treatment options for drug use e.g. Buprenorphine, methadone, naltrexone & the benefits/side-effects of each treatment option
Substitution Therapies Program: Methadone Buprenorphine Naltrexone	-	15-21 year-old males with a history of opiate dependence or have entered custody on substitution therapy		
Marijuana – “Its natural isn’t it”	1 – 2	15-17 & 18-21 year old males, custodial setting, specifically those with a history of cannabis use	Yes	Psycho-educational session/s to update on risks associated with prolonged or heavy cannabis use
Sexual Health & Drug Use	1 – 2	15-17 & 18-21 year-old males, custodial setting, engaging in high-risk behaviours, have an STD or were involved in sex for drugs	Yes	Psycho-educational session/s exploring the interplay between high-risk behaviours, drug use & STDs, with a harm reduction approach
Chroming & Other Inhalant Use	1	15-17 & 18-21 year-old males, custodial setting, specifically those with a history of chroming	Yes	Psycho-educational session focusing on the short & long-term effects of inhalant use & associated risk-taking behaviours
Risky Business	1 – 2	15-17 & 18-21 year-old males, custodial setting	Yes	General Young Men’s session/s, focusing on concepts of risk & choice related to sexuality, safe sex practices, drug use & harm minimization, in the community & in custody

The Peer Education Program

This is a program aimed at spreading harm reduction information about infective diseases and substance use through the social networks of juvenile justice clients. The program has a broader focus than solely criminogenic, as it is also targets young people’s health.

The *Peer Education Program* itself consists of three main phases, the first where the peer education advisor co-ordinates an initial event or meeting to recruit potential peer educators. These are held in rural, metropolitan, custodial and community settings, and the demand for these is reported to be high. Potential peer educators are then trained in a workshop. These peer educators are then responsible for both the formal and informal education of peers, staff, and the community about harm reduction information. In the evaluation report (Department of Human Services, 1996), the *Peer Education Program* is described as a ‘secondary intervention’, or early intervention strategy targeting young people who are at an “early stage in their substance using, and/or not necessarily seeking to change their use” (p.2).

In the evaluation, the impact of the training workshops was assessed using a pre- and post- measure of knowledge, attitude and behavioural intent around substance use. The results showed that participants generally made changes in the expected direction on these measures, except in cases where knowledge was already high before the workshop. Significantly, at post-test there was an increase in the proportion of young people who seek professional help, and nearly all participants (91 percent) reported that they had informally educated other people, with significant numbers (83 percent) reporting still doing this at four-week follow-up. The evaluation called for, amongst other things, increased documentation and recording procedures. This evaluation is a good example of the type of work that can be usefully done to evaluate local services and programs.

Comparison of the Peer Education Program against the Literature

Generally, the program appears developmentally appropriate in that the focus is on peer education, with the association between substance use and peer groups. Dissemination of information of potential relevance to rehabilitation through peers is also likely to be a responsive manner of delivery that has been effectively used in other health-related areas. Finally, the workshops are reported to be delivered in ways that are well-received by participants.

While substance use is a criminogenic need for many young offenders, the extent to which substance use changes as a consequence of involvement in the program remains unclear. However, the model adopted by the program is not a treatment one and the goals of the program are primarily to improve knowledge and reduce harm associated with substance use. As a secondary prevention program, it appears to meet these aims and act as a first-level educational program, which is likely to improve motivation in addressing criminogenic need and improve responsiveness to more rehabilitative interventions.

The Edge

The Edge is a residential treatment program for young offenders provided at Malmsbury Juvenile Justice Centre. It aims to diminish the self-destructive and anti-social behaviour of young people resident in custodial centres and in the community post-release, by taking them through a program designed to improve their knowledge and skills in relation to misuse of drugs and alcohol, and to provide follow-up support in the community. *The Edge* is based on three key principles, which inform the content and structure: minimisation of drug related harm, reduction of drug-related offending and promoting responsibility in drug use. The residential program runs for eight weeks.

Over the past 12 months, 30 clients have participated in the residential component of *The Edge*, and 95 percent have successfully completed the program and succeeded to parole/remission. Another 15 clients have participated in *The Edge* day program and some of these have moved into the residential program. No further information is available regarding the outcomes of the program. It is important that program evaluation enables the follow-up of those who successfully complete the program, to determine whether it reduces their drug use and offending behaviour.

Comparison of the Edge Program against the Literature

The Edge program clearly targets drug and alcohol use as a criminogenic need, and although it adopts a harm reduction framework, it focuses specifically on reducing the harm of being involved in offending. It is based on current understanding of the factors that influence adolescent drug use and is congruent with Australian government policy for drug rehabilitation. Specifically, it is:

- based on a progressional model
- adopts a harm reduction philosophy
- uses an empowering, client-centred, holistic approach
- uses cognitive-behavioural strategies
- works within the stages for change model
- includes lifeskills education
- acknowledges the social context of drug use
- is based on group work, and
- provides post-release intensive outreach support.

Summary for Drug and Alcohol Programs

Programs currently available for drug and alcohol rehabilitation in Juvenile Justice, namely *The Edge*, the *Peer Education Program* and *Targets for Effective Change*, are developmentally appropriate and based on a current understanding of best practice in adolescent drug rehabilitation. Specifically, the programs take a harm reduction approach and work through group and cognitive processes. These programs, however, are not available to all clients who need them.

Of particular importance, the young women and boys require more options for drug rehabilitation and programs like *The Edge* and *Targets for Effective Change*, need to be widely available given the high level of need in this area. Drug and alcohol programs need to be routinely available to nearly all juvenile justice clients, as this is a major area of criminogenic need.

Other Offending-focused Programs

A number of other offence-focused programs are also offered in Juvenile Justice, some of which target specific forms of offending, e.g. car crime, whereas others focus on general offending. Of these, the most substantial is the *Targets for Effective Change* program manual used in regional Juvenile Justice Units.

