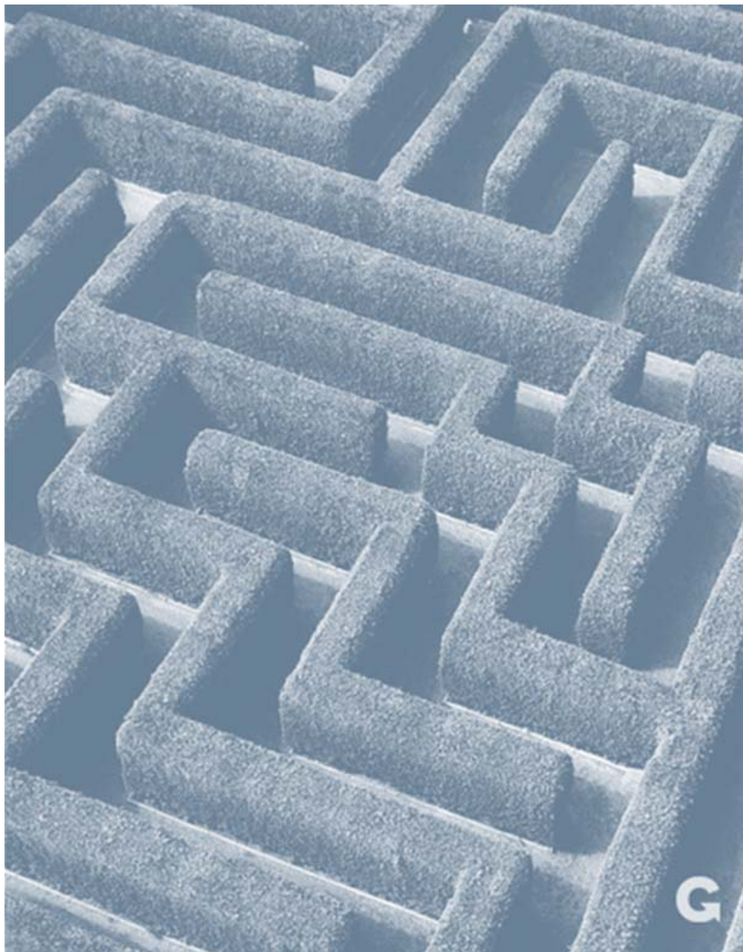
NSW JUVENILE JUSTICE

REVIEW: CASE MANAGEMENT, COUNSELLING SERVICES AND PROGRAMS



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TERMS OF REFERENCE

1. Summarise relevant findings in the research literature on effective case management, program and service delivery to young offenders noting in particular any evidence in regard to the effectiveness of specialised service delivery.

2. Using the research findings as a framework, and taking into account the Department's strategies and policies on offender management, review the role of the counsellors , their areas of specialisation and the current model of intervention and service delivery.

3. Review the Forensic and Mental Health Program and develop options for the delivery of specialised mental health services to young offenders in the community

4. Review current supervision arrangements for counsellors and psychologists and provide recommendations which meet professional and program delivery requirements.

5. Report any other significant program or service delivery issues which become apparent during the review.

INTRODUCTION

There have been a number of reviews and reports for NSW Juvenile Justice (NSW JJ) over the last five years which have reported the research literature describing the most effective programs for reducing the likelihood of further offending by young people. In 2010 a comprehensive report (Review of Effective Practice, Noetic Solutions) for the Minister of Juvenile Justice NSW reviewed international and Australian juvenile justice systems and drew from the '*what works*' literature to evaluate the range of programmes for young offenders including traditional penal and 'get tough' programs and juvenile incarceration. Notably, the emphasis in the conclusions and recommendations of this report is on the necessity for 'Whole of Government' (and indeed 'Whole of Community') solutions to juvenile justice challenges (2010, p.iv). It is recognised that the causes and therefore the responsibilities for addressing juvenile crime cut across many agencies, and that an agency such as NSW Juvenile Justice cannot, separately, reduce the number of children and young people committing offences and coming into contact with the criminal justice system. The NSW government response (published on the NSW JJ website) is to each of the 77 recommendations of the Noetic Review rather than committing to any of the three strategic options described in the report (p. ix, 2010). There is therefore specific reference in the government response describing the provision of services and programmes, including specialised services, within Juvenile Justice.

NSW Juvenile Justice in partnership with other Justice Agencies has been able to halt a climbing detention centre population with the establishment of diversion and support services such as the Youth Drug and Alcohol Court (YDAC), Youth Justice Conferencing (YJC) and the Bail Assistance Line. However, although there has been investment in the development of evidence based offender management and behaviour change programs, the level of recidivism for young offenders remains stubbornly high. In NSW, research using the Re-offending Data Base (ROD) reports that almost 80 per cent of juvenile offenders convicted of an offence in 1994 were reconvicted within 15 years, compared with 58 per cent of adult offenders (Holmes, 2012). Most re-offending occurred in the first three years after the reference offence. It can be argued that given that the cohort followed in this study of re-offending were convicted and processed through the CJS prior to major changes in offender management and the establishment of evidence based offender programmes, the conclusions are not a test of the impact of the current offender management philosophy and practice.

Recent publicity on the apparent failure of diversion and rehabilitation of young offenders has mined the data from what is reported as a '10-year study.... by the Bureau of Crime Statistics and Research (BOCSAR), which followed 4938 young

offenders who had their first caution, conference or proven court appearance in 1999.... the study shows that 54 per cent of juveniles will be reconvicted within 10 years and, on average, four times in that period' (*Children reoffend as system goes soft* : Natasha Wallace, Geesche Jacobsen SMH,April 28, 2012). Although, these media reports attracted a flurry of interest the information does not appear new - it is drawn from NSW ROD as is the data reported by Holmes (ibid) which is also a BOSCAR report. Recent submissions from NSW BOCSAR, and the resulting publicity, is however particularly focused upon the outcomes in terms of recidivism for those young people who participate in Youth Justice Conferencing as part of the current legislative review of the 1997 Young Offenders Act. As noted in the media reports, there are questions as to the effectiveness of the current response in NSW to offending by children and young people as the State has the highest percentage of juveniles in custody and the highest rate of recidivism.

The effectiveness of the Juvenile Justice community based interventions, in particular the focus and delivery of the offender services and programs, is the subject of this review.

> *Summarise relevant findings in the research literature on effective case management, program and service delivery to young offenders noting in particular any evidence in regard to the effectiveness of specialised service delivery.*

EFFECTIVE PRACTICE IN OFFENDER REHABILITATION

Over the last decade, NSW JJ has responded to a range of recommendations from meta-analytic literature reviews reporting findings on effective practice (McGuire et al 2000; Gendreau, Goggin, French, & Smith, 2006) and targeted NSW research findings including BOCSAR reports (e.g. Weatherburn, Cush & Saunders, 2007) and Justice Health Surveys (e.g. YPICH, 2009) to develop effective case management and programme delivery. There is now a well articulated process within the organisation, supported by evidence of effective practice, which begins with a risk needs assessment to establish the level of risk of re-offending and provide a profile of the areas or offender needs to be addressed through a structured and targeted case plan. A suite of programs have been developed, based upon cognitive behavioural principles which have been shown to be most effective at producing change and reducing likelihood of further offending. These include education and awareness programs; short term motivational intervention; longer cognitive behaviour therapy (CBT) programs and intensive systemic programs such as Multi Systemic Therapy (MST).

