



The value of a justice reinvestment approach to criminal justice in Australia:  
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**SUMMARY OF SUBMISSION AND AVAILABILITY FOR THE COMMITTEE**

Thank you for the opportunity to make a submission to the Senate for this most valuable line of enquiry. In relation to the various categories, we have chosen 4 areas in which to make comment and share as enclosures research and summaries of research we have done that speak to these areas. The emphasis in this submission is on prevention of criminality through working with young people and their families. In having worked in this area for over 25 years, I (KRR) am quite motivated to come to Canberra and make myself available to provide evidence to the Committee in relation to my submission if invited.

**FOCUS OF THE SUBMISSION**

The value of a justice reinvestment approach to criminal justice in Australia, with this submission having particular reference to the four areas shaded, points (d) – (g):

- (a) the drivers behind the past 30 years of growth in the Australian imprisonment rate;
- (b) the economic and social costs of imprisonment;
- (c) the over-representation of disadvantaged groups within Australian prisons, including Aboriginal and Torres Strait Islander peoples and people experiencing mental ill-health, cognitive disability and hearing loss;
- (d) the cost, availability and effectiveness of alternatives to imprisonment, including prevention, early intervention, diversionary and rehabilitation measures;
- (e) the methodology and objectives of justice reinvestment;
- (f) the benefits of, and challenges to, implementing a justice reinvestment approach in Australia;
- (g) the collection, availability and sharing of data necessary to implement a justice reinvestment approach;

- (h) the implementation and effectiveness of justice reinvestment in other countries, including the United States of America;
- (i) the scope for federal government action which would encourage the adoption of justice reinvestment policies by state and territory governments; and
- (j) any other related matters.

## **THE SUBMISSION**

### **(d) the cost, availability and effectiveness of alternatives to imprisonment, including prevention, early intervention, diversionary and rehabilitation measures;**

Effective alternatives to imprisonment or juvenile detention are available, particularly through targeted prevention strategies aimed at youth. That which is the primary focus of this submission is a youth and family-based preventive intervention delivered in the home setting, which focuses on leveraging young person, parent/caregiver and family strengths as first line solutions to what quite often seem to be intractable problems with conduct disorder, antisocial and disruptive behaviour and other predictors of later criminality, including youth offending. In our program, various treatment strategies are available to build on family strengths, focused on main risk and protective factors that are both part of the aetiology of a variety of forms of antisocial behaviour as well as predictors of later criminality. As seen in the enclosed table, Risk Factors for Antisocial Outcomes, the factors here are representative of some of the main targets for treatment. In particular, as discussed in my enclosed Opinion piece in *The Australian* from January 22, 2013, four factors on that enclosed table – deviant peer association, parental supervision and monitoring, ineffective discipline practices and the parent/carer-child relationship – are particularly in focus. Referred to in our team as the Big 4 factors, these are factors that have been shown empirically to be particularly prominent in risk and trajectory as well as important targets for treatment. In that latter case, a study identified the Big 4 as particularly “active ingredients” in successful interventions with conduct disordered youth in foster care.

Two decades ago, the research community lamented that a range of psychosocial alternatives to incarceration were simply incapable of producing long-term change. There are a number of intervention strategies capable of producing short-term change, many of these alternatives (e.g., individual therapy; adventure-based; residential; others) continuing to be used with young people on a criminal trajectory. However, with the development of some current models of intervention in the past two decades, the conclusion in the literature is now a much more optimistic one. This includes documented long-term change being a consistent outcome of these more recently developed, innovative intervention approaches.

This line of intervention approaches focuses on helping families deal with the main risk and protective factors for antisocial outcomes for their young person(s) (see enclosed chapter for the most evidence-supported programs, Ronan & Curtis, 2008). These approaches also tend to include innovative strategies (e.g., home-based service delivery; focus on identifying and leveraging strengths; low caseloads) to increase engagement of young people and families often tired of and reluctant to engage with social service and justice involvement.

This line of interventions includes one we have developed and are evaluating, including a current 5 year randomised controlled trial (RCT) funded by the Queensland government. Now in Year 4, the RCT has demonstrated quite consistent and positive outcomes on family-related goals related to reducing antisocial risk and increasing prosocial alternatives (see enclosed graph across all 30+ families thus far in our RCT). In addition, our pilot study (see enclosed document, Ronan, Davies et al., 2013) has demonstrated positive outcomes across a range of indicators, including increases in parenting abilities, decreases in young person antisocial behaviours and decreases in official reports of offending behaviour (this last index supplied to us by official offending reports from the Queensland Police Service). As also documented in the pilot study, there is a main focus on reducing risk factors and increasing protective factors/family strengths, particularly in relation to the Big 4. However, to ensure that a young person is moving from an antisocial trajectory to a prosocial trajectory requires a long-term pathway. Thus, as described in the pilot study, and as emphasised in our program, a real and ultimate focus in our program is on ensuring that the young person is on a stable educational or vocational pathway. Across our pilot participants, each was on a stable educational or vocational pathway at long-term follow-up (2 years after the finish of the intervention). In addition, all participants were crime free for at least 18 months including at this final two-year follow-up interval. This includes two of the participants in the pilot both referred by our local Youth Justice agency who, when referred, were on “orders” for their offending.