Targets for Effective Change

The *Targets for Effective Change* program has been designed to fit with the Victorian Juvenile Justice Client Assessment and Plan, which was introduced in 2001 throughout the juvenile justice case management system. *Targets for Effective Change* provides an example of a cognitive-behavioural approach to offending, incorporating the notions of risk and criminogenic needs, as well as providing program advice on common areas of

needs. These include accommodation, employment and literacy, vocational, relationships, violence and abuse, handling conflict, substance misuse, gambling, motor offending and sexual offending. Broadly psycho-educational and cognitive-behavioural, staff working on a one-to-one basis with offenders are provided with a resource for current practice that takes account of the ‘*what works*’ literature, using a “problem-solving framework of assessment, objective setting, action (learning and practice) and evaluation, as the key change process” (p.3). During consultations, the manual was highlighted by some as a key resource in working with offending behaviour for those in community settings. In the Hume region, all staff had received training in the program. However, the extent of its application statewide was unclear.

Offence-related Group Work

A range of other programs are also offered that are aimed at changing offending behaviour. These include a basic cognitive skills group, which aims to challenge distorted thinking related to offending behaviour (*Risky Thinking: Challenging Destructive Behaviours*) and an intensive offending behaviour program, including modules on topics related to violence prevention and motor theft and interpersonal and emotional skills. Completion of all five modules of the intensive program would involve attending a total of around sixty hours of the group program (see below: Social/Cognitive Skills Programs). Table 7 shows three other programs related to reducing the risk of reoffending.

Table 7: Offence-related programs

Program name	No. of sessions	Target group	Manual or documentation	Content of group discussion
Walk Away	7	15-17 & 18-21 year-old males, custodial setting, for those charged with car-related offences eg. Theft of Motor Vehicle	Yes	Offence-specific group program targeting young people with car offences
Challenging Offending	3 or 6 or 12	15-17 & 18-21 year-old males, custodial setting	Yes	Cognitive-behavioural approach to challenge offending behaviour, beliefs & values related to offending & provide strategies to reduce offending
Surviving OutSide (SOS)	6 x 2 hrs	15-17 & 18-21 year-old males, custodial setting, for those approaching release & preparing for adjustments associated with returning to the community	Yes	Challenges client's reasons for offending, identifying associated feelings, encouraging clients to take personal responsibility & identify long-term impact of offending on their life, incl. motivation to change &-relapse prevention planning

Family Functioning Programs

The research literature suggests that involving families in treatment programs for delinquents tends to reduce recidivism of young offenders. In the consultations, few programs or services were found that do this in an explicit or strategic manner. The exception to this is MAPPS, which offered a parents/care-giver support group and gave parents an opportunity to participate in the program. It is possible that contact with families occurs regularly as part of the casework of regional juvenile justice workers. This is an area that warrants further development, especially with the younger clients.

Peer Group Functioning Programs

Although many programs are delivered to groups of young people, and therefore indirectly target peer functioning, few programs explicitly work on this issue. Some programs described as interpersonal skills would address peer functioning, as would the *Peer Education Program*.

Social/Cognitive Skills Programs

A non-government organisation, Grassmere Youth Services, operates the *Clean Slate* program. It is described as an early intervention, diversionary program for young people aged 14 to 17 years of age. It aims to prevent reoffending and substance misuse, increase personal responsibility, raise victim empathy and increase self-esteem. The program comprises three units: individual assessment and intervention, crime-focused group work, and social skills training, role modelling and decision-making.

Clean Slate has been designed and delivered within an evidence-based framework, and targets medium-risk young people. The program is reasonably intensive, with contact time reported to be 68 hours. The manual explicitly identifies examples in the program that adopt cognitive or behavioural methods (p.7) and suggests that *Clean Slate* has been designed in accordance with the 'what works' literature. This includes consideration of the 'what works' principles, including issues of program integrity. Data for internal evaluation is routinely collected but to date, there is no formal evaluation or collation of this feedback. Program staff also plan to monitor reoffending rates.

In 2002, the Adolescent Forensic Health Service Community Team delivered a number of group programs that address social/cognitive skills. The programs included:

1. *Risky Thinking: Challenging Destructive Behaviours*: This focuses on cognitive skills in challenging offending. The program is of 12 hours duration. Level 1 groups are planned to be delivered by Community Team members at each metropolitan Juvenile Justice Unit, or may be offered jointly by regions.
2. *Intensive Offending Behaviour Program*: This program will be offered either regionally or centrally, depending on client numbers. Planned modules include: violence prevention, violence- racism/group violence, violence-sexism, Walk Away - Motor Vehicle Theft, and Interpersonal and Emotional Skills.

Table 8 shows interpersonal/social skills/emotion-focused programs offered at Melbourne JJC. In addition, a number of similar programs are offered at Malmsbury JJC, including a parenting program - *Spit the Dummy* - and a social learning group.

Table 8: Interpersonal / social skills / emotion-focused programs

Program name	No. of sessions	Target group	Manual/ Document-ation	Content of group discussion
Parenting Program	1 - 4	Fathers & prospective fathers	Yes	Focuses on parenting skills for fathers/prospective fathers or those helping raise children. Topics include practical skills, identifying & discussing risky behaviours, & change associated with fatherhood
Relationships Group	2-4	15-17 & 18-21 year-old males, custodial setting, for those currently in an intimate relationship or identified as having significant relationship issues	Yes	Focuses on interpersonal relationships, communication styles, assertiveness, conflict resolution skills, & gender & family issues within relationships
Managing Emotions	4	15-17 & 18-21 year-old males, custodial setting, for those having difficulty identifying, expressing or managing emotions, or where such difficulties are linked to their offending	Yes	Helps participants recognise, express, respond to, & cope with difficult emotions & feelings, incorporating social skills training
Relaxation Group	1-2	15-17 & 18-21 year-old males, custodial setting, for those reporting anxiety symptoms, experiencing drug withdrawal or sleep disturbance	Yes	Exposes clients to a range of relaxation techniques, & explores principles underpinning relaxation responses & benefits as related to managing difficult feelings or situations that may contribute to offending
Stress Management & Relaxation Group	1 – 2	15-17 & 18-21 year-old males, custodial setting, for those identified as anxious or reporting anxiety symptoms, experiencing drug withdrawal or sleep disturbance	Yes	Focuses on stress, examining its source, expression & looks at different stress management & relaxation techniques
Stress Management – Chill Out	2	15-17 & 18-21 year-old males, custodial setting, for those identified as anxious or reporting anxiety symptoms	Yes	Explores the process & effects of stress, with experiential components aiming to teach participants ways of learning to control stress
Self Esteem Group	2	15-17 & 18-21 year-old males, custodial setting, for those identified as having lowered self-esteem	Yes	To assist clients develop an understanding of self-esteem & how it affects us – personally, interpersonally & looking at ways of improving one's sense of self-worth