This report will not repeat all the evidence from the literature that supports such programs, however, for later reference it is important to emphasise those five principles of good practice in offender rehabilitation[1], as proposed by Andrews and Bonta (1998) and confirmed in the outcome literature (Cullen &Gendreau, 2000; Day &Howells, 2002). These are:

The Risk Principle: The risk factors are those variables which are associated with the likelihood of further offending. The research indicates that the higher risk offender benefits most from intervention

The Needs Principle: Those risk factors that are amenable to change (dynamic risk factors as opposed to static risk factors) with intervention are termed "criminogenic needs", e.g. substance abuse, attitudes and beliefs. Effective programs directly address the identified criminogenic needs or dynamic risk factors.

The Responsivity Principle: Programs should be as responsive as possible to the characteristics of individual offenders. Clearly in Juvenile Justice the age and developmental stage of the client group is critical to the delivery of the intervention program.

The Integrity Principle: Program integrity is a reflection of the extent to which a program is faithful to its design and theoretical underpinnings. There is a balance which needs to be reached in ensuring a program is flexible enough to be responsive to the individual and yet maintains its integrity.

The Professional Discretion Principle: This principle allows for professional judgment to ensure that there is continuing development rather than the rigid application of program rules.

The literature refers frequently to the Risk Needs Responsibility (RNR) model, however the latter two principles have been shown to be critical if programs are to be effective in practice.

Based upon the '*what works* literature, the programme that works best to reduce re-offending is a cognitive behavioural group programme targeted at those offenders at highest risk of re-offending, which takes into account the learning characteristics and cultural characteristics of the target offender population. It is noted also that the program must have sound theoretical underpinnings and principles which are consistently employed while allowing for a level of professional discretion.

[1] An important note here is that offender rehabilitation now universally refers to the reduction of recidivism.

WHAT WORKS, WHAT HAPPENED

Generally it is accepted that the evidence is solid for the positive impact of treatment programs upon the offending behaviour of young people – as long as the RNR principles have been incorporated. And yet over the last decade large reviews of the outcome of the adoption of these principles across youth justice systems have not shown the results predicted. Comprehensive surveys in the UK (Goggin & Gendreau, 2006, in NZ (Newbold, 2008), and data from NSW (BOCSAR, 2012) on alternative sentencing options, demonstrate the failure of these programs and interventions to live up to the theory. In response to the varying results of studies on the impact of theoretically sound evidence based cognitive behavioural programmes in reducing offending , McGuire et al (2007) report that completion of the programmes (whether delivered in custody or community) was the critical variable in reducing re-conviction rates. There is repeated reference to the difficulties in transferring the results of highly controlled and well designed and implemented studies to 'real world' practice where there may well be other political and social imperatives such as what is taken as 'common sense' (Gendreau, Smith &Theriault 2009). As noted by Trotter (2011), these difficulties help explain why the large reviews or meta analysis of outcome research of correctional programmes often are limited in their conclusions by the methodological problems of the studies.

Dowden and Andrews (2004) discuss the significant associations found between recidivism outcomes and particular elements of practice, such as staff training and organisational support, concluding that such critical 'real world' variables which will override the most rigorously designed evidence based cognitive behavioural programme. Villettaz, Killias and Zoder (2006), conducted a comprehensive review on the impact of programmes delivered within custodial vs. non-custodial settings upon re-offending rates. They reported that, although the rate of re-offending was significantly lower after a non-custodial sanction, the lack of rigorous experimental design resulted in no significant difference in outcomes from custody vs. non-custody based programmes. These findings demonstrate the difficulty in establishing which management approaches and programme interventions for young offenders are most likely to bring about a change in their lives that reduces the likelihood of further criminal behaviour.

The reality is that often there is a lack of acceptance in the field of the utility of a program approach, that there is not an adequately trained and skilled workforce, and that political and/or populist theories often take precedence.

Although there is agreement in the offender literature that programmes which incorporate the principles described by the 'what works' theorists have the greatest likelihood of reducing re-offending (Raynor et al., 2010), there is not agreement as to

the most effective elements in producing positive change. Bonta and Andrews (2010, 2008) argue for the RNR model which places particular emphasis on the importance of focusing on high risk offenders, on using actuarial tools to assess levels of offender risk and needs and on the use of predominantly cognitive behavioural approaches to assist offenders to address their risk related needs. Whereas, Ward, Meltzer and Yates (2007), arguing for the 'good lives' model of offender rehabilitation, conclude that the focus on risk assessment and addressing high risk with highly structured CBT programmes has resulted in a narrowed focus of intervention leading to the exclusion of such critical factors for change as the therapeutic alliance and the client's motivation to develop and maintain a 'good life'.

DESISTANCE: A BROADER FRAMEWORK FOR UNDERSTANDING OFFENDER REHABILITATION

As noted above, in the United Kingdom attempts to implement 'what works' evidence based offender programs on grand scale ran into number of difficulties. In analysing what happened in the translation from theory to practice, a broader concept of offender rehabilitation emerged using the notion of desistance from crime. It is argued from desistance-based perspectives that the 'what works' model places the intervention at the heart of the change process (i.e. which treatments or interventions work best based upon evaluation studies), instead the broader hypothesis is that interventions and programmes are only an element of a process of case management which is itself part of a larger process that is desistance (McNeill 2009a). And desistance from crime means re-integration into community.

The four critical factors identified as necessary for successful desistance are:

1. The personal motivation - a key factor in engagement in programmes
2. The social context within which person experiences an intervention matters as well as the integrity of the programme
3. The organisational context makes a difference – the culture needs to be supportive of the change effort
4. Practitioners need to have right kind of skills and the right kind of relationships to support the change process (Dowden & Andrews, 2004; McNeill et al., 2005)

This is a broader model for understanding what is critical in motivating behaviour change in people involved with the CJS and supporting their integration into society.

From the desistance research Farrall and McNeill (2011) provided recommendations for practice which include addressing the key aspects of desistance illustrated in the following diagram (Figure 1) along with roles necessary for the practitioner.