Our program includes several innovations. In addition to ones documented earlier around lower caseloads, home-based and flexible service delivery, a focus on all known risk and protective factors, another emphasises “looking after therapists and staff.” Staff turnover in programs that work with hard to reach families with children and youth with complex problems is a known problem, including in programs shown to be effective. For example, in our independent evaluation of another program that emphasises similar principles, Multisystemic Therapy (MST), was done as part of its initial roll-out in New Zealand (see enclosed paper in Journal of Family Psychology; Curtis, Ronan et al., 2009), we found that while the intervention was quite successful in many ways, there was relatively high level of therapist attrition (over 40%) during the trial period. Thus, unlike MST, our program doesn’t require therapists to be available “24/7”. We also ask our therapists to complete a measure at regular intervals to ensure that they are engaged in adequate supervision, professional development and self-care as a method to monitor how therapists are “travelling.”

Another innovation is on using feedback-informed therapeutic services. Research has documented that the use of regular feedback from clients of psychological services can boost both effectiveness and efficiency of services. Thus, as can be seen in the pilot study enclosed, the current intervention across our pilot participants was able to achieve the same level of effectiveness as MST did in New Zealand but in about half the time (28.6 hours required in our program versus 55.9 required for MST in NZ, see Table 6 in pilot study).

On the other hand, our program has much in common with MST, including home-based service delivery, a focus on low caseloads, a focus on flexible delivery of the program until the family has achieved clinically significant gains, a focus on main risk and protective

factors, and a focus on leveraging family strengths. Also in common with MST, our program can be delivered at much less cost compared to incarceration or some other forms of intervention. A US based study documented significant cost effectiveness for MST. While we as yet have not done cost effectiveness (or cost-benefit) analysis in relation to our program and its outcomes, we have been seeking funding for this line of research (a recent funding application to ARC; consulting with a health economist at RMIT who has done cost analysis research in this specific area and is ready to work with us).

Another area where we have sought funding is to evaluate, and scope, organisational factors that can assist, and impede, an eventual larger scale roll-out and implementation of our program (and other programs) in usual services settings (e.g., youth justice; mental health; child protection). Recent research documents a range of organisational “culture” and “climate” factors that are important to consider when engaging in the dissemination and implementation of a new, innovative service. Research documents that there are various cultures and climates that can get in the way of successful long-term implementation, including research that documents that sustainability of innovative programs for youth and families can be limited to 2 years in the face of some particular culture and climate factors (see Ronan, Canoy, & Burke, 2009 enclosed, penultimate section on such findings and related organisational cultures and climates).

Thus, the current RCT is a first step in a longer line of program development, research and larger scale implementation of a service that has good initial support in pilot and interim outcomes (see enclosed pilot study and family goals graph; recent interim reports to the funding agency are also available that document findings across all participants to date). Pending an anticipated and similar level of support in the final RCT, our plan is to document cost savings, and effectiveness, when assisting a young person to alter from a criminogenic pathway to a crime free, prosocial pathway. Alongside documenting cost savings, our vision and plan is for large scale dissemination of this program. This includes a large-scale dissemination and implementation strategy that takes account of organisational features in such a way so as to better ensure long-term sustainability, and success, of this program in settings that work with these youth and their families on a day-to-day basis.

**(e) the methodology and objectives of justice reinvestment;**

A main objective here – both to get the job done and to save a significant amount of money - needs to be larger scale prevention. We are able to identify young people at risk from an early age and, in so doing, can implement early intervention strategies to prevent criminogenic behaviour in the young person and in the young person’s family (where the young person of course often picks up various initial tendencies including favourable attitudes to antisocial behaviour). In fact, while our program as described in the previous section has mainly focused on young people ages 12-15, we are also able to see younger people and their families. Thus, as our RCT wraps up, a new line of funding through the federally-funded ATAPS scheme is being investigated and may be available. This line of funding focuses on working with children 12 and under with various problems, including conduct disorder, a known precursor to later adolescent and adult criminality. Thus, we have

the capacity to do earlier intervention. I would add here that the aphorism “earlier intervention is easier intervention” certainly holds in this area. Our research to date appears to indicate that when a child is younger, particularly when under 10, the easier (or, put more accurately, less difficult) it is to get initial and longer-lasting changes. And, to use another colloquial expression, “easier is cheaper.”

In addition to early (secondary) prevention, primary prevention is also recommended in the form of, for example, antenatal parenting classes.

**(f) the benefits of, and challenges to, implementing a justice reinvestment approach in Australia;**

A main challenge here relates to large scale dissemination and implementation of services like ours that have been shown to work. Research consistently shows that interventions shown to produce clinically significant findings in research settings can quite often not perform to the same standard when implemented in a usual service setting. Thus, taking account of a growing area of research referred to as “implementation science” is strongly recommended to ensure the long-term sustainability and success of services that are shown to work (e.g., see Ronan, Canoy, & Burke, 2009 for summary of some recent research in this area in juvenile justice, child protection and child and youth mental health areas).

The main benefit of course is reduced young adult and adult criminality, including the social and economic costs linked to criminogenic behaviour.

**(g) the collection, availability and sharing of data necessary to implement a justice reinvestment approach;**

We would favour a shared database and would be quite willing to share our own data within this database.