Program name	No. of sessions	Target group	Manual/ Document-ation	Content of group discussion
Living with Change (Grief & Loss Group)	2 – 4	15-17 & 18-21 year-old males, custodial setting, for those identified as having significant grief & loss issues, recent bereavement or adjustment difficulties	Yes	To provide education & strategies for dealing with grief & loss. Topics covered include the definition & process, loss associated with change, coping with grief & helping others to grieve, knowing when grief becomes a problem, different ways people deal with grief

Educational and Vocational Programs

Although many juvenile offenders have low levels of basic numeracy and literacy skills, the relationships between educational needs and offending is uncertain. However, offending is associated with unemployment. It is arguable that interventions that improve the prospects of a young person entering an education or employment pathway may be important in reducing the risk of further offending. As such, both education and vocational programs can be considered as potentially meeting important social integration needs.

There is a strong emphasis on educational programming in each of the custodial centres, with all residents expected to participate in an educational program. Thus, there is little current selection for educational or vocational programs on the basis of any assessment of either risk or criminogenic need. In the course of the consultations, some suggested that educational and vocational needs received priority in timetabling over offence-related rehabilitation needs. This was seen as a potential barrier to the effective implementation of rehabilitation programs.

An example of a community-based education program is the *Next Step* literacy program, an inter-agency initiative between the Department of Human Services, the Department of Education and the Ballarat Community Health Centre. The program provides individual tutoring in literacy to 10-19 year olds on juvenile justice orders, or who are at risk of entering the juvenile justice system, or have drug and alcohol issues. Young people can be referred to the program by a number of local agencies and participation is voluntary. A report detailing the development of the program and descriptions of the program participants is available.

According to Camwell (2001), the following programs are delivered at Malmsbury Juvenile Justice Centre, each of which may be vocationally or educationally relevant: Motor mechanics, Recreation, Woodwork (Carpentry and Joinery), General Education, Hospitality, Engineering, Computing (IT), Library, Horticulture (Ground Maintenance), Koori Art, Ceramics.

Programs Targeting Non-Criminogenic Needs

Primary Health Programs

Table 9 outlines primary health programs offered by health staff at Melbourne JJC.

Table 9: Primary health programs

Program name	No. of sessions	Target group	Manual/ document-ation	Content of group discussion
Nutrition	1	15-17 & 18-21 year-old males, custodial setting		Health education session dealing with diet & general health issues to increase participants' knowledge of nutrition & how their health behaviours & lifestyle impact on their nutritional needs & status of their general health
Sleeping Better Group	2	15-17 & 18-21 year-old males, custodial setting for those reporting sleep disturbance &/or anxiety symptoms & those identified as drug-seeking	Yes	Psycho-educational sessions to enhance participants' understanding of factors contributing to their sleep problems & provide strategies to deal better with sleep disruptions
Personal Hygiene & Self-care Program	1 – 2	15-17 & 18-21 year-old males, custodial setting for those with lowered levels of personal self-care or poor hygiene practices		Basic information & education covering general hygiene practices & self-care, as well as issues related to infection control

Methods of Program Delivery

Programs are delivered using a range of methods, from cognitive-behavioural programs, through to individual counselling and activity-based or leisure programs. These are delivered both in individual and group formats. Described below are some examples of different types of program delivery, which illustrate the range of different methods currently employed in Juvenile Justice in Victoria.

Cognitive/Behaviour-based Programs

Cognitive behavioural therapy is an intervention that recognises cognitive (thinking) deficits and views inappropriate ways of behaving as grounded in the social conditions affecting individual development. The main components of such programs generally include some type of social skills training, plus behaviour and thought/reasoning modification (Youth Justice Board, 2001; Singh & White, 2000). A practical description of how a cognitive-behavioural approach might be applied in work with children and young people who offend has been published by NACRO (2001c).

Programs that adopt a cognitive-behavioural focus have been shown to be among the most effective in achieving reductions in recidivism. During consultations, many examples were given of where cognitive-behavioural methods are used routinely in working with young offenders. Many staff were familiar with the language of cognitive-behavioural therapy and had some awareness of how cognitive-behavioural methods might be used to deliver programs with juvenile justice clients.

The extent to which such methods were formalised into treatment packages or manuals was less clear. For example, staff at Malmsbury Juvenile Justice Centre appeared to routinely employ cognitive-behavioural methods in discussions with clients about their offending. Yet these methods were not necessarily delivered in group settings, or within a context of a treatment program. Programmatic examples of where cognitive-behavioural methods are systematically employed in a structured format are:

- in custodial settings - *The Edge* at Malmsbury JJC and the *Eastern Hill* stop the violence program at Melbourne JJC
- in community settings - *Targets for Effective Change*, delivered by Hume Juvenile Justice Unit, the *Clean Slate* program delivered by Grassmere Youth Services and MAPPS, delivered by the Adolescent Forensic Health Service.

In addition to those programs that explicitly label themselves as cognitive-behavioural, a number of other programs and initiatives would use cognitive-behavioural principles in terms of social skills and a problem-solving framework.