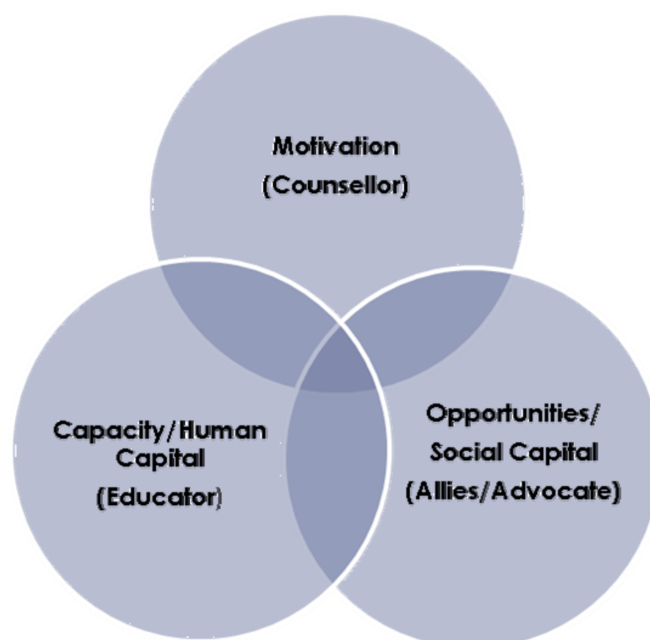

Figure 1: Opportunity, Capacity and Motivation (Scottish Centre Crime & Justice Research)

IMPACT OF SKILL DEVELOPMENT AND SUPERVISION

There is a considerable body of evidence that the skills offered by probation officers, corrections workers or case officers to offenders sentenced to community supervision, make a difference to the re-offending rates of the offenders. The literature which has largely focused upon adult offenders in Australia, the United States and Canada has been able to show that training probation officers to target criminogenic needs and anti social attitudes, teaching specific cognitive behavioural intervention skills and developing motivational skills does decrease recidivism rates (Bonta et al, 2011).

Trotter (2006), in a review of the literature on worker characteristics related to effective intervention with offenders, reported that the practitioner skills which are related to reduced recidivism are:

- worker role clarity, particularly in communicating to the client the dual responsibilities of social control and assisting change, and issues around confidentiality;
- pro-social modeling and reinforcement;
- client focused interventions;

- ability to confront the issues related to offending behaviour and development of strategies to address the criminogenic risks and needs;
- a holistic approach to offender; and
- the development of a therapeutic alliance.

More recently Trotter (2012) reported the results of a NSW study of the impact of particular skill sets (as demonstrated in workers' engagement with young offenders) and ongoing skill development (through continued training and supervision) on the desistance from re-offending of juvenile offenders. The findings are particularly relevant to this review.

'workers with certain skills will have clients with lower recidivism, and that the extent to which those skills are used by individual workers can be determined through a process of observation….and. …… that workers who have qualifications in social work or psychology and who are given a counselling role are likely to make more use of effective practice skills and have clients with lower recidivism' (2012, p.6).

After observation and analysis of skills employed in 117 interviews conducted by NSW Juvenile Justice Counsellors (required to have a degree and given 'clinical supervision') and Juvenile Justice Officers (no qualification required and no access to 'clinical supervision') with follow up recidivism data, Trotter (2012, reported conclusions (as noted in side bar)very relevant to the question of the role of an effective juvenile justice worker.

The results of this research work provide important support for the role of the skilled and professionally supported (with ongoing training and supervision) justice worker in the work of desistance, i.e. the rehabilitation and re-integration of offenders. It is not possible to differentiate the impact of the different roles (JJO or JJC), despite the conclusion noted, as it is only those workers who are given a 'counsellor role' who receive 'clinical supervision'. Whether it is the qualification, the different expectation of the role and/or the different level of supervision and training remains debatable.

THE MENTAL HEALTH PROFILE OF YOUNG PEOPLE IN NSW JJ

NSW Justice Health has conducted a number of health surveys of young offenders in custody and under supervision in the community. The most recent survey *Young People in Custody Health Survey (YPICHS, 2009)* confirmed previous findings of the very high levels of mental health disorders, distress and cognitive disabilities amongst detainees and children and young people under supervision in the community. Although generally these surveys and the research literature record the highest levels of mental health issues in the detainee population, it is a matter of degree; the over-representation remains shockingly high as demonstrated in the previous community survey conducted by Justice Health (NSW Young People on Community Order – Health Survey 2003-2006). The assessment was more rigorous in this more recent survey and the breakdown of disorder more detailed, however the overall picture remains very similar.

The majority (87%) of young people were found to have at least one psychological disorder, and nearly three-quarters (73%) were found to have two or more psychological disorders.The prevalence of mood disorders (anxiety and depression) are seven times higher in young women in custody and four times higher in young men than in the community. This gender difference holds up across indicators of mental illness, trauma and psychological distress. Even higher are the prevalence rates for alcohol and substance abuse disorders, conduct disorder and diagnosis of ADHD.

INTELLECTUAL DISABILITY

In the 2009 survey14 % of the detainees had a full scale IQ in the extremely low range and another 30% were in the borderline range in terms of their cognitive functioning. The level of intellectual disability was particularly marked in the Aboriginal population which is hugely over-represented in the juvenile population.

The level of mental health problems in the young offender population and in particular the level of intellectual disability raises the critical importance of preventive strategies otherwise justice agencies are responding to what are largely health and education issues.

This profile of low level of cognitive functioning and high level of emotional disturbance and social disadvantage would predict difficulty in delivering generic CBT programs in group format. It also establishes the imperative for comprehensive psychological assessment for advice to the sentencing courts and also for targeted case and treatment plans.

Using the research findings as a framework, and taking into account the Department's strategies and policies on offender management, review the role of the counsellors , their areas of specialisation and the current model of intervention and service delivery.

Review the Forensic and Mental Health Program and develop options for the delivery of specialised mental health services to young offenders in the community

BACKGROUND TO THIS REVIEW

NSW JJ has committed considerable resources and made systemic changes so that the principles of *Risk Needs Responsivity* (RNR) are in place, including a risk and needs assessment validated for this population (YLSI/CMI-AA), the implementation of a structured case management approach (CHART), the development of a continuum of evidence based programs for individual or group. However, as was noted in a departmental paper (MoE) in 2010 to make such an approach effective there would need to be a comprehensive overhaul of current practice and additional resources. In particular the importance of adequate resources targeting skill development and ongoing training and supervision has been identified as critical to the success of the RNR model in reducing recidivism. This is in line with the literature reported earlier in this Review.

The gaps identified in establishing consistent offender management services and programmes are in part related to stretched operational resources and staffing difficulties particularly in regional and remote NSW. It was notable however that the range of issues raised in interviews, with service delivery staff, supervisors and managers, regional and head office staff and executive management, when discussing the gaps in implementing effective practice are very similar to those described in criminal justice systems in those other jurisdictions which have taken up the 'what works' challenge in reducing offending behaviour. They include lack of skilled staff, service delivery staff role conflicts, inconsistent and limited learning and development to keep pace with organisational change, varied and at times opposing administrative and clinical supervision foci, programme development which is out of line with operational imperatives, policy and practice in the programmes are often at odds – lack of organisational coherence or agreement as to the focus of the work in offender management.

As reported above and well summarised in the desistance literature, most Western justice systems have accepted the premise that rehabilitation can work if the principles of RNR are in place, what is now becoming evident is how important are factors such as the organisational support and the skills of the practitioner.

This more systemic, holistic approach to rehabilitation of offenders is pictured in the overlapping circles of Figure 1 above, each aspect is required - motivation,

capacity and the opportunity to change - along with the corresponding practitioner roles.

