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Response to Question on Notice

Committee:	Senate Legal and Constitutional Affairs References Committee
Inquiry:	Australia's youth justice and incarceration system
Hearing date:	17 March 2026
Questioner:	Senator Dorinda Cox

Question taken on notice

"As an alternative to incarceration, I'd like for you to unpack for me a little bit more about the impacts, just how MST, particularly in WA, [it] may have helped some families and communities".

Response

There is extensive evidence demonstrating Multisystemic Therapy (MST) delivers strong outcomes with lasting benefits for young people, their families, and the wider community. This includes reducing reoffending and reliance on detention, while strengthening family stability, and preventing out-of-home care placements.

As stated in our evidence to the Committee, the MST program achieves these impacts by targeting the known drivers of harmful behaviour across the systems that shape a young person's life - family relationships, peer influences, school engagement and community contexts. Additionally, MST recognises caregivers as the most influential and enduring agents of change. By equipping caregivers with the skills, confidence and resources to address both current challenges and future risks, MST supports sustainable behaviour change without reliance on ongoing formal services.

Further details regarding the impacts of MST, including program outcome data and published studies, are outlined below.

Program outcome data demonstrates reduced reoffending and reliance on detention in Southeast Queensland

As detailed in our submission, the former Queensland Department of Youth Justice evaluated program outcomes delivered by MST Youth Choices in Southeast

Queensland between 2017 - 2022. The success of the program was measured at 18 months post-discharge and found up to a 43% reduction in reoffending and up to a 92% reduction in nights spent in detention.

These results related to a program cohort of children and young people under youth justice supervision aged 10-14 years with a moderate to very high risk of recidivism, and 15-16 years with a high to very high risk of recidivism. Most of the children and young people referred to the program were serious repeat offenders, who averaged 35 criminal charges in the 18-month period prior to referral. Their offending histories often included one or more serious offences, such as armed robbery, aggravated assault occasioning bodily harm, and dangerous driving.

Further details in relation to this study are outlined in our submission (see pp 14-15).

National program monitoring data shows strong performance against international benchmarks

As detailed in our submission, as the Australasian Network Partner, Life Without Barriers coordinates data across all MST programs in Australia to monitor performance against international benchmarking targets set by MST Services. These targets are informed by international research and evidence, and are designed to support consistency and fidelity to the MST model.

Table 1 below provides national monitoring data sets from four reporting periods, over the period June 2021 to March 2026. Key insights in this data include:

- **High program completion rates:** Across the four reporting periods, a total of 90.1% of young people were discharged after completing the full MST program, suggesting strong program delivery and overall engagement.

- **Reduced reoffending amongst complex, high-risk cohorts:** up to 74.86% of young people who completed the program had no new arrests at program discharge, showing steady progress toward the ambitious 90% international benchmark for complex, high-risk cohorts across all program delivery sites in Australia.

    - Note: The international benchmark used for this measure aligns with a minimum age of criminal responsibility of 14 years old, consistent with international standards articulated in the United Nations Convention on the Rights of the Child. However, some Australian jurisdictions where MST is delivered permit the arrest and charging of children and young people aged 10–13 years, meaning reoffending data in these contexts may reflect youth justice contact with younger children who would not

be considered criminally responsible under international standards.

- Note 2: This measure captures any instance of reoffending that occurs while a young person is on program, including where reoffending occurs at an early stage, but does not recur thereafter. It is not possible to disaggregate the data to reflect the timing of reoffending during the program period. In contrast, the program outcomes data for Southeast Queensland outlined above provide a clearer indication of long-term impact on reduced reoffending, as it captures the period 18-months post discharge.

- **Keeping young people at home:** Between 87.25% and 91.43% of young people who completed the program were living at home with parents, carers or kin at program discharge. This demonstrates consistently strong performance, meeting or exceeding the international benchmark of 90% in the most recent period and remaining close to the target across earlier periods.

- **System escalation to placement is very low:** Between 4.85% and 7.78% of young people accepted into the program were placed in out-of-home care or youth detention at program discharge, consistently exceeding the international target of 10% or less.

- **Improved engagement in education and employment:** The percentage of young people who completed the program and were engaged in education or employment at program discharge ranged from 70.95% to 62.35%.

  - Note: While these outcomes are below the international benchmark of 90%, it compares favourably against broader system-level educational outcomes in Australia. The Australian Bureau of Statistics reports the apparent retention rate for full-time students in years 7/8 to 12 was 81.3% in 2025 (ABS 2026). Viewed in this context, the education outcomes for MST represent a strong result for a cohort experiencing multiple and well-documented barriers to sustained educational engagement.

  - Importantly, this interpretation is supported by consistent high fidelity to the MST model, with the Therapist Adherence Measure (TAM) consistently exceeding the benchmark of 0.61 across reporting periods. Taken together with the ABS retention rates, this indicates the program is being delivered as intended, and that remaining limitations in education and employment outcomes are more likely reflective of

systemic barriers beyond the program's direct control, rather than issues of implementation quality or program design.

- The National Children's Commissioner's *Help Way Earlier* report identifies education systems as a critical point of early intervention that too often fails children at risk of, or involved in, the youth justice system. The report highlights how school exclusion, unmet learning and disability needs, trauma and poor coordination between education and other child-serving systems operate as systemic barriers to sustained engagement (AHRC 2024). Life Without Barriers supports the findings and recommendations of this report, including its call for nationally co-ordinated, right-based reform across systems.