Mentoring Programs

Mentoring programs pair up deviant youth with favourable adult role models who offer them companionship, support and positive reinforcement as they seek to make changes in their lives. For example, mentors will typically support the young person by encouraging them to attend school regularly, to take part in further education/training, and to avoid criminal activity. Programs of this kind may involve trained volunteers from the community or paid professionals. Mentors are usually adults who meet regularly with the young people they are mentoring to help them develop social skills and positive attitudes (Youth Justice Board, 2001).

During consultations, the term *mentoring* was used to refer to assisting the young person in forming an attachment to a positive role model to support pro-social behaviour, with the goal of developing connections to the family, peers and the community. Commonly, this was seen as a core feature of the role of the youth worker, although no documentation was received that discussed definitions and the application of mentoring schemes in Juvenile Justice. Mentoring and relationship-based programs were seen as important by a number of the non-government agencies, such as *Whitelion*, Youth for Christ, Brosnan Centre. All of these agencies offer a personal support program to young people and their families through the involvement of volunteers.

Whitelion

The *Whitelion* program began operations in early 1999 and is a not-for-profit organisation. Through the use of role models and mentors, it aims to provide opportunities for young people who have been detained in the three Juvenile Justice

Centres, to form links and build relationships with positive peers and adults. *Whitelion* has been designed to improve self-esteem and give young people the resources to make more positive decisions about their future and lives in general. It aims to break the cycle of substance abuse, criminal activity, marginalisation and detention by providing young people with the opportunities to build relationships with the community and establish economic independence. It is underpinned by the belief that many of the young people serving custodial sentences lack connection to the general community, and with family, peers and adults who are positive influences in their lives.

An external study of the program was undertaken in 2001, whereby the perceptions of 30 young people who had participated in the program were canvassed, along with interviews with *Whitelion* volunteer role models and custodial staff (Lemmon, 2001). All participants – young people, staff and role models – were positive about the interpersonal contacts formed through the program. The staff interviewed maintained that *Whitelion* had helped bring about a positive change in the young people, which was supported by staff reports in the current review.

Mentoring Programs and the ‘What Works’ Principles

The lack of clarity about the specific tasks involved in mentoring, and the inconsistent way with which the term is used, make it difficult to place in the context of the research literature. Program integrity appears to be a major issue for many mentoring programs. The mentoring model operates on a voluntary basis, with young people choosing to opt-in to these services. This suggests that there is no specific targeting of particular risk groups.

The extent to which criminogenic needs are likely to be influenced by a mentoring system is also unclear. It is possible to suggest that criminogenic issues relating to pro-offending beliefs, antisocial attitudes, peer and family functioning, as well as accommodation and education/vocational issues, might all be influenced by an effective mentor. Systematic evaluation would be required to demonstrate that some of these areas of need do change as a result of mentoring, if the approach is to be included within a ‘what works’ framework.

Mentoring programs appear particularly strong in terms of their ability to offer highly responsive services, working to engage young people in ways that are directly and personally relevant. As such, mentoring schemes may have a significant role to play in integrating young people with their community and other services. The *Peer Education Program* might also be included under the broad heading of mentoring programs.

Task Groups

Another model of program delivery is provided by activity-based projects to effect change in young people. These projects are examples of what have been termed ‘task groups’. In this review, the term *task group* is used to refer to any program where the method of program delivery is primarily through an activity. The term is therefore used to include outdoor activity and wilderness programs.

There are a number of initiatives currently offered by Victorian juvenile justice services that seek to engage young people through the provision of an activity-based context for

learning. These include camps and other outdoor activities that are goal-oriented and aim to promote rehabilitation, rather than provide only leisure or social activity. These range from activities that take place in the context of broader treatment programs, such as the camps offered as part of MAPPS and *Clean Slate*, through to stand-alone activities. Examples of stand-alone activities are described below, although it is not clear how regularly these programs are offered.

Social Learning Group Work Program (Snow Camp)

The aim of this program is to provide opportunities for young men (17-21 years) to learn socially positive/non-violent alternatives and build capacity in alternatives to drug use (program document, p.2). The program aims to use sports and outdoor situations to demonstrate social learning.

Lauriston Camping Program

This program uses outdoor adventure programming to improve self-esteem, social behaviour and skills that will assist community integration.

Coliban Camping Trip

This camp aims to promote self-esteem through the attainment of social and practical skills in the context of an outdoor adventure program

Comparison of Task Group Programs Against the Literature

There is currently little consistent evidence to support the notion that adventure or outdoor programs impact upon recidivism. In a meta-analytic review (Wilson and Lipsey, 1998), wilderness/adventure programs were among the least effective of all programs in reducing recidivism for non-institutionalised, serious juvenile offenders. It was concluded that the benefits for institutionalised offenders were not proven. However, there is a small, though inconsistent, body of literature suggesting that such programs can have a positive impact upon criminal attitudes, which can be considered as a criminogenic need (see Mohr et al., 2001). Overall, when such initiatives are compared against the 'what works' criteria, they are unlikely to be regarded as appropriate interventions. Programs rarely select participants on the basis of risk or criminogenic need.

A critical issue in the delivery of such programs is program integrity, and the extent to which learning through core activities is related back to the formulation of offending behaviour. Another critical issue relates to the generalisation of learning in the 'adventure' environment back to the environment in which young people live.

That is not to say that such programs are without value; they do offer opportunities to create enhanced relationships between peers, which may have some benefit on custodial behaviour, or motivation to engage in other rehabilitative initiatives. They may also have a place in a broader sentence-planning context, in terms of offering incentives and motivations for sentence completion, and in providing a transitional experience between custody and the community. In themselves however, they are unlikely to be either necessary, or sufficient, conditions for change in the area of offending.

Leisure/Sports-based Programs

All the custodial facilities allow clients to engage in a range of sports-based activities, delivered both through the YMCA and by juvenile justice staff. For example, the YMCA at Malmsbury Juvenile Justice Center delivers the following programs: recreation programs, courses (Weight Training, Bronze Medallion, Referees Courses), representative team sports (playing against community-based teams), and outdoor education programs.