The present focus in NSW JJ, as demonstrated by the Terms of Reference of this Review, is upon the positions and roles within the organisation that are best placed to implement, facilitate and supervise the delivery of services, such as case management and evidence based programmes, and support the change process and the integration of the young people into society.

A major barrier to the implementation of a consistent offender management approach in JJ community services has been the varied and patchy deployment of staff who deliver offender services and programmes, confusion and at times conflict over professional roles and responsibilities and lack of coherent policy, procedures, training and supervision to support the service delivery.

NSW JUVENILE JUSTICE OFFENDER SERVICE AND PROGRAM DELIVERY – CURRENT SITUATION & RECOMMENDATIONS FOR CHANGE

In 2010 PricewaterhouseCoopers (PwC) provided an economic analysis of the proposed implementation of the RNR model within the community sector of NSW JJ. Data provided for that report included a breakdown and salary costs of community staff involved in the delivery of services to children and young people under supervision in the community (noted in Table 1 below).

Table 1: Community Counsellors, Case Management staff and Psychologists

Current Staff	FTE 2010	FTE 2012	Annual Salary	Salary (incl on costs, operating expenses)
JJO	108	130 (incl 25 temp)	$83,663	$122,184
JJC	54	67	$83,663	$122,184
Assistant Managers	28		$89,919	$134,179
Area Managers	15		$102,043	$153,075
Psychologists* (FMHP)		7	$54,762- $96,205	$ 76,419- $125,271

* Psychologists are employed under the Crown Employees (Psychologists Award), positions are advertised as Psychologist/Specialist Psychologist so there is a corresponding range of salary from entry level to Senior Specialist Psychologist.

In the PwC report, calculations to identify the cost of additional staff required to deliver more intensive supervision to medium to high risk offenders ignored the work of the JJCs and focused solely on the additional Juvenile Justice Officer positions which would be required for the increased workload of a fully implemented RNR model.

Also calculated in the analysis is the increased demand upon operational managers for direction and supervision so the modeling provided for more Assistant Manager and Area Manager positions and additional administrative support staff. Notably the role of Juvenile Justice Counsellor (JJC) although listed in Table 1 and noted as providing direct service delivery was not used in the analysis.

This omission illustrates the lack of clarity in Juvenile Justice regarding these two roles. In most areas Juvenile Justice Counsellors do carry a case load, a reality which causes many staff in these positions some grief as they believe that their role is to counsel. How the counsellors are employed differs according to many local and organisational factors including the case load of the office, the particular specialties that are represented at a location, the availability of other professional or program resources (internal or external), the attitude of the manager (s) and supervisor (s) toward counselling and program facilitation.

Also included in the above table are the psychologist positions currently employed in the community (labeled the Forensic Mental Health Program). These positions are ignored in the proposal for the implementation of the RNR model of offender management. Again, this is a notable omission which probably illustrates the historical delivery of services within Juvenile Justice and not the current directions or goals of the organisation.

As described in Table 1, there are 130 Juvenile Justice Officer (JJO) positions allocated across the Juvenile Justice Community Service offices essentially according to the work load of the office. In January this year the SAP report included 25 temporary positions which provide a level of flexibility as local populations and work load varies across a region.

Currently there are 67 Juvenile Justice Counsellors (SAP report, January 2012), split into specialist categories: Generalist; Alcohol & Other Drug (AOD); Sex Offender Program (SOP); Violent Offender Program (VOP).

Table 2 below summarises the distribution of the different counsellor and psychologist categories across the State.

Table 2: **Counsellor & Psychologist Positions** (as per SAP establishment January 2012)

Location	AOD counsellor	Generalist counsellor	SOP counsellor	VOP counsellor	Psychologist	Psych FMHP
Acmena*	1	1	0	0	1	0
Albury	1	0	0	0	0	0
Armidale	0	0	0	0	0	1
Bateman's Bay	1	0	0	0	0	0
Baxter*	2	0	0	0	3	0
Blacktown	1	1	1	0	0	1
Bowral	0	1	0	0	0	0
Broken Hill	1	0	0	0	0	0
Campbelltown	0	2	1	0	0	1
Cobham*	2	0	0	0	2	0
Coffs Harbor	0	0	0	0	0	1
Dubbo	2	1	1	0	0	1
Emu Plains*	0	0	0	0	1	0
Fairfield	1	1	1	1	0	0
Glen Innes	1	0	0	0	0	0
Gosford	1	1	1	1	0	0
Grafton	0	0	1	0	0	0
Griffith	0	1	0	0	0	0
Juniperina*	1	1	0	0	1	0
Kempsey	1	0	0	0	0	0
Lismore	1	0	0	0	0	0
Maitland	1	0	0	1	0	0
Newcastle	0	1	1	0	0	1
Orana*	1	1	0	0	1	0
Orange	1	0	0	0	0	0
Penrith	0	0	1	1	0	0
Petersham	0	2	1	0	0	1
Reiby*	2	1	0	0	2	0
Riverina*	1	1	0	0	1	0
Sydney	1	0	0	1	0	0
Tamworth	1	0	0	0	0	0
WaggaWagga	1	0	1	0	0	0
Wollongong	1	1	1	1	0	0
Liverpool YDAC	4	2	0	0	0	0
Total	**31**	**18**	**11**	**6**	**12**	**7**

The apparently random allocation of counselling positions, the lack of definition and clarity in the specialist roles and the limited service of the Forensic Mental Health Program are the consequences of major organisational changes to meet government (and community) expectations, budget cuts and shifts in the approach to the management and rehabilitation of young offenders.

A number of staff interviewed referred to the history of the offender programs and psychological services when explaining why certain positions existed in particular

locations and also in reference to the variation in expectations of the roles. One Regional Director aptly described the result as 'death by a thousand cuts'.

ROLE OF JJO AND JJC NSW JJ

An example of how remnants of a previous approach to the delivery of offender programs influence services in the present is the major organisational change in 2006 when the Department (as it was then) implemented the Metropolitan Community Integration Framework Juvenile Justice. As part of the Framework, the metropolitan based Intensive Program Units (IPU), which provided counselling and interventions to young people who were referred from the local JJ District Office, were closed and staff were moved into the Community Service Office. The plan was to provide a more cohesive service through consolidation of case management and to support the implementation of evidence based programs at the same time as reducing costs by cutting duplication. However, the counselling model remained the same (essentially an individual approach depending upon the particular skills and interests of the counsellor) with JJOs and JJCs being employed under different awards, with different entry requirements, but in many locations doing the same work.

There have been a number of internal departmental papers written in the last two years attempting to clarify the roles and responsibilities of the JJO and the JJC (eg. Discussion Paper for Operations Committee July 2011; Options Paper: Role of Juvenile Justice Counsellors and Officers September 2011). The majority of the senior operational staff who were responding to the options paper preferred the development of a single designation for offender service and programme delivery staff (ie. combining the existing JJO/JJC roles). The consultation conducted in the process of this Review supported this proposal; any counter view was usually framed in terms of the difficulty and negotiation necessary for such a major organisational change.