Table 1: MST Program Monitoring Data: Australia (June 2021 to March 2026)

	Jun 2021 – Aug 2022	Aug 2022 – Oct 2023	Oct 2023 – Dec 2024	Current Period Jan 2025 - Mar 2026
Total cases discharged	165	167	202	155
Total cases with opportunity for full course treatment	149	157	175	140
Ultimate Outcomes Review				
Percent of Youth Living at Home (Target: 90%)	82.75%	87.90%	88.00%	91.43%
Percent of Youth in School/Working (Target: 90%)	71.81%	63.06%	61.71%	62.86%
Percent of Youth With No New Arrests (Target: 90%)	67.11%	66.88%	74.86%	72.86%
Case Closure Data				
Average length of stay in days for youth receiving MST (Target: 120)	138.82	137.30	144.03	137.24
Percent of youth completing treatment (Target: 85%)	90.60%	82.80%	86.29%	87.14%

Percent of youth discharged due to lack of engagement (Target: <5%)	3.64%	8.38%	5.94%	5.81%
Percent of youth placed (Target: <10%)	4.85%	7.78%	5.94%	5.81%
Adherence Data				
Overall Average Adherence Score (Target: .61)	0.700	0.620	0.677	0.

Table Notes:

- *Total cases discharged* refers to all cases accepted and opened.
- *Total cases with an opportunity for a full course of treatment* refers to all cases who completed the program in the selected period.
- *The ultimate outcomes* are measures of "success" and refer to those who completed the program.
- *Case closure data* includes all cases referred and accepted excluding those removed due to administrative issues or decisions unrelated to the progress of the case.
- *Adherence data* is based on the Therapist Adherence Measure - Revised (TAM-R), which evaluates a therapist's adherence to the MST model, as reported by the primary caregiver of the family.

Three published studies show the MST program is delivering strong results in Western Australia

As detailed in our submission, the Western Australian Department of Health (WA Health) has delivered MST since 2005 to address severe behavioural and mental health challenges among young people aged 11–16 who are at high risk of offending and out-of-home care placement. The program operates through two specialist clinical teams within the Child and Adolescent Health Service (CAHS), based in North Perth and Freemantle. The program operates on a no-wrong door principle, accepting referrals from health, education, youth justice, child protection, police, and private mental health professionals, as well as self-referrals from families.

Three published studies show the MST program delivered in Western Australia is achieving strong results. Outlines of these studies and their findings are provided below.

Study 1: Porter, M, and Nuntavisit, L (2016) 'An evaluation of multisystemic therapy with Australian families', *Australian and New Zealand Journal of Family Therapy*, 37(4), 443–462. Available at https://doi.org/10.1002/anzf.1182

- An evaluation of program effectiveness which examine outcomes for 153 families engaged in the WA MST program between 2007-2013 to assess whether improvements are sustained overtime, up to 12 months post-

treatment.

- As detailed in our submission (see pp 17-18), findings include significant reductions in adolescent behavioural problems, and improved parenting practices. Additionally, the study found significantly improved caregiver mental health outcomes via reduction in depression, anxiety, and stress, supporting the role of strengthened family functioning in reducing youth behavioural issues. These gains were maintained at 6 and 12 month follow-up.

Study 2: Nuntavisit, L and Porter, M (2022) 'Mediating effects of discipline approaches on the relationship between parental mental health and adolescent antisocial behaviours', *International Journal of Environmental Research and Public Health*, 19(20), 13418. Available at https://doi.org/10.3390/ijerph192013418

- A longitudinal study examining how changes in parental mental health and parenting practices influence antisocial behaviour outcomes for adolescents receiving MST in Western Australia. The study included 193 families engaged in the MST program between 2014 and 2019, with outcomes tracked up to 12 months post-treatment.

- Findings include significant and sustained reductions in adolescent internalising, externalising and total behaviour problems following MST, maintained at 6 and 12 months.

- Caregiver depression, anxiety and stress also reduced over time, alongside marked reductions in authoritarian and permissive parenting styles and improved monitoring.

- This study highlighted that improving caregiver mental well-being is critical to fostering positive parenting and reducing adolescent emotional and behavioural problems, with parental depression, poor monitoring, and permissiveness as a key predictor of such problems.

Study 3: Nuntavisit, L and Porter, M (2025) 'The influence of therapist adherence on Multisystemic Therapy treatment outcomes for adolescents with antisocial behaviours: A retrospective study in Western Australian families', *International Journal of Environmental Research and Public Health*, 22(8). Available at https://doi.org/10.3390/ijerph22081310

- A study investigating how therapist adherence to the MST model influences family functioning and adolescent behaviour outcomes. The study analysed

data from 186 families receiving MST in Western Australia between 2018 and 2024.

- Higher therapist adherence was found to be significantly associated with greater reductions in adolescent behavioural problems, particularly for young people with more severe issues at program intake.

- Improvements in parenting practices, especially reduced authoritarian and permissive approaches and increased child disclosure, were strongly linked to better youth outcomes.

Additional program data can be requested from WA Health

While Life Without Barriers does not have permission to release MST program outcome data for Western Australia, WA Health has advised such data may be released if the Committee makes a formal written request addressed to:

Valerie Buic
Chief Executive
Child and Adolescent Health Service
[redacted]

Approval

Approved by:	Tabatha Feher
Role:	Chief Adviser, Public Affairs and Advocacy
Date:	31 March 2026

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Porter, M, and Nuntavisit, L (2016) 'An evaluation of multisystemic therapy with Australian families', *Australian and New Zealand Journal of Family Therapy*, 37(4), 443–462. Available at https://doi.org/10.1002/anzf.1182