On the basis of the research literature, there is little evidence to suggest that these types of programs are, *by themselves*, likely to be very effective in reducing recidivism. However, it was clear that the YMCA are often valued by young people and are seen as contributing to socially-valued skills, increasing self-esteem, self-discipline, responsibility and respect for rules. Another rationale suggested by the YMCA representatives was that sports and leisure activities offered a normalising experience to those in custody, and provide a pathway through to the community. Others expressed the concern that it was difficult to engage young people in offending-based programs, given that sports activities were always likely to be regarded as more attractive. This raises the issue of integrating sports/leisure activities in timetables in custodial settings.

The Rehabilitation of Specific Groups Within Juvenile Justice

Group 1: Age

Juvenile justice clients span a wide age range, from 10 to 20 years. In this 10-year period, more developmental changes occur across more domains - socially, emotionally, cognitively and physically - than at any other life stage. It is, therefore, a considerable challenge to provide programs that meet the needs of children at one end of the age range and full adults at the other, as the criminogenic and developmental needs vary correspondingly.

The majority of juvenile justice clients are males in the mid and late adolescent period. This is a life stage of peak offending behaviour and not surprisingly, they form the majority of clients. In response, they receive most of the resources, particularly in terms of rehabilitation programs. In contrast, there are very few early adolescent boys, and the girls also tend to be fewer and also older. It is more difficult to meet the needs of the younger boys and girls because they command fewer resources due to their smaller number, and have a high level of need.

Two aspects of psychological development were identified in the literature review as being particularly relevant to the delivery of rehabilitation programs - motivation and cognition (Weiss & Hawley, 2002). The importance of these aspects also emerged strongly from staff consultations. Younger offenders were reported to be more difficult to engage in programs, to the point that very few programs are even offered to the younger boys. A major issue concerned ways to motivate the younger offenders to take part in programs and to seek help in any form.

It was also reported as a concern that many programs, particularly cognitive-behavioural programs, might not be appropriate for younger clients and this is supported by the literature. Most programs have to be adapted to be developmentally-appropriate. They must take into account the cognitive capacity of the target group. Most juvenile rehabilitation programs are targeted at older offenders and there is, therefore, greater choice of programs and more available information regarding their effectiveness.

Farrell argues that for children in middle childhood (8-11 years), (violence) programs should focus on social competence, whereas for young people in early (12-14 years) and middle (15-18 years) adolescence, programs should address the development of pro-social peer groups, conflict resolution and work/job skills (Farrell et al., 2001). For young adults, pro-social peer groups, conflict resolution and work/job skills remain important, but developmental needs also include those that relate to being an adult in society, and establishing adult roles and independent living.

Furthermore, it was noted that younger clients in custody tend to have particularly complex needs. Many of these clients are subject to child protection orders, and the relationship between Juvenile Justice and Child Protection appeared to be particularly problematic. For younger clients, there is an urgent need for Child Protection and Juvenile Justice to work with a coordinated approach.

On release from custody a major difference between clients of different ages is their residential status. Younger clients are expected to return to their family or a family-type situation, whereas adult clients have the option of establishing independent living arrangements. Consequently, for younger clients, family-based (including foster-family) programs are essential, as the family remains a major influence. For juvenile clients aged 15-17 years, family interventions remain important but other factors, such as the influence of peers, become equally important. In contrast, for adult clients, independent living skills are required and encouragement to assume a pro-social adult role.

At present in the Victorian juvenile justice system, there is a strong focus on the needs of the older boys and young men, but a serious lack of rehabilitation options for younger boys. Younger boys who are dual order clients with Child Protection pose a particular challenge.

Group 2: Young Women

A relatively small proportion of the juvenile justice population is female, yet young women¹ in juvenile justice settings are an important group who have special needs. The literature review revealed a lack of systematic research identifying the needs of young women in Juvenile Justice (e.g., Alder, 1999).

The Parkville YRC staff had a comprehensive understanding of the needs of their client group, but felt that the support services, rehabilitation programs and training they received were inadequate to enable them to meet the needs of their clients. These views were generally confirmed by interviews with four young women within the program, and reflect a general sense that the needs of the small number of women in custody are difficult to meet in the juvenile justice system.

On the positive side, the young women were reported to be easier to engage in programs than boys. This was even more so for older, compared with the younger, women. The literature confirms that women are generally easier to engage in programs and are more compliant. However, there are notable exceptions to this, particularly some young women with offending behaviours. Staff noted that the youngest women in custody can be particularly non-compliant and often have very challenging behaviours.

The young women were reported to be relationship-focused and this was seen by custodial staff to provide a way to engage and connect with them. Some staff stated that everything they do with the young women is relationship-based, and that it is important to acknowledge that these relationships take time to develop, but that they are essential to getting young women to engage in rehabilitation.

¹ The term young women is used to refer to young women and girls.

Young women in custody were reported to have clear criminogenic needs, related particularly to drug and alcohol use and relationship violence. It was recognised that there was almost universal need for drug and alcohol programs for young women in custody. The Peer Education Program was generally available to young women and this was positively appraised. However, it was evident from both the staff and the young women interviewed that much more in the way of drug and alcohol programs was required. Access to programs such as the Edge and *Targets for Change* could be beneficial additions to the drug and alcohol programs available to young women in custody. Drug and alcohol problems are so pervasive for young women that custodial programs could be focused around this criminogenic need.

Accommodation after release was seen by both the young women, and custodial and AFHS staff, as an essential factor that affected reoffending behaviour. Young women were often preoccupied with their accommodation on release, to the extent that this interfered with other issues. Staff also reported that they spend a considerable amount of time trying to find appropriate accommodation options, which were generally not available. There was consensus that other rehabilitation efforts were of little value unless suitable accommodation could be found where the young woman could be appropriately independent, yet also supported and kept safe from violence and drug-offending peers and partners.

Young women also have unique health and wellbeing needs that are not necessarily criminogenic, but which are nevertheless very important. Of particular note are the primary health needs of pregnant young women. Staff stated that pregnant young women could be a particular challenge, especially around any events that required physical handling.