YOUTH JUSTICE SERVICE DELIVERY ACROSS AUSTRALIA

Across other Australian youth justice jurisdictions (with the exception of the Northern Territory where youth justice services are operated together with the adult system) there is a single youth justice officer/case manager/program officer employed to deliver risk/needs assessment (where that exists), case plan and supervision (CHART in two States) and in one State may deliver structured offence focussed intervention programs. In all other States except SA (where there is a professional stream and where team supervisors are social work qualified) the position requires entry level qualification in social work, behavioural science, criminology, psychology, youth work. Generally offence focussed programmes are contracted to external providers (Griffith University Qld; consortium external agencies Victoria), no other jurisdiction has a separate counsellor role.

Queensland, South Australia, Northern Territory and Western Australia employ psychologists (SA requiring specialist post graduate qualification) mainly to provide psychological assessments and consultation to case plan process with some reference to clinical work in specialised areas). The other States have psychological and specialist mental health services (including AOD work) provided by the State health services or even, in the case of Victoria, contracted to the Adolescent Forensic Health Service.

The recommendation of this Review is that there should be one position which is responsible for assessment, case management, and facilitation of structured intervention/treatment plan. It is recognised that this will require major organisational change and industrial negotiation so recommendations are described for the transition.

RECOMMENDATION 1:

> *Combine JJO and JJC role into Youth Justice Community Officer. Require a tertiary qualification in social, human services. Develop a PD which emphasises the responsibilities for screening and assessment, case/treatment plan, supervision, case management and facilitation of departmental accredited programmes.*

RECOMMENDATION 2 (FOR TRANSITION PERIOD):

> *Review and rewrite PDs for JJO and JJC establishing different responsibilities and accountabilities (further details below) and ensuring support for staff to meet requirements of the new combined position.*

JJO – change name to Juvenile Justice Case Worker, require Certificate 4 in Youth Work (provide support to existing staff to gain qualification). Duties to include administration YLSI-CMI AA, development of case plan/treatment plan, case supervision, case management including CHART, case management reports for the Courts.

JJC – change name to JJ Community Program Officer, requires tertiary qualification in social/human services. Program facilitation experience (not entry level/new graduate). Small case load of more complex clients who require more intensive intervention/ program participation. Deliver approved programs; provide information to JJO re program participation for input into court reports. Remove any mention of generic terms 'counsellor/counselling.

Both positions require induction training which includes assessment, motivational interviewing, program facilitation, case management including CHART, case management reports, and court reports

SPECIALIST COUNSELLORS

Another consequence of the integration of the IPU model with the case management model of the JJ Community Service Office was a move away in terms of resourcing and training from the specialist programs for sexual and violent offenders and also the FMHP. These services reportedly lost direction and purpose, and the remaining staff appear now to be employed in widely varying roles depending upon the individual interpretation of the role, the needs of the office at which the position is based and the expectations of the Manager.

Generally, the lack of direction and conflicting expectations have had an effect upon the morale of counselling staff who report that in some locations the overload of administrative work or case load demand prevents them doing what they see as their role, or in other locations they are seen as under-utilised with the more specialised positions having only 4 or 5 clients at any one time. There is no data on case load allocation across different counselling positions, only the general data reported in the PwC analysis (2010). This calculated that JJOs (no data available for JJCs) provide on average 60 contact hours per month which translates into 80 contacts (average contact assumed to be 45 minutes).

A lack of any outcome measures for counselling or psychological interventions make it impossible to get any idea of the impact of these specialised mental health services.

As noted throughout this Review there is considerable variation in the way in which JJOs and JJCs are employed across the State and in the roles assumed by the various specialist counsellors. Interviews with the Regional Directors, a sample of Area Managers, District Office Managers and Assistant Managers provided examples of the problems created by the specialist positions, for example a single specialist SOP counsellor based at Grafton (for the north of the State) or Dubbo (for the whole of the Western Region) can in reality do little except perhaps provide consultation by phone to the local staff.

DRUG AND ALCOHOL COUNSELLORS

There is little support in JJ, or in the research literature, for specialist counsellors to deliver offence focussed services and/or programmes for children and young people. In an area such as alcohol and/or substance dependence it is acknowledged that the large majority of juvenile offenders have substance abuse issues with related offending behaviour or as an identified criminogenic need (NSW

Health Survey of Young People on Community Order – Health Survey 2003-2006). Given this generalised criminogenic need it makes sense that all case management and, currently designated, counselling staff require the skills and understanding to provide education and facilitation of AOD programs.

The 2007 Review of AOD services recommended (McComish: Cycles Can Be Broken. Recommendation 2):

The Department consider combining the roles of the generalist counsellor and the AOD counsellor (and review the necessity of retaining the other specialised counselling positions in the sex offender and violent offender programs) to provide a single intervention service with the pre-requisite skills and experience to deliver AOD programs, reflecting the priority of this work with this population.

The only obstacle to merging the AOD and generalist counsellors raised in consultation for this Review was the separate funding provided through the National Illicit Drug Strategy for 17 positions to specifically address the substance misuse issues of young offenders in rural and regional NSW which requires a separate service and outcome report. This should not be difficult to manage through the program reporting module being developed for CIMS ensuring that the first two stages of the AOD programme continuum (AOD Harm Minimisation and Profile-Beat the Heat) are delivered as standard AOD education and motivation for change programmes by community client service delivery staff (JJO, JJC).[2]

SEX OFFENDER PROGRAM COUNSELLORS

One offence area frequently named during the consultation for this Review as requiring specialist intervention was that involving sexual offences. Largely it appeared that this was because of a belief that sexual offenders were different to other young offenders. The literature doesn't support this view for children and young people. The conclusions from major reviews of studies of young people who sexually abuse (Nisbet et al, 2005) report that young people who sexually abuse share much in common with young people who engage in non-sexual criminal behaviours and that attempts to establish a psychological profile for young people who have sexually abused are inconclusive (Moore, Franey & Geffner, 2004).

The prevalent finding in the literature is that juvenile sexual offenders are not delinquent specialists, limiting themselves to sexual offences but rather are delinquent generalists (Lussier, 2005). These findings emphasise the difference between adults and adolescents in motivations for offending and psychological profile and conclude that because of the different developmental stage different approaches and interventions are required for that small group of repeat and identified high risk offenders.

[2] This was discussed at length in my 2007 Review of NSW DJJ AOD Services 'Cycles Can Be Broken' – see pages 47-49.

Another myth, which has been countered by more recent meta-analytic reviews of the literature, is that juvenile sexual offenders go onto be adult sex offenders – the reality is that recidivism for other criminal behaviour is far more frequent than that for sexual offences (Zimring et al, 2007). Importantly for JJ in considering a sex offender programme for juveniles, is that there has been little evidence of the efficacy of sex offender-specific treatment for adolescents (DiCataldo,2009). Worling et al (2010) reported on a longitudinal study with a 20 year follow up that did show a significant reduction in recidivism for the cohort who had completed their 18 month to two year intensive multi-systemic program for adolescent sex offenders and their families. In conclusion there is no support in the research literature for short term educational or individual counselling programmes for sex offenders, there is considerable doubt as to the identification of the juvenile sex offender and if accurate assessment can be made of adolescents as representing a high risk of sexual offending then the only treatment to receive support is long term intensive systemic therapy.

Recent media reports (SMH, 30/04/2012) on the publication of an Australian book on juvenile sex offender (The Internal World of the Juvenile Sex Offender: Keogh, 2012) provide information which is in line with these conclusions. There is little similarity between children and adolescents who sexually abuse and adult sexual offenders, there is also much greater heterogeneity amongst juvenile sex offenders than is found with adult sex offenders and the specialised sexual offence focused CBT programs shown to be effective with adults are not appropriate for juvenile offenders who are better managed within the general offending behaviour programmes or for the minority who can be identified as of high risk of sexual recidivism the only therapy reported to reduce that risk is long term, systemic, family and community focused.

In NSW JJ a population snapshot identified 55 sex offenders(out of a total of 1514 young people) under community supervision (April 2012, DAG/JJ RPELive Database). More detailed data which might indicate the numbers who would be candidates for targeted intervention is not available however, given the results reported by the research literature (DiCataldo, 2009), there may be one or two of these offenders who is considered a risk of further sexual offending. In NSW JJ there is no consistently applied specialised sexual offender assessment process or intervention programme nor are the counsellors designated as specialists in this area required to have any specialist training or experience. This situation is at odds with the SOP counsellor Statement of Duties which establishes the expectations for 'expert assessment and treatment'. It would appear that the position is left over from programme structures developed at a time when it was thought that the research on effective treatment programmes for adult sex offenders could be applied to juvenile offenders, perhaps allowing for the different developmental stage by providing a low key counselling approach.

Given the lack of clarity in the definition of the violent offender it was not possible to get any data on numbers. There are no operational procedures nor assessment requirements which clearly identify the violent offender therefore it is not possible to produce any kind of report on the target population for a VOP. It appears that young people are referred to the identified specialist VOP counsellors on an individual decision of either a case manager or perhaps when it involves a young person in a detention centre the Assistant Manager Client Services to organise, through their equivalent in the community, the involvement of the community based specialist counsellor (e.g. Baxter local procedures: Detainee Referrals to Primary Worker and SOP/VOP, 2011).

The conclusion is that the VOP and the SOP do not exist in practice, counsellors in these areas do have additional training and supervision with the relevant Professional Development Officer however the work allocation is uneven, there is little direction, there are no outcomes reported from what appears to be largely an individual counselling model and so the principles of an effective programme are not met. The literature has shown that to be effective, therapeutic programmes for sex offenders and violent offenders are required to be highly structured and intensive with specialised and very well trained staff and extensive follow up in community. As noted above, this is the accepted model of intervention for <u>adult</u> offenders and even if it was possible to allocate the resources for what is a very small identified population in Juvenile Justice, there is no support for applying such an approach to children and young people. It has been established that effective programs for young offenders need to be specifically developed acknowledging that the developmental stage, not least of the brain, requires a very different approach. Multi systemic programmes are the only interventions for juvenile sex offenders which have some support in the literature, and then only for those identified as being of high risk of sexual recidivism.

RECOMMENDATION 3:

> *All specialist counsellor positions to be deleted (transferred) with all JJCs working under one revised PD with a new title. Assessment and intervention or consultation for the case management process and program participation, with children and young people who have complex needs should be conducted by Specialist Psychologists (see Recommendation 5)*

PSYCHOLOGISTS – FORENSIC MENTAL HEALTH PROGRAM

There was a departmental review of this service in 2009 (Mamone) which noted the lack of consistency across the State in the provision of psychological services and made a number of recommendations to standardise the services and to expand the role beyond the original emphasis upon psychological assessments and reports for the courts. Consultation with the Regional Directors produced a range of psychological services which would assist the effective delivery of case management and programmes to juvenile offenders.

In particular the following were noted as critical contributions that could be made by psychological services: advice and consultation to JJOs and JJCs; involvement of the psychologists in the case management and delivery of interventions with those clients identified with mental health or co-morbidity issues.

Aside from the historical explanation, it is difficult to understand why there are two different psychologist position descriptions within the Department. Of course there will be certain duties which will be emphasised in a custodial versus a community setting, for example there is understandably a greater concern with the impact of detention upon mental health when assessing and providing intervention for detainees. However the expression of the duties and accountabilities of the position can surely be generic so that a psychologist can work in both detention centres and in the community services. Currently the PD for psychologists employed in the community (FMHP) is framed within an assessment and court reporting role, given the advent of the Justice Health court Liaison Service there is no longer the need so the PD needs to be rewritten to provide a much broader remit for the role. Additionally, the separate labelling of this group of psychologists as a Forensic Mental Health Program is misleading, there is not an expectation that the psychologists are Forensic Psychologists.

Given the range of psychological services identified in the 2009 Review, and in the current consultations with managers, counselling staff and psychologists, as being valuable, consideration could be given by JJ to the recruitment of Specialist Psychologists, in particular Forensic Psychologists. The difficulty of recruitment of more highly qualified staff particularly in remote areas may make it difficult to determine how many positions could be identified as Specialist Psychologists but possibly identifying three such positions for each Region would be a useful first step. In any case, the PD should not be written to allow for both Psychologist and Specialist Psychologist, the skills and training that can be assumed are very different for the different qualifications.

It is notable that Medicare in describing the psychological services (Focused Psychological Strategies) that can be provided by registered psychologists (provisionally registered psychologists are not accepted) specifically rule out intelligence testing. This is clearly identified as an important aspect of the work of the psychologist and so both the PD and the recruitment process need to ensure that psychologists employed within JJ are competent and experienced in this area.

As is discussed in the section of this Review on Supervision, experienced psychologists, particularly Specialist Psychologists, could also provide supervision for the case and program delivery staff. The consultation for this Review generally supported and increase in the number of psychologists' positions if the role was changed to provide assessment, consultation, supervision, case load with young people with complex needs/mental health issues. There seemed to be general support for a psychologist position in each District Office.

RECOMMENDATION 4:

> *The Psychologist Position Descriptions need to be rewritten to produce a generic PD for Psychologists with a separate PD developed for Specialist (Forensic or Clinical) Psychologists (notes below)*

RECOMMENDATION 5:

> *The number of Psychologist positions in the community to be increased – transferring positions from existing JJC positions – to meet need for psychometric assessment, clinical case load, facilitating peer group supervision for JJOs and JJCs. Specialist Psychologists to be established in the Regional Offices – transferring PDO positions for Programs Branch and positions from existing JJC positions.*

Psychologists

Increase the number (transfer positions from JJC to Psychologist) from 7 to XX so that there is a psychologist available in reasonable geographical location. Not entry level position. Require psychological, including cognitive, assessment and report writing skills; CBT training; program facilitation experience – complete program facilitation training (e.g. NSW DCS & Macquarie University)in probationary period. Accept referrals for assessment particularly cognitive disability, provide consultation and make recommendations re program participation and for case/treatment plan; provide court reports in complex cases; co-facilitate intensive program for high risk/complex need. Supervise/facilitate peer supervision JJCs/JJOs (Trotter model).