Self-harm was listed as a relevant issue for many young women, and staff wanted more training in how to respond to this risk. They also suggested that better communication with the Adolescent Forensic Health Service (AFHS) around self-harm risks and how best to respond to these would be helpful. Protective behaviours programs were also seen by custodial staff to be essential for all young women, yet were rarely provided.

There was a strongly expressed need that behavioural management strategies were required for many female clients. Custodial staff reported that they only received this type of support on rare occasions, and usually when there had been an incident. They argued that an important role of the AFHS could be to provide behavioural management programs for clients.

In summary, while there are few young women in the Victorian juvenile justice custodial system, they have unique criminogenic needs that do not seem to be currently, being fully met. There is a lack of rehabilitation programs available to them, and communication and collaboration between custodial staff and the AFHS could be improved.

Group 3: Ethnicity

There was relatively little information received about specific programs or services for young Aboriginal/Koori people involved with Juvenile Justice. This may be because most services are offered as alternative or diversionary programs. The Victorian Juvenile

Justice Koori Program is itself described as a diversionary program, although it also offers support to those on community-based orders and in custody (Victorian Juvenile Justice Case Practice Standards Manual, p.10). In the *Evaluation of the Young Offender Pilot Project*, there is discussion about the high engagement of Aboriginal clients in the Campaspe project, although it is unclear how similar this project is to routine case practice. The only program documentation received through the consultations was a brief description of the Minajalku Aboriginal Art program offered at Malmsbury Juvenile Justice Centre.

Juvenile justice managers and coordinators are also required to consult with Koori Justice project officers and/or the Indigenous community in both the supervision and design of programs. All young Indigenous clients are offered the opportunity to invite a community member to their client service planning meetings (see p.69, Victorian Juvenile Justice Case Practice Standards Manual). Some regional juvenile justice staff felt that working with this group presented significant challenges.

The Framework for the Delivery of Juvenile Justice Health Services (Department of Human Services, 2001) identifies the need for the recognition of “Aboriginal culture, heritage and familial connections in assessment services and intervention programs” and of the “important role Aboriginal services may take when working with young people of Aboriginal background, for example, the provision of support, advocacy, linkage or direct service provision” (p.18).

There are a number of issues relating to an application of the ‘*what works*’ principles with Indigenous people. Measures of risk may need to be re-validated before use with Indigenous juveniles. Additionally, while there may be some degree of overlap between areas of criminogenic need, there are also likely to be some culture-specific needs. Interventions may need to be delivered in different ways for Indigenous clients. On an organisational level, there is also a need for close consultation with the Indigenous communities in developing services.

On the basis of information received in the consultations, the current status of rehabilitation initiatives with Indigenous juvenile offenders could not be ascertained. The percentage of Indigenous clients receiving custodial sentences as opposed to community-based orders in Victoria has been falling over the last ten years. However, the extent to which this may be attributed to rehabilitation efforts, or to broader changes in policing or sentencing practices, is unclear.

Group 4: Young People with Disabilities

The literature review highlighted the need for rehabilitation programs to be responsive to the particular needs and cognitive styles of young people with disabilities, particularly intellectual disabilities. The latter group are widely believed to be over-represented in services for both juvenile and adult offenders. The responsivity principle would suggest that both the content and the modes of delivery of programs might need to be modified for this client group.

Content modification would follow from possible differences in criminogenic need in the intellectually disabled, for example, the suggestion that they have greater problems in

self-regulation or anticipation of consequences of behaviour. Delivery would need to take account, for example, of receptive or expressive language difficulties.

In the consultations, a number of staff identified the need for service delivery in Juvenile Justice to be more responsive to the particular needs of clients with intellectual disabilities. One difficulty lies in knowing the extent and nature of such disabilities in the system. There is currently no routine objective screening of new admissions for problems of intellectual ability, though suitable measures do exist in the literature. Thus, no data appear to be available on the proportion of young people in the system with such difficulties and on the level of service need. Two thoughtful reports about the problems of this client group have been prepared by juvenile justice staff in collaboration with DisAbility Services.

The first report, *Identifying the Risks* (Department of Human Services, 1999) looked at the prevention of sex offending among adolescents with an intellectual disability and gave some consideration to treatment (tertiary prevention). Files of 55 Disabilities Services clients with sexual offences were assessed. Amongst the recommendations of the report were joint initiatives between DisAbility Services and Juvenile Justice to adapt sex offender programs for intellectually disabled clients.

From the consultations, staff knowledge of clients seemed to be good enough to allow for the effective, informal adaptation of current services to accommodate the intellectual disabilities of some clients. Some staff indicated that further training in intellectual disability issues would be welcome. If a more systematic and substantive suite of programs is to be developed in the future, there will be a need to formally adapt such programs for clients with intellectual and other cognitive disabilities. Ongoing collaborations of the sort described above should prove invaluable in this task.

The Status of Rehabilitation in Juvenile Justice

This report maps current rehabilitation initiatives in Juvenile Justice, Victoria, against the *'what works'* research literature. An initial difficulty in undertaking this task was obtaining information about which programs and initiatives were currently being delivered. It was particularly difficult to assess how consistently some programs, such as *Targets for Effective Change*, were being delivered across community settings. Only a small number of programs were able to provide detailed descriptions of program content or describe a theoretical rationale for their delivery.

There appeared to be widespread organisational support for the development of a rehabilitation framework, or a 'whole of service' model, with a consistent program for transitions between the community and custody. The majority of the managers and staff who attended the focus groups expressed positive views about the possibility of locating their current practices within a broader framework. In addition, findings from the staff survey show that staff attitudes towards rehabilitation are very positive, indicating an organisational climate that would support the implementation of a rehabilitation framework. Implementation issues relating to staff training and program funding were highlighted as important potential barriers to the delivery of effective rehabilitation services.

From the consultations, it was clear that many of the interventions commonly delivered to young people in juvenile justice settings are not 'targeted' in the sense of services delivered to clients according to assessment of risk and criminogenic need. This is not surprising given that a risk-needs assessment system has not been implemented in Victoria. It is this type of assessment that underpins the *'what works'* model of service delivery. With some exceptions, risk assessments are currently not used to inform decisions about rehabilitation, and judgments about risk appear to be based more on clinical than actuarial grounds.