Region

> *Senior/Specialist Psychologist – report to RD; require Masters Forensic or Clinical Psychology; responsible for clinical supervision so supervise Psychologists and, in areas where no psych. organise/provide supervision for direct service delivery staff ; program facilitation training ; supervise case management young people complex issues; possibility liaison/consultation YJC*
>
> *Specialist assessment and intervention (high risk sex offenders, violent offenders, co-morbid issues – mental health and AOD) to be conducted by Forensic or Clinical Psychologists. Provide consultation to case management process, write reports for Court, ? possibility of participation in MST/intensive Supervision Programme.*

SUPERVISION

The current supervision model(s) are not sustainable – due to limited qualified and/or experienced supervisors and a lack of consensus about who requires what level of supervision. There are currently a number of departmental documents pertaining to supervision which have been summarised and presented in a series of Tables developed for discussion (Supervision In Juvenile Justice NSW – An Overview, July 2011). The requirements for general supervision (Supervision Policy, Procedures and Toolkit, 2010) are not part of this Review. It is the Clinical Supervision, Case Load Reviews (in regard to the cross over/conflict with Clinical Supervision) and to some extent the agency procedures as relevant to professional development supervision).

Due to different staffing structures in the Metropolitan Region and the rural Regions there are different clinical supervision arrangements: Assistant Manger Counselling in metropolitan offices and Professional Development Officers (PDO), with instances of support from Central Office Program Manager, in the Northern and the Western Regions. The Clinical Supervision Guidelines stipulate 2 hours/month for JJCs and Psychologists - feedback from Assistant Managers (counselling) and JJCs indicate this is not really possible with competing demands and different Manager attitudes to supervision. A competing demand is the requirement for case load review every four weeks (CIMS Business Rules and Case Management Policy, 2003) which has multiple purposes including allocation of work load as well as addressing client needs and addressing offending behaviour. Reports from staff and managers are that this is a very demanding task which crowds out clinical supervision so that it becomes a optional, though much appreciated, extra.

In the Regions where a PDO provides clinical supervision there is not the same conflict of supervisory demands that exist in the metropolitan offices, the concerns expressed are more to do with communication between the supervisor and the line manager, the difficulty of multiple lines of responsibility for service delivery. So anomalies arise such as the issue of triple signatures on Background and Specialist Reports where the departmental procedures require that all such reports written by

JJCs (JJC specialists present even more complex line of supervision) are co-signed by the clinical supervisor and the Assistant Manager (Generalist).

Another problem for the PDO model of clinical supervision are the logistic issues of having centrally located positions travelling to the boundaries of the State to meet individually with JJCs and Psychologists which result in the two PDOs having unmanageable supervision loads (32 and 26 staff – JJC and Psychs – in Northern Region and Western Region). Therefore a portion of the supervision must be by telephone.

A Review of the Clinical Supervision Structure in Juvenile Justice was conducted in 2009 (IAB Services) which recommended recruiting a 3rd PDO position to ensure that all staff received a minimum of 2 1/2 hours of individual supervision (which is the minimum supervision required by the Crown Employees Award – Psychologists) and to reduce the size of the supervision span. Other recommendations were that group clinical supervision be reinstated and that line and clinical supervision are separated in all Regions. I understand that a proposal to establish a 3rd PDO was not supported by the Regional Management who report that the use of a centrally located position that has no place in the operational structure to provide clinical supervision exacerbates divisions between 'operations' and 'programs' staff.

It is generally agreed across the Department that the current supervision requirements and models do not work however there is no consensus as to what is the problem nor therefore on what could be a solution. The lines of supervision have become something like the lines of a battle between operational imperatives and professional privilege. They need to be simplified and combining the positions of JJO and JJC and establishing one case management, programme facilitator position will dissolve the difficulty of 'clinical supervision' which is essentially provided for clinical services. Supervision remains critically important to the development and maintenance of effective programs to support desistance in young offenders (Trotter 1996; Bourgeon et al. 2010). The other recommendation made in the Review for the establishment of regionally based specialist psychologist positions and additional psychologists at the community service offices would also provide additional opportunity for supervision both individual and facilitated peer group.

The recommendations regarding establishment of the psychologist positions are repeated here as central to the restructure of supervision.

RECOMMENDATION 6:

> *Restructure of psychology service for provision of supervision:*
>
> *Establishment of 2 or 3 Senior (Specialist) Psychologists in Regions with responsibility for the supervision of the psychologists employed in the both the centres and the community/*
>
> *Establishment of psychologists in the community offices with responsibility for facilitating peer supervision and individual supervision for program facilitation staff.*
>
> *Establish Principal Psychologist in Central Office with responsibility for psychological work across the Agency and directly responsible for the supervision of the Senior and Specialist Psychologists.*

RECOMMENDATION 7:

> *All staff responsible for supervising service delivery and program facilitation complete supervision training and program facilitation training.*

Another apparent conflict in the supervision lines is in the role of Assistant Manager – it was reported in the rural regions where there is one Assistant Manager (Generalist) that there is a belief that this position cannot supervise counsellors because there is no requirement in the AM PD for a qualification. In other States, for example in Victoria, where all case managers/program officers are required to have a qualification in a relevant field, the team leader who is an experienced and senior case manager is able to fulfil the induction, mentoring and supervision roles. I have therefore included a recommendation to establish the Assistant Manager positions with a requirement for a qualification in a relevant field of practice. As with the proposed changes to the JJO/JJC positions, there would need to be a transitional process to support existing staff. I have therefore made a recommendation for an interim arrangement.

RECOMMENDATION 8:

Review existing Assistant Manager positions to create one generic Assistant Manager Role requiring a tertiary qualification in social/human services.

Positions then would be available to supervise assessment, case management and programme facilitation. Additional qualifications in training, supervision and programme facilitation

RECOMMENDATION 9: (INTERIM ARRANGEMENTS)

Review AM title and allocate responsibilities in line with new direction and provide training as noted.

Assistant Manager (Administration& Case Management) – provide training in supervision, motivational interviewing, in delivery of CHART and level one programmes e.g., AOD

Assistant Manager (Client Services and Programmes) – tertiary qualification, provide training in supervision, motivational interviewing and in programme/group work facilitation

PROGRAMS BRANCH

The other major player in the implementation of programme, training and supervision is the Programs Branch located in the Central Office. In 2007, the Psychological and Specialist Service Unit was disbanded and the Programs Branch was created with a Director Programs, Chief Psychologist, and Program Managers responsible for specialised program streams for AOD, General Offending Programs, SOP&VOP, Aboriginal Programs with Program Officers and seconded positions for particular programme development. As described earlier in this Review although many programmes have been developed and produced, few have been taken up and implemented around the State. An example, mentioned many times in interviews, is CHART (Changing Habits and Reaching Targets) - a program, or way of developing and delivering case management, used in the ACT and Victoria and now adopted by NSW JJ. There has been extensive training of delivery staff and supervising Assistant Managers and yet it is used only in a few offices where there is an individual worker who takes it up. A similar story exists for the AOD –*Harm Minimisation* and *Profile – Beat The Heat* programmes. Training occurs, usually an

intensive one off training workshop but with supervisors also trained so there organisational support, then the program sits on a shelf and the existing counselling practice continues as usual. The Programs Branch basically points to limited resources and huge training demands, Operations notes that the priorities are not addressed. There is a perception that the Programs Branch is out of touch with operational needs and requirements in working with young people with the dual role of supervising the order and supporting behaviour change.