Although the current Client Assessment and Planning process involves a great deal of relevant information about a young person's offending, criminogenic needs are not systematically identified as targets for intervention. Consequently, there is some blurring of the boundaries between criminogenic and non-criminogenic need. The incorporation of a risk/needs assessment tool within the assessment process would significantly assist with this area of assessment.

The consultations did reveal, however, that rehabilitation programs are currently offered in many of the areas that would commonly be considered to be criminogenic in young offenders. In particular, there is provision for two significant groups of male offenders: violent offenders and sexual offenders. In many ways, the programs for these two groups are the most developed and most consistent with the *'what works'* model. There are also

significant initiatives in the area of drug and alcohol issues, and rehabilitation programs were available targeting most of the other common areas of criminogenic need. A major issue relates to the consistency with which programs are being delivered across different areas of the service.

Many of the current programs could be modified in relatively straightforward ways to integrate them with the *'what works'* approach. This may involve, for example, articulation of inclusion and exclusion criteria for program participation, the routine assessment of changes in criminogenic need, and regular program evaluation. This task would be significantly facilitated by the adoption of a standardised risk/needs assessment process. A number of programs targeting non-criminogenic and social integration needs were also offered, which are valued by many staff and seen as providing a foundation for rehabilitation.

Responsivity issues are likely to be particularly critical in the rehabilitation of young people in Juvenile Justice, and the importance of the meaningful engagement of young people in services and flexibility in service delivery should not be underestimated. The research literature suggests that these responsivity issues are necessary, but not usually sufficient, for changes in risk to occur. In other words, the quality of relationship between the staff member and the young person provides the basis upon which rehabilitation can occur.

Rehabilitation interventions with young people who are not meaningfully engaged are less likely to prove effective. It was apparent that many of the regional Juvenile Justice Units adopt a form of intensive case management designed to actively engage young people and facilitate pathways into community rehabilitation resources. The recently revised case management and client service planning process was seen by most staff, both community and custodial, as both relevant and useful. As such, current case practice, and client assessment and planning provide a solid foundation for the delivery of rehabilitation programs.

There were few examples of programs that would be considered to be of sufficient intensity to bring about change in the highest risk group of offenders. Generally, the programs offered by forensic health services, apart from the Male Adolescent Program for Positive Sexuality, are of low intensity. For this reason, most are most suited as introductory or educational programs, rather than as treatment interventions adequate for high-risk clients. The same is true for many of the community programs. There is a clear need to develop further high intensity programs (100 hours plus) to deal with important areas of criminogenic need and, perhaps, community integration. Less intensive programs could continue to be offered, either as an introduction to more intensive programs, or as a general educational input for the broader juvenile justice population.

Local research and evaluation are increasingly seen as an integral part of the *'what works'* approach, rather than as an optional extra. While there are some examples of program evaluation available, this is not currently standard practice, and further development of methods of routine evaluation are required. This may have resource costs in terms of staff time and training.

The rehabilitation of specific groups presents particular challenges. There is only a limited evidence base from the research literature upon which to base rehabilitative work with young women, younger children, disabled and Indigenous young people. These groups are likely to have multiple or complex needs, and require services to be delivered in different ways. As in many jurisdictions, these groups require further service development.

In conclusion, it is worth noting that in Juvenile Justice, Victoria, the quality of work and the commitment of staff towards assisting clients not to offend are impressive. Many of the discrepancies between the practices identified in the literature review and current practice in Juvenile Justice relate directly to the lack of implementation of a risk/needs assessment tool. Thus, while there is clearly some developmental work to be done if rehabilitation programming is to be consistent with the *'what works'* principles and practices, the basis for doing this appears to be in place.

Appendix A:

Focus Groups and Interviews

Date	Focus group/individual interviews	Numbers of participants
16 th October 02	Regional rural managers	8
	Regional staff (dinner meeting)	12
17 th October	Malmsbury Juvenile Justice Centre programs staff	7
	NGO service providers	6
	Young men in Eastern Hill, Melbourne JJC	4
	Young women in Parkville Youth Residential Centre	4
18 th October	CEO interviews (PYRC/ Malmsbury & Melbourne JJC)	4
	Head Office staff	4
	Parkville programs staff	8
21 st October	Metropolitan managers	5
	Melbourne JJC programs staff	8
22 nd October	Adolescent Forensic Health Service (group & individual interviews)	6
	Young men in Melbourne JJC	2
TOTAL PARTICIPANTS		78

Appendix B:

Summary of Documentation Received

Rural Regional Managers

From Pam McKenzie-Traill (Loddon-Mallee)

- Adolescent Statutory Practice Framework for workers
- Collaboration and partnerships for young offenders – the Bendigo experience
- Articulating the Issues - DHS discussion paper on young people with a disability
- Men at Life program evaluation
- Adolescent or Adult, 17-20 year old service provision
- Review of Koori clients 1998 and 1999

From Cherie Greville (Hume)

- Literature review & journal paper on risk prediction

From Mark Klemke (Hume)

- Best practice assessment schedule forms completed
- *Targets for Effective Change*
- Mentoring
- Psychologist on JJ team
- Victim program
- Employment Access Program
- *Next Step* literacy program & program evaluation

From Mike Oliver (Barwon/South-West)

- BAYSA leaflet & Annual Report
- Best practice assessment schedules – literacy skills kinesiology
- Case management document
- Adult Court Advice and Support Service brochure

Metropolitan Managers

From Pam Mansfield (Western)

- Western Juvenile Justice Unit – Great Team, Great Service (2002)

Malmsbury Juvenile Justice Centre Staff

1. Health services accreditation review draft report
2. JJ Client Health Record
3. Letter of support for the JJ Peer Program (Malmsbury)
4. Annual report 2001: Alternative therapies
5. Annual report 2001: Parenting program, *Spit the Dummy*
6. Program proposal - integration of group work with outdoor education activities
7. Peter Sullivan- program proposals
8. Program planning proforma – Coliban camping trip
9. *The Edge* – residential drug treatment program manual
10. Pre-release documentation
11. Folder containing various program proformas
12. *Malmsbury: Can meaningful and effective programs be provided to young offenders in a custodial environment?* C. Camwell, Thesis submitted for a M.A. in Criminology, University of Melbourne, July 2002.
13. Program evaluation sheets

Parkville Youth Residential Centre Staff

1. Parkville Case Management Practice Manual
2. Program overview document
3. PYRC rehabilitation framework overview
4. PYRC training plan 2002-2003
5. Summary programs consultation cullity unit

Melbourne Juvenile Justice Centre Staff

1. MJJC senior/junior YTC programs schedule
2. Various program proposals including literacy and numeracy; horticulture and herb garden, brick laying, Whitelion , cooking
3. Kangan Batman TAFE
4. About the Hill booklet
5. Evaluation of behaviour management program
6. Eastern Hill stop the violence program manuals
7. Talking Heads MJJC newsletter
8. *Targets for Effective Change* manual
9. Identifying the Risks – Prevention of sexual offending amongst adolescents with an intellectual disability, Department of Human Services, 2000
10. Young people with a disability and offending behaviours project: Annual project report Stage One (2002)

Adolescent Forensic Health Service

1. AFHS Peer Education Program outline and timetable
2. Evaluation of the Juvenile Justice Specialist Support Services Adolescent Peer Education Program, Department of Human Services, 1996
3. Framework for the Delivery of Juvenile Justice Health Services 2001, Department of Human Services, 2001

Non-Government Organisations Service Providers

1. *Clean Slate* manual for Grassmere program
2. Whitelion newsletter
3. *Mentoring for Life Skills* brochure
4. Youth for Christ *Next Step* program
5. BAYSA program details

General documentation

From Rosalind Harris (Juvenile Justice Section)

1. Victorian Juvenile Justice Case Practice Standards Manual, 2002
2. Development of Risk/Needs Assessment Summary Tool Progress Report, prepared for Juvenile Justice Section, Department of Human Services by Dunne and Xantidis, 1999
3. Juvenile Justice Client Assessment and Planning, Recidivism Risk/Needs Identification 2000, document compiled by Rosalind Harris
4. Recidivism Among Victorian Juvenile Justice Clients 1997-2001, Department of Human Services, 2001
5. Effective Conflict Management (1& 2), Juvenile Justice, Department of Human Services
6. Evaluation of the Young Offenders Pilot Program (YOPP), ARTD, 2001
7. Ministerial Review: Parkville Juvenile Justice Precinct (Baird Review), 2001
8. Literature review feedback
9. Juvenile Justice Aftercare Matrix (from U.S. Office of Juvenile Justice and Delinquency Prevention website)

Appendix C:

Staff Survey

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A consultancy team from the University of South Australia and the Australian Institute of Criminology are currently engaged in a review of rehabilitation services and programs within Juvenile Justice in Victoria. We would appreciate it if you could complete the attached questionnaire and return it to us in the envelope provided. The questionnaire asks about your beliefs and attitudes to rehabilitation, and has been sent out to all Juvenile Justice staff. There are no right or wrong answers, so please give the response that best reflects your view. All responses are anonymous. For further information or any problems, please feel free to contact the researchers or the Ethics Officer of the University of South Australia (Vicki Allen tel. 08 8302 1008) at any time to discuss this project. The researchers are Dr Debra Rickwood, tel. 02 6260 9248; Dr Andrew Day, tel. 08 8302 1008 and Professor Kevin Howells, tel. 08 8302 2404.

Please circle the number that best reflects your beliefs. There are no right or wrong answers:

	Strongly Disagree	Disagree	Partially disagree	Undecided	Partially Agree	Agree	Strongly Agree
1. Staff should work hard to earn trust from young offenders.	1	2	3	4	5	6	7
2. It is important for staff to have compassion for young offenders.	1	2	3	4	5	6	7
3. The way to get respect from young offenders is to take an interest in them.	1	2	3	4	5	6	7
4. Sometimes staff should advocate for a young offender.	1	2	3	4	5	6	7
5. There would be much less juvenile crime if custodial centres were more uncomfortable.	1	2	3	4	5	6	7
6. Improving custodial centres for young people makes them worse for staff.	1	2	3	4	5	6	7
7. A military regime is the best way of running a custodial centre.	1	2	3	4	5	6	7
8. Rehabilitation programs are a waste of time and money.	1	2	3	4	5	6	7
9. You can't ever completely trust a young offender.	1	2	3	4	5	6	7

10. A good principle is to not get 'close' to young offenders.	1	2	3	4	5	6	7
11. If staff are lenient with young offenders, they will take advantage of them.	1	2	3	4	5	6	7
12. Rehabilitating a young offender is just as important as making a young offender pay for his or her crime.	1	2	3	4	5	6	7
13. We should stop viewing young offenders as victims of society.	1	2	3	4	5	6	7
14. I would support expanding the rehabilitation programs which are presently being offered in our centres.	1	2	3	4	5	6	7

1. In your opinion, how effective are *custodial programs* in helping young people not to re-offend in the future?

Not at all effective

Very effective

0 1 2 3 4 5 6 7 8 9 10

Why?

2. In your experience, what are the most important things that can be done *whilst in custody* to help young people not offend again?

3. In your opinion, how effective are *community programs* in helping young people not to re-offend in the future?

Not at all effective

Very effective

0 1 2 3 4 5 6 7 8 9 10

Why?

4. In your experience, what are the most important things that can be done *in the community* to help young people not offend again?

Finally some questions about you:

What gender are you? (please tick) Male Female

How old are you? _____

Which unit/centre do you work in? _____

How long have you worked in Juvenile Justice? _____

Please give any other comments below:

Please seal in the envelope provided and place in the post
by FRIDAY 25TH OCTOBER.

Many thanks for your participation.