Although it may seem a case of 're-inventing the wheel' to review the structure of this Unit, the removal of the Regional positions would seem to have exacerbated ongoing tensions between programme staff and supervisory or custodial staff. These are tensions which also exist in the role of the case manager and also in all justice organisations which have the responsibility for care and control.

No doubt there were reasons, perhaps to do with developing the focus on offence specific evidence based programmes, for the consolidation of the Psychological & Specialist Services Unit into a centrally located Programs Branch, however the feedback from the field, the Regions and the Programs Branch itself suggests that after 5 years there are further changes to be made to the structure and focus of the Branch.

Two options are noted below for different structures which would provide alternative pathways for facilitating the delivery of effective services and programs state-wide. These options are presented for discussion and are largely organised around learning and supervision pathways. The third option is to make no change to the existing structure of the Programs Branch however if other recommendations, for example those related to supervision, are accepted then there will be an impact upon the Programs Branch.

RECOMMENDATION 10:

> *Juvenile Justice restructure the Programs Branch to clarify the function, the responsibilities and expectations of the unit, the range of skills and experience required to meet the expectations and the relationship between the centralised unit, the regions and the field staff.*

OPTION 1: DESISTANCE SUPPORT UNIT

Director Clinical Services and Programs

Delivery of programs and services within RNR and 'good lives' models

Integrated model for delivery of case management services and programs across detention facilities and community

Partnerships with other govt agencies and NGOs delivering services to young people

Learning and development for all staff involved in the delivery of services and programs to young people

Budget management

Principal Psychologist: policy and procedures delivery psychological services; supervision senior psychologists and programme supervisors; responsibility for clinical services and supervision. Consultant to offender programme development.

Senior Program Development Officer (Program Implementation): training program facilitation; development training resources; review & report program provision; evaluation of outcomes

Senior Program Development Officer (Assessment and Case Management): review and training risk/needs assessment; case management plan implementation and review procedures and training

Senior Program Development Officer: High risk/high need populations: cognitive disability, cultural minorities, ?sexual offenders

Program Project Officers – rotated into Central Office or Regions for program development and/or training positions

Research position Admin support

OPTION 2: PROGRAMS AND SERVICES UNIT

Positions similar to above with the exception of the position of Principal Psychologist which could be placed in the Operations area reporting directly to the Deputy Operations. This would remove clinical services and supervision to Operations therefore changing the responsibilities of the Director of Programs and Services.

This option would also create something of a structural barrier to the involvement of psychology in the development and delivery of programmes – not ideal when behaviour change programmes should be an area of expertise for psychology.

OPTION 3: AS IS

Given the recommendations up to this point in particular in regard to supervision and programme delivery it is obvious that this review would not support this option.

The Programs Branch structure appears to be based upon an outdated (in terms of what is effective practice with juvenile offenders) philosophy of the management and rehabilitation of children and young people under the supervision of the justice system. It reflects approaches used in the adult system when all the literature identifies that the developmental stage of adolescence requires a very different approach. It is also a structure at odds with the realities of supervising small numbers of dependent young people spread over wide geographic areas who are under supervision for on average less than 6 months. It is not surprising then that the work of the Programs Branch can be perceived to be at odds with the operational priorities and the recommendation of this review is that the structure of the unit needs to better reflect those priorities.

6. *Report any other significant program or service delivery issues which become apparent during the review.*

PROVISION OF SERVICES TO YOUTH JUSTICE CONFERENCING

An issue raised during the consultation was the outcome of the lack of involvement of JJ in the diversionary programmes. Examples were given of young people who had become serious offenders even though their level of dysfunctional behaviour and inevitable trajectory toward violent crime was noted for years through their participation in Youth Justice Conferencing.

Under the Young Offenders Act 1997, as well as issuing warning and cautions, police are able to divert young people from court and the Juvenile Justice system by referring them to Youth Justice Conferences (YJC). This community option provides a structure for victims and offenders to come face-to-face and agree on how to respond to the crime. Recent publicity (SMH, 28th April 2012, Nathalie Wallace, Geesche Jacobsen: *Young Lives Trapped Inside the System*) described the poor outcomes in terms of re-offending of the young people who participate in YJC noting that 'the scheme had been no more effective in reducing reoffending than if the juvenile had appeared in court'. In summary the BOCSAR study reported that nearly two-thirds of juveniles reoffended - whether they were dealt with by the children's court or conferencing program.

In particular the Director of BOCSAR was quoted as saying that "the fundamental problem with restorative justice programs [Youth Justice Conferencing] is that they don't deal with the underlying problems of juvenile offending, problems such as impulsive behaviour, drug and alcohol abuse, poor parenting, poor school performance and the inability to get a job" (Weatherburn, 2012).

It is debatable as to whether there can be greater involvement of young people in programmes addressing offending behaviour and the criminogenic need identified in the factors described above without greater involvement of the criminal justice system, in this case Juvenile Justice. Whether JJ can provide services without risking the central goal of diversion continues to be argued and will be need to be resolved in this legislative review.

RECOMMENDATION 11:

> *The establishment of Specialist Psychologist positions at a regional level which could offer expert assessment and consultation to the YJC could improve outcomes particularly if there was the possibility of access by young people to specific offence focussed programmes delivered either within JJ or by NGOs funded in partnership agreement with JJ.*

CONCLUSION

There is universal acknowledgement that youth justice systems are limited in how much of an impact they can have on youth crime rooted as it is in social, economic and cultural disadvantage. Clearly, the best option, for addressing the community problem that youth offending causes, is to address the disadvantage and alienation. However, there is sufficient evidence that there are ways of working with those young people who do come into contact with youth justice services which will enhance their chances of living successfully in the community.

In NSW the average length of a community order is 166 days (snapshot 12/04/2012, DAGJ/JJ RPELive Database). The majority of the population under the supervision of Juvenile Justice are dependent upon alcohol and at least two other drugs, have two or three mental health disorders, have below average or lower cognitive functioning with the majority reporting childhood abuse. Expectations of the ability of Juvenile Justice programs to make a difference to offending behaviour need to be grounded in the realities of this level of disadvantage and disturbance, the length of time of their involvement with the service, access issues and the dearth of family and community resources available for most of the children and young people under the supervision of Juvenile Justice.

The recommendations are determined by these realities and the resources that Juvenile Justice has available so most are related to restructuring and redefining roles. The aim of this review is to ensure that the best use is made of available resources to support better lives for the young people and their communities by lessening the likelihood of further offending and that the expectations are in line with what is